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Towards the Elimination of Congenital Syphilis in Australia:

Building Consensus for Priority Actions

Roundtable Report

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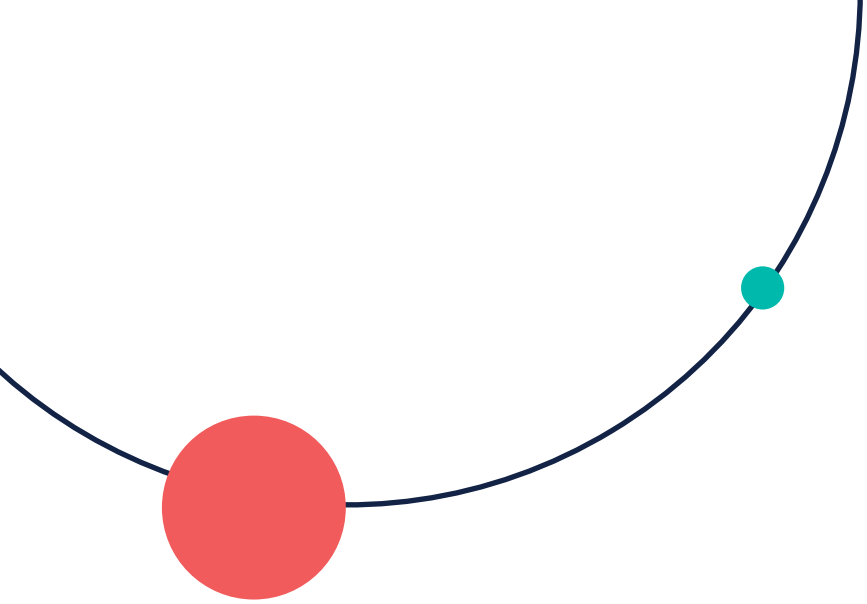


Acknowledgement of Country

ASHM acknowledges the traditional owners of the land on which the roundtable was held, the Ngunnawal people. We also acknowledge other people and families' traditional connection to the lands of the ACT and region, and we respect this connection to Country. ASHM further acknowledges the traditional owners of the lands all over Australia from which online attendees joined the roundtable. We pay our respects to Elders past and present.

Executive summary

This report presents the commitments made and actions called for during a national roundtable discussion on congenital syphilis on 15 May 2024. ASHM appreciates the contributions of all participants at the roundtable, whose views and presentations have informed the recommended actions in this report. Sector partners have confirmed their commitment to making the elimination of congenital syphilis a key priority, as outlined in Appendix 1. These partners are also committed to stepping up efforts to ensure that the associated underlying inequities and structural determinants of health are addressed.

The participants of the roundtable called for immediate action to be taken to address infectious syphilis, in particular, congenital syphilis. They stressed that the response needs to be equity driven, acknowledging the disproportionate effects that congenital syphilis has on Aboriginal and Torres Strait Islander communities. The Aboriginal Community Controlled Health sector are leaders in the national syphilis response and should be supported and funded to set the policy direction and lead an expanded response to congenital syphilis.

The roundtable was convened by ASHM in collaboration with the Department of Health and Aged Care and guided by a steering committee of relevant experts, see Appendix 2. The roundtable sought to deepen an understanding of:

- Gaps in awareness, training, and support for the health workforce relating to syphilis, with a focus on preventing congenital syphilis
- Barriers impacting access to care and treatment for pregnant people with syphilis
- Resourcing needs for the health workforce relating to congenital syphilis
- Actions needed to strengthen the health workforce and health system to address congenital syphilis in Australia.

The key areas of focus identified during the roundtable were the need to:

- **Enhance access to health services and remove barriers to timely and appropriate care to prevent congenital syphilis for all pregnant people**
    - » To achieve this, we must ensure greater awareness of the issue among the community and health professionals, simplify testing and treatment pathways, recognise and seek to address inequity in access to health services, take services to meet communities where they are, take action to increase the number of pregnant people attending maternal care services, and build trust between communities, families and health workers.
- **Invest in, support and strengthen the health workforce to effectively prevent and respond to congenital syphilis.**
    - » To achieve this, we must expand the scope of practice and strengthen the capacity of the health workforce, we must take action to address workforce shortages and improve retention, ensure culturally safe care, resource, reward and incentivise professional development across settings, and support referrals and partnerships within health and across sectors including social, family, housing, legal and other services.

- **Cultivate alignment and ensure that systems are supporting the elimination of congenital syphilis.**
    - » To achieve this, we must address inequity and ensure that policies are enabling, resources are targeted effectively, and systems are strengthened to deliver culturally safe and effective services.

Problem statement

Over the past 10 years, Australia has seen an alarming increase in cases of congenital syphilis. This increase has disproportionately affected Aboriginal and Torres Strait Islander communities, so much so, that recent data indicates that for Aboriginal and Torres Strait Islander babies, Australia is no longer meeting WHO triple elimination targets. Between 2016 and the end of 2023, 89 congenital syphilis-associated deaths were reported in Australia[1]. Approximately two-thirds (62%) of these infants were from Aboriginal and Torres Strait Islander communities. This equates to rates per 100,000 live births being on average 16 times that of non-Indigenous infants[2]. Babies in Australia are dying from a preventable illness and at an alarmingly higher rate for Aboriginal and Torres Strait Islander families. The emotional toll on these families and communities cannot be overstated.

