

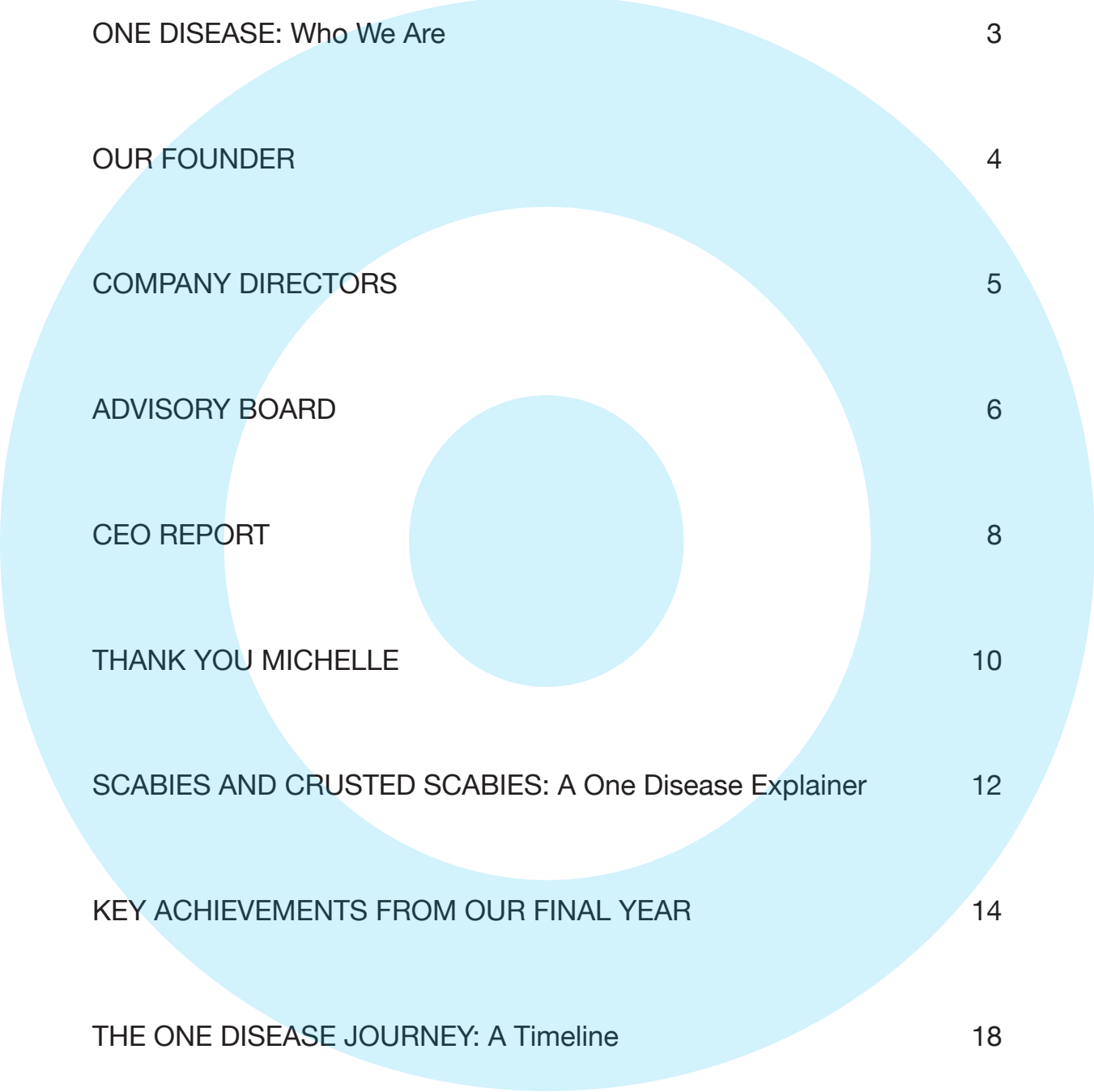


ONE DISEASE

BELIEVE. CONNECT. INSPIRE

Annual Report
2022

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One Disease

Who We Are

One Disease has been working since 2010 to eliminate Crusted Scabies as a public health concern in the Northern Territory. Crusted Scabies is a severe form of scabies, and can cause serious health complications in individuals who have the disease.

