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# New report: community-controlled care must anchor action to eliminate congenital syphilis

**As Sexual Health Awareness Month draws to a close, NACCHO and ASHM Health are calling for continued action to address syphilis and its disproportionate impact on Aboriginal and Torres Strait Islander communities. Protecting our mob from syphilis, including congenital syphilis, requires sustained focus, community leadership and a health system that supports people to access testing, treatment and care.**

**Australia has the clinical tools and community leadership to eliminate congenital syphilis. Governments and health systems must now match that capability with clear responsibility, firm timeframes and sustained investment, a new national report finds.**

Leading health experts from around the country are calling for continued and sustained action as Australia faces an unprecedented outbreak of syphilis. Congenital syphilis – transmitted from a pregnant person to their baby – represents one of the most serious and preventable consequences of this outbreak.

The *Second National Roundtable on Congenital Syphilis report*, released by the National Aboriginal Community Controlled Health Organisation (NACCHO) and ASHM Health, sets out eight priority areas and more than 25 proposed actions to strengthen access, coordination and accountability across Australia's response.

The recommendations address key gaps in Australia's syphilis response, including prioritising community-controlled care, addressing health workforce shortages, and managing supply of the medications used to treat syphilis, which are facing recurrent shortages.

Due to the burden of syphilis falling disproportionately on Aboriginal and Torres Strait Islander communities due to the determinants on health, the findings place community-controlled care at the centre of national action. The report identifies ACCHO-led services, Birthing on Country programs, and Aboriginal and Torres Strait Islander Health Worker and Health Practitioner-led models as critical ways to build trust, strengthen continuity of care and keep people connected to testing and treatment.

It also calls for consistent implementation of antenatal testing guidelines, a 'no wrong door' approach to testing, coordinated care for newborns, stronger workforce and surveillance systems, a secure supply of benzathine benzylpenicillin-G, and communication that normalises testing and reduces stigma.

The Roundtable that informed the report was convened in Sydney on 16 March 2026, with funding from the Australian Centre for Disease Control. It brought together more than 80 senior representatives from more than 50 organisations, including governments, Aboriginal Community Controlled Health Organisations (ACCHOs), professional colleges, research institutions and frontline clinical services.

The report comes amid the current declaration of syphilis as a Communicable Disease Incident of National Significance and is intended to inform the 2026 review and update of the National Syphilis Response Plan 2023-2030.

**NACCHO Chief Executive Officer Dr Dawn Casey PSM said:**

"Congenital syphilis is preventable. Aboriginal and Torres Strait Islander communities already hold the knowledge, relationships and leadership needed to drive the response."

"Our Aboriginal Community Controlled Health Organisations, Health Workers and Health Practitioners are providing culturally safe testing, treatment and antenatal care, and keeping people connected to services. The national system must back that leadership with sustained investment, a reliable medicine supply and genuine shared decision-making."

"This report leaves no room for delay or ambiguity. It sets out practical actions and calls for named responsibility, clear timeframes and accountability. Implementation must be done with Aboriginal and Torres Strait Islander people and the community-controlled sector from the start, not handed down after decisions have already been made."

**ASHM Deputy Chief Executive Officer Jessica Michaels said:**

"The syphilis outbreak in Australia requires urgent action – we need a coordinated, sustainably funded national response, every healthcare worker has a role to play."

"Every case of congenital syphilis represents a failure of the health system to reach a pregnant person in time with testing, treatment and care. We need to ensure we are reaching people where they are, not waiting for them to come to us."

"To prevent congenital syphilis, we need to continue building and supporting the health workforce. Syphilis must be embedded into professional training across the workforce, to ensure it's on the radar of every health professional in the country."

**The eight priority areas**

- **Governance:** partnership-based arrangements that embed shared decision-making between governments and ACCHO sector organisations, supported by continuous quality improvement.
- **Antenatal care access:** sustained investment in culturally safe, community-led care, including ACCHO-led and Birthing on Country models.
- **Perinatal and neonatal care:** standardised neonatal management plans and better monitoring of testing, treatment and outcomes for infants.
- **Testing:** a 'no wrong door' approach across primary care, emergency and urgent care, alcohol and other drug services, and correctional settings.
- **Workforce:** expanded scope of practice, stronger training, and sustained Aboriginal and Torres Strait Islander Health Worker and Health Practitioner-led models.

- **Data and surveillance:** better national monitoring, stronger Aboriginal and Torres Strait Islander identification in pathology data, and more effective data-sharing.
- **Medicines supply:** improved forecasting, inventory management and access to benzathine benzylpenicillin-G across healthcare settings.
- **Communication and stigma reduction:** coordinated national communication, reinforced by locally led and culturally appropriate initiatives that normalise testing and reduce stigma.

The proposed actions are classified as short-term actions achievable within 12 months, or long-term actions requiring sustained investment and systems reform. NACCHO and ASHM Health are calling for the updated National Syphilis Response Plan to name responsible parties, set clear timeframes and include mechanisms to track implementation.

Roundtable participants also called for a third national congenital syphilis roundtable within approximately 12 to 18 months to review progress, identify emerging priorities and maintain accountability.

### Read the report

NACCHO: [naccho.org.au/sexual-health](https://naccho.org.au/sexual-health)

ASHM Health: [ashm.org.au/resources/second-national-congenital-syphilis-roundtable-report](https://ashm.org.au/resources/second-national-congenital-syphilis-roundtable-report)

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### 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 healthcare. The ACCHO Sector is also the third-largest employer of Aboriginal and Torres Strait Islander people in Australia, demonstrating that strength truly comes from community control.

### About ASHM Health

ASHM, formerly the Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine, is a peak organisation for health workers and medical professionals who work in HIV, blood borne viruses (BBVs), and sexual and reproductive health (SRH). ASHM draws on its experience and expertise to support the health workforce and to contribute to the sector, domestically and internationally. ASHM is a professional, not-for-profit, member-based organisation. It supports its members, sector partners and collaborators to generate knowledge and action in clinical management and research, education, policy and advocacy in Australasia.