This data points to a health system that is not meeting the needs of pregnant people and their families. There are missed opportunities for testing, diagnosing, and treating syphilis during pregnancy. Recent data demonstrates that an overwhelming majority (88%) of Aboriginal and Torres Strait Islander women are accessing 5 or more antenatal visits and almost all (97%) are accessing 2 or more visits[3]. there are still women missing opportunities for antenatal syphilis testing and care, many of whom are at high-risk for syphilis.

Health leaders in Australia must prioritise syphilis as a public health priority. Effective action will require health leaders to think differently about responding to infectious syphilis, meeting the needs of pregnant people, and the immediate actions needed to eliminate congenital syphilis. Investment is needed in programs that address the systemic, social, and behavioural determinants of health inequality, and commitment must be scaled by all actors in the health system to do more, and better, to prevent babies from dying from a preventable condition.

1 National Syphilis Surveillance Quarterly Report. Quarter 4: 1 October – 31 December 2023.

2 National Syphilis Surveillance Quarterly Report. Quarter 4: 1 October – 31 December 2023.

3 Australian Health Performance Framework Report 2021.

Actions recommended

The actions outlined in this report will work towards ensuring that timely testing, treatment, and prevention efforts are provided for pregnant people in a culturally safe and non-judgmental way. Actions should be led by or undertaken in collaboration with the Aboriginal Community Controlled Health sector, general practice clinics, government-run primary health care clinics in remote and regional Australia, and antenatal care services. Appendix 3 summarises discussion points and recommendations that were documented during the roundtable. These recommendations have been grouped into key areas of focus.

> ***"We cannot rely on our traditional ways of doing things … we need our healthcare workforce to think about syphilis. Test for it. Treat it."***
>
> ***"We have failed Aboriginal Women."***
>
> - Professor Paul Kelly, Australia's Chief Medical Officer

Immediate actions

Action	Implementer(s)	Funder(s)
Declare infectious syphilis as a Communicable Disease Incident of National Significance (CDINS)	Australian Department of Health and Aged Care/The Interim Australian CDC	Australian Department of Health and Aged Care/The Interim Australian CDC
Apply the National Agreement on Closing the Gap Priority Reforms and an equity lens framework to all actions taken regarding the elimination of congenital syphilis	Australian Department of Health and Aged Care/The Interim Australian CDC State and Territory Departments of Health Sector organisations	Australian Department of Health and Aged Care/The Interim Australian CDC State and Territory Departments of Health Sector organisations

Action	Implementer(s)	Funder(s)
Convene a cross-sectoral, diverse and multi-disciplinary National Syphilis Taskforce to implement and co-ordinate recommendations and actions outlined in this report and the National Syphilis Action Plan	NACCHO, NATSIHP, CDNA, BBVSS Australian Department of Health and Aged Care/The Interim Australian CDC With involvement of: ACEM, ACM, ACN, AIDA, ASHM, NAATSIHWP, RACGP, RACP, RANZCOG, and others AOD sector, DFV sector, Homeless health sector, Mental Health sector Other sector partners	Australian Department of Health and Aged Care/ The Interim Australian CDC
Commit significantly increased and sustained investment to address congenital syphilis and the actions outlined in this report and the National Syphilis Action Plan	Australian Department of Health and Aged Care/The Interim Australian CDC State and Territory Departments of Health	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Ensure consistent guidance on syphilis testing during pregnancy (universal recommendation to test at 3 time points during pregnancy), including the update and alignment of professional associations and state and territory guidelines	Australian Department of Health and Aged Care/The Interim Australian CDC State and Territory Departments of Health ASHM, NACCHO, RACGP, RANZCOG, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health

Action	Implementer(s)	Funder(s)
Present the actions and commitments outlined in this report to AHPC, CDNA, BBVSS, NATSIHP	Australian Department of Health and Aged Care/ The Interim Australian CDC	Australian Department of Health and Aged Care/ The Interim Australian CDC

Short term actions

Action	Implementer(s)	Funder(s)
Commit funding to address structural racism and stigma at all stages and levels of care provision and outreach	Australian Department of Health and Aged Care/The Interim Australian CDC State and Territory Departments of Health Sector organisations	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Map and summarise the effectiveness of established models for engagement with affected communities, including “no wrong door” systems-based solutions, community-led, outreach models, point of care testing, and improving cultural safety of antenatal care	NACCHO Sector organisations The Poche Centre for Indigenous Health, The Burnet Institute, The Kirby Institute, and others Australian Department of Health and Aged Care/ The Interim Australian CDC	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Substantially increase funding to continue, scale, and replicate ACCHS and other community-led models of care	NACCHO AOD sector, DFV sector, Homeless health sector, Mental Health sector	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health

Action	Implementer(s)	Funder(s)
Commit funding to General Practice and government-run clinics in remote areas where access to ACCHS may be limited	State and Territory Departments of Health	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Develop and implement a communications campaign, to the health and social services workforces to raise awareness about syphilis, changes in testing guidance, and the provision of culturally safe care	NACCHO ASHM ACEM, ACM, ACN, AIDA, NAATSIHWP, RACGP, RANZCOG, and others AOD sector, DFV sector, Homeless health sector, Mental Health sector	Australian Department of Health and Aged Care/ The Interim Australian CDC
Develop and implement a multi-pronged communications campaign focusing on communities and demographics with high rates of infectious syphilis Continue to fund and promote effective campaigns such as Young Deadly Free	NACCHO Sector organisations	Australian Department of Health and Aged Care/ The Interim Australian CDC
Build the competency of the health workforce to provide comprehensive and culturally safe BBV, STI, and antenatal care through education, training, and clinical resources	NACCHO ASHM ACEM, ACM, ACN, AIDA, NAATSIHWP, RACGP, RACP, RANZCOG, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health

