



ONE DISEASE

BELIEVE. CONNECT. INSPIRE

Annual Report
2019-2020

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Need To Know: The One Disease Story

One Disease is a non-profit organisation whose sole mission is to eliminate Crusted Scabies as a public health concern from Australia by the end of 2022.

One Disease was founded by Dr Sam Prince in 2011. Sam was inspired by his mentor, Professor Frank Bowden, who led the elimination of the disease Donovanosis from Australia's remote Indigenous communities during the 1990s and early 2000s.

Crusted Scabies overwhelmingly affects Indigenous Australians living in the remote communities of the Northern Territory. It is an extremely infectious and debilitating disease which develops from untreated cases of scabies in people with compromised immune systems, usually due to other existing chronic illnesses. Scabies and Crusted Scabies are directly linked to overcrowding and poverty.

One Disease is proud of the work we undertake alongside infectious disease experts and people within remote communities, following our Crusted Scabies Elimination Plan.

We are constantly managing to reduce the recurrence rate of Crusted Scabies to below our target of 5 per cent. It is clear that One Disease is coming ever closer to achieving the mission we set out on nine years ago.

We work in close collaboration with Aboriginal Controlled Community Health Organisations, the Northern Territory Government and disease experts. We are guided by an Advisory Board of experts in our field and governed by four Company Directors with a diverse range of work experiences. We are funded by the Australian Government Department of Health and through donations from individuals, trusts, foundations and businesses who all believe as we do:

that no one should die of a preventable disease.

Meet The One Disease Governance Team



Our Founder, Dr Sam Prince

Dr. Sam Prince is a medical doctor, entrepreneur and aid worker. Sam is the Founder of the Prince Group, his portfolio to date includes Zambrero, Next Practice, One Disease, Sam Prince Hospitality Group, Shine and Zapid Hire.

Gifted academically, Sam began tertiary education at the age of 16 at the Australian National University after which he graduated with a degree in Medicine and Bachelor of Surgery from Melbourne's Monash University. Sam's success as an entrepreneur relies on being intrinsically driven to innovate and solve problems. Sam believes in sheer willpower, inspiring others to believe in his vision.

Sam was named EY Social Entrepreneur of the Year in 2018 and "Young Australian of the Year" for the ACT in 2012. He was also awarded the 2012 Monash University Distinguished Alumni Award. 2008 saw Sam named "Outstanding Young Person of the World" in the Junior Chambers International and in 2009 he was awarded the "Weary Dunlop Fellowship."

Company Directors

The One Disease Company Directors are a group of experienced corporate and start-up managers, who have overall responsibility for governing and overseeing the affairs of One Disease.



Will Delaat

Will has held executive positions in the pharmaceutical industries of Europe and Australia, notably for Merck and AstraZeneca. He brings a broad depth of experience with pharmaceutical marketing, sales and general management. He is currently a director at Pharmaxis and the Chair of Pharmaxis' Audit Committee, as well as the director of two Sydney-based health start-ups: Well Movement Ltd and Lucky Health Pty Ltd.



Irene Tzavaras

Irene is a working mum and a partner at Ernst & Young. Irene has worked at Ernst & Young for over 17 years. Her focus is on supporting clients to realise their ambitions, and she has a particular interest in consumer product and fast-moving consumer goods businesses.



Guy Haslehurst

Guy is the CEO of the Prince Group and a chartered accountant with over 20 years of experience. Guy worked for 13 years at Ernst & Young, first in audit and then in transaction diligence in the UK and Australia. Guy has spent the past 7 years in various corporate roles providing strategic, operational, systems and process improvement support to fast-growing entrepreneurial businesses in the food and healthcare sectors.



Stephen Chapman

Steve is the CEO and co-founder of Shine+ Drink. Shine+ is Australia's first nootropic beverage, developed in 2016 with Dr Sam Prince to help people think, feel and perform better. Steve started his career at PricewaterhouseCoopers and left after two years to launch his first start-up. In 2013, he met Dr Sam Prince and started an Entrepreneurial Apprenticeship. This culminated in the creation of Shine+ drink.