We have focused on helping people with Crusted Scabies because when they are successfully treated, the overall scabies mite loads in households are greatly reduced, and the risk of transmitting simple scabies to children and vulnerable individuals is similarly reduced.

One Disease was founded by Dr Sam Prince. Sam was motivated by his mentor, Professor Frank Bowden, who was instrumental in the elimination of the disease Donovanosis from Australia's remote Indigenous communities.

Crusted Scabies mostly affects Indigenous Australians living in remote communities of the Northern Territory. It is a highly contagious and incapacitating disease, which develops from untreated cases of scabies in people who have compromised immune systems due to their existing chronic illnesses.

One Disease works alongside disease experts and remote communities to implement the Crusted Scabies Elimination Plan.

From the beginning it has been our intention to make ourselves redundant, and to empower communities and individuals to continue managing the fight against this preventable disease.

We are pleased to report that the recurrence rate of Crusted Scabies has remained below our target rate of 5 per cent since 2018, and One Disease will voluntarily wind-down in early 2023.

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 includes One Disease, Zambrero, Next Practice, Sam Prince Hospitality Group, Shine and Zapid Hire.

Sam began studying his medical degree when he was 16, at the Australian National University. He graduated with a degree in Medicine and a Bachelor of Surgery from Melbourne's Monash University.

Sam is a born innovator and problem-solver, which has ensured his entrepreneurial success.

In 2008, Sam was named Outstanding Young Person of the World in Junior Chambers International and in 2009, he was awarded the Weary Dunlop Fellowship. 2012 saw Sam being recognised as Young Australian of the Year for the ACT, and in 2018, he was Ernst & Young's Social Entrepreneur of the Year.

COMPANY DIRECTORS

The One Disease Company Directors are a group of experienced corporate and start-up managers, with overall responsibility for the governance and oversight of One Disease.



Stephen Chapman

Stephen is CEO & Co-Founder of Shine+ Drink. He began his career at PricewaterhouseCoopers and after two years, he launched his first start-up. In 2013, Stephen met One Disease founder Dr Sam Prince and began an entrepreneurial apprenticeship, which culminated in the creation of Australia's first nootropic beverage, Shine+.



Guy Haslehurst

Guy currently serves as the CEO of the Prince Group. Before taking on this role, he spent seven years in various corporate roles, providing strategic and operational process improvements to fast-growing entrepreneurial businesses in the food and healthcare sectors. For the first 13 years of his career, Guy worked at Ernst & Young (EY), in their audit and transaction diligence teams across the UK and Australia.



Irene Tzavaras

Irene has worked at EY for nearly 20 years, as an Audit Partner in Sydney and Canberra, while also raising her two children. Irene works with clients in several industries, including health, defence, manufacturing, services and not-for-profit. The scale of Irene's clients ranges from fast growth entrepreneurial enterprises to some of Australia's largest multinationals. Her focus is on unlocking the full potential of teams she leads and helping clients achieve their business ambitions.

Vale Will Delaat

One Disease mourns the loss of Will Delaat, who passed away in September 2022. Will was an invaluable addition to our Company Board, and we are deeply grateful for his contributions to the completion of One Disease's mission. He will be dearly missed by us all.

Will was 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 Luck Health Ltd. He had held executive positions in the pharmaceutical industries of Europe and Australia, most notable for Merck and AstraZeneca. He brought a broad depth of experience with pharmaceutical marketing, sales and general management.



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. In September 2020, Professor Bowden was appointed as the Executive Officer, Victorian Aged Care Response Centre.



Professor Ngiare Brown

Professor Brown is a senior Aboriginal medical practitioner, with a wealth of experience in medicine, public health and primary care. Professor Brown is a proud Yuin Nation woman, who has studied bioethics, medical law and human rights. She was one of the first Aboriginal doctors in Australia, and upon her graduation from the University of Newcastle in 1992, became NSW's first Aboriginal-identified medical graduate.



Professor Bart Currie

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



Professor Brian Schmidt

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



Professor Hugh Taylor

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

CEO REPORT: MICHELLE DOWDEN



In our final year, *mite* I say how happy I am to share our achievements with you all.

It has been another year full of activity for One Disease. In August, it was a pleasure to be able to celebrate our achievements together at our dinner event in Darwin with our remote workers, as well as the Darwin, Sydney and Melbourne teams.

