Government of **Western Australia**
Department of **Health**

WA Rheumatic Heart Disease Strategic Framework 2026–2036

A roadmap for the prevention and elimination of Acute Rheumatic Fever and Rheumatic Heart Disease in Western Australia 2026–2036

Acknowledgement of Country and people

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia.

It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to the Aboriginal communities of today.

Using the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander people may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Acknowledgement of contributions

The Western Australian Rheumatic Heart Disease Strategic Framework has been developed in partnership with the Aboriginal Health Council of Western Australia and the WA Country Health Service.

The development of this strategic framework was made possible through the contributions of the RHD Steering Group, and many other organisations and individuals who shared their time, expertise and insights. The RHD Steering Group included representatives from Derbarl Yerrigan Health Service Aboriginal Corporation, Kimberley Aboriginal Medical Services, Pilbara Aboriginal Health Alliance, Geraldton Regional Aboriginal Medical Services, the WA Department of Health's Aboriginal Health Policy Directorate and Environmental Health Directorate, Nirrumbuk Environmental Health and Services, Child and Adolescent Health Service, Heart Foundation, Rural Health West, and clinicians including paediatric and adult cardiologists.

Contents

Foreword by the Minister for Health

Rheumatic heart disease (RHD) remains one of the most significant yet preventable public health challenges facing Western Australia (WA), with its impact felt deeply across the state. Too many Western Australians continue to live with the long-term consequences of a disease that should no longer occur.

Hon Meredith Hammat MLA

Minister for Health; Mental Health

The RHD strategic framework sets out a clear, coordinated and evidence-driven path to change. It brings together the expertise of clinicians, Aboriginal Community Controlled Health Services, community leaders, government agencies and researchers, all working with a shared purpose: to prevent RHD, to detect it earlier and to ensure that every Western Australian has access to the care they need.

The Government of WA continues to invest in the people, programs and innovation that will drive progress. From expanding local research capacity to strengthening prevention and early detection and care initiatives, we are laying the foundations for long-term, sustainable change. This strategic framework is an important part of that work. It focuses our collective efforts on the issues that matter most to Western Australians, and ensures that our approach is guided by evidence, collaboration and respect.

RHD is preventable. Eliminating new cases of RHD requires determination, partnership and a commitment to equity. This strategic framework demonstrates that commitment and charts a path toward a future where no child grows up at risk of RHD.

I thank all those who contributed their expertise, lived experience and leadership to this work. Together, we are building a healthier future for communities across WA.

Foreword by the Chief Health Officer

RHD continues to affect families and communities with a weight that is deeply felt. The RHD strategic framework sets out a commitment to changing that reality. It brings together the best of our public health expertise, our research capability, and the lived experience and wisdom of communities.

RHD, like all heart conditions, is shaped not only by clinical care but by the social, environmental and cultural systems that enable people and communities to be healthy. Preventing RHD requires us to think broadly and act early: healthier environments, improving access to culturally safe care, supporting community-led solutions, and ensuring that prevention is embedded in everyday practice across the health system. This strategic framework recognises that complexity and responds with a coordinated, practical approach.

Aboriginal people continue to experience the greatest impact of RHD in WA. Addressing this inequity is central to this work. This strategic framework places Aboriginal leadership, cultural safety and partnership at the forefront, acknowledging that progress is only possible when solutions are shaped with communities, not for them.

One of the strengths of this strategic framework is the collaboration behind it. Health service providers, Aboriginal Community Controlled Health Services, researchers, government agencies and community representatives have all contributed their insight and expertise. My thanks go to everyone who contributed to its development.

The task ahead is significant, but achievable. With sustained focus, strong partnerships, and a shared commitment to prevention, we can reduce the incidence of RHD and improve the health and wellbeing of those already affected. I encourage everyone involved in this work to use this strategic framework as a guide and a catalyst for action.

I look forward to seeing the impact of the RHD strategic framework as we continue working towards a future where RHD is no longer part of our story.

Dr Clare Huppatz

Chief Health Officer
Public and Aboriginal Health Division
Department of Health

Strategy on a page

Our vision

Eliminate ARF and new cases of RHD in Western Australia by 2036 through Aboriginal-led prevention, equitable care and collaboration

Guiding principles

- Aboriginal-led and culturally safe
- Prioritise primordial solutions
- Power in cross-sector partnerships
- Drive equitable outcomes

Priority action areas

- Aboriginal leadership
- Community-based programs
- Healthy environments
- Early prevention
- Care and support

Introduction

The WA Rheumatic Heart Disease Strategic Framework 2026–2036 (RHD strategic framework) was developed in partnership between the Department of Health, the Aboriginal Health Council of Western Australia (AHCWA) and WA Country Health Service (WACHS). The purpose of this strategic framework is to reduce the impact and burden of RHD in WA.

