

An Australian Centre for Disease Control

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The threat of communicable and non-communicable diseases continues to be a global challenge. Public health services need to be strategic and coordinated as well as flexible and credible to ensure effective prevention, detection, and responsiveness to public health needs. An effective Australian Centre for Disease Control will coordinate nationwide responses to public health concerns.

BACKGROUND

Australia is the only OECD country without a CDC-equivalent. The Australian Health Protection Principal Committee (AHPPC) is the current peak expert committee for health emergency management in Australia.

The COVID-19 pandemic revealed weaknesses in Australia's pandemic preparation and response processes. Inconsistent messaging and differing state/territory expert advice led the Australian Government to circumvent existing arrangements to establish a National Cabinet comprising state, territory and federal leaders. While National Cabinet proved an effective tool to respond to urgent public need, its processes were not transparent.

The October 2022-2023 Budget invested \$3.2 million to consult on the establishment of an Australian Centre for Disease Control (AusCDC). A report was released in March 2023 based on consultation ([Australian Centre for Disease Control](#)). It was subsequently announced that the Australian Government will establish an AusCDC.

AHHA POSITION

The establishment of an AusCDC as a statutory body is supported, with the following provisions. It should:

- establish a cohesive and coordinated response across disease surveillance, research, technical advice and public messaging and be appropriately positioned to respond to a diverse range of threats in Australia and the surrounding regions.
- ensure action undertaken in response to a communicable disease threat is reasonable, proportionate, equitable and informed by evidence.
- achieve a level of independence from the responsible minister and government, with accountability and transparency identified in the enabling legislation.
- demonstrate global leadership in non-communicable disease research, prevention, coordination, and response within identified population areas.
- demonstrate global leadership in communicable disease planning and response capabilities with the capacity to consider current and future communicable disease threats in the context of global health surveillance, security, epidemiology, and international evidence.
- be appropriately funded to fulfil a national coordination, advisory, capacity-building and research role while maintaining scope for regional response flexibility. This should include the creation of formal mechanisms for cross agency coordination.
- support existing state and territory disease control measures by coordinating a cohesive approach to diagnosis, screening, reporting, case management, contact tracing, forecasting, and trend monitoring.
- work with the states and territories to establish clear lines of authority, areas of responsibility, and response activation protocols to ensure rapid, integrated outbreak responses.
- work with states and territories to strengthen, coordinate and manage surge workforce capabilities, mapping the public health workforce to better understand gaps, regulatory barriers and aid required in future planning.
- ensure diversity of profession, expertise and experience is a critical focus of workforce recruitment and development.
- protect the physical and mental health of the workforce responding to disease threats through training and resources that ensures a nationally consistent approach
- transparently consider legal and ethical issues that balance the protection of individual liberty with public health responsibilities, such as in relation to the imposition of restrictions, police powers to enforce public health directions and resource allocation measures (e.g. PPE, medical equipment).
- prioritise the development of effective communication strategies to inform clear public messaging outlining the rationale for disease control measures, the benefits of compliance, and the consequences of non-compliance.
- be equipped with data, digital and technology resources to allow predictive and virtual coordination capabilities to be developed and deployed as required.
- capitalise on existing relationships and promote productive ways of working, reforming inefficient processes to ensure disease control bureaucracy is reduced.
- strengthen Australia's disease control evidence base through working closely with the Australian research community, government research agencies, peak health institutions and international experts to collaboratively identify and investigate research priorities.