

A close-up portrait of a young Indigenous Australian boy with dark skin and short, dark hair. He is looking directly at the camera with a slight smile. He is shirtless, and his skin has a fine texture of sand or dust. The background is a blurred beach scene with turquoise water and a clear blue sky.

ONE DISEASE

BELIEVE. CONNECT. INSPIRE

**Annual Report
2018-2019**

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What is One Disease?

One Disease is the only not-for-profit organisation in the world focused solely on the detection, treatment and elimination of Crusted Scabies as a public health issue.

Northern Australia's rural and remote Indigenous communities have the highest reported rate of Crusted Scabies in the world. Our mission has a single focus, with a clear, short timeline:

One Disease's elimination program will bring Crusted Scabies under control as a public health problem in the Northern Territory by the end of 2019 and across the country by the end of 2022.

We are currently on track to meet this goal.

Our goals towards elimination are twofold:

- To improve detection, diagnosis and treatment of Crusted Scabies.
- To prevent recurrences of Crusted Scabies in individuals who have been successfully treated.

Our work is undertaken 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 funded by the Australian Government Department of Health, donations from individuals and small groups, as well as by philanthropic and corporate partners, who all believe as we do:

That no one should die of a preventable disease.

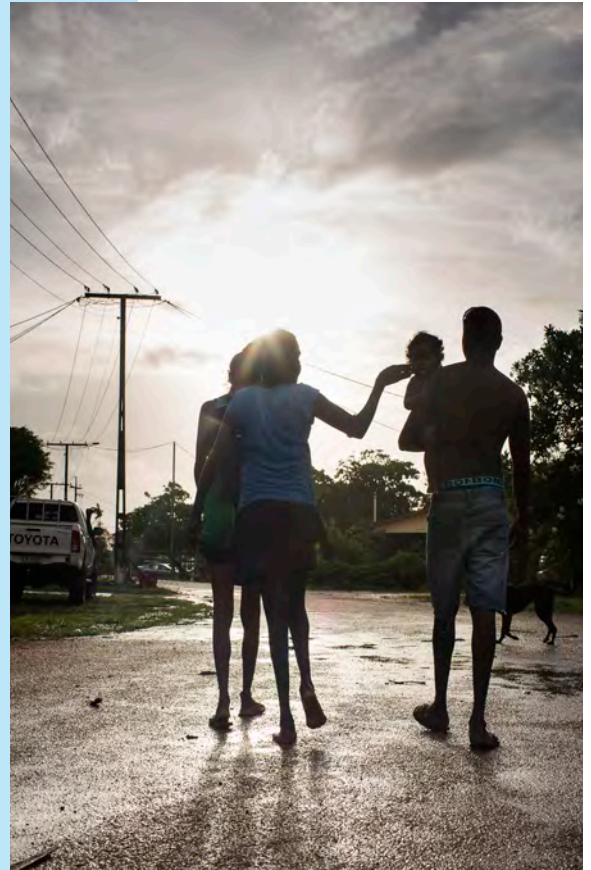
Our Governance

One Disease Company Board

Our company board maintains overall responsibility for the governance and oversight of all One Disease affairs. This includes, but is not limited to: monitoring company performance and activities, legal and fiduciary compliance, and supporting the CEO, Michelle Dowden to manage the day-to-day functioning of the organisation. One member of the Company Board also serves as the One Disease Company Secretary. All board members serve in a volunteer capacity, without remuneration.

Members of the Company Board 2018-2019:

- Dr Sam Prince
- Mr Stephen Chapman
- Ms Katie Radojkovic



One Disease 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 full partnership with the Indigenous communities we work alongside. All advisory board members serve in a volunteer capacity, without remuneration. An introduction to each of our advisory board members lies on the following page.



Dr Sam Prince, Founder and Chair

Sam is a humanitarian, philanthropist, entrepreneur and medical doctor. He was awarded 'Young Australian of the Year' in the Australian Capital Territory in 2012, as recognition for his work at One Disease.



Professor Frank Bowden

Frank is Professor at the Australian National University Medical School and an Infectious Diseases Physician. He was Director of the National Committee that oversaw the elimination of Donovanosis from Australia and is continuing research into the control of infectious diseases through public health principles.



Professor Ngiare Brown

One of the first Aboriginal doctors in Australia, Ngiare was the CEO of the Australian Indigenous Doctors' Association. In 2015 she established the non-profit organisation Ngaoara, focused on Aboriginal child and adolescent wellbeing. She is currently a Commissioner with the National Mental Health Commission.



Professor Jonathan Carapetis

Jonathan is the Director of the Telethon Institute for Child Health Research. His pioneering research revealed a link between Strep A skin infections and the potentially fatal rheumatic heart disease. In 2008 he was the Northern Territory's Australian of the Year.