We were thrilled to have key people who worked alongside us present. At some stage, they had been supporters, facilitated a process, provided advice or just simply been nice to us. Given the last few years, I think we all particularly appreciate kindness and celebration of success.

Success for One Disease is that the Crusted Scabies recurrence rate has been below 5 per cent over many consecutive quarters. Success is also knowing that our endless promotion of Scabies Free Zones, reinforcing two doses of Lyclear and being part of an effective group negotiating for Ivermectin first-line use to be on the PBS has created a buzz that sometimes sees people scratching around to find out more about scabies!

First of all, I would like to thank Dr Sam Prince, who founded One Disease and who had the initial vision for all of our subsequent achievements.

Thank you to our community workers who trusted us to work with them in their communities. Without your local knowledge and ways of working we would not have been able to achieve our goals.

Thank you to our Advisory Board Members and our Company Directors for their guidance and support.

Thank you to the Sydney team, led by Emily, who have always been a huge support for pay cycles, finance matters, and completing all those functions that keep us employed and happy. Thank you to our partners and donors. Without your generous support and continued interest in eliminating Crusted Scabies, we would not have been able to traverse the country and implement the program.

Finally, I would like to thank the One Disease team.

The skills you have all brought to this program are nothing less than exemplary and I have often reflected on what an amazing small team we have; a professional outfit that I would highly recommend to anyone who is looking for a complex problem to solve. Your skills in imparting knowledge, communication, data analytics, presentation, embracing chaos, rolling with the punches, and producing positive outcomes are something to be hugely proud of.

Though I will personally miss you all as a whole, I know there are no holes in our lasting relationships, which are *mitey* strong!

 CEO



THANK YOU MICHELLE

With love from the One Disease team

At the end of our One Disease journey, the team wanted to give their thanks to Michelle in a surprise addition to the Annual Report.

I am so grateful to Michelle for leading us. I am thankful for her experience, ever-ready wit, and generosity. I am thankful for Michelle giving us all the opportunities to learn and grow; thankful for all the trust she placed in us to complete the work we needed to. Working with Michelle and the One Disease team has truly been an honour, and I will miss everybody when the time comes to part ways
~ **Stacey**

Michelle, it has been really great to have worked with you since Day 1. You are so sweet and caring, and I am really grateful to have managed all things finance for One Disease. You made everything so easy and always sent away your love, joy, and happy smiles all year round, and despite all the seasons in life. Thank you for the opportunity to visit Darwin, it was an amazing experience and a great bonding time together. I really hope we get to cross paths again in the near future!
~ **Vanessa**

Michelle, you really were our fearless leader, guiding our team and all our collaborators with great care. When the COVID-19 pandemic emerged, your first thought was for the safety of the remote communities, and I still can't believe how quickly you initiated the community-made videos with COVID-Safe messages. I also want to thank you for looking beyond the PD square, giving us opportunities to use our experience and skills. It couldn't have been easy leading a small team across three states and territories, but you did an amazing job communicating and supporting us all. You made us a team that I was very happy to be a part of, and I'll miss everyone
~ **Sandy**



Michelle never micro-managed or told people to do something, she discussed things with you first. Michelle wouldn't ask anything of you she thought you couldn't do, hence the confidence and self-esteem within, that seemed to grow. Thank you, Michelle, for believing in me, and thanks for the opportunities to increase my knowledge in the field we were working in and for my continual journey of my cultural education, amongst the diverse Aboriginal groups we engaged with, throughout remote parts of Northern Territory. It was a privilege to become a part of the team you put together. Everyone was helpful, kind, considerate and with a lot of happy laughs and smiles. Our debriefing outings brought us closer together and strengthened our relationships. You were a leader, Michelle. You were not just our 'boss'!

~ **Jacko**

Thank you, Michelle, for your expert knowledge, innovation, determination, and skilful leadership. In the context of complexity, your wit and sense of humour have been a welcome constant! It has been an absolute pleasure scratching the surface with you and the One Disease team

~ **Meg**

Thanks, Michelle! You have provided guidance and inspiration to our team. You encouraged us all to celebrate and use our unique qualities, and created a work environment where we were open, honest, and productive. Most importantly, we were a team that could laugh in the face of adversity!