Advisory Board

Our advisory board is focused on One Disease's broader strategic issues, as well as health developments in industry and community. The principal role of the advisory board is to provide objective advice and high-level guidance, counsel and insights – specifically directed towards One Disease's charitable purpose: the detection, treatment, reduction and elimination of Crusted Scabies as an ongoing public health problem. The advisory board contributes to strategic planning within the guiding principles of cultural respect and meaningful partnership with Indigenous communities.

All advisory board members serve in a volunteer capacity, without remuneration.



Professor Frank Bowden

Professor Bowden is the former Director of the National Committee supervising the elimination of Donovanosis in Australia. His research focuses on the control of infectious diseases through public health principles. Professor Bowden is based in the ACT and is an infectious disease and sexual health physician who advises the Australian Government on HIV and sexual health.



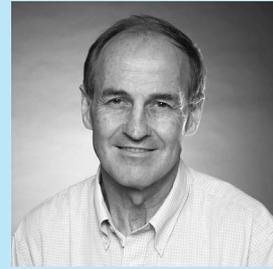
Professor Hugh Taylor

Professor Taylor is the Harold Mitchell Professor of Indigenous Eye Health at the University of Melbourne. He has been the head of the Department of Ophthalmology at the University of Melbourne and a Professor of Ophthalmology at the Wilmer Institute at Johns Hopkins University. He worked with Fred Hollows and his current focus is on Indigenous eye health in Australia.



Professor Brian Schmidt

Professor Schmidt is the Vice-Chancellor at Australian National University and a Nobel Laureate for his groundbreaking research into supernovae and the expansion of the universe. Professor Schmidt was previously a Distinguished Professor of the Australian Research Council and an astrophysicist at the Australian National University's Mount Stromlo Observatory.



Professor Bart Currie

Professor Currie is the head of the Tropical and Emerging Infectious Diseases team within the Global and Tropical Health Division at Menzies School of Health Research, Darwin. He is the Director of RHD Australia and HOT NORTH. Professor Currie's passion lies within the coordination between clinicians, public health colleagues and community.



Professor Ngiare Brown

Professor Brown was one of the first Aboriginal doctors in Australia, and NSW's first Aboriginal-identified medical graduate. Professor Brown is a proud Yuin Nation woman and has studied bioethics, medical law and human rights. She is a senior Aboriginal medical practitioner, with experience in medicine, public health and primary care.

CEO Report: Michelle Dowden

This past year, the One Disease team has been busy continuing to implement the Crusted Scabies Elimination Plan. Never has the hunger for data been so great as we see daily news updates for cases of COVID-19.



One Disease has always been driven by data. We are proud to have maintained a recurrence rate for Crusted Scabies below 5 per cent. We are flattening the curve for Crusted Scabies.

When COVID-19 arrived in March, we felt compelled to assist efforts in remote communities to promote hand washing and social distancing. Our immediate response was to make necessary adjustments to work remotely, and to support the dissemination of COVID-19 community messages through social media platforms. The reach of this campaign was massive. Over 45k views in just five days. Our campaign was even reported in Rolling Stone magazine, no less!

In the absence of being able to run a face to face event, our Scabies and Crusted Scabies Storytelling Tool was launched virtually in May. With huge efforts and technical support, we managed to include Manuel Dhurrkay's latest Canoe song and his old Scabies song from 1998. Manuel was going to be our entertainment at the launch, and we thought it fitting that we present his performance in another format.

This unprecedented time has challenged the way we work and go about our everyday lives.

An unanticipated outcome for One Disease was our mass media campaign. To reach as many people as possible, we produced advertisements which promoted Scabies Free Zones. The ads were aired on networks throughout remote Australia. Our bus ads with the catchphrase "Catch a ride to clinic for a skin check" are now seen widely in both Darwin and Alice Springs.