Professor Bart Currie

Bart leads the Tropical and Emerging Infectious Diseases team of the Global and Tropical Health Division at Menzies School of Health Research. He is also an infectious diseases physician at the Royal Darwin Hospital and Professor of Medicine at the Northern Territory Medical Program through Flinders University.



Professor Brian Schmidt AC

Brian is the Vice Chancellor of the Australian National University. He formed the High-Z SN search team who won *Science Magazine's* 'Breakthrough of the Year' in 1998. He has won a Nobel Prize for his research on supernovae and the expansion of the universe.



Professor Hugh Taylor AC

Hugh leads the Indigenous Eye Health Unit at the University of Melbourne. His research into the causes and prevention of blindness led him to working with Fred Hollows, and 13 years spent with the John Hopkins University. His current focus is the elimination of Trachoma.

CRUSTED SCABIES: A CRASH COURSE Q&A

What is Crusted Scabies, and how do you get it?

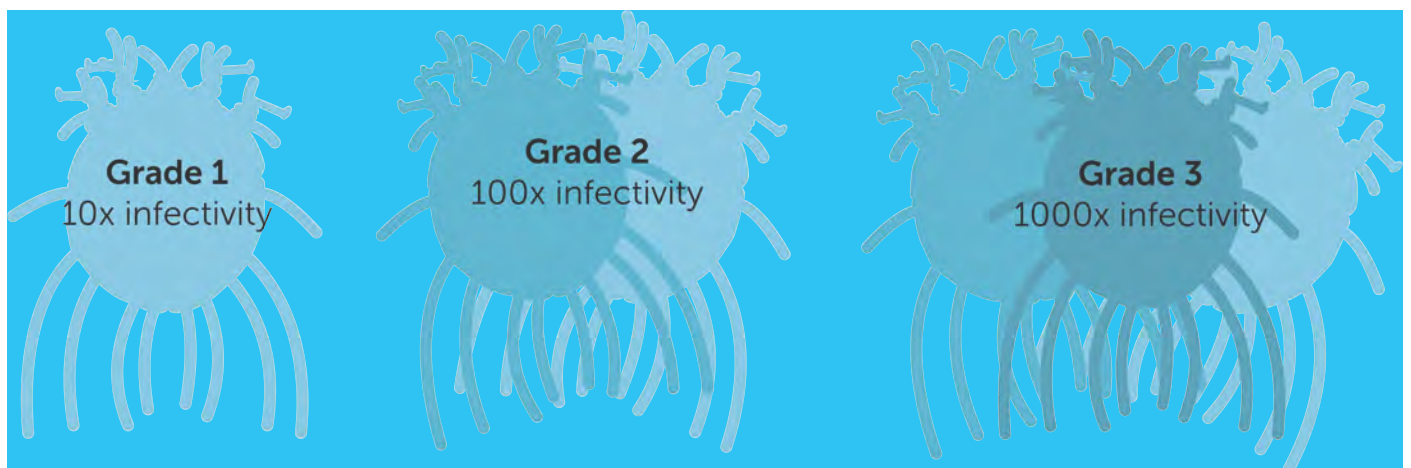
Crusted Scabies is a severe, chronic form of scabies. Scabies is an infestation of the skin with the microscopic, parasitic mite *Sarcoptes Scabiei*. The tiny scabies mite burrows into the upper layers of the skin causing intensely itchy lesions, which commonly become infected with bacteria. Crusted Scabies develops in people with weakened immune systems who have an untreated cases of scabies. In simple scabies, a person might have 10-15 live scabies mites on their body. In cases of Crusted Scabies, there could be hundreds of thousands of the mites, and in some cases well over a million.

How do you get scabies in the first place?

Scabies is transmitted by skin-to-skin contact. It is a disease of overcrowding and poverty rather than a reflection of poor hygiene.

What are the symptoms of Crusted Scabies?

Profound pain and skin disfigurement: scaly, crusty sores on the hands, feet, scalp, torso, joints (such as elbows), and even the face. Crusted Scabies can appear to look a bit like leprosy.



Crusted Scabies has three grades of infectivity, which is dependent on the clinical presentation of the client. It is estimated that the greater the grade, the greater the number of mites and in turn, the higher the infectivity level. The grading scale also often indicates the severity of complications related to having Crusted Scabies. People with Grade 3 Crusted Scabies have the greatest distribution and extent of crusting and typically have more severe complications than those with Grade 1 and 2.

How common is it?

