



# Board Communiqué

## Issue 1: May 2026

The AMSANT Board acknowledges the Larrakia people, the Traditional Owners of the land on which this meeting was held in Garramilla (Darwin) and pays respects to Elders past and present. We extend that respect to all Aboriginal and Torres Strait Islander peoples across the NT.

Welcome to the first AMSANT Board Communiqué of 2026.

Here are the latest updates following the AMSANT Board meeting held on 20 May 2026.

Updates provided in this communiqué are:

- Welcome to CEO Donna Ah Chee and Deputy CEO Steve Rossingh
- Accelerated Pathways to Community Control
- Members needs and priorities project
- AMSANT policy position project
- Aboriginal Health Authority of the NT
- AMSANT and the NTPHN
- Federal and NT Budgets
- Diphtheria outbreak
- National Health Reform Agreement
- Assignment of Benefits and pathology Medicare arrangements
- NNPG representation
- Research subcommittee
- Operational reports for members
- Finance, Risk and Audit (FRAC) subcommittee
- Upcoming AMSANT member events

The next meeting of the AMSANT Board of Directors is on 11 August 2026 in Mparntwe (Alice Springs).

### **Welcome to CEO Donna Ah Chee and Deputy CEO Steve Rossingh**

The AMSANT Board warmly welcomes Donna Ah Chee as Chief Executive Officer and Steve Rossingh as Deputy Chief Executive Officer. Donna joins AMSANT following more than 26 years at Central Australian Aboriginal Congress, including over a decade as CEO, where she led significant growth in the organisation and in the Aboriginal community-controlled health sector more broadly. Steve joins AMSANT from Miwatj Health Aboriginal Corporation, bringing deep experience from the East Arnhem region. The Board looks forward to working alongside Donna and Steve as AMSANT continues to advocate for and support the ACCHS sector across the Northern Territory.

### **Accelerated Pathways to Community Control**

The Board endorsed the vision, purpose and role of the Accelerated Pathways to Community Control (AP2CC) project, an important step forward in accelerating the transitions of NTG clinics to community control.

AP2CC is a key priority under the AMSANT and NTAHF Strategic Plan and is now being led by two new members of the Policy team. The Board acknowledged the work of the Policy team in progressing AP2CC to this point and looks forward to seeing this work develop over the coming year.

AMSANT will be updating our [AP2CC webpage](#) over the coming months with all the latest information.

### **Members' needs and priorities project**

The Board received an update on the Members' Needs and Priorities Project, a key strategic initiative to engage directly with member services and ensure AMSANT's work is grounded in, and responsive to, member needs and priorities. The project has involved extensive consultation across member services. The Board noted the project is now progressing through member validation and prioritisation, with further engagement underway to confirm priority issues and inform recommendations and a final report to be considered later in the year.

### **AMSANT policy position project**

The Board received an update on the AMSANT Policy Position Project, a strategic initiative to strengthen AMSANT's advocacy by developing a clear, consistent and systematic suite of endorsed policy positions. The project involves collating existing positions and establishing a structured process for developing, reviewing and updating positions, ensuring they are evidence-based, targeted and relevant.

### **Aboriginal Health Authority**

The Board reiterated its commitment for ongoing advocacy for the establishment of a statutory "Aboriginal Health Authority of the Northern Territory" to provide a single source of long term block funding for all ACCHSs on the basis of need as a key structural reform to reduce funding fragmentation and excessive reporting requirements.

### **AMSANT and NT PHN**

The Board noted positive momentum in AMSANT's engagement with the Northern Territory Primary Health Network (NT PHN), including the establishment of regular monthly meetings between AMSANT and NT PHN leadership, and constructive dialogue on shared priorities. AMSANT looks forward to continuing to strengthen this relationship in the period ahead.

### **Federal and NT Budgets**

The Board noted the recent Federal and Northern Territory budgets. AMSANT welcomes a range of positive measures for Aboriginal health in the Federal budget, including the new Aboriginal and Torres Strait Islander Schedule to the National Health Reform Agreement (NHRA).

### **Diphtheria outbreak**

At the time of the Board meeting, the diphtheria outbreak in the Northern Territory had reached 155 cases, with further cases reported in the time since. Environmental health factors are being identified as a contributing transmission factor, and further work to support vaccine confidence and education is needed across the sector. AMSANT will continue to work with members and government on a coordinated response.