The RHD strategic framework is grounded in all four priority reforms of the National Agreement on Closing the Gap. These reforms underpin the way partners work together and guide the approach to improving health and wellbeing outcomes for Aboriginal people, who continue to experience the highest burden of RHD in Australia.

The RHD strategic framework aligns with the RHD Endgame Strategy[1] which sets out the goal of eliminating RHD in Australia by focusing on five priority action areas:

- Aboriginal leadership
- Community-based programs
- Healthy environments
- Early prevention
- Care and support

The framework also provides a foundational guideline for clinicians, researchers and communities to guide decision making about future investment and drive change in relation to Acute Rheumatic Fever (ARF) and RHD.

RHD is not simply a clinical issue, it requires coordinated system-level action alongside individual care. The framework invites stakeholders to work collaboratively to develop targeted action areas in the strategic framework that will have a lasting and measurable impact on RHD in WA.

Stakeholders involved in ARF and RHD prevention and care in WA

Background

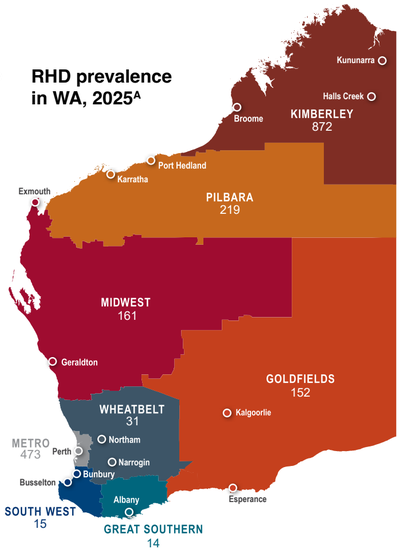
RHD is a preventable, chronic disease that results from damage to the heart valves following ARF episode/s.[1] It is an important health issue for Australia to prevent. It disproportionately affects Aboriginal people due to systemic inequities, including overcrowding, inadequate health hardware, and barriers to timely, culturally safe care.[2]

RHD begins with Group A Streptococcus (GAS) infection, also known as Streptococcus pyogenes.[3] GAS is a bacteria that generally causes infection of the throat or skin.[4] Most people recover from this infection, and communities with accessible and culturally safe care pathways are well positioned to identify and treat these infections early.

In some cases, the body has an abnormal immune response to the GAS infection, called ARF.[5] In ARF, antibodies that are made to fight the infection, instead attack the person's own body, causing inflammation.[6] This can lead to symptoms such as fever, joint pain, rashes, abnormal movement (chorea), and inflammation of the heart.[5]

Inflammation of the heart during ARF may cause damage to heart valves, a condition known as RHD. A single episode of ARF can thicken and scar the heart valves affecting the function of the heart.[7] However early recognition, Aboriginal leadership, and community-led prevention programs have shown great success in preventing ARF and RHD.[2]

RHD prevalence in WA, 2025[A]



A: Source: Western Australia Rheumatic Heart Disease Register, January 2025 to December 2025; accessed January 2026.

Note: data presented here may differ slightly from figures published by the Australian Institute of Health and Welfare (AIHW), as national datasets undergo additional data processes to remove any duplications from cross-border patients. Data for 2025 may continue to be updated as additional notifications are received.

RHD snapshot

ARF incidence

In 2025, there were:

66 new initial ARF notifications

12 recurrent ARF notifications

RHD incidence

There were **97 new cases** of RHD notified in 2025

68 (70%) of the new cases of RHD were among Aboriginal people

Demographics

87%
of patients on the WA RHD register are Aboriginal

65%
of patients on the WA RHD register are female

47%
of ARF notifications which were received in the last 5 years were children aged 5 to 14 years

RHD prevalence

As at 31 December 2025, there were:

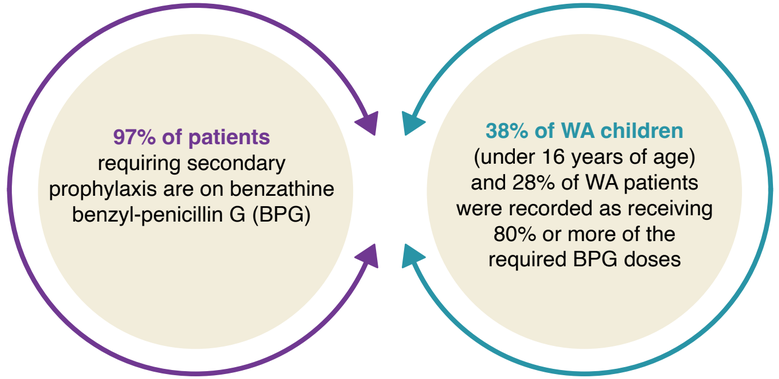
1,937
WA patients living with ARF/RHD

A: Source: Western Australia Rheumatic Heart Disease Register, January 2025 to December 2025; accessed January 2026.