We are committed to continue working with communities and stakeholders on the elimination of Crusted Scabies. Our recent engagement with some services and community workers on Scabies Free Zones will continue to be supported remotely.

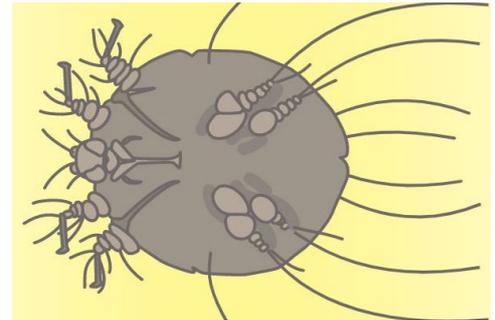
We are enormously grateful to all of our supporters and are thrilled that many of you have been with us from the beginning and plan to stay with us until the end of our work.


CEO

Need To Know: The Lowdown on Crusted Scabies

Crusted Scabies is a rare, severe and contagious form of simple scabies. It is also called Norwegian scabies. Persons with Crusted Scabies have thick crusts of skin that contain large numbers of scabies mites and eggs. It is a debilitating and disfiguring disease.

Many of the people that Crusted Scabies affects have poor immune systems due to other existing chronic illnesses, such as HIV, cancer or liver failure. In these cases, scabies develops to the point where an individual may have hundreds of thousands or millions of mites, as opposed to the usual 10-15 mites in a case of simple scabies. This is due to the fact that their immune system, already compromised with existing illnesses, is unable to launch a powerful enough immune response to stop the mites from multiplying.



Scabies

The mite which causes scabies is known as *Sarcoptes Scabiei*. These mites are tiny, almost invisible to the naked eye. They are only able to crawl, they cannot jump or fly. A normal case of scabies will usually involve 10-15 mites, and the most common way that scabies is transmitted is through direct person-to-person body contact. It is a disease of overcrowding and poverty rather than a reflection of poor hygiene.



Why Scabies Is A Problem

Scabies and Crusted Scabies affect people living in remote communities, and can cause serious health problems. The itch associated with a scabies infestation causes scratching, which can open sores on the skin. Cracked, dry skin is a symptom of Crusted Scabies. These open sores can cause bacterial infections, further lowering a person's immune system's ability to fight off the infection.



An untreated bacterial infection from scabies and Crusted Scabies can develop into even more significant illness, such as heart disease, kidney disease and septicaemia (blood poisoning).

Crusted Scabies is treatable and preventable with the correct procedures, but oftentimes people infected with Crusted Scabies may develop feelings of shame due to the disfiguration of their skin that a Crusted Scabies infection may cause.



Part of One Disease's work has been to help reduce the stigma for individuals with this disease to encourage them to seek treatment, so that a Crusted Scabies infection does not develop into something even more serious.

Above: Diagram of a scabies mite, and photos of what the skin of a person with Crusted Scabies can look like.

How Do We Treat Crusted Scabies?

Individuals with Crusted Scabies are prescribed a topical solution of Lyclar Scabies Cream, which contains the ingredient permethrin, which is excellent at killing scabies mites. However, the cream does not kill scabies eggs, so the treatment must be applied twice, seven days apart. This interim period allows the unhatched eggs to mature into adult scabies mites, which are then killed by the second application of Lyclar.

To prevent further outbreaks of Crusted Scabies, this treatment is given to all members of a household at the same time. Most people infected with Crusted Scabies are treated in hospital, as it provides a controlled environment in which to ensure the risk of recurrence is as low as possible. The hospital stay for a serious infection can be between 1-4 weeks, or longer if necessary.

Scabies can also be treated by the Ivermectin oral tablet, which is prescribed by a GP. Similarly to the scabies cream, two doses of the tablet are required, seven days apart.

