

MEDIA STATEMENT

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Facing the health gap: New report shows urgent need for investment in remote NT health clinics and infrastructure

A new report shows Aboriginal Community Controlled Health Services (ACCHSs) across the Northern Territory are delivering vital care in some of the toughest conditions in Australia — but outdated health clinics, staff housing and infrastructure are making it harder for them to meet community need, undermining progress in Aboriginal health outcomes.

Commissioned by peak body the Aboriginal Medical Services Alliance Northern Territory (AMSANT), the landmark report [Facing the Health Gap](#), released today, highlights the concerning state of aging health clinics and staff housing facilities, which — following decades of underinvestment — are passed their use-by date, compromising healthcare delivery and driving away skilled health workers.

A survey of all 14 member ACCHSs, which provide primary healthcare to around 90% of the NT's Aboriginal population, found:

- **93%** lack adequate funding to maintain healthcare facilities and staff accommodation to a safe and acceptable standard.
- **Half of all facilities**, including staff housing, require complete replacement.
- **79%** are unable to meet demand due to poor infrastructure and believe they are not adequately equipped to meet growing demand over the next 12 months.
- **11 in 14** were forced to reduce services in the past year and **more than 60%** missed critical specialist visits due to a lack of adequate equipment.

Poor conditions are exacerbating existing workforce shortages across the wider health sector and creating excessive workloads. The findings further show:

- **Half of member services** reported more than ten unfilled positions, with **one third of staff** working overtime daily to meet demand.
- **71%** were forced to reduce their core services in 2024 due to critical staff shortages, unable to compete with agency wages or offer appropriate staff accommodation.
- **Half** require staffing levels to grow by 50% or more.

Despite these challenges, ACCHSs provided over two-thirds of primary healthcare episodes to 55,000 Aboriginal people in 2023-24.

AMSANT Chair Rob McPhee said the findings reveal an overwhelming need for urgent investment in health infrastructure to ensure safe, modern facilities across the Territory.

“You can’t close the gap without strong foundations,” he said. “Modern clinics and a supported workforce are essential to deliver the care communities deserve. Our services are doing extraordinary work under enormous pressure in some of our most remote areas, where demand and cost premiums are prohibitively high. It is clear that our communities and health workers are carrying too much of the burden. Governments must step in with urgent and long-term support to make real progress in health outcomes.”

Recent Federal investment has delivered critical upgrades in some communities. In 2024 there was a \$16 million allocation for six ACCHSs in the NT — part of a total \$100 million national health infrastructure investment for First Nations communities to fund individual projects, including the much-needed refurbishment of the Galiwin’ku clinic in East Arnhem Land. It followed similar investment in 2022 as a key part of the Federal Government’s \$254 million Closing the Gap health infrastructure measure.

The funding made a tangible difference for healthcare delivery within those communities, but the report shows all 14 services are facing the same challenges with aging, inadequate infrastructure.

It shares examples of roof leakages in consult rooms, Wi-Fi regularly dropping out in emergency departments, and staff shortages resulting in some clinics having to close when staff experienced fatigue from overnight emergencies. A CEO of one service reported that half of their clinics could not be made safe for staff while others reported working on the floor and on call to fill critical nursing positions.

“Every Australian deserves safe, quality healthcare. We wouldn’t accept these conditions anywhere else, and we shouldn’t accept them here in the Territory,” Mr McPhee said.

“In remote NT, infrastructure — clinics, housing, roads and transport — is healthcare. The Federal Government’s past investment recognised that and enabled those health services to focus on delivering care and doing their jobs. Now we urgently need to build on that commitment to meet what is an overwhelming need across all our remote areas.”

Pintupi Homelands Health Service in Kintore, the most remote health service 540km west of Alice Springs, is struggling to fix leaking rooves in the 40-year-old clinic, which the service has outgrown. The organisation is leasing shipping containers as makeshift public health offices to meet demand – an expense not covered by primary healthcare funding.

“In very remote areas, things are different. A charter flight for medical supplies costs at least \$7,000 and these flights aren’t covered under healthcare funding, despite being essential to service delivery. Even a minor plumbing issue costs a minimum of \$10,000 due to travel expenses,” CEO Leo Menezes said.

“It’s hard and we are doing the best we can with what we have, but if we had more funding, and funding that is guided by our community needs, we could achieve so much more.”

Miwatj Health’s Yirrkala clinic, which services over 900 people in the East Arnhem region, is undersized and outdated for the large community it serves, meaning patients are often treated in corridors due to lack of space – settings that are inappropriate from both cultural and patient privacy perspectives.

In the Utopia community, 270km outside Alice Springs, staff at the Urapuntja Health Service are servicing remote homelands on unsealed roads with vehicle maintenance and telecommunications outages causing significant disruptions to healthcare delivery.

CEO Melissa Hinson is sourcing private funding for sustainable solutions, including a mobile health clinic to deliver outreach care as high costs of transport and poor road conditions prevent community members from accessing the health service.

“We operate across 16 homelands on unsealed roads, so every visit carries a remote cost premium, from clinicians to contractors,” she said. “The current funding model doesn’t reflect those realities. With fit-for-purpose infrastructure and sustained funding, we can deliver care closer to home and reduce preventable travel.”

AMSANT is calling for the Commonwealth Government to:

- Commit to an **urgent one-off infrastructure fund** to restore and replace the facilities that require complete replacement – expanding on the existing health infrastructure investment for First Nations communities made in 2022 and 2024 through to 2026.
- Convene a roundtable with members of both the Federal and Northern Territory governments and the sector to discuss long-term solutions to ensure health services are built for the future and communities are not left behind.

“We are asking for the Commonwealth to step up and build a pathway of transition to community control with a one-off injection in health infrastructure in the NT to take these vital services from unsafe and unsatisfactory to health facilities that are fit for purpose and built for the future,” Mr McPhee said.

“But we also need to look beyond that, addressing how we can better work together across governments and in partnership with the sector. Aboriginal health services know what works. With the right long-term investment and genuine partnership, we can get the funding to where it is needed most on the ground and build the foundations for healthier, safer First Nations communities for generations to come.”

“A funding boost to ensure facilities remain fit for purpose and fit for the future is essential. It’s a step forward that can provide ACCHSs with the certainty to get on with the job of delivering better healthcare and a better future for our Aboriginal communities.”

Read the report [here](#)

Watch a related video series [here](#)

Media Contact: Amy Price, 0437 027 156

IMAGES



1 Pintupi Homelands Health Service in Kintore is leasing shipping containers to create more space to deliver services



2 The flu waiting area is located outside in extreme heat because of a lack of space in the clinic





3 Miwatj Health's Yirrkala clinic is struggling with lack of space and urgently needed repairs



4 Urapuntja Health Service's mobile health clinic to deliver outreach care on unsealed roads, which is preventing community members from visiting the health service



5 A Urapuntja Health Service staff member delivers outreach care to a homeland community