

Access Barriers to Syphilis Care

Summary

Access to syphilis prevention, testing, treatment and follow-up is influenced by a range of structural, financial, social and cultural factors. While effective prevention and treatment options exist, many people continue to experience barriers accessing care. These barriers rarely occur in isolation and often interact to contribute to delayed diagnosis, interrupted treatment and poorer health outcomes. Their impact is frequently greatest among populations already experiencing health and social inequities. Addressing these challenges is essential to ensuring a more equitable, accessible and effective syphilis response.

Health service capacity and availability

Access to timely testing and treatment can be challenging through both general practice and specialist sexual health services. Workforce shortages, limited appointment availability, geographic distance and out-of-pocket costs can all reduce access to care through general practice. At the same time, sexual health clinics in many jurisdictions are operating at or near capacity, contributing to delays in testing and treatment. Restricted service operating hours may also create barriers for people unable to attend appointments during standard business hours due to work, study, caring responsibilities or other commitments.

Cost and affordability

Accessing syphilis prevention, testing, treatment and care can involve a range of direct and indirect costs. Out-of-pocket costs for general practice appointments, pathology services, medicines and preventive interventions may discourage some individuals from seeking care or contribute to delays in testing and treatment. Additional costs associated with travel, transport, time away from work, childcare and attending multiple appointments can further limit access, particularly for people living in regional and remote areas.

For people who are ineligible for Medicare, these challenges may be compounded by reduced access to subsidised healthcare and uncertainty regarding service costs, private health insurance coverage and eligibility for services and preventive interventions. A lack of clear and accessible information can make it difficult to understand available options and navigate care.

As a result, cost and affordability can influence whether, when and how individuals engage with syphilis prevention, testing, treatment and follow-up services.

Social and cultural barriers

Stigma, Discrimination and Confidentiality Concerns

Concerns about stigma remain a significant barrier to sexual health care. Individuals may avoid accessing testing and treatment services due to fears of judgement, disclosure of sexual behaviour, breaches of confidentiality or previous negative healthcare experiences. Experiences of stigma and discrimination can contribute to distrust of healthcare services and reduce willingness to engage with care.

Information, cultural safety and trust

Understanding the Australian healthcare system can be difficult, particularly for people who are unfamiliar with how the healthcare system operates, including many migrants, international students and temporary visa holders. People may experience challenges understanding:

- where testing is available
- how to access treatment
- what services cost
- what services they are entitled to access
- how referral and follow-up processes work

Limited availability of in-language and culturally appropriate information can further exacerbate these barriers. Where information and services are not available in a person's preferred language, understanding health information, navigating the healthcare system and engaging with care may become even more difficult.

Trust and cultural safety can also influence whether people seek care and remain engaged throughout the care pathway. For Aboriginal and Torres Strait Islander peoples, people who use drugs and other communities that have historically experienced exclusion, discrimination or stigma, services perceived as unsafe, unwelcoming or unresponsive to community needs may contribute to avoidance of healthcare and reduced engagement with care.

Community-controlled, peer-led and culturally responsive services can help address these barriers by providing trusted pathways to prevention, testing, treatment and follow-up.

Continuity of care and service navigation

Access barriers do not end once a person decides to seek testing or treatment. Moving between testing, diagnosis, treatment and follow-up services can be difficult, particularly when referral pathways are fragmented or poorly coordinated.

For some populations, continuity of care may be further complicated by high levels of mobility. FIFO workers, PALM scheme workers, migrants, people experiencing homelessness and people with unstable living arrangements may move between services, workplaces, regions and jurisdictions. This can interrupt care at multiple stages and increase the risk of delayed treatment or loss to follow-up.

These challenges may be exacerbated by administrative complexity, multiple referral points and the absence of nationally coordinated approaches to care continuity and follow-up. While some jurisdictions have implemented systems to support recall and linkage to care, approaches remain inconsistent across Australia.

Reducing fragmentation, simplifying pathways and improving service navigation are therefore important components of an effective syphilis response.

Disproportionate impact on priority populations

While access barriers may affect anyone seeking syphilis care, they are often experienced most acutely by populations already facing health and social inequities. These barriers frequently interact and compound one another, creating additional challenges for people seeking prevention, testing, treatment and follow-up. Addressing barriers requires responses that recognise the diversity of experiences across populations rather than assuming a one-size-fits-all approach.

Recommendations

1. Improve service availability and accessibility

Expand free and low-cost testing, treatment and prevention services, including after-hours, weekend and outreach models.

2. Improve affordability and reduce cost barriers

Reduce financial barriers to testing, treatment and prevention services, including for Medicare-ineligible populations, while improving transparency regarding costs, eligibility and available supports.

3. Support community-led responses

Invest in and partner with community-led organisations to improve engagement, reach underserved populations, promote culturally safe approaches to care and reduce barriers associated with stigma, discrimination and distrust.

4. Strengthen referral pathways and care navigation

Improve continuity of care by reducing fragmentation between testing, diagnosis, treatment and follow-up services.