~ **Irene**

It has been a pleasure to work with you, Michelle. You are always considerate of others. You appreciated the effort put in by each team member. You were so dedicated to achieving the goal of One Disease. I am so proud of you.

~ **Xue**

It has been an absolute pleasure and a privilege to learn from Michelle's experience and insight as a professional, a leader, a visionary, a comedian, a unicorn, and a friend. Thank you, Michelle, I will carry with me what I've learnt over the last six years for many, many more years to come.

~ **Hannah**



SCABIES AND CRUSTED SCABIES

The One Disease Explainer

It begins with scabies...

Scabies is a skin infestation by mites known as *Sarcoptes scabiei*. Scabies mites crawl, they don't jump or fly. These mites are tiny, and are hard to see without a microscope. When people get scabies, they will have 10-15 mites living on their skin.

The most common way scabies mites spread is through close, skin-to-skin contact with an infected person.

Then Crusted Scabies can develop...

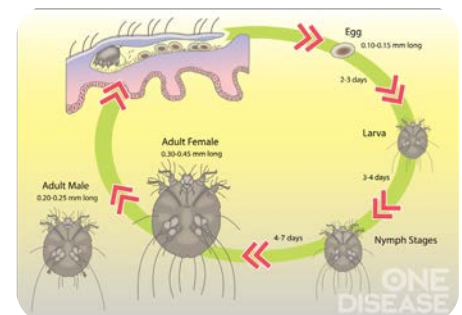
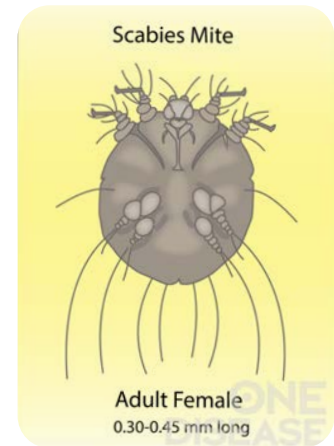
Crusted Scabies is a highly contagious form of scabies.

Much rarer than scabies, Crusted Scabies develops in people with compromised immune systems who have untreated scabies.

Poor immune systems in individuals are often due to existing chronic illnesses and conditions such as HIV, cancer or kidney failure.

People with Crusted Scabies develop crusted patches of skin containing an extreme number of mites, up into the hundreds of thousands.

This occurs when their immune system is unable to launch a response to stop the mites from multiplying.



In 2002, Royal Darwin Hospital developed and began using a clinical grading scale to guide the treatment of Crusted Scabies. The scale provides three grades, ranging from least to most severe:

- Crusted Scabies Grade 1 (10 x infectivity)**
- Crusted Scabies Grade 2 (100 x infectivity)**
- Crusted Scabies Grade 3 (1000 x infectivity)**

The longer a person with Crusted Scabies goes undetected and untreated, the greater the risk of their condition increasing in severity. This can lead to more serious health complications and a runaway increase in infectivity of their household members.

THE PROBLEMS OF SCABIES AND CRUSTED SCABIES

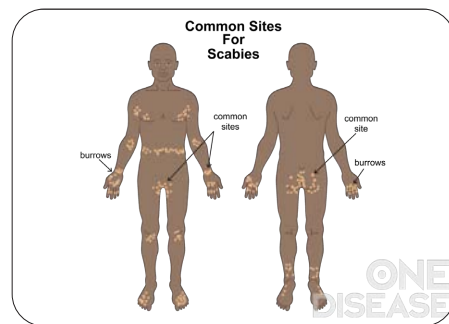
Scabies and Crusted Scabies both disproportionately affect people living in remote communities and can lead to severe health problems.

Constant scratching, which is a symptom of scabies, can cause open sores. Cracked skin, a symptom of Crusted Scabies, can lead to the same issue. Open sores and cracked skin can both lead to secondary bacterial infections.

These infections can then lead to ever-more severe conditions, including septicaemia (blood poisoning), heart disease and kidney disease.

People with Crusted Scabies may also develop feelings of shame as they may become disfigured by the crusts that form on their skin.

Scabies and Crusted Scabies are both fully treatable and preventable.



SOLVING THE PROBLEM: Scabies Free Zones

An important strategy for preventing scabies and Crusted Scabies is for people to create and maintain scabies free households and communities.