Note: data presented here may differ slightly from figures published by the Australian Institute of Health and Welfare (AIHW), as national datasets undergo additional data processes to remove any duplications from cross-border patients. Data for 2025 may continue to be updated as additional notifications are received.

Secondary prophylaxis

Receiving at least 80% of recommended doses is considered to provide adequate protection against ARF recurrence.[8]



A: Source: Western Australia Rheumatic Heart Disease Register, January 2025 to December 2025; accessed January 2026.

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Tertiary care and education

Tertiary care

There were **25 heart surgeries** and related procedures for RHD performed in WA in 2025

Education

97 WA RHD register-provided education sessions were delivered to 726 attendees in 2025

A: Source: Western Australia Rheumatic Heart Disease Register, January 2025 to December 2025; accessed January 2026.

Note: data presented here may differ slightly from figures published by the Australian Institute of Health and Welfare (AIHW), as national datasets undergo additional data processes to remove any duplications from cross-border patients. Data for 2025 may continue to be updated as additional notifications are received.

Diagnosis and prevention opportunities

An ultrasound of the heart (echocardiography) is the gold standard tool used to diagnose RHD.[9]

While there is no cure for RHD, it can be prevented, and each stage of life presents opportunities to act. From reducing exposure to GAS through to preventing long-term complications, a range of effective prevention strategies, summarised in Table 1, can be applied across childhood, adulthood and pregnancy.

Table 1: Types of prevention, definitions and examples relating to ARF and RHD

Type of prevention	Definition	Example
Primordial prevention	Addresses the social and environmental factors that increase the risk of GAS infection.[10]	Addressing lack of access to adequate housing infrastructure and ensuring all housing has functional health hardware (e.g. washing facilities).
Primary prevention	Stops people with GAS infection from getting ARF through prompt assessment and effective treatment of skin and throat infections.[11]	Timely assessment and treatment of skin and throat infection with suitable antibiotic treatment.
Secondary prevention	Early diagnosis of ARF and treatment to prevent recurrence.[12]	Use of long-term antibiotics (Benzathine benzylpenicillin injections every 21-28 days or daily oral penicillin) as secondary prophylaxis.
Tertiary prevention and tertiary care	Medical and surgical intervention for people with existing RHD.[11]	Medical management of complications including heart failure, arrhythmias, and repairing or replacing damaged heart valves.

Governance of the strategic framework development

The development of the RHD strategic framework was led by a project control team with representatives from the Department of Health, AHCWA and WACHS.

A steering group was established to provide subject matter expertise and cultural governance to the project control team.

The steering group comprised of people from various health service organisations with expert knowledge in caring for individuals affected by ARF or RHD. These organisations included:

- Aboriginal Community Controlled Health Services
- Aboriginal Health Council of Western Australia
- Aboriginal Health Policy Directorate, Department of Health
- Child and Adolescent Health Service
- Environmental Health Directorate, Department of Health
- Heart Foundation
- Nirrumbuk Environmental Health and Services
- Rural Health West
- WA Country Health Service
- WA Primary Health Alliance
- Clinicians including paediatric and adult cardiologists.

Methodology

In late 2025, ten focus group stakeholder engagement sessions were held with people from the Midwest, South West, Wheatbelt, Perth metropolitan area, Goldfields, Greater Southern, Kimberley, and Pilbara regions; Aboriginal Community Controlled Organisations (ACCOs) including Aboriginal Community Controlled Health Services (ACCHS); the National Aboriginal Community Controlled Health Organisation; Commonwealth; non-government organisations; research institutes and tertiary health care specialists.

These stakeholders provided valuable insights into how ARF and RHD are managed across various sectors. They also highlighted how the strategic framework can achieve measurable outcomes in eliminating ARF and new cases of RHD, while also supporting the best possible care for people already living with RHD.

An online consultation survey was distributed to a wider stakeholder group to gather feedback on a draft framework. The responses were reviewed and incorporated by the steering group to reach the final WA RHD strategic framework.

Ongoing stakeholder involvement will continue to inform refinement of actions and priorities over the life of the framework.