Prevention of Crusted Scabies Outbreaks

The prevention of Crusted Scabies is just as important as its treatment. For this reason, one of our best strategies for elimination is for people to create and maintain scabies-free households and communities.

Our process for this is as follows:

First, we create a scabies-free household by treating everyone in the home with Lyclar cream at the same time, in two applications a week apart. This is an incredibly important step as scabies and particularly Crusted Scabies are very infectious, especially in a close-knit environment.

Secondly, all of the bedding, towelling and clothing (any fabric that comes into close contact with the skin regularly) should be cleaned in a washing machine with a HOT setting which can reach at least 50 degrees - this temperature is enough to kill all mites.

Below: A Scabies treatment plan shown on a calendar, the One Disease care package our patients in hospital receive, and clothes drying outside after being washed.



If the washing machine is broken or can't reach the minimum 50 degrees, all of the bedding, towelling and clothing can be placed in large plastic bags (such as black garbage bags), sealed and left for 3-8 days. For mild/dry conditions, 3 days is enough, if it is warm/humid, we recommend 8 days. This will also kill any remaining mites.

A clothes dryer on the HOT setting for 20 minutes will also kill all mites, as will ironing all of the textiles on the highest setting.

Finally, in order to maintain a scabies-free household, these above steps must be performed regularly, to ensure that new mites are dealt with before another outbreak occurs.

People undergoing the process to create a scabies-free household should keep in mind that animals do not spread human scabies. Pets can become infected with a different type of scabies mite, but these mites do not survive or reproduce on humans.

How We're Tracking: Our Key Achievements This Year

We are excited to confirm that our Crusted Scabies Elimination Plan, written by our CEO and Program Director, Michelle Dowden; and approved by our Advisory Board, has been highly successful in reducing the recurrence rate of Crusted Scabies across the communities we have been working with.

The Plan, which is set against a timeline and includes the specific goals and actions required to achieve elimination of Crusted Scabies as a public health concern, has led us to achieve our goal of a lower-than 5 per cent recurrence rate. This rate is in line with the data and science of disease elimination, and we are proud to confirm that we are now constantly sitting below this target.



By The Numbers: Key Achievements

Over the past twelve months, we have delivered

212 Education Sessions,
reaching over **2205** attendees.

62 Community Visits to
communities across East
Arnhem, West Arnhem, Darwin,
Timber Creek, Katherine Central,
Far North Queensland and
Western Australia.



Sunset in Yirkkala

Healthy Skin Weeks: Going Local

This year, we have continued to encourage collaborative Crusted Scabies health service delivery by leading or participating in several community events about healthy skin practice.

- ⦿ Nhulunbuy Healthy Skin Symposium
- ⦿ Gunbalaya Healthy Skin Week
- ⦿ Galiwin'ku Healthy Lifestyle Festival
- ⦿ Galiwin'ku Healthy Skin Week
- ⦿ Milingimbi Healthy Skin Week
- ⦿ Red Lily Health Board Skin Week

Our Healthy Skin Days and Weeks all had common elements, with specific changes made for each community's unique needs and interests. For most of these events, with leadership and support from local health authorities and community members, we organised or supported a variety of activities designed to spread awareness and education surrounding scabies and Crusted Scabies, and ensuring healthier skin more generally.

These activities included a community clean-up and tidy yard competition, education sessions about treatments for skin conditions, personal visits to homes in the area, and some participation in each community's nighttime recreation.

We found that aside from challenges stemming from cultural obligations and transient community participation, these sessions were a great way to engage communities in taking charge of their own health outcomes. One Disease team members who participated did so with collaboration from local Indigenous community members and health staff.

Each visit also included a follow-up one week later, to reinforce the information shared and lessons learnt, and to ensure that progress made on each visit is being maintained within the community.



We are sincerely thankful to all the community members and health workers who supported us on these days.

Their local knowledge and connections were essential to the success of the Healthy Skin events.