Crusted Scabies appears to occur in 1 out of every 643 people. This figure is constantly changing, as the One Disease team continues to undertake its detection work. In 2011, when we began our work, the prevalence of Crusted Scabies was completely unknown, as it was a neglected disease.

Why is it such an issue? It doesn't seem to affect many people.

Crusted Scabies is treatable and preventable, so even one case is unacceptable. It is a painful and disfiguring condition, which almost exclusively affects some of the most vulnerable and overlooked people in Australia, our First Nations People. Due to the high mite load, Crusted Scabies is also extremely infectious and can spread scabies very quickly to other members in a household, especially children and the elderly. Scabies is still a common problem in many remote Aboriginal communities within the Northern Territory, where in some areas up to 50% of children and 25% of adults are affected.

Can you die from Crusted Scabies?

50 per cent of people with an untreated case of Crusted Scabies are at risk of dying within 5 years of developing the disease. This is due to complications arising from bacterial infections, which can lead to rheumatic heart fever, heart disease and renal disease

How do you treat it?

Crusted Scabies is treated with a combination of creams and oral medication, along with a 6-week stay in hospital.

Why don't people always seek treatment?

Often individuals with Crusted Scabies feel shame and embarrassment stemming from their disfigured appearance, which discourages them from seeking treatment. Along with this, in the past, Crusted Scabies had been under or incorrectly diagnosed, due to its status as a neglected disease.

Why does it mainly affect remote Indigenous communities?

In general, the health status of Aboriginal and Torres Strait Islander Australians is poorer than the rest of the population. They often have less access to treatment, and lack many of the opportunities to be as healthy as non-Indigenous people. Many Indigenous Australians are living with other chronic diseases such as diabetes and renal disease, which compromise their immune systems and makes them more susceptible to developing Crusted Scabies, after being infected with simple scabies.

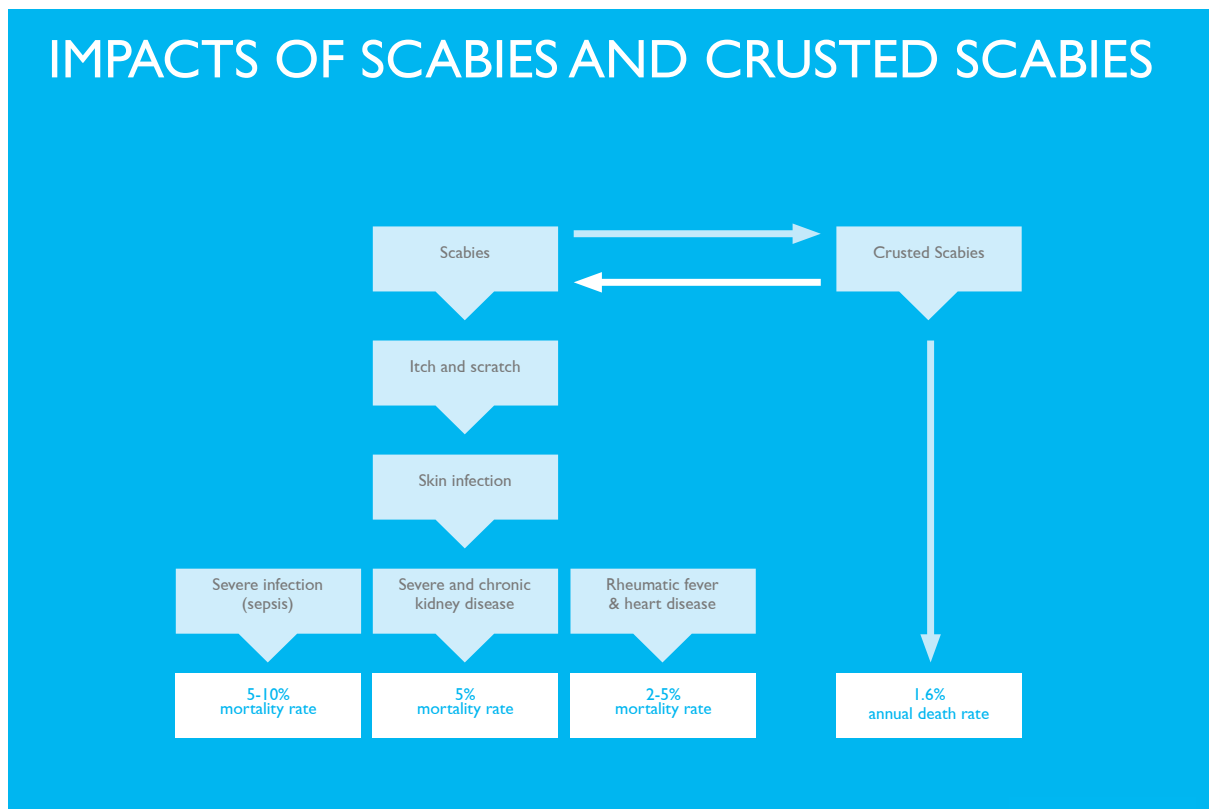
Is this purely an Australian problem?