Overview of consultation activities informing the RHD strategic framework

10
focus group stakeholder engagement sessions held involving organisations across WA and Australia

>20
Steering Group members

Stakeholder input into the RHD strategic framework

>70
stakeholders engaged in consultation sessions

>40
stakeholder submissions received through an online survey

Vision statement

ARF and RHD should no longer disproportionately impact Aboriginal people in WA, eliminating new cases while continuing to care for those already living with RHD

A ten-year timeframe, providing a viable horizon for measurable progress and accountability

Eliminate ARF and new cases of RHD in Western Australia by 2036 through Aboriginal-led prevention, equitable care and collaboration.

Prevention efforts are designed and driven by Aboriginal communities, recognising that lived experience should inform solutions

Every person, regardless of where they live, should have access to timely, culturally safe and high-quality care

Coordinated action across government agencies, health services, ACCHS and ACCOs, community organisations, the research and innovation sector and communities to address the shared determinants of ARF and RHD including environmental health

Guiding principles

Together, these principles support an equity focused approach that spans healthy environments, early prevention and detection, and lifelong, culturally safe care.

Guiding principle	Definition
1 **Aboriginal-led and culturally safe**	All initiatives are designed, delivered and evaluated in genuine partnership with Aboriginal communities, with Aboriginal leadership and knowledge embedded throughout the framework, and mainstream systems being accountable for delivering culturally safe care. Cultural safety is determined by the people, families and communities accessing services.
2 **Prioritise primordial solutions**	While primary, secondary and tertiary prevention remain important components of a comprehensive response, the strategic framework places its strongest emphasis on upstream, primordial prevention to address the fundamental social and environmental drivers of ARF and RHD. Strengthening downstream prevention will complement this core focus, ensuring that both the causes and consequences of ARF and RHD are effectively tackled.
3 **Power in cross-sector partnerships**	Meaningful progress on RHD requires sustained responsive focus through coordinated action across government agencies, the health system (including housing and environmental health), ACCHS, ACCOs, community organisations and researchers, to address shared determinants of health and maximise collective impact.
4 **Drive equitable outcomes**	The framework is designed to close the gap in ARF and RHD outcomes for Aboriginal people, ensuring that every person regardless of where they live, has access to timely, culturally safe and high-quality care.

Strategy

Priority action areas

Aboriginal leadership

Goals

Aboriginal people lead and shape all aspects of ARF and RHD prevention and care in WA.

Objectives

O1.1 Support the growth and development of the Aboriginal workforce

O1.2 Empower people with lived experience to be involved in the development of local action plans for the prevention and management of ARF and RHD

O1.3 Implement the WA RHD strategic framework to advance the priority reforms of the National Agreement on Closing the Gap

Community-based programs

Goals

Communities are empowered with the knowledge, resources and locally-led programs to prevent ARF and RHD before they occur.

Objectives

O2.1 Co-design culturally safe and evidence-based prevention and health promotion programs with communities

O2.2 Increase community understanding and awareness of ARF and RHD

O2.3 Integrate ARF and RHD prevention into early childhood and school-based settings

Healthy environments

Goals

Every home and community environment supports health and prevents disease transmission.

Objectives

O3.1 Support the implementation of the Aboriginal Environmental Health Model of Care[13]

O3.2 Strengthen cross-agency partnerships to address housing and environmental health determinants

O3.3 Increase access to functional health hardware and hygiene infrastructure in homes and communities

O3.4 Build environmental health workforce capacity and capability

Early prevention

Goals

Group A Strep infections, skin sores and ARF are detected and treated early, preventing progression to RHD.

Objectives

O4.1 Expand access to timely, culturally safe ARF diagnosis

O4.2 Strengthen primary prevention through early diagnosis and prompt treatment of Group A Strep skin and throat infections

O4.3 Embed evidence-based RHD screening and diagnosis within care pathways, including for young people and in pregnancy

O4.4 Strengthen research and innovation activities in prevention of ARF and RHD

O4.5 Support the translation of all research and innovation findings into practice

Care and support

Goals

Every person living with ARF or RHD receives continuous, coordinated and culturally safe care throughout their life.

Objectives

O5.1 Improve and optimise the WA RHD Register, to better support patients

O5.2 Improve secondary prophylaxis uptake and patient experience

O5.3 Provide coordinated and culturally safe care for people living with RHD

O5.4 Improve equitable access to specialist cardiology and echocardiogram services closer to where people need care

Keeping care connected

The WA RHD Register

The WA RHD Register and Control Program is a cornerstone of Western Australia's response to ARF and RHD. Established in 2009 under the Rheumatic Fever Strategy National Partnership Agreement, the Register supports improved detection, monitoring and long term management of ARF and RHD across the state. In WA, the Register is maintained by the WA RHD Register and Control Program, overseen by the Chief Health Officer.