Our New Resource: The One Disease Storytelling Tool

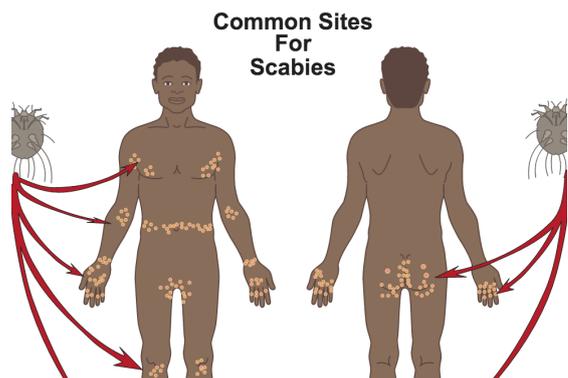
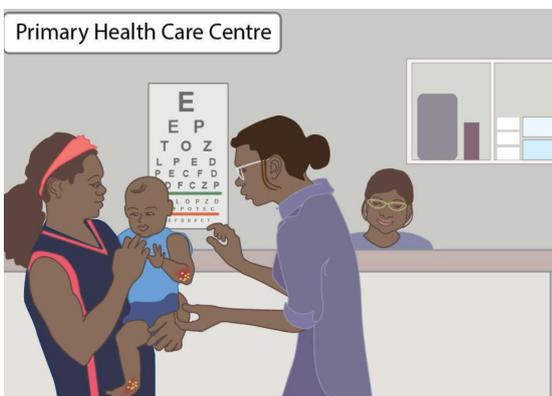
One Disease launched its newest resource in May this year. Called the One Disease Storytelling Tool, it includes four stories intended for all of our major demographic focus groups: Women and babies, renal (kidney) patients and older people, school-aged children, and men. The resource is available in 22 Indigenous languages as well as English. The tool aims to increase awareness of the ways to prevent, diagnose and manage scabies and Crusted Scabies.

Each of the stories feature culturally relevant illustrations, which are appropriate for the target audience, and an audio narration component. For those wishing to use this resource, Facilitator and User Guides are available on the storytelling page of the One Disease website:

www.onedisease.org.

All of the stories can also be downloaded for offline use. The community feedback we have been receiving on this resource has been extremely positive, and we hope it will be a useful resource as we continue forward on our mission.

Below: A community member using the One Disease Storytelling Tool.



Above: Stills from the One Disease Storytelling Tool.

Below: A young community member using the One Disease Storytelling Tool for kids.



Outreach: Public Advertisements and Social Media Campaigns

To increase our messaging reach, One Disease produced four television advertisements, and two advertisements to appear on the buses of Darwin and Alice Springs. The aim of these ads is to increase public awareness about identifying and treating scabies, as well as the creation of scabies-free households.

Our television ads are currently being broadcast on Imparja TV in Northern Australia, Goolarri Media in the Broome region of Western Australia, and GWN TV in the Kimberley region. All the ads are available to view on our website and YouTube page.

Furthermore, One Disease began a targeted social media campaign to promote our television ads via native Facebook posts and dark ads (ads which are only viewable to the intended target audience) focused on the postcodes of our remote communities. This campaign was highly successful in reaching these communities, with over 100,000 impressions and interactions so far.



Above Top: Stills from our public awareness television advertisements.

Above Bottom: Stills from our scabies awareness bus and taxi campaigns.

The Elephant In The Room: COVID-19

With the emergence and rapid spread of COVID-19, and taking into account the potential health impacts on our remote Indigenous communities, One Disease took the initiative to develop culturally-appropriate safety messaging for these groups.

We developed handwashing and physical-distancing clips in nine community languages as well as English. These clips were published on our social media channels and have been an enormous success, viewed by over 100,000 people over the timeframe of the pandemic.