This strategy involves:

- Treating everyone in a home with Lyclear cream twice, by applying the cream together at the same time, seven days apart.
- Wash all bedding, towelling and clothing in the household in a washing machine on the hottest setting possible, with water that reaches 50 degrees Celsius or more, to kill scabies mites.
- If the washing machine is broken or cannot reach 50 degrees Celsius, the bedding, towelling and clothing can be placed in large plastic bags - such as garbage bags, sealed tight and left outside for 3 - 8 days (3 days in mild-dry conditions and 8 days in warm-humid conditions). This will also kill any scabies mites.
- A clothes dryer on the hottest setting for at least 20 minutes will also be effective, as will ironing all items on the hottest setting.
- To keep homes scabies free, all of the above steps must occur on a regular basis.

Animals do not and cannot spread human scabies. Pets can become infected with a different kind of scabies mite, which does not survive or reproduce on humans.

KEY ACHIEVEMENTS FROM OUR FINAL YEAR

Maintaining a low recurrence rate

The recurrence rate of Crusted Scabies is now extremely low, at less than 5 per cent for many reporting cycles now. This indicates that few people treated for Crusted Scabies go on to develop the disease again. The average recurrence rate over the past 12 months was 3.03 per cent.

Given the high chance of recurrent infection associated with Crusted Scabies, the lack of a vaccine, and the continued presence of scabies among people living in overcrowded conditions, this is an important and significant achievement.

The fight continues...

One Disease recognises that as long as scabies exists in remote Indigenous communities, there remains a risk that people with poor immune function will develop Crusted Scabies from spending time with someone who has scabies.

With this in mind, our focus over the past 12 months has been on curbing simple scabies. We have approached this goal in line with our values: by working with communities first and foremost, to develop and maintain scabies-free homes.

We have also worked with health services to embed our disease elimination systems, and with the Northern Territory Centre for Disease Control to determine how to best use the Crusted Scabies Enhanced Dataset we have implemented.

Work across the Northern Territory's remote communities.

This year, One Disease was approached by the staff of the Northern Territory government responsible for providing service to local community health organisations. It had been noticed that there was an increase in scabies among Darwin's remote communities of the southwest region.

Working as a team, a two-step approach was developed and undertaken to decrease scabies.

Firstly, working in collaboration with local health service staff, the One disease senior community nurse undertook a house-to-house approach in order to inform households about scabies. The focus at this stage was on identification, treatment and the creation of Scabies Free Zones.

To convey this information, the One Disease Scabies and Crusted Scabies Storytelling Tool was used. The tool has culturally-relevant illustrations and information, and is available in the local language, Murrinh-patha. Families were very pleased to receive the information provided.

Secondly, whenever scabies was found to be present, the entire household was treated.

Promotion of the Scabies Free Zone model of prevention was also undertaken in the East Arnhem region, in Katherine East and in partnership with the Rheumatic Heart Disease Deadly Heart Trek.

In addition, having worked with local health service teams and a community in the heart of the Arnhem Land region to teach them how best to determine scabies prevalence and how to



undertake scabies treatment days, One Disease handed this work over to the local health service.

They are now ready to undertake this work into the future, with an understanding of our processes and using our resources.

One Disease Academic Consultancy

Our work on the Charles Darwin University Skin Unit and the Remote Area Health Core (RAHC) scabies and Crusted Scabies module was completed. This will provide up-to-date information to all students and health workers studying in this area in the future.

The One Disease team also wrote the Infectious Diseases section of the latest version of *Public Health Bush Book*, which is a resource developed to

support and strengthen public health practice in remote community settings.

Crusted Scabies Data Follow-Up

This year, One Disease worked with the Northern Territory Centre for Disease Control (NT CDC) to encourage best use of the Crusted Scabies Enhanced Dataset.

One Disease was in regular contact with NT CDC offices in Darwin, Gove, Tennant Creek, Katherine and Alice Springs, receiving updates on current cases of Crusted Scabies. This allowed us to better understand cases, contact relevant health services and send out educational resources so that people treated for Crusted Scabies could go home to Scabies Free Zones.



