

Access to Benzathine Benzylpenicillin for Rheumatic Heart Disease

A Case Study provided in support of a proposed WHO
Resolution on Affordable Access to Essential Medicines and
Health Technologies for Children and Adolescents Living with
Noncommunicable Diseases

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August 2026



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Australia is a high-income country with universal health care, a comprehensive Pharmaceutical Benefits Scheme (PBS) and sophisticated medicines regulation. Yet for thousands of children and young people at risk of or living with acute rheumatic fever (ARF) and/or rheumatic heart disease (RHD), access to one of the most important essential medicines, long-acting intramuscular benzathine benzylpenicillin, remains uncertain. This highlights a critical challenge for child health globally: the existence of an effective medicine does not guarantee equitable access.

ARF and RHD are entirely preventable diseases that disproportionately affect Aboriginal and Torres Strait Islander children and young people in Australia, reflecting the ongoing impacts of colonisation and inequities in the social and cultural determinants of health. Aboriginal Community Controlled Health Organisations (ACCHOs), which deliver culturally safe and community-led care in many of Australia's highest burden regions, identify ongoing national shortages of benzathine benzylpenicillin as a significant barrier ending new cases of RHD. Communities consistently report that structural inequities continue to drive disease burden despite Australia's status as a wealthy nation.

Benzathine benzylpenicillin is the cornerstone of secondary prevention. Regular intramuscular injections every 21-28 days prevent recurrent episodes of ARF and dramatically reduce progression to RHD and risk of severe heart valve damage, heart failure, stroke and premature death. This medicine has been used safely and effectively for decades and is included on the World Health Organization Model List of Essential Medicines for Children (EMLC). Despite this, uninterrupted access remains elusive.

The Australian experience demonstrates the limitations of relying on market forces to ensure access to essential medicines. Benzathine benzylpenicillin is inexpensive, off-patent and has relatively low commercial value. Global manufacturing is concentrated among a small number of suppliers, creating a fragile supply chain. While the active medicine itself is long off-patent, the pre-filled syringe formulation of Bicillin L-A, the product most familiar to Australian clinicians, is produced by Pfizer and remains the dominant product used nationally. Repeated national shortages of Bicillin L-A have required health services to rely on imported alternatives, none of which are pre-filled and each have different preparation and administration requirements and associated side effects – notably pain profiles, increasing complexity for clinicians and people living with or at risk of RHD.

National medicine shortages compound existing challenges. Adherence to secondary prophylaxis is already affected by what are painful injections, workforce constraints, remoteness, housing insecurity and inequity across other social determinants of health. When shortages occur, continuity of care is disrupted and confidence in treatment pathways is undermined. For children who depend on uninterrupted prophylaxis, missed doses can have lifelong consequences.

Associate Professor Bo Reményi observed:

“Indigenous children are very special, but we’re not asking for anything special. Penicillin is one of the cheapest medications in the world and yet in Australia we have repeated shortages.”

This sentiment resonates strongly across the community-controlled sector, where many view persistent shortages as evidence that medicines predominantly required by Aboriginal and Torres Strait Islander communities have not received the same level of policy attention afforded to other

population priorities. Aboriginal and Torres Strait Islander leaders have highlighted the inequity of this situation.

Encouragingly, Australia is beginning to mobilise around solutions. The Parliamentary Friends of Ending Rheumatic Heart Disease initiative has brought together parliamentarians, Aboriginal and Torres Strait Islander leaders, clinicians, researchers and advocates to advance practical reforms. Proposed solutions include patent pool, sovereign manufacturing capability, strengthened procurement arrangements, national stockpiles, improved forecasting and coordinated advocacy to ensure uninterrupted access to this essential medicine.

For children at risk of or living with ARF and/or RHD, uninterrupted access to benzathine benzylpenicillin is not simply a pharmaceutical issue. It is a matter of human rights, social justice, health equity and child health and is consistent with the principles and expectations of the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP). If Australia, as a high-income country, cannot guarantee uninterrupted access to an older, fairly-priced, safe and highly effective medicine for its most vulnerable children, the urgent need for global action on equitable access to essential medicines is very clear.



Figure 1 Figure 1 - Launch of the Parliamentary Friends of Ending Rheumatic Heart Disease, held at Parliament House, Canberra Australia (25 March 2026). Pictured left to right: Georgina Byron, A/Prof Vicki Wade, Dr Dawn Casey and Dr Bo Reményi.

This case study was prepared by NACCHO to contribute to broader international advocacy efforts among the childhood noncommunicable diseases community to advance a **Proposed WHO Resolution on Access to Essential Medicines and Technologies for Childhood NCD Communities**. It was originally published in the @MATES4Kids Supporting Documents in August 2026.

Further information about the proposed resolution and supporting documents can be found on the [@MATES4Kids Proposed 2027 Resolution website](#).