Action	Implementer(s)	Funder(s)
Enhance surveillance and reporting systems to provide real-time data on testing and mode of testing, diagnosis, treatment, and partner notification, testing and treatment, at a regional level Utilise and synergise ATLAS and ACCESS as key data points. This work should prioritise and ensure Aboriginal and Torres Strait Islander data sovereignty, including identification	NACCHO Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health The Poche Centre for Indigenous Health, The Burnet Institute, The Kirby Institute, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC
Establish a data monitoring and response system that focuses on syphilis in urban centres, particularly among ACCHS	Australian Department of Health and Aged Care/ The Interim Australian CDC NACCHO The Poche Centre for Indigenous Health, Kirby Institute, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Develop culturally safe and responsive support pathways so that immediate advice can be given to a diagnosing clinician	State and Territory Departments of Health NACCHO ASHM ACEM, ACM, CAN, AIDA, NAATSIHWP, RACGP, RACP, RANZCOG, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health

Action	Implementer(s)	Funder(s)
Engage with the Commissioner for Aboriginal Children and Young People and jurisdictional Departments of Child Safety to develop directives and processes that ensure babies are not removed from their mothers at birth as a result of an infectious disease diagnosis	NACCHO NATSIHP Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Fast-track the approval of national Medicare item numbers for syphilis and syphilis POCT testing	Australian Department of Health and Aged Care/ The Interim Australian CDC	Australian Department of Health and Aged Care/ The Interim Australian CDC MSAC

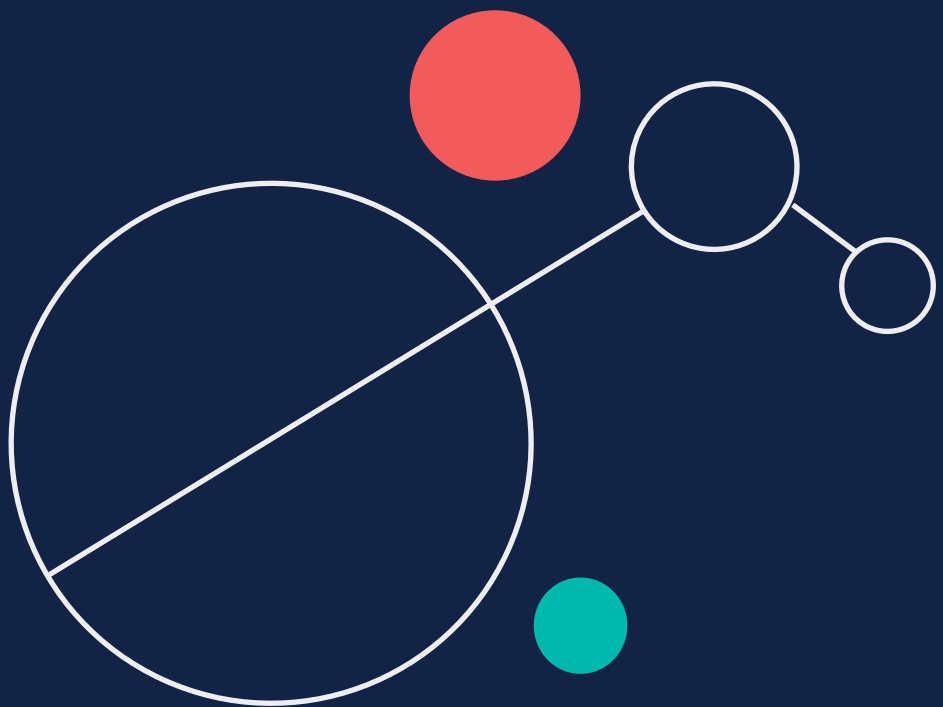
Long term actions

Action	Implementer(s)	Funder(s)
Simplify testing and treatment pathways to enable timely treatment, for example through opt-out testing in pregnancy and automatic pathology prompts	Australian Department of Health and Aged Care/ The Interim Australian CDC NACCHO ASHM ACEM, AIDA, NAATSIHWP, NMBA, RACGP, RACP, RANZCOG, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health

Action	Implementer(s)	Funder(s)
Scope the feasibility of a national syphilis register to improve data capturing and reporting to support real-time, geographic-specific data, ensuring Aboriginal and Torres Strait Islander data sovereignty	NACCHO Australian Department of Health and Aged Care/ The Interim Australian CDC The Poche Centre for Indigenous Health, Kirby Institute, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC
Expand the professional scope of practice for health workers, e.g. Aboriginal health workers and practitioners, nurses, midwives, and pharmacists to enable testing and treatment to alleviate the burden for primary healthcare	ACM, ACN, AHPRA, CATSINaM, CRANAplus, NAATSIHWP, PSA, and others. NACCHO ASHM	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Invest in additional headcounts and long-term staff retention and career progression at all levels in regional, rural, and remote communities, prioritising investment in the Aboriginal and Torres Strait Islander health workforce	NACCHO ACEM, AIDA, NAATSIHWP, NMBA, RACGP, RACP, RANZCOG, and others	Australian Department of Health and Aged Care/ The Interim Australian CDC State and Territory Departments of Health
Undertake Medicare reform to enable non-medical clinicians to order syphilis testing	Australian Department of Health and Aged Care/ The Interim Australian CDC MSAC	Australian Department of Health and Aged Care/ The Interim Australian CDC MSAC

Action	Implementer(s)	Funder(s)
Reduce barriers to telehealth and online testing, for example addressing the Health Insurance Act requirements for Medicare coverage of pathology without 'personal attendance by practitioner'	Australian Department of Health and Aged Care/ The Interim Australian CDC MSAC	Australian Department of Health and Aged Care/ The Interim Australian CDC MSAC

Appendices



Appendix 1 - Commitment statements

ASHM

ASHM commits to continued advocacy and investment to address the syphilis epidemic. ASHM commits to working collaboratively with stakeholders across all aspects of health and wellbeing. ASHM commits to acknowledging the social determinants of health through our work. ASHM commits to improving the accessibility of healthcare through workforce capacity building and advocacy.