Ivermectin Advocacy Success

One Disease was part of a group, led by the National Aboriginal Community Controlled Health Organisation, and which included Merck Sharp & Dohme Australia and Menzies School of Health Research, who wrote to the Pharmaceutical Benefits Advisory Committee (PBAC) seeking an extension of the scabies treatment listing for Ivermectin. We sought to have this change made because the Pharmaceutical Benefits Scheme (PBS) treatment options did not effectively meet community needs and were inadequate in addressing the ongoing burden of scabies.

Our late company director, Will Delaat, initiated One Disease's involvement in this process. We are very grateful for his contribution to this work.

On 1 April 2022, Ivermectin became available on the PBS as a first-line scabies treatment option for Aboriginal and Torres Strait Islander people.

We helped to communicate this information directly to remote community health services, and feedback was extremely positive.

One Disease CEO's Keynote Address

One Disease CEO, Michelle Dowden, was proud to be one of the keynote speakers at the 13th National Aboriginal and Torres Strait Islander Environmental Health Conference, held on 5-8 September in Darwin.

She spoke about the history of scabies and Crusted Scabies, and ways to control both. Importantly, she spoke directly to the environmental health workers present, reminding them to have confidence in the way they work:

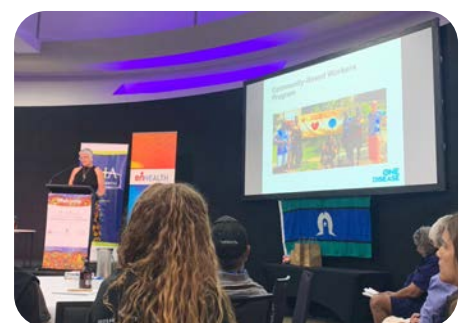
"I would like to acknowledge all your collective knowledge in this room, your experience and ways of working. I want to encourage you to trust your ways of working and draw on your pre-existing knowledge, relationships, families and communities."

One Disease Presents at CRANaplus Conference

One Disease Health Promotion Officer, Geoffrey 'Jacko' Angeles, presented at the 39th CRANaplus Conference, held in Adelaide from October 4-6 2022.

The aim of the conference was to build on the strengths of health workers to improve the health and wellbeing of rural and remote Australians, especially Indigenous Australians.

Jacko spoke about One Disease's Healthy Skin Program, and the importance of gathering knowledge before beginning work with a remote community.



SCRATCHING THE SURFACE
a One Disease podcast

Scan the QR code to listen now!
www.onedisease.org/podcast

One Disease Podcast: Scratching the Surface

In our final year, we completed our podcast series, titled *Scratching the Surface*. The podcast is an eight-episode series, which communicates the story of One Disease and our Crusted Scabies elimination program. The podcast was an entirely new medium for One Disease, and a medium which is becoming increasingly popular in remote and rural communities.

The podcast's stories are told by Indigenous Australians, One Disease staff and disease experts. We believe the podcast will be useful in the future development of disease elimination plans for other diseases of concern in our remote communities. We hope it will also be of interest to the wider public, as the stories are told in an engaging and entertaining way, supported by original Indigenous Australian music.

The podcast can be accessed by scanning the QR code on this page, by visiting onedisease.org/podcast, and on all major podcasting platforms.

SCAN (Skin Checks Across the North) App

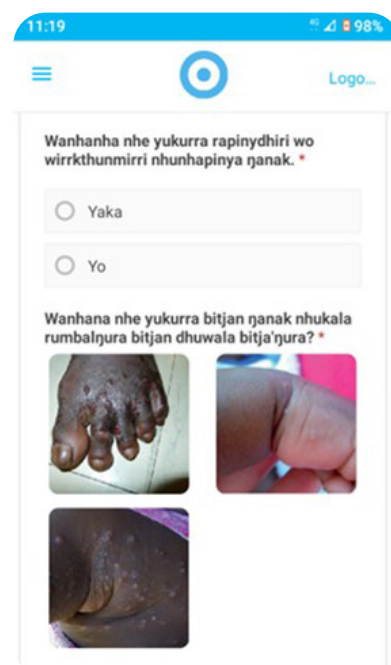
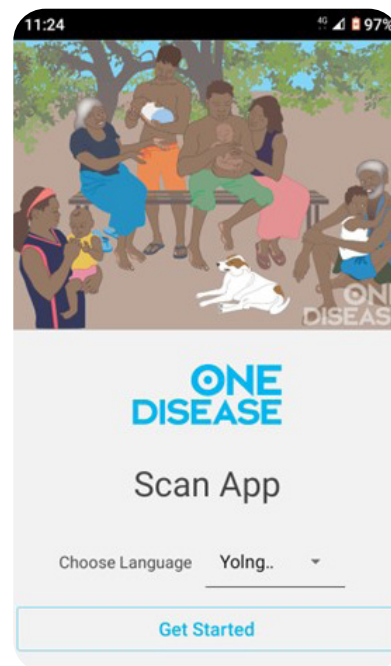
We have completed and launched our SCAN App, which is available in English and Yolngu Matha. SCAN is a skin checker for use by Aboriginal and Torres Strait Islander people living in the Northern Territory, Western Australia and Queensland. This includes infants, children, teenagers and adults; individuals and families.