No, Crusted Scabies is also evident in many developing countries that have high incidences of scabies. However, the highest reported rate of Crusted Scabies in the world is among the Indigenous communities in the Northern Territory.

What does 'elimination' mean?

One Diseases uses the World Health Organisation's definition of elimination:

Elimination refers to the reduction to zero (or a very low) defined target rate of new cases in a defined geographical area.





How do we achieve elimination?

One Disease has developed and is implementing a Crusted Scabies Elimination Plan that outlines all of our key actions and outcomes, against a timeline, to eliminate the disease by 2022. The plan was developed by Michelle Dowden, our CEO and Program Director, and disease elimination experts, and is supported by our remote Indigenous communities. The plan is evidence-based, with a successful trial in our pilot region as reported in the Medical Journal of Australia in 2014.

Will we get rid of Crusted Scabies forever?

This is our aim. This year, the recurrence rate of Crusted Scabies has been the lowest since we began our work. However, due to poor immune function, those who have previously been treated for Crusted Scabies are vulnerable to reinfection, which is why we advocate for lifelong monitoring. One of the most crucial actions within our elimination plan is placing everyone treated on long-term health care plans within their local health system. This should prevent recurrences of Crusted Scabies.

CEO'S REPORT



Michelle Dowden, CEO of One Disease

This year has been an absolute ripper for One Disease. We have been busier than ever before, and the vast distances travelled by the One Disease team had me considering the launch of a monthly travel blog, speculatively titled 'Mite I Go There?' In it, we would tell the story of our intrepid team who have been spreading education about the detection and management of Crusted Scabies across rural and remote Northern Australia. Unfortunately, the sheer volume of work we've been doing made it hard to find time for blogging. Maybe next year! #watchthisspace.

As a team, our primary focus this year has been on providing Crusted Scabies information sessions to local communities and stakeholders in Queensland and Western Australia.

In these regions, we made sure to acknowledge, respect and work with existing systems that support skin health. We will continue to support this work with various organisations and share resources including relevant lessons from our ongoing work in the Northern Territory.

We've had a number of highlights this year that I'd like to touch on:

Everyone in the team has worked tirelessly on the development of various new resources, including the Scabies and Crusted Scabies Digital Storytelling App that can be used with individuals, small groups, and larger community groups as well. It will be a versatile tool in our arsenal for passing on information and creating connections within our communities.

Our Small Grant rounds have provided opportunities and support for truly innovative local projects. Our healthy skin message, and the implementation of Scabies Free Zones is spreading across Northern Australia at a rapid clip – the quicker and more penetrating our message can be, the more likely we are to prevent cases of Crusted Scabies in people who are at high risk.

In June this year, we celebrated the milestone of zero per cent recurrence of Crusted Scabies reported for the quarter! It is hard to overstate just how significant this milestone is for us as a team, and I hope everyone at One Disease can use the excitement of this win as fuel for the fire in the months and years to come.

To sum up, our elimination plan for Crusted Scabies is unequivocally working. Not only are we treating more people, but also, the people we treat are not becoming reinfected!

Thank you to everyone who has been a part of the One Disease team this year. Thank you to our local partners and their communities, and all our supporters. Without your trust in our approach, we could never even hope to achieve the gains we have made this year.

With your help and hard work, we are well on track to eliminate Crusted Scabies as a public health problem by 2022.

With love and thanks,
Michelle.



Pictured (L-R): Rachel Godley and Balpalwanga Louise Maymuru (Laynhapuy Homelands Health), Her Honour the Honourable Vicki O'Halloran AO, Kathleen Hauth (Central Australian Aboriginal Congress) and Michelle Dowden (One Disease).

STOP PRESS!

On 21 November 2019, our CEO, Michelle Dowden, was awarded the Northern Territory Administrator's Medal (Individual Category) in Primary Health Care.

Presented by Her Honour the Honourable Vicki O'Halloran AM, Administrator of the Northern Territory Michelle was commended on her dedicated work for initiatives ranging from infant nutrition strategies to awareness campaigns designed to eliminate Crusted Scabies and Rheumatic Heart Disease.