Northern Territory (NT) Health

NT Health is committed to eliminate congenital syphilis. Aboriginal and Torres Strait Islander Territorians are disproportionately affected by infectious syphilis and congenital syphilis. Reducing the incidence of these conditions in our communities is a top priority for NT Health.

NT Health's primary goals are to:

- Reduce the incidence of infectious syphilis among Aboriginal and Torres Strait Islander people to pre-outbreak levels (fewer than 10 cases per year) in the NT.
- 100% of pregnant people are tested for syphilis as per NT Health guidelines with additional syphilis serology after their initial syphilis testing during pregnancy.
- Everyone with syphilis in pregnancy and their babies will be appropriately managed and followed up.
- Achieve no new cases of congenital syphilis in the NT

Achieving these goals will require increased education and health promotion, testing, timely treatment, and thorough contact tracing. The primary healthcare workforce is essential to our success. Key actions include training, orientation, and guidance for clinicians, as well as syphilis-specific education and support of the Aboriginal and Torres Strait Islander health workforce and all new staff members.

NT Health is committed to providing culturally safe services within a health system that is free of stigma, racism, and discrimination, which are known barriers to syphilis prevention, testing, treatment, and care.

Poche Centre for Indigenous Health

We at the UQ Poche Centre for Indigenous Health will continue to work at reducing unacceptable burden of STIs including congenital syphilis experienced in Aboriginal and Torres Strait Islander communities. We will do this by implementing and evaluating programs of research that are multi-level, that are at sufficient potency, and that are culturally apt, until we are liberated from the persistent inequity that has existed for too long.

Fellows of the Chapter of Sexual Health Medicine NZ group

We strongly support our Australian colleagues in the commitment to eliminate congenital syphilis. In Aotearoa New Zealand we have increasing numbers of infectious syphilis, increasing in heterosexual women and completely preventable cases of congenital syphilis every year since the mid 2000's. We hope to learn from the Australian experience and

direction to urgently work towards elimination of congenital syphilis in Aotearoa New Zealand.

RACGP

The Royal Australian College of General Practitioners (RACGP) recognises that general practitioners (GPs) are an integral part of providing holistic and collaborative care during all phases of the antenatal and postnatal periods. As such, GPs should be integrated into the various models of maternity care. The role of GPs in providing maternity care encompasses:

- providing choice for the patient
- collaborative care
- preconception care
- antenatal and postnatal care
- intrapartum care for suitably qualified GPs – GP obstetricians (GPOs)
- care for patients in rural and remote communities care for vulnerable groups
- high-quality education, training and research in maternity care.

QLD Health

Queensland Health commitment statement Towards the Elimination of Congenital Syphilis in Australia.

Queensland Health is committed to the implementation of the Queensland Syphilis Action Plan 2023–2028. The action plan outlines a system-wide response to continued increases in cases of infectious syphilis and congenital syphilis.

The action plan targets nine priority areas under the pillars Promote Health, Prevent Disease, Manage Risk and will be delivered through a coordinated effort by Queensland Health services, primary care, other government agencies and community partners.

The action plan's goal is that by 2028:

- There will be a decrease in the incidence of syphilis.
- All cases of syphilis in pregnancy will be treated and resolved before birth.
- There will be no new cases of congenital syphilis.

To view the action plan and supporting documents, visit the Queensland Sexual Health framework and action plans webpage.

ACN

ACN is committed to pursuing opportunities for the members to share their unique knowledge and expertise and contribute to the improvement and growth of Australia's health system.

Victorian Department of Health

- Victorians are supported to reduce their risk of acquiring syphilis.
- Reduce the gap in syphilis incidence between Aboriginal and non-Aboriginal

populations.

- Increase syphilis testing coverage in priority populations.
- Victorians who acquire syphilis and their sexual partners receive appropriate and timely treatment.
- Morbidity and mortality associated with syphilis among Victorians is minimised.
- Stigma, racism and discrimination which are barriers to syphilis prevention, testing, treatment and care, are reduced.
- Enhance and maintain systems and workforce capabilities for clinical and public health management of syphilis.

The Kirby Institute

The Kirby is committed to partnering with stakeholders to (i) enhance syphilis surveillance data and cascades, and (ii) identifying new initiatives and optimising current ones through research and evaluation. Programs led by affected populations, including First Nations, are a key priority.

Central Australian Aboriginal Congress

is committed to elimination of congenital syphilis by working together to optimise sexual and reproductive health through education , engagement and quality clinical care across congress communities and the Northern Territory.

IUIH

IUIH's vision of healthy and strong Aboriginal and Torres Strait Islander children, families and communities underpins our commitment to eliminating congenital syphilis among Aboriginal and Torres Strait Islander families in Southeast Queensland (SEQ). IUIH commits to providing integrated health and social support services that address social determinants of health and barriers influencing the incidence of syphilis among Aboriginal and Torres Strait Islander families in SEQ.