One of our videos, featuring music from the talented artist Manuel Dhurrkay and appropriately titled 'Wash Your Hands' was particularly popular online. All of our clips can be viewed on the Resources page of the One Disease website: www.onedisease.org



Community Skin Hygiene Group >

PRIVATE GROUP

Hi everyone from Michelle and Gen!

We can't come visit you in communities because of physical distancing, but we are wanting to encourage you through this Facebook group to share your stories of skin hygiene, which includes COVID-19 education, scabies education and general skin health.



Above Top: One Disease's Community Skin Hygiene Group.

Above Bottom: Still from Manuel Dhurrkay's 'Wash Your Hands' music video.

Spotlight:

Encouraging Strong Community Voices and Participation for Better Health Outcomes

As we continue to keep the recurrence rate of Crusted Scabies below our targeted 5 per cent, we are focussing our efforts on curbing the rate of simple scabies, the precursor to all Crusted Scabies cases.

As scabies is endemic to remote regions of Northern Australia, this is a significant challenge. We at One Disease believe that the elimination of scabies is possible if our remote communities are empowered to make their own decisions on how scabies can be controlled.

We aim to empower communities by providing education and information in a variety of different ways, including face-to-face and online education, as well as media promotion and culturally-appropriate resources.

Most importantly, we are committed to training and supporting health workers in remote communities to deliver education and information. Research and our past work has shown that in the long-term, locally-based community workers are more effective at contributing to positive health outcomes, by facilitating wider community engagement within their health systems.



Still from one of our Educational videos, titled 'Walking Together, Working Together'. Available on YouTube.



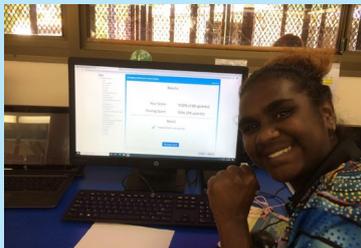
Still from one of the Educational videos, 'Hospital Video' with narration in Arrente language. Available on YouTube.

Stars of the Show: Our Community-Based Health Workers

As part of our ongoing work in remote communities within the Northern Territory, we have employed four local community-based workers to coordinate work on the ground. Their role is to promote Crusted Scabies awareness, treatment and prevention. They have done this by providing vital information to households, community groups and organisations such as hospitals, schools and aged-care centres about the importance of healthy skin and how to create and maintain Scabies Free Zones in their communities.

The team also established a Community Skin Hygiene Group on Facebook, to enable the dissemination of important information and resources during COVID-19 travel restrictions. The Facebook group also provided a platform for community members to share their own stories of Crusted Scabies and skin hygiene, as well as COVID-19 education.

As part of our COVID-19 measures, the community team members assisted the community health clinics in setting up handwashing and hygiene stations in various locations and organisations within the communities. They also distributed soap to local people and provided important COVID-19 messaging in Yolngu Matha.



***Rita Wanambi and
Quintina Ganambarr:
Yirrkala and Gunyangara communities***



Yirrkala is situated on the east coast of the Gove peninsula, part of north-eastern Arnhem Land. The small community is approximately 18 kilometres south of Nhulunbuy. The community is predominantly made up of Aboriginal Australians of the Yolngu nation. The Gunyangara community lies another 30 kilometres away on the Drimmie Peninsula, which forms part of Melville Bay.