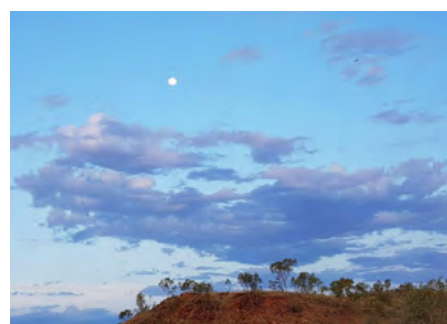
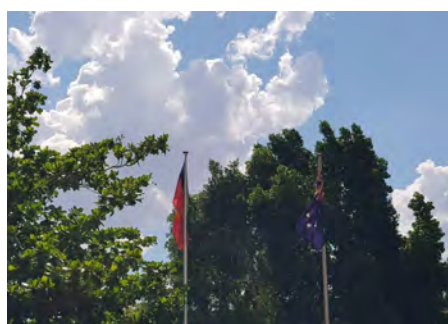
Also highlighted was Michelle's long-term commitment to primary health care and her breadth of experience in the Northern Territory.

We warmly congratulate Michelle and the medal winners in the other categories: Care Coordination Team of the Central Australian Aboriginal Congress, and Laynhapuy Homelands Health.

KICKING GOALS ALL YEAR

ZERO RECURRENCES OF CRUSTED SCABIES IN THE NORTHERN TERRITORY

The One Disease team has hit several big milestones this year, targets that are integral to completing our Crusted Scabies elimination plan. Foremost amongst these is that we recorded zero recurrences of Crusted Scabies in the Northern Territory in one quarter. This was a fantastic achievement for us, as the Northern Territory is where we began our journey, and where most of our development and learning has taken place so far.



Other highlights regarding our work and activities in the Northern Territory over the past year:

- One Disease Healthy Skin Symposium, held at Tennant Creek in March 2019, with more than 30 attendees from the region's services;

- Healthy Skin Forum, which we held in partnership with HOT NORTH (Research program led by Menzies School of Health Research) in August at the Michael Long Centre, Darwin. We sponsored representatives from the National Aboriginal Community Controlled Health Organisation to attend the event and we were also honoured to host Dr Dana Slape, Australia's first Indigenous dermatologist;

- Signing of service level agreements with Aboriginal Community Controlled Health Organisations: Central Australian Aboriginal Congress and Miwatj Health Aboriginal Corporation. These partnerships will fund and support Indigenous workers to progress the One Disease Healthy Skin program within their communities;

- New partnership agreement between One Disease and the University of New South Wales for the *Development of Phase 2 Evaluation Framework for the Crusted Scabies Elimination Program*. This research aims to

gain a better understanding of Crusted Scabies recurrences, patient quality of life in the context of family households, and the relationship between scabies and Crusted Scabies at the household level in the Northern Territory;

- Over 250 education sessions were delivered reaching more than 2400 attendees from hospitals, community clinics, households, aged-care facilities, renal services, men's and women's groups, schools, detention centres and the Families as First Teachers program.



QUEENSLAND OUTREACH

While our work began in the Northern Territory, we have been steadily increasing our presence in Western Australia and Queensland over the last few years.

In Queensland we engaged with managers from community clinics, and other relevant organisations across the state.

Each manager we contacted was given an introduction to One Disease and a rundown on our work so far in the Northern Territory. After following up to ascertain interest in taking part in the One Disease elimination plan, we hosted education sessions

in several locations, including larger hubs such as Cairns and Townsville, to inland communities like Doomadgee and Mareeba, to remote communities as far north as Mapoon and Thursday Island. All up, these sessions brought together around 1000 participants.

At these sessions we tried to gauge each clinic and community's knowledge of and experiences with Crusted Scabies. What we found is that in many places, Crusted Scabies is not a frequent appearance in clinics, and therefore not a disease of focus for most areas.

Our healthy skin symposiums and workshops in Queensland

were ideal opportunities to bring local groups together, to reinforce support systems and share Crusted Scabies resources that can interface efficiently within existing frameworks.





THE WEST AUSTRALIAN EXPERIENCE

In March, we conducted a Small Grants round for Western Australia; the purpose being to fund eligible organisations to create and deliver small projects (\$5,000) that have a common goal - the creation and maintenance of Scabies Free Zones at the local level. This is critical to help inhibit widespread outbreaks of scabies (which can lead to Crusted Scabies) and therefore prevent consequences such as renal problems and rheumatic heart fever. In addition, a grant workshop was conducted in Broome for the grant recipients so we could share information on scabies and Crusted Scabies.

Visits were made to many relevant organisations located at Fitzroy Crossing, Bunbury, Newman, Port Headland, Roebourne, Derby, Yaandina, Nullagine, and Jigalong. Our aim was to detect cases of Crusted Scabies, using the same strategies we implemented in Queensland.



- We met with government primary health care centres, community controlled primary health care organisations and other relevant organisations to convey the One Disease Story and Mission.

