



29 September 2026

World Heart Day: Community-led action is preventing and managing ARF and RHD

On World Heart Day, NACCHO is celebrating the achievements of Aboriginal Community Controlled Health Organisations (ACCHOs) leading the prevention and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) through community-led approaches.

Through NACCHO's Aboriginal and Torres Strait Islander community-controlled ARF and RHD Program, 29 ACCHOs are delivering locally designed solutions that are improving prevention, increasing treatment adherence and supporting families across some of Australia's highest burden communities.

ARF is a serious illness caused by an abnormal immune response to "Strep A" bacterial infection, commonly of the throat or skin. Recurrent episodes can cause permanent heart valve damage known as rheumatic heart disease (RHD), a lifelong condition that can lead to heart failure, stroke, pregnancy complications and premature death. Despite being preventable, ARF and RHD continue to disproportionately affect Aboriginal and Torres Strait Islander peoples, reflecting persistent inequities in the social and environmental determinants of health.

Communities leading the way

Community leadership and cultural strengths are central to preventing and managing ARF and RHD. NACCHO coordinates Australia's first Aboriginal and Torres Strait Islander community-controlled, sector-led ARF and RHD Program, supporting ACCHOs to build workforce capacity and deliver locally designed, evidence-based responses.

The Program enables ACCHOs to expand their local workforce and strengthen their capacity to deliver community-led ARF and RHD strategies that are evidence-based and sustainable.

Since commencing in 2022, the ARF and RHD Program has grown from supporting three ACCHOs to 29 ACCHOs across the Northern Territory, Western Australia, South Australia and Queensland, where the burden of ARF and RHD remains highest. The program currently supports approximately 100 full-time equivalent positions across clinical, community and environmental health roles and reaches communities through more than 100 clinics and Homelands.

Community-led approaches are delivering results

Participating ACCHOs are reporting measurable improvements across prevention, treatment and long-term disease management. Activities include health promotion, environmental health initiatives, screening, support for people living with ARF and RHD, workforce development and community engagement.

“Where ACCHOs are resourced and supported through NACCHO’s programs, we are seeing higher adherence and better outcomes.” – NACCHO CEO Dr Dawn Casey (Keynote for Women Deliver 2026).

Outcomes reported by participating services show what can be achieved when ACCHOs are resourced to implement ARF and RHD initiatives.

Results reported by participating ACCHOs include:

- Improved adherence to secondary prophylaxis, exceeding the national average and trending upwards.
- Increased detection and treatment of skin infections and sore throats.
- Increased workforce capacity to support clients and families living with ARF and RHD.
- Stronger community awareness and engagement in ARF and RHD prevention activities.
- Improved coordination between clinical, environmental health and community teams.

One ACCHO reported reconnecting with a young client who had become disengaged from care and had not received prescribed LA-Bicillin secondary prophylaxis since the previous year. Through community promotion and outreach, staff were able to reconnect with the client, provide support and encourage her to return to care. The client recommenced treatment, demonstrating how locally delivered, culturally responsive care can rebuild trust, reconnect people with health services and improve long-term health outcome.

Another service reported:

“The program has made RHD much more visible across our service. Healthy skin, sore throats, LA-Bicillin, recalls and RHD follow up are now part of everyday primary care as well as community health promotion.”

Ending new cases by 2030

Seven years ago, Australia’s Long Term National Health Plan committed to ending RHD by 2030.

Achieving that goal will require sustained investment in community-controlled solutions. NACCHO continues to advocate for long-term funding, workforce support, reliable access to essential medicines and improved access to RHD data consistent with Indigenous Data Sovereignty principles.

“At NACCHO, our goal is clear: A strong, skilled, sustainably funded Aboriginal and Torres Strait Islander workforce, embedded in community control, working every day to eliminate acute rheumatic fever and end new cases of rheumatic heart disease. The global lesson is this: when communities lead, outcomes improve.” – NACCHO CEO Dr Dawn Casey (Keynote for Women Deliver 2026).

Despite being entirely preventable, ARF and RHD continue to affect too many Aboriginal and Torres Strait Islander children, young people, women and families. On World Heart Day, NACCHO is calling for continued investment in community-controlled solutions that are proven to work and are essential to achieving the national goal of ending new cases of RHD by 2030.

ENDS



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NACCHO

National Aboriginal Community
Controlled Health Organisation

About NACCHO

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national leadership body representing 150 Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia. NACCHO provides a voice for Aboriginal and Torres Strait Islander people in health policy and practice and supports its member services to deliver holistic, culturally grounded primary health care. NACCHO is also the third-largest employer of Aboriginal and Torres Strait Islander people in Australia, demonstrating that *strength truly comes from community control*.

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