The app is presented as a short series of questions about the user, their household, skin condition and their contact history.

SCAN collects and analyses this data, and if necessary, encourages the user and/or family members to seek a skin check from their nearest clinic

Through the questionnaire and accompanying images, SCAN helps the user to better understand the current condition of their skin.

While the app was primarily developed for detecting cases of scabies and Crusted Scabies, it also encourages skin checks at a local clinic for various unspecified skin conditions.



THE ONE DISEASE JOURNEY

A Timeline

2011

One Disease At A Time (ODAAT) is established by Dr Sam Prince.

ODAAT, in collaboration with remote Indigenous communities, develops the East Arnhem Scabies Control Program (EASCP)

2012

Under the EASCP, a case management program for Crusted Scabies begins in Yirrkala. Six people with Crusted Scabies are identified and treated.

2013

ODAAT partners with Merck Sharp & Dohme (MSD) to successfully fast-track a submission to the Australian Therapeutic Goods Administration (TGA) for Ivermectin to be approved as a treatment for scabies and Crusted Scabies.

One Disease At A Time legally changes its name to One Disease.

2014

One Disease makes the decision to focus solely on Crusted Scabies after gaining a better understanding of who needs the most immediate treatment.

2015

One Disease begins to focus on using the recurrence rate of Crusted Scabies as a key measure of success in the field.

2016

As part of a group of organisations, One Disease successfully lobbies the Northern Territory (NT) government to include Crusted Scabies as a notifiable disease in the NT, confirming its status as a public health issue.

2017

One Disease conducts an audit of health service clinical files, revealing a need for further education in the health sector with regard to Crusted Scabies cases.

One Disease develops the world-first Crusted Scabies Elimination program. The elimination plan aims to improve detection and diagnosis of Crusted Scabies, and prevent recurrences of Crusted Scabies amongst people who have successfully been treated. The plan sets out a strategy to embed local systems and ensure the creation and maintenance of Scabies Free Zones.

One Disease signs a Memorandum of Understanding with the NT Department of Health, committing the Department to work in collaboration with One Disease for the elimination of Crusted Scabies.

One Disease establishes a video microscopy project to investigate how new technology can be used to improve detection.

One Disease delivers 164 Crusted Scabies education sessions with a total of 1,581 attendees.

Recurrence rate of Crusted Scabies is just under 10 per cent.

2018

With help from the Office of the Hon Ken Wyatt AM MP, One Disease secures two years of funding from the Australian Government Department of Health.

One Disease successfully negotiates for Crusted Scabies patients to receive recall and reminder prompts through existing electronic patient systems of the NT. By the middle of this year, 75 per cent of our Crusted Scabies patients are set up to receive these prompts.

One Disease establishes and begins to run a two-year



small grant program for organisations working in remote Indigenous communities across Western Australia, Northern Territory and Queensland.

One Disease delivers 364 Crusted Scabies education sessions with a total of 3,284 attendees.

Recurrence rate of Crusted Scabies is 3.3 per cent.

2019

One Disease develops a Renal Brochure and the Crusted Scabies e-Learning Module for Health Workers.

One Disease makes the decision to focus its efforts on Scabies Free Zone education in the NT, due to the Crusted Scabies burden in the territory.

One Disease begins hiring Indigenous community-based Healthy Skin workers to work directly with their communities, providing education on the creation of Scabies Free Zones.

37 organisations working with Indigenous communities across WA, NT and QLD each receive a One Disease small grant to develop Scabies Free Zone projects.