- We visited remote communities and went house to house to meet families. We also identified the state and local services who could be involved in Crusted Scabies detection. For health workers, we developed a Crusted Scabies and scabies questionnaire.

- As advised by disease experts on our Advisory Board, we also undertook skin checks in renal units in the Kimberley & Pilbara regions (and in Cairns, QLD), as chronically immunosuppressed patients in renal units seem the most likely group to develop Crusted Scabies.



OUTCOMES

One Disease initially believed there to be a similarly high prevalence of scabies and Crusted Scabies in Western Australia and Queensland, as in the Northern Territory.

However, our education and detection work did not reveal a burden of Crusted Scabies patients in either of these states.

In addition, there have been

health professionals who are now working in Western Australia and Queensland who reported that they have not, and do not see cases of Crusted Scabies, as in the Northern Territory.

Our work over the past 12 months in Western Australia and Queensland has still been very valuable. We informed relevant staff across both states about our work, increased awareness of Crusted Scabies and the

importance of creating Scabies Free Zones within household environments and communities.

As needed, we will continue to provide education to both states, and we will ensure all our resources are nationally relevant.

For the final years of the elimination plan, the key focus will be on Scabies Free Zones education in the Northern Territory, which has the Crusted Scabies burden.



THREE NEW RESOURCES

One Disease Renal Brochure STATUS: COMPLETED

Our plain English renal brochure for patients undergoing dialysis has been completed. The brochure is designed to provide information about the importance of maintaining good skin health before, during and after the dialysis process. As we know, there is a strong link between patients with impaired immune function, who have untreated scabies, and the development of Crusted Scabies. We hope that this brochure, and its translated version in the Yolngu Matha language will be a useful resource for vulnerable and at-risk patients.

Crusted Scabies e-Learning Module for Health Workers STATUS: COMPLETED

The Crusted Scabies e-learning module for health workers was completed and placed on the RACH (Remote Area Health Corps) website. This module, which is accompanied by new culturally relevant illustrations, is available free for health workers. It was developed to increase awareness and knowledge about Crusted Scabies and scabies issues within remote Indigenous communities for those who have worked primarily in urban settings.

One Disease Scabies and Crusted Scabies Digital Storytelling Tool STATUS: NEARING COMPLETION

The One Disease digital storytelling tool is an app designed to be an interactive education tool for remote Indigenous communities. Its aim is to aid in the diagnosis, community management and prevention of scabies and Crusted Scabies. Utilising culturally relevant illustrations, the app will feature several stories, aimed at specific audiences:

- Women and babies
- Renal patients and the elderly
- School-aged children
- Adult men.

Each story will use illustrations that are appropriate for each intended audience and will feature an audio component. The narration will be in English and several Indigenous languages, relevant to the communities we work with. We are currently in conversations with interpreting services across Northern Australia to coordinate these translations.

A Facilitator's Guide is being developed to accompany the app.



SPOTLIGHT ON OUR SMALL GRANTS PROGRAM: SIX STORIES

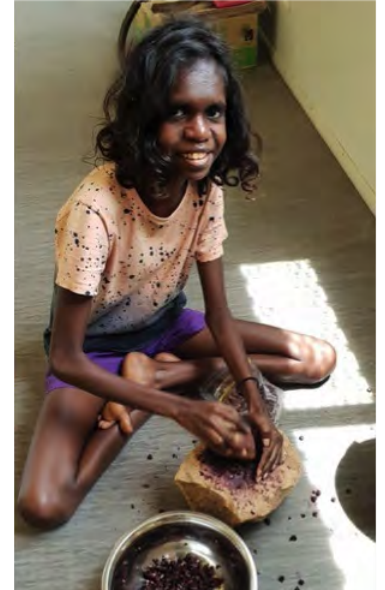
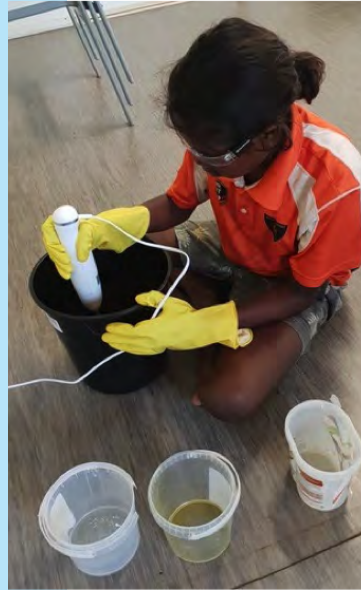
With the funding support, which we received from the Australian Government Department of Health, the One Disease Small Grant Scheme has been able to offer \$5,000 grants to over 30 eligible community organisations across the Northern Territory, Western Australia and Queensland. These organisations work directly with Indigenous Australians, and we are very pleased to be able to support the development and undertaking of projects that will positively affect the lives of their communities through the creation of Scabies Free Zones. Their development, within households and communities, will help to curb the rate of scabies and Crusted Scabies. On the following pages are summaries of six of these projects.