The Register helps clinicians access up to date patient information, including prophylaxis schedules, specialist reviews and echocardiogram due dates. This supports safe, continuous clinical care when patients move between communities, health services or regions, and also contributes to statewide surveillance, and national reporting to the Australian Institute of Health and Welfare.

Clinical Nurse Specialist Rosalie (Rosey) Lupton, who has worked in the program for nearly four years, says the Register often fills critical information gaps.

"Many times the Register team has received a phone call or email from a clinician stating, 'this client has just arrived at my clinic, they have been diagnosed with ARF/RHD and there is no information indicating what care they need and what they may be due'. The register can provide this information, thus assisting the client to receive the care they need."

The Program also provides education and advice to clinicians – an important function that helps maintain consistent, high-quality care across the state.

"As a clinician, it breaks my heart to receive a notification for a four year old with severe rheumatic heart disease, a condition that is entirely preventable. No child should suffer from a disease we can stop," Rosie said.

By combining clinical support, education and disease surveillance, the WA RHD Register helps keep care connected across services and regions, strengthening the health system's response to this preventable condition.

Scanning Closer to Home

How NEARER SCAN Is Changing RHD Detection

The NEARER SCAN Project supports earlier detection of RHD through the use of handheld echocardiography devices in community settings, and is improving access to screening for at-risk children and pregnant women in regional and remote areas.

Short for Non-Expert Acquisition and Remote Expert Review of Screening echocardiography images from Child health and AnteNatal clinics, the project enables trained local health professionals to perform echocardiography using handheld devices, with images reviewed remotely by specialist clinicians. This approach helps overcome barriers to specialist access in rural and remote regions, and supports earlier diagnosis and timely care.

WA Country Health Service Aboriginal Health Practitioner Sharon Lockyer, who is involved in delivering screening through the project, says bringing diagnostic tools closer to communities is making a real difference.

"The NEARER SCAN project is so important. This project brings early diagnosis right into our communities. It trains people like me, an Aboriginal Health Practitioner who lives here in the Pilbara, who knows the families, who has cultural respect and the trust in the community. It gives us the tools to pick up signs early, to educate and to walk alongside families before it's too late," Sharon said.

NEARER SCAN is also about empowering local teams with the skills and technology they need. It strengthens trust, supports culturally safe care, and helps ensure people don't miss out simply because of where they live.

"We can empower families to seek timely care and help protect the next generation from RHD and ARF. With better awareness we can change outcomes, build healthier communities for our children," Sharon said.

By combining innovative technology with local expertise, the NEARER SCAN Project is reshaping how RHD is detected and managed, supporting better outcomes for communities now and into the future.

Implementation and measuring success

Effective implementation of the RHD strategic framework will be driven by strong, coordinated partnerships with well-defined roles to maximise collective impact across sectors. Regular communication, and development and review of action plans will maintain shared priorities, track progress and enable ongoing refinement of the strategic framework over its lifespan.

Key performance indicators (KPIs) will be developed to facilitate effective implementation of the RHD strategic framework and measure the success of the framework's objectives. These KPIs will be designed to be practical, achievable and meaningful to stakeholders, including people living with ARF and RHD. Progress against the KPIs will be reviewed regularly to ensure the framework remains aligned with its intended outcomes, efforts are sustained, and responsive to any emerging needs, evidence and innovation. These reviews will assess achievements, identify learnings and areas requiring further action, and offer recommendations towards the elimination of new cases of ARF and RHD in WA.

Investing in research

Investing in health and medical research is one of the most powerful long-term strategies for improving population health. Research does more than generate new knowledge; it builds capability, strengthens systems, and creates the conditions for breakthroughs that can fundamentally change the trajectory of ARF and RHD. While the discovery of a vaccine or cure for ARF and RHD is often seen as the ultimate milestone, these advances are only possible because of sustained, strategic investment in the research ecosystem that precedes them. Supporting research today lays the groundwork for the innovations, technologies, and evidence-based interventions that shape a healthier future for all Western Australians.

The WA Future Health Research and Innovation Fund's Spotlight Program will play an important role in supporting implementation of the RHD strategic framework. Between 2026 and 2030, the Spotlight Program will award up to $25 million to one applicant, supported by a Spotlight Coordinating Team, to develop and implement a sector wide action plan with multiple research and innovation workstreams that deliver transformational advances against ARF and RHD.

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