Recurrence rate of Crusted Scabies is 1.7 per cent. At the end of June, One Disease celebrates its first quarter with a zero-recurrence rate.

2020

COVID-19 arrives, leading One Disease to adapt quickly and develop a series of community-driven handwashing and social distancing promotional clips

to help spread COVID-Safe messages within Indigenous communities.

The One Disease Scabies and Crusted Scabies Storytelling Tool is completed and launches in May.

Pandemic travel restrictions lead One Disease to begin an intensive social media campaign to increase understanding of scabies detection, treatment and prevention, while also allowing analysis and insight into the reach of our message.

One Disease writes the scabies and Crusted Scabies section of the Batchelor Institute Workbook for the unit HLTAHW016: Assess Client's Physical Wellbeing.

A process is initiated with other stakeholders to prepare and submit a Pharmaceutical Benefits Scheme (PBS) submission to have Ivermectin included as a first-line treatment for scabies on the PBS.

The enhanced dataset for Crusted Scabies Notifications within the notifiable diseases system of the NT Government Public Health Unit (Centre for Disease Control) is completed and goes live.

Recurrence rate of Crusted Scabies is 3.03 per cent.

2021

The SCAN (Skin Checks Across the North) App is completed and made available for use by Aboriginal and Torres Strait Islander people living in the NT, WA and QLD. It is available in English and Yolngu Matha.

2022

The One Disease podcast series *Scratching the Surface* is completed and released. It consists of eight episodes.

Ivermectin becomes available on the PBS as a first-line scabies treatment for Aboriginal and Torres Strait Islander people.

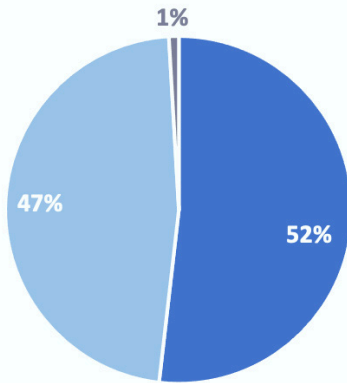
Final external evaluation is completed and results show that One Disease has achieved the legitimacy required to work in remote NT communities, and through establishing partnerships with the NT Health Department, Aboriginal Community Controlled Health Organisations and community organisations, has worked to strengthen surveillance systems, improve treatment and follow-up, and mentor novel ways of working to support individuals and communities to engage with health messages for the prevention and management of scabies and Crusted Scabies.

Recurrence rate of Crusted Scabies is currently 2.9 per cent.



ONE DISEASE FINANCIAL SUMMARY 2022

IN FINANCIAL YEAR 2022 WE RAISED **\$1,018,320** TOWARDS THE ELIMINATION OF CRUSTED SCABIES.



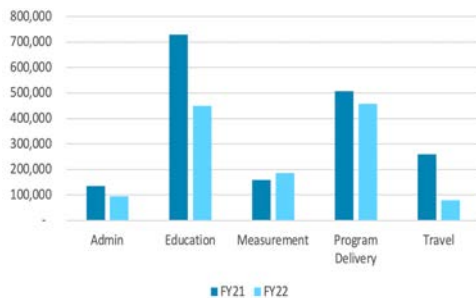
Where did that money come from?

52% from Foundations and Trusts

47% from Government Grants

1% from Individual Donations

How was that money spent?



71% of One Disease's annual expenditure went towards education and program delivery. The remaining expenditure was divided between general administrative costs (8%), measurement of our ongoing goals (15%) and travel by One Disease staff (6%).

A copy of One Disease's audited financial report for Financial Year 2022 can be found at:

www.onedisease.org/resources-1#reports

ACKNOWLEDGEMENTS

We are very grateful to the Aboriginal Controlled Community Health Organisations we have worked with, the Australian Government Department of Health, the Northern Territory Government and the trusts, foundations, businesses and individuals who have supported One Disease throughout the years.

Thank you for your work, your encouragement and your engagement with our mission. We could not have achieved what we did without you.

In the past year, our donors included:

*The Snow Foundation
The Australian Government
Department of Health
The Coopers Brewery
Foundation
Northern Territory Community
Benefit Fund
The Bruce Hyams Foundation*

A special thank you to Georgina Byron AM, CEO of the Snow Foundation. Your belief and generous support of One Disease will always be remembered.

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ONE DISEASE

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