MERREPEN ARTS, CULTURE & LANGUAGE ABORIGINAL CORPORATION:

Healthy Skin for Christmas Project

This project was run in Nauiyu (Daly River), a remote Aboriginal community, approximately 250km south of Darwin in the Northern Territory. A consortium of partners and supporters from the local community worked together to deliver a workshop about healthy skin and scabies prevention approaches at the local Sports and Recreation Hall on the afternoon of the community Christmas party in 2018. Combining the perfect balance of education and entertainment, the project team constructed a scabies mite piñata and a Lynclear (scabies) treatment cream stick with which to beat the piñata. Many children from the community took part in this very enjoyable activity. For the adults, a locally painted tote bag with a healthy skin message was given to each attendee. The bag was filled with information and resources on how to apply Lynclear and keep skin healthy, as well as skin care products to take home.





ALICE SPRINGS HOSPITAL

Crusted Scabies and Hospital Digital Story Project

Alice Springs Hospital provides services to Aboriginal people with diverse cultural and language needs. The patient journey for those with Crusted Scabies can be very stressful and cause worry for the patient and their family. This is particularly the case as people admitted to the hospital with Crusted Scabies are cared for in a single room with Skin Precautions. These precautions require all staff and visitors entering the person's room to don a surgical cap, plastic gown, gloves and booties. This can be enormously confusing, isolating and stigmatising for the patient and family. Consequently, the project team, including iTalk Studios, worked to develop a video telling the hospital treatment and Crusted Scabies story from the perspective of a patient. The video's aim is to inform and empower patients and make their hospital stay less stressful. It has been placed on hospital ward iPads for patients and their families to view, and is also available for viewing on several internet sites including Australian Indigenous HealthInfoNet and YouTube.

DREAMTIME SOLUTIONS AUSTRALIA

Healthy Skin, Healthy Soul Project

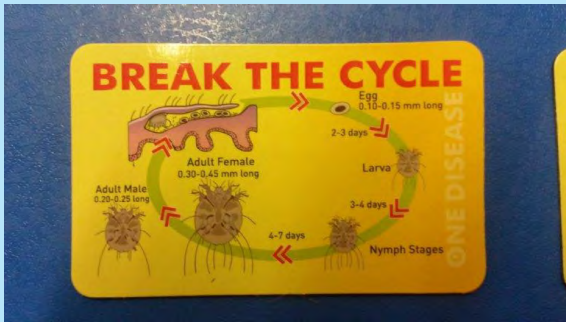
The Dreamtime Solutions project team worked with the local communities of:

Gunbalanya: A large remote town situated about 60km north east of Jabiru, across the East Alligator River in Arnhem Land;

Minjilang: The Aboriginal town on Croker Island, situated just off the Cobourg Peninsula, approximately 250km north-east of Darwin and

Kybrook Farm: An Aboriginal community of around 80 people from various tribal groups, close to Pine Creek, which is situated at the junction of the Stuart and Kakadu Highway.

The aim of the project was to increase understanding of the importance of having healthy skin and scabies-free households to prevent diseases such as scabies, Crusted Scabies and other skin conditions. To this end, scabies education was provided, and the team hosted soap making workshops and purchased communal washing machines for the three communities to use, to wash their clothing and bed-linen.



KOWANYAMA WOMEN'S SHELTER AND PLAYGROUP

Welcome Packs - Including Scabies Information Project

Kowanyama is an indigenous community of 1200 people in Far North Queensland.

To increase awareness and understanding of scabies and how to break the cycle of scabies among the people in Kowanyama, the project team from the Women's Shelter and Playgroup decided to combine an awareness program for scabies with its new welcome booklet. The aim being to make both the Women's Shelter and Playgroup, a Scabies Free Zone through teaching about prevention to everyone who use their services. All the women who went to the Playgroup and Women's Shelter in Kowanyama benefited from this project. The wider community also benefited through better knowledge and practises relating to skin care and the prevention of scabies being transferred into homes. In addition, the project team created fridge magnets (with a break the cycle logo), which were handed out when delivering Scabies Free Zone information sessions in the community.

APUNIPIMA CAPE YORK HEALTH COUNCIL - COEN COMMUNITY

“SOS” - Stamp Out Scabies Project

Coen is a small mining town located in central Cape York, approximately seven hours drive north of Cairns. Around 416 people live in Coen and surrounding areas, over half are Aboriginal and Torres Strait Islander people.