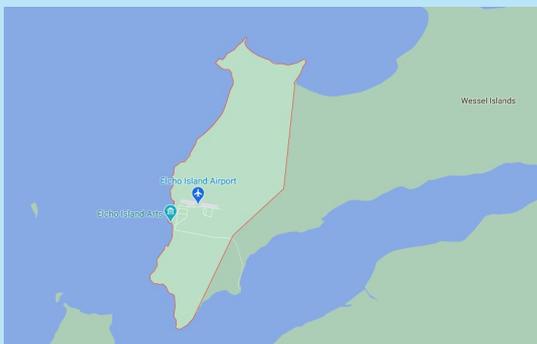


Shady Beach (Ganarrimirri), Yirrkala



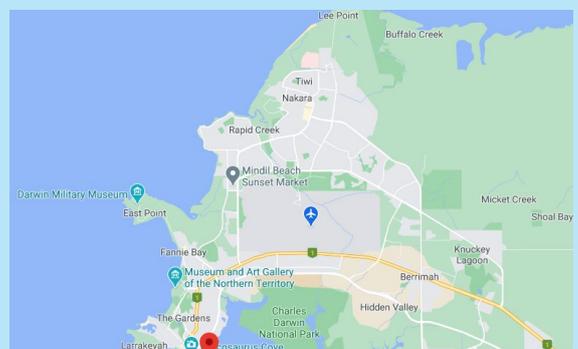
Christella Bukulatjpi (Right):
Galiwin'ku Country

Galiwin'ku is the largest community on Elcho Island, about 150 kilometres north-west of Nhulunbuy and 550 kilometres north-east from Darwin.



Elizabeth Gurimangu: Darwin City Area

Elizabeth Gurimangu joined the One Disease team in Darwin, and she has taken on the role of providing education to Indigenous Australians living in the Darwin City area.

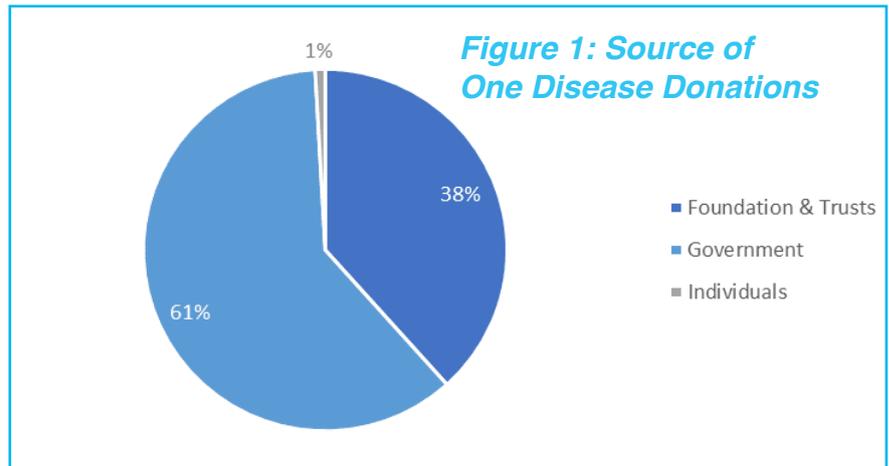


One Disease Financial Summary 2020

In Financial Year 2020, we raised **\$1,993,048** towards the elimination of Crusted Scabies.

Where did this money come from?

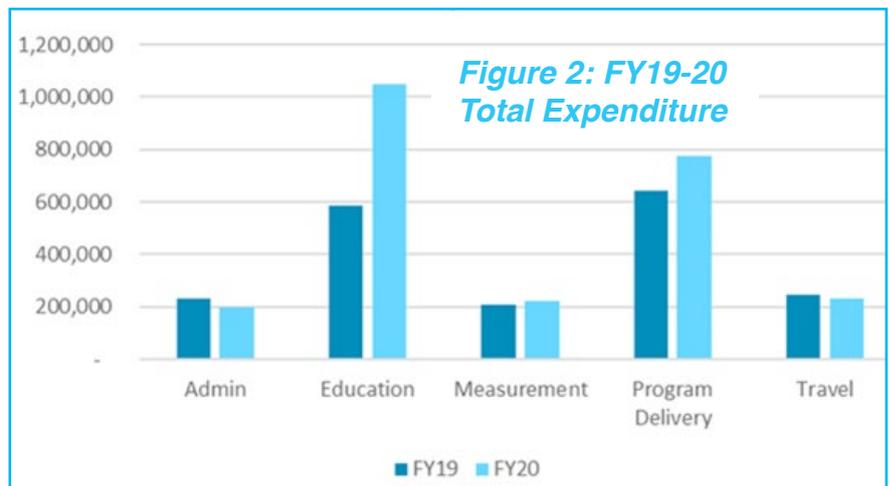
- 61%** From Government sources
- 38%** From Foundations and Trusts
- 1%** From Individual donations



How did we spend this money?