Adelaide Sexual Health Centre

We at ASHC, will continue to commit to:

- increased and early testing of syphilis as well as timely treatment
- advocating for increased syphilis testing to at least 3 times a year for ALL pregnant women
- contributing to state and national guidelines
- providing statewide partner notification services for patients diagnosed with syphilis
- providing training and education to health care providers to increase awareness of syphilis, testing and treatment
- providing clinical advice for health care workers throughout SA on clinical management of syphilis, through our phone hotline

Aboriginal Health Council of Western Australia (AHCWA)

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for 23 Member Aboriginal Community Controlled Health Services (ACCHS) across Western Australia (WA). We exist to support and act on behalf of our Member Services, offering support, advocacy and influence; building capacity, and strengthening the Sector to improve health outcomes for Aboriginal people and their communities.

ACCHS around the state have been tirelessly responding to the outbreak of syphilis in WA, which commenced in 2014, and is now impacting every region within our state. Syphilis continues to disproportionately impact our Aboriginal communities in WA, both in the overrepresentation in infectious syphilis cases and in the preventable outcome of congenital syphilis.

AHCWA is strongly committed to continuing our work supporting Member Services, partnering with other government and non-government organisations, and advocating for the required funding and other resources for the elimination of congenital syphilis in WA. We are committed to ensuring programs and services for Aboriginal people are delivered in culturally secure and respectful ways that champion Aboriginal leadership, self-determination, and cultural diversity, and align with the priority reforms in the National Agreement on Closing the Gap.

Aboriginal Health & Medical Research Council

The AH&MRC is committed to the elimination of Congenital Syphilis in Australia as a priority for Aboriginal communities across NSW. The AH&MRC will continue to upskill the Aboriginal STI/BBV workforce and support the NSW Aboriginal Community Controlled Health Sector to provide holistic, integrated and culturally safe primary health care, as a key preventative mechanism of congenital syphilis. We will continue our efforts to progress commitments made under the National Agreement on Closing the Gap and strengthen healthcare systems to facilitate early detection and prompt treatment of syphilis infections. The AH&MRC will advocate for increased access to affordable and culturally safe services for Aboriginal people, particularly where syphilis rates may be disproportionately high.

ANZPID

ANZPID members commit to working collaboratively to provide expert clinical advice on the management of infants at risk of congenital syphilis, and supporting the establishment of national, evidence-based testing and treatment guidelines. ANZPID also advocates for the development of culturally-safe models of care that can improve the diagnosis and treatment of syphilis, and stronger systems for coordinated case management and surveillance in the context of the syphilis epidemic in Australia.

Australasian Sexual Health and HIV Nurses Association

The Australasian Sexual Health and HIV Nurses Association (ASHHNA) commits to continued advocacy and representation of the nursing workforce, to ensure that nurses and midwives can work to their full scope of practice in clinical practice, to support and drive the efforts of working towards elimination of congenital syphilis. ASHHNA will facilitate the exchange of training, education, policy, and guidelines in relation to the Syphilis outbreak

and continue to endorse culturally safe, holistic, and person-centred innovative nursing and midwifery models of care. ASHHNA promotes evidence-based practice and continues to support nursing & midwifery sexual and reproductive health researchers with other stakeholders.

MSI

MSI Australia supports sexual and reproductive health rights for all Australians. We give particular focus to the needs of priority populations including First Nations people.

We understand that many of our most vulnerable clients are disproportionately affected by congenital syphilis, a preventable condition.

MSI Australia commits to the goal of eliminating congenital syphilis and will continue to offer free syphilis testing to all clients attending our sites and services across Australia.

AMSANT Aboriginal Corporation

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for 14 Member Aboriginal Community Controlled Health Services (ACCHS) across the Northern Territory (NT).

We aim to grow a strong Aboriginal community controlled primary health care sector by supporting our members to deliver culturally safe, high quality comprehensive primary health care that supports action on the social determinants of health. We exist to represent AMSANT Member's views and aspirations and offer support and advocacy to improve the health of Aboriginal people in the NT.

NT ACCHS have been working tirelessly to respond to the syphilis outbreak as it's been spreading throughout the NT since 2013. Syphilis continues to disproportionately impact Aboriginal communities in the NT, both in the overrepresentation in infectious syphilis cases and in the preventable outcome of congenital syphilis. Although resourcing for sexual health within ACCHS has increased, it is still insufficient for the scale of the problem.

AMSANT continues to see syphilis as a very high priority, with a particular focus on congenital syphilis and is strongly committed to the ongoing work with our members and key partners such as CDC to address this issue and to advocate for the additional funding and resources required for the elimination of congenital syphilis in the NT. We are committed to ensure programs and services for Aboriginal people align with the priority reforms in the National Agreement on Closing the Gap and champion Aboriginal leadership, decision making, and cultural diversity and safety.

CERSH

CERSH is committed to support the reduction of syphilis and to the elimination of congenital syphilis.

Our commitment is:

1. To educate the current and training Victorian rural and wider workforce who care for those who may acquire syphilis.

2. To lead health promotion efforts through partnerships with rural Victorian

communities.