The primary aim of this project was to work with families who had young children with recurrent infections of scabies, to provide education on how to prevent scabies and the complications that can arise from scabies such as bacterial infections, kidney and heart disease. The project team provided community education and worked successfully with three families who had multi-generational people in their homes to set up Scabies Free Zones. Each family was provided with new bed linen, cleaning products and Lycllear scabies cream to treat everyone in the household. Everyone appreciated learning more about keeping their families healthy.



WOMENS CENTRE CAIRNS INC.

Scabies Prevention and Control Project

The main activity of the Women Centre Cairns is serving victims of crime (including family violence). Their project's aim was the prevention of the spread of scabies by using clothes dryers, mattress protectors and the provision of information and education to clients, to create and maintain Scabies Free Zones. The project team purchased two clothes dryers and mattress protectors for all their beds in the women's shelter in Atherton – which accommodates eight families. As part of the Scabies Free Zone promotion, the Centre's workers also provided healthy skin information to the families staying with them, to increase understanding on how to prevent scabies infections for the long-term and this information was also shared with other local community groups.



Thank you to all our small grant recipients, implementing projects across the Northern Territory, Queensland and Western Australia. The range of ideas and activities has been creative and inspiring.

ONE DISEASE FINANCIAL SUMMARY 2019

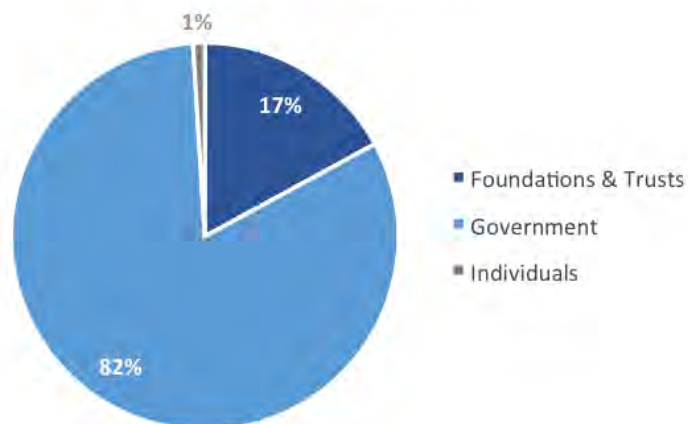
In FY19, We raised \$3,150,552 towards the elimination of Crusted Scabies.

Where did this money come from?

82% Government Grants

17% Donations from Foundations and Trusts

1% Donations by Individuals



Our total budget towards elimination across Australia by FY23 is \$6.14 Million.

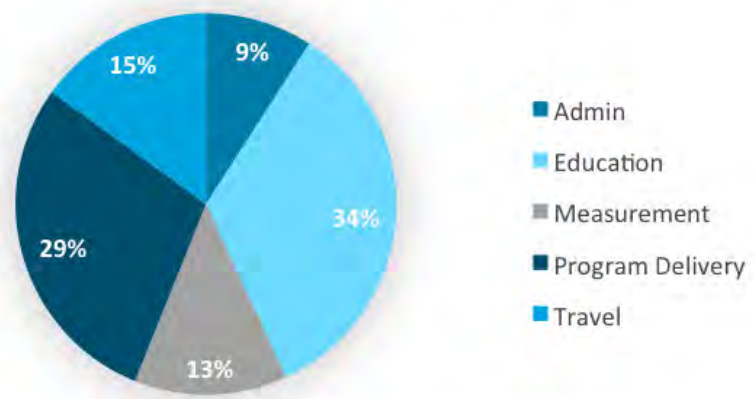
How we will spend the money?

91% Work on eliminating Crusted Scabies.

These funds go towards developing, delivering and supporting work related to eliminating Crusted Scabies.

9% 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.



SUPPORTERS AND ACKNOWLEDGEMENTS

We are immensely grateful for the commitment and support we receive from individual members of the community as well as philanthropic and corporate trusts and foundations.

Thank you to all who are working with us to eliminate Crusted Scabies from Australia, particularly the Aboriginal Controlled Community Health Organisations, the Australian Government Department of Health and The Northern Territory Government.

We also sincerely thank our major donors who are assisting us to achieve our mission:

Anonymous Trust
The Snow Foundation
Annie and John Paterson Foundation
Annemarie & Arturo Gandioli - Fumagalli Foundation
Smith Charitable Fund
Anonymous Fund
The Bruce Hyams Foundation
Sisters of Charity Foundation
Aesop



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 on: (02) 9240 2307 or contact@onedisease.org

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

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