#### **Additional information:**

At the time of publication and based on the latest CDC report diphtheria cases were at 196 on 04 June 2026.

[Access the latest information about diphtheria from the Northern Territory Government](#)

## **National Health Reform Agreement**

The Board noted the new National Health Reform Agreement (NHRA) for the period 1 July 2026 to 30 June 2031 including the addendum relevant to ACCHSs and Aboriginal health in the NT, the establishment of the Monitoring and Accountability Group (MAG), and AMSANT's advocacy positions on NHRA implementation. In addition to the KPIs that AMSANT is already advocating for, the Board has asked AMSANT to advocate for an additional KPI – the number of Aboriginal Liaison Officers (ALOs) in hospital wards relative to episodes of Aboriginal care - to be included.

### **Additional information:**

The following KPIs are what AMSANT is currently advocating for inclusion through the MAG:

- The number and proportion of Aboriginal people who Take their Own Leave (TOL) – walk out, unplanned without signing.
- The number and proportion of Aboriginal people who Leave Against Medical Advice (LAMA) – leave in a planned manner and sign a disclaimer so they are clear they are taking their own risk.
- Proportion of Aboriginal people presenting to ED with chest pain who are fully worked up for Coronary Heart Disease compared with non-Aboriginal people.
- The number and proportion of Aboriginal people who access coronary angiography compared with non-Aboriginal people.
- The number and proportion of Aboriginal people on dialysis who access a renal transplant compared with non-Aboriginal people.
- The proportion of Aboriginal people booked for an echocardiogram who get this done.
- The waiting time for echocardiograms to be done broken down by Aboriginal / non Aboriginal (this is to make clear the tragic issue of not enough sonographers which is a huge issue in terms of Rheumatic Heart Disease and Heart Failure).
- The number and proportion of Aboriginal people with a booked specialist appointment who Do Not Attend (DNA) compared with non- Aboriginal people.
- The number and proportion of Aboriginal people who are removed from specialist outpatient waiting lists due to non-attendance compared with non-Aboriginal people.
- The number and proportion of Aboriginal people who are re-admitted to hospital within three months of prior discharge compared with non-Aboriginal people.

## **Assignment of Benefits and pathology Medicare arrangements**

The Board endorsed the position to advocate to the Commonwealth for retention of the current practice within all Aboriginal community controlled health services in the NT whereby patient signatures are not required on Medicare Benefits Schedule (MBS) bulk billing claims or on pathology request forms on the basis that our sector practices enhanced compliance systems which mitigate against the risk of Medicare fraud or other forms of inappropriate claiming or pathology ordering.

## **NNPG representation**

The Board elected Rebecca Bond, CEO Sunrise Health service, to represent AMSANT on the NT Government NGO Partnership Group (NNPG). Congratulations Bec, and thank you for taking on this important role on behalf of the sector.

## **Research subcommittee**

### **1. Research moratorium**

The Board agreed to a research moratorium on AMSANT participation in new research until the end of 2026. This will provide AMSANT with space to consolidate research priorities and ensure research activity is appropriately governed and aligned with AMSANT's strategic priorities.

### **2. Research strategy and framework**

The Board received an update on the Research Strategy and Framework project, which aims to define AMSANT's role in the research system and establish a clear, consistent approach to engaging in and responding to research activities.

The project is progressing through consultation and development phases, with a focus on articulating a shared vision, purpose and practical framework to guide decision-making, governance and partnerships, with a final strategy to be brought back to the Board for consideration.

### **Operational reports for members**

The Board agreed that AMSANT's operational reports, which provide a summary of activities across teams should be shared with member services.

### **Finance, Risk and Audit (FRAC) Subcommittee**

#### **1. Financial position**

The Board reviewed AMSANT's financial position and noted the organisation remains in a sound position, with a solvency ratio of 1.56.

### **Upcoming AMSANT member events**

The AMSANT Conference has been deferred until 2027 to allow time for broader organisational planning.

A General Members Meeting (GMM) will be held in Mparntwe (Alice Springs) on 12 and 13 August 2026, running a full day on the 12th and a half day on the 13th. The venue will be confirmed shortly. The GMM will be an important opportunity for members to come together and engage on key sector priorities.