3. To support networks to collectively provide care and education for those who may acquire syphilis.

4. To eliminate stigma, racism and discrimination as barriers to healthcare

ASHRA

At the Australasian Sexual and Reproductive Health Alliance (ASHRA), we are dedicated to eliminating congenital syphilis, a preventable threat to maternal and child health. Through our international network of partner organisations, we will commit to raising public awareness, enhancing access to high-quality and culturally safe prenatal care, and supporting healthcare providers with the necessary training and resources. We acknowledge that congenital syphilis disproportionately impacts Aboriginal and Torres Islander, Māori, and Indigenous Pacific communities. Addressing the underlying social determinants of health and engaging diverse communities are essential priorities. By investing in innovative detection and prevention strategies and strengthening collaborations with key stakeholders, we will advocate for policy changes and increased funding to address this tragic yet preventable condition.

Melbourne Sexual Health Centre

Melbourne Sexual Health Centre is committed to providing excellence in clinical care and research aimed at improving the control of syphilis and prevention of complications from syphilis.

Watipa

By bridging silos to amplify locally informed, interdisciplinary and creative approaches to addressing health inequity and realising the human right to the highest attainable standard of health, we work with leaders to address and improve the most pressing social determinants of health in Australia. Watipa commits to facilitating engagement with local and national actors to amplify inclusive, empowering and effective responses that transform the structural determinants of health inequity underpinning Australia's cases of congenital syphilis.

Family Planning Alliance Australia

The Family Planning Alliance Australia (FPAA) supports and is committed to working tirelessly, ‘Towards the Elimination of Congenital Syphilis in Australia: Building Consensus for Priority Actions’ through advancing consensus on priority actions and fostering collaborative efforts across health sectors. We commit to implementing strategic and operational measures, enhancing public awareness, and ensuring comprehensive prenatal and postnatal care to safeguard the health and future of all children.

Appendix 2 - Background and process

On 15 May 2024, ASHM convened a national roundtable in Canberra and online to address Australia's syphilis epidemic, with a focus on the elimination of congenital syphilis.

Bringing together representatives from healthcare, research, government and community, the roundtable discussion sought to deepen understanding about:

- Gaps in awareness, training, and support for the health workforce relating to syphilis, with a focus on preventing congenital syphilis
- Barriers impacting access to care and treatment for pregnant people with syphilis
- Resourcing needs for the health workforce relating to congenital syphilis
- Actions needed to strengthen the health workforce and health system to address congenital syphilis in Australia

Attendees heard experts from across the sector speak on Australia's syphilis response, including policy, resourcing, and systems considerations, lessons to be learned from different models of care, and the importance of culturally safe care. In group discussions, attendees explored how to best address the gaps, barriers, and needs identified to inform critical actions to strengthen Australia's efforts to prevent and treat congenital syphilis, with a focus on actions needed in the immediate 12-month period and aligning efforts with the National Syphilis Priority Actions.

The roundtable was a hybrid event, held in Canberra ACT and online. Fifty people attended in Canberra while 100 people joined virtually for part or all of the day. Online attendees had the same opportunities to view presentations, ask questions, and engage in group discussions as those in the room.

The roundtable was funded by the Australian Government Department of Health and Aged Care and was planned with its close involvement and support. A multidisciplinary Steering Committee from across Australia advised on objectives, programming, and attendance.

Steering Committee

Lisa Bastian (Chair)

Diane Rowling

Nathan Ryder

Megan Campbell

Sean Cowley

Nick Medland

Arun Menon

Jason Ong

Judith Dean

Catriona Ooi

Adriane Houghton

Mandy Charlton

Glen Hornby

Madeleine Fernandes-Stewart

Maddie Walsh

Alison McMillan

Jessica Michaels

Lucy Stackpool-Moore

Cara Taheny

James Ward

Rob Monaghan

Manoji Gunathilake

Attendance at the roundtable was by invitation. Invitations were issued to organisations, colleges, and bodies across the healthcare sector, with a focus on Aboriginal and Torres Strait Islander health, sexual and reproductive health, antenatal health, and primary care. Representatives were also invited from pharmacy, pathology, research institutes, and community organisations. Invitations were issued to key stakeholders working in the syphilis response in each state and territory, as advised by government representatives on the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) and members of the Steering Committee.

Attendance

The following were represented at the Roundtable:

Australian Government Department of Health and Aged Care

ASHM Health

Communicable Diseases Network Australia (CDNA)

Medical Services Advisory Committee (MSAC)

Australian Health Protection Principal Committee (AHPPC)

National Aboriginal and Torres Strait Islander Health Protection Subcommittee (NATSHP)

Queensland Health

NSW Health

SA Health

WA Health

VIC Health

Tasmanian Department of Health

NT Health

ACT Health

National Aboriginal Community Controlled Health Organisation (NACCHO)

Aboriginal Medical Services Alliance – Northern Territory (AMSANT)

Aboriginal Health Council of Western Australia (AHCWA)

Aboriginal Health Council of South Australia (AHCSA)

Aboriginal Health and Medical Research Council (AMHRC)

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Winnunga Nimmityjah Aboriginal Health Service (WNAHCS)

Royal Australian College of General Practitioners (RACGP) Antenatal Care & Sexual Health Specific Interest Groups

Royal Australasian College of Physicians Australasian Chapter of Sexual Health Medicine (RACP AChSHM)

Australian College of Nursing (ACN)

Australian College of Midwives (ACM)

Royal College of Pathologists of Australasia (RCPA)

National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)

Australian Primary Health Care Nurses Association (APNA)

Australasian Sexual Health and HIV Nurses Association (ASHHNA)

Australasian Society for Infectious Diseases (ASID)

Australian and New Zealand Paediatric Infectious Diseases Group (ANZPID)

