

An Australian Centre for Disease Control

The threat of new and re-emerging communicable diseases will continue to be a global challenge. Public health functions and services need to be strategic and coordinated, yet flexible, to ensure effective prevention, detection and response.

The call for an Australian Centre for Disease Control (AusCDC) has been a long standing one.

In 2013, a Standing Committee on Health and Ageing recommended the Australian Government commission an independent review to assess the case for establishing a national centre. Instead, the Government decided to work with the states and territories to develop and endorse a National Communicable Disease Framework, to achieve an integrated response without changing the responsibilities of governments.

The Australian Health Protection Principal Committee (AHPPC) is currently the peak expert committee for health emergency management and disease control, comprised of state and territory Chief Health Officers and chaired by Australian Government Chief Medical Officer.

The 2020 COVID-19 pandemic revealed weaknesses in Australia's planning and response processes. Inconsistent messaging and conflicting state and territory expert advice led the Australian Government to circumvent Australia's existing pandemic arrangements and establish a National Cabinet (comprising state, territory, and Australian government leaders).

National Cabinet provided an effective intergovernmental process to respond to an urgent public need. However, while guiding Australian, state and territory government coordination, the implementation of the 'Cabinet-in-Confidence' process has removed public transparency and oversight of crucial disease control decision-making processes.

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 in Australia and the surrounding regions.
- ✧ achieve a level of independence from the responsible minister and government, with accountability and transparency identified in the enabling legislation.
- ✧ demonstrate global leadership in communicable disease planning and response capabilities and be appropriately positioned to respond to a diverse range of threats both within Australia and beyond Australian borders.
- ✧ have the capacity to consider current and future communicable disease threats in the context of

global health surveillance, security, epidemiology and international evidence.

- ✧ 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.
- ✧ create formal mechanisms for cross agency coordination to build Australia's disease control capabilities.
- ✧ be appropriately funded to fulfil a national coordination, advisory, capacity-building and research role while maintaining scope for regional response flexibility.
- ✧ work with states and territories to strengthen, coordinate and manage surge workforce capabilities, and protect the physical and mental health of health professionals responding to current and emerging disease threats.
- ✧ ensure action undertaken in response to a communicable disease threat is reasonable, proportionate, equitable and informed by evidence.
- ✧ 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.
- ✧ 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.
- ✧ work closely with governments, AHPPC, private enterprise, and relevant stakeholders to consider the broad economic, social, environmental and equity impacts of disease control measures, to collaboratively and transparently develop solutions that protect health and promote equity.
- ✧ ensure diversity of profession, expertise and experience is a critical focus of workforce recruitment and development.
- ✧ 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.

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