The majority of One Disease’s annual expenditure goes towards our education and program delivery. The remaining expenditure is divided between travel for One Disease staff, measurement of our ongoing goals, and general administrative costs

A copy of One Disease’s audited financial report for Financial Year 2020 can be found at:



www.onedisease.org/resources-1#reports

Our total budget towards the elimination of Crusted Scabies by Financial Year 2023 is **\$3.3 Million**.

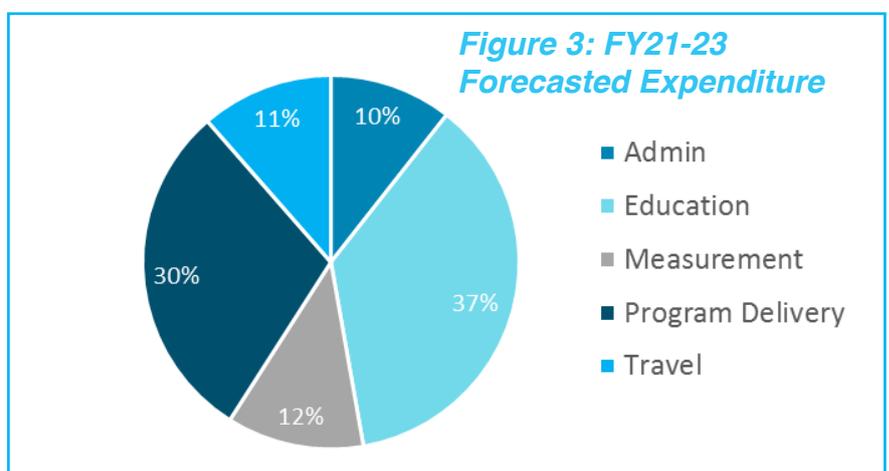
How will we spend this money?

89% Work on eliminating Crusted Scabies.

These funds directly support the work required to eliminate Crusted Scabies; including developing and delivering program activities, travel to remote communities and formal evaluation of our disease elimination program.

11% Administration.

This is essential to the day to day running of our program and includes rent and utilities such as electricity, telephone and internet as well as insurance.



Acknowledgements

We are incredibly grateful to the Aboriginal Controlled Community Health Organisations we work with, the Australian Government Department of Health, the Northern Territory Government and all of the individuals, trusts, foundations and businesses who share our vision of an Australia free from Crusted Scabies. We thank you all for your tireless work, support, encouragement and continued interest in our mission.

We could not have accomplished our work without our generous and engaged donors, who include:

The Snow Foundation

Anonymous Trust

Merck Sharp & Dohme (Australia) Pty Limited

Annie and John Paterson Foundation

The Bruce Hyams Foundation

Smith Charitable Fund

Annemarie & Arturo Gandioli - Fumagalli Foundation

Anonymous Fund

Aesop

One Disease

Sydney
Level 1,
80 Wentworth Avenue,
Surry Hills,
NSW, 2010

Darwin
Red 9, Charles Darwin
University,
Ellengowan Drive, Tiwi
NT, 0810

HOW YOU CAN SUPPORT US

If you haven't already, please consider giving One Disease a financial gift. Your donation will support our work with remote Indigenous communities, towards eliminating Crusted Scabies from Australia. With your support, we will achieve our mission in three years!

If you would like to find out more about our work, please visit www.onedisease.org or contact us at: contact@onedisease.org

All donations of \$2 or more are tax deductible.

ONE DISEASE

onedisease.org
contact@onedisease.org