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Sexual Health Victoria

SHINE SA

MSI Australia

Central Australian Aboriginal Congress (CAAC)

Poche Centre for Indigenous Health, University of Queensland

The Kirby Institute, University of NSW

Centre for Excellence in Rural Sexual Health (CERSH), University of Melbourne

Multicultural HIV and Hepatitis Service (MHAHS)

Institute for Urban Indigenous Health (IUIH)

Waminda Birthing on Country

Derbarl Yerrigan Health Service

Homeless Healthcare

Headspace

Western Australian Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN)

National Association of People With HIV Australia (NAPWHA)

Thorne Harbour Health

Sunraysia Community Health Services

Sydney Local Health District

Primary Health Tasmania

Sexual Health Services Tasmania

Canberra Sexual Health Centre

Boorloo PHU

Australian College of Emergency Medicine (ACEM)

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINAM)

Appendix 3 - Roundtable discussion

Priority 1: Enhancing access to health services means removing barriers to timely and appropriate care to prevent and treat congenital syphilis for all pregnant people. Therefore, we must:

- Ensure that everyone is more aware of the issues, by:
  - » Embedding sexual health education in schools and other settings and for parents, students, and communities.
  - » Being innovative with health promotion campaigns that lead people to ask for syphilis tests, using social media, and building on effective existing campaigns, such as Young Deadly Free
  - » Ensuring that everyone is aware that eliminating congenital syphilis is not only a women's issue

> ***"We do want to reduce congenital syphilis but we can't do that with women alone."***
>
> - Professor James Ward

- Simplify testing and treatment pathways to enable timely treatment, including:
  - » Opt-out testing
  - » Point-of-care testing

> ***"We need a 'no wrong door' approach to antenatal care."***
>
> - Dr Nathan Ryder

- Take services to meet communities where people are. These must be a range of services that respond holistically to their needs and focus on health outcomes, instead of applying a disease-focused engagement. Consider:
  - » Using outreach models focusing on psycho-social care and needs
  - » Providing practical support for newborns (such as baby baskets, bottles and clothing)
  - » Providing practical support for parents to attend health services (such as food, clothing, travel allowance)
  - » Learning from birthing on Country- and ACCHO models of antenatal care
  - » Tailoring engagement for young people that is age-appropriate and non-judgmental

- » Tailoring engagement for men and partners through community led initiatives and services
- » Applying a decentralised model to ensure knowledge of the local context
- » Reducing distance between services for remote and regional areas, for example, by improving coordination in response to STIBBV by having a network of Aboriginal health workers to work across sectors
- » Expanding access through telehealth services
- » Focus on enhancing access before, during and after pregnancy
- » Adress confidentiality concerns in community services

> ***"'If they build it, they will come' doesn't really work. There is no 'one size fits all model' for healthcare. We need people in health services building relationships with communities to build trust and establish demand."***
>
> - Cara Taheny

- Build trust by:
  - » Sustaining relationships between health workers and communities and families over time
  - » Developing support systems to establish trust with affected people, for example, refugees who have faced significant trauma or families with a history of child removal
  - » Ensuring better continuity of care for people in incarceration and for young people leaving home care
  - » Strengthening community-led feedback to address needs and improve quality of services

Priority 2: Investment and support are needed to strengthen the health workforce to effectively prevent and respond to congenital syphilis. We need to:

- Expand the scope of practice for health workers to enable testing and treatment to alleviate the burden for primary healthcare by:
  - » Ensuring nurses and Aboriginal Health Workers and Practitioners are able to order STI testing, particularly in rural and remote areas
  - » Developing the contribution of nurses and the midwifery workforce, for example, through graduate programs in primary healthcare
  - » Utilising key parts of the workforce, such as registered nurses, social workers, pharmacists, midwives, and public health officers, in clinical and other roles such as contact tracing
  - » Ensure staff in emergency departments (EDs), alcohol and other drug services (AODs) settings to do testing and linkage to care

    - » Looking at how to task shift and better utilise practice nurses and primary care teams
- Strengthen awareness and competencies of the healthcare workforce by:
    - » Providing education for non-clinical workers and pre- and post-registration clinicians (trainee nurses/med students)
    - » Engage and strengthen the knowledge of all health and social service workers
    - » Developing short, sharp virtual and face-to-face training modules that can be integrated to fit the local context
    - » Adding digital support to registers, practice software and decision-making prompts
    - » Collaborating with sexual health services and establishing rapid access to specialised advice when needed
    - » Holding a "roadshow" to provide training with key stakeholders, such as midwives and obstetrics staff, to increase awareness and screening recommendations
- Ensure culturally safe care by:
    - » Addressing racism and stigma at all stages of care delivery, from admin to clinicians and support staff
    - » Enabling leadership from communities to guide the development and delivery of services, for example through peer health workers and community advisory groups
    - » Learning from the processes adopted in good practice such as birthing on Country and ACCHO models of antenatal care
    - » Strengthening the competencies of all actors within the health workforce to be mindful of unconscious bias, health inequity, reducing stigma how to ensure good-quality and culturally safe care
    - » Embedding principles and approaches for person-centred care[4]

> ***"Our culture is the foundation of everything that we do."***
>
> - Melanie Briggs

- Resource, reward and incentivise professional development across settings by:
    - » Implementing a retention payment scheme, which can be Commonwealth-funded for remote staff (health and non-health)

