Progress towards ending RHD in Australia

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Introduction

Aboriginal and Torres Strait Islander people in Australia live with a high burden of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) as a consequence of settler colonisation and social determinants of health. The burden is highest in remote communities in Northern Australia.

In 2014 the National Health and Medical Research Council of Australia funded a Centre of Research Excellence to develop an evidence-based roadmap towards ending RHD in Australia by 2031. Results were published as the RHD Endgame Strategy in 2020, providing a technical foundation for communities and decision makers to make choices about reducing RHD. This poster reviews progress towards that goal and identifies areas for ongoing implementation attention

Discussion

There has been strong progress towards an enabling environment for ending RHD in Australia, though there have been no measurable changes in disease burden. Responses to the COVID-19 pandemic affected prevention and clinical service delivery for ARF and RHD but also pioneered new models of partnership between the Commonwealth Department of Health and the Aboriginal Community Controlled Health Sector. There are now opportunities to review progress, strengthen learnings from COVID-19 and continue to build a coordinated national program to reduce the burden of RHD.

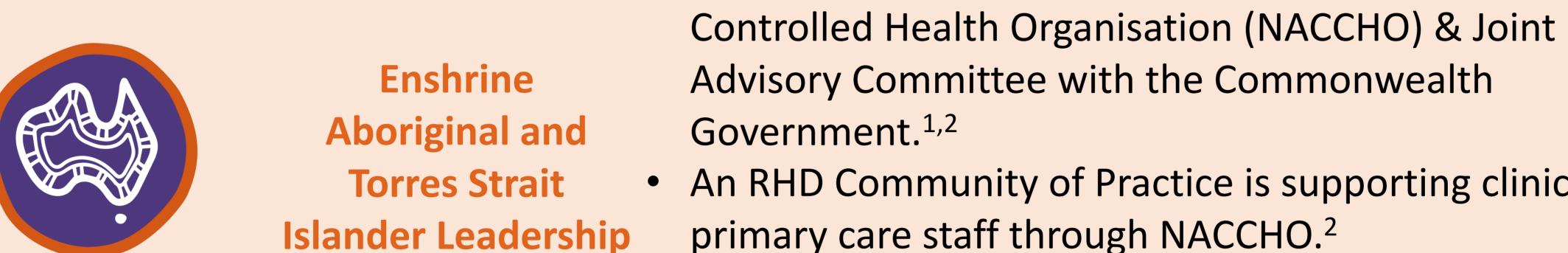
Strategic, co-designed, research and evaluation may augment other strategies to reduce the incidence of Strep A infection, ARF and RHD

References

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Enablers to ending RHD

Strong leadership by National Aboriginal Community

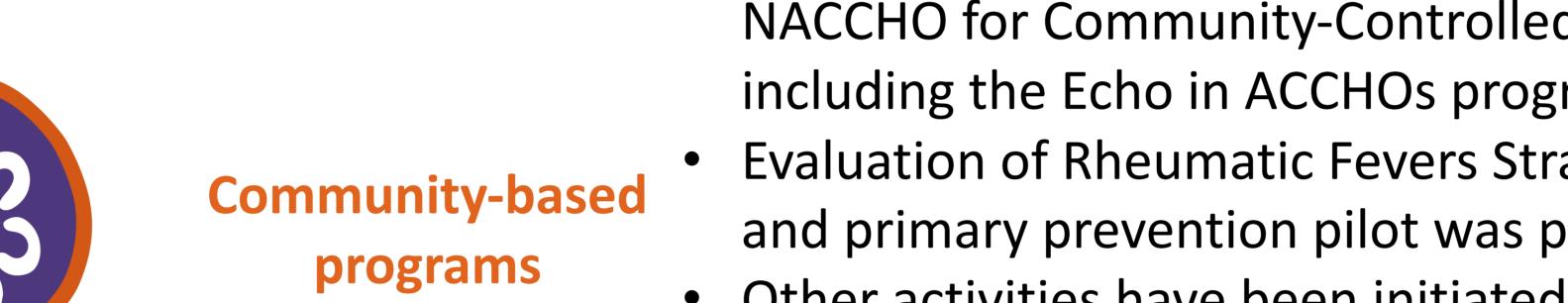


- An RHD Community of Practice is supporting clinical primary care staff through NACCHO.²
- An RHD Action Plan is developed & funded in Queensland and under development in 3 other states.³
- Funding for place based activities is administered by NACCHO for Community-Controlled Health Services including the Echo in ACCHOs program.²
- Evaluation of Rheumatic Fevers Strategy primordial and primary prevention pilot was published in 2021.4
- Other activities have been initiated by communities, researchers and philanthropic organisations including Champions4Change peer support⁵ and Deadly Heart Trek.⁶

 Australia voted against recognising Aboriginal and Torres Strait Islander people in the Constitution of Australia and enshrining a Voice to Parliament in October 2023. Aboriginal and Torres Strait Islander

Outstanding challenges to ending RHD

leaders say that "A 'founding document' without recognition of First Peoples of this country continues the process of colonisation". 12



- Coordinating and sharing knowledge across all the activity underway on ARF and RHD is a shared challenge.



Healthy homes and environments

- A number of environmental health initiatives are underway including remote laundries,⁷ mobile laundries⁸ and soap donation projects.⁹
- There has been relatively little progress on improving supply of adequate housing in remote communities.
- Funding and decision making about remote housing sits outside of the Department of Health. Environmental health programs are run by States and under resourced.



Early prevention

- Healthy skin programs are emerging and evolving as service, outbreak response and research activities.
- A new National Healthy Skin guideline has been released¹⁰ and results from the SToP skin sore trial are near.11
- Work to understand the exact transmission pathways of Strep A is underway to further inform recommendations about Healthy Living Practices.



Care and support for people living with RHD

- New models of clinical care are being developed in different parts of Australia, including the Happy Heart clinic for secondary prophylaxis and adolescent transition clinic in Cairns.²
- Safe sharing of clinical information with people living with RHD and their clinicians remains a challenge between RHD registers and other information sources.