4 Person-centred approaches centre a person's autonomy, dignity and rights, respect a person's decisions and experiences, support a person to lead the dialogue about their health, and build relationships grounded in understanding and trust.
See https://ashm.org.au/about/news/australian-consensus-statement-on-person-centred-hiv-care/

    - » Investing over the long term in staff retention and career progression at all levels
    - » Incentivising general practitioners (GPs) and others to contact, trace, test, and notify partners
- Support referrals and partnerships by:
    - » Using local place-based partnership models between relevant services
    - » Ensuring clear, accessible and culturally safe referral pathways

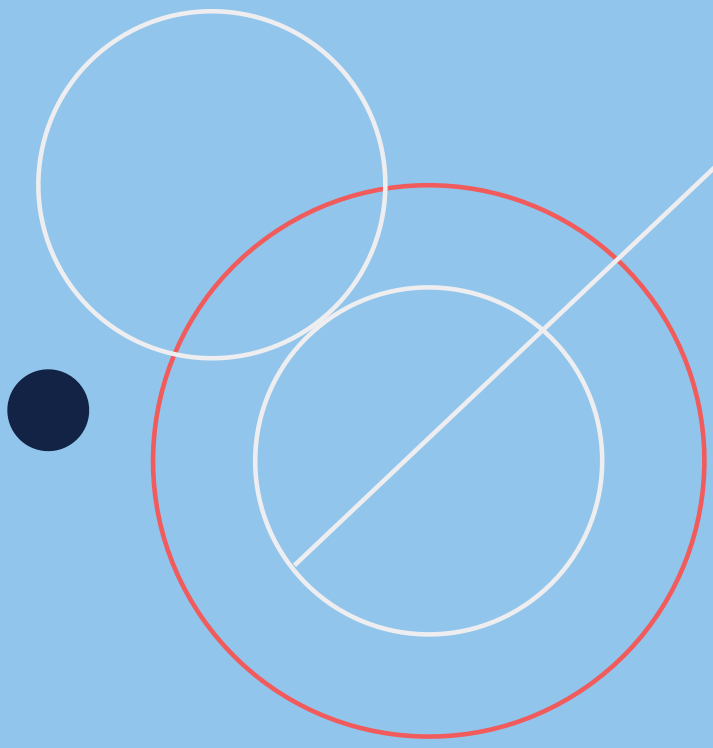
Priority 3: To cultivate alignment and ensure that systems are supporting the elimination of congenital syphilis, we must ensure that policies are enabling, resources are targeted effectively, and systems are strengthened to deliver culturally safe and effective services.

- Develop enabling policies, including:
    - » Comprehensive relationship and sex education in schools
    - » Streamlined and consistent syphilis testing advice in pregnancy guidelines
- Target resources effectively by:
    - » Ensuring that funding is led by community needs; there is a need to move away from acute/tertiary hospital funding to community funding
    - » Simplifying and strengthening Medicare by
        - – Enabling funding for non-medical clinicians to order syphilis testing, for example, by having Medicare items for an expanded health workforce, including allied health providers, Aboriginal health workers and nurses
        - – Further utilising 715 Adult Health Checks to increase STI testing
        - – Enabling a Medicare item for testing in priority populations,
        - – Adding a Medicare item number for contact tracing
        - – Establishing a simpler process for rebates
    - » Funding commitment from the Australian CDC to respond to the syphilis epidemic
    - » Sustaining and resourcing place-based and long-term funding for Aboriginal Community Controlled Health Services according to need; transforming from short pilot funding that does not transition to standard practice and system change
    - » Investing in existing community-controlled services that are working well, maintaining sustained funding, and focusing on services expanding to include peer navigators with reach into the community
    - » Investing in services that are already functioning effectively in communities, who can then become educators to go out and work with other services

    - Funding, recruiting, training, and retaining the peer workforce to strengthen continuity of care to ensure continuity for priority populations and settings, such as:
        - Aboriginal and Torres Strait Islander people (including men)
        - Antenatal care
        - Incarceration
        - Young people leaving home care
        - Mental health
        - Outreach models
        - Homelessness
        - Refugee, culturally and linguistically diverse
    - Providing point-of-care testing funding for all regions and priority populations
    - Increasing funding for sexual and reproductive health programs
    - Ensuring equitable access to reproductive care including long-acting contraceptives and terminations
- Strengthen systems to deliver culturally safe and effective services.
    - Establishing better coordination nationally, for example, by:
        - Setting up a national syphilis task force to strengthen the response that includes multidisciplinary working groups and, external to health, educators, consumers, and the leadership of the Aboriginal health workforce
        - Ensuring more regular coordination to focus on syphilis from CDNA, BBVSS, AHPPC and NATSIHP
    - Making available clear clinician resources at point of care in medical software (prompts/drop down resources), for example considering:
        - Primary Sense – provides clinical support tools and data
        - Integrating tools and data systems with ACCHO systems
        - Creating a central point to access all relevant data
    - Establishing national surveillance and registry for testing data, a registry for babies and pregnant women that provides past serology
    - Ensuring robust data privacy and security measures to maintain confidentiality
    - Ensuring that public health data is useful for clinicians. There must be a centralised source of support and advice, plus some type of tracking mechanisms, so that clients are supported at every step of the way from testing, treatment and care
    - Routinising mandatory high-level case reviews of cases that lead to actio
    - Introducing a national digital pregnancy/antenatal health record

» Sharing information between services through integrated IT systems. This can be through data-sharing arrangements between jurisdictions, registers, and obstetrics and midwives.

» Finding solutions to overcome insurance barriers for privately practising midwives.



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