

SUBMISSION TO THE DEPARTMENT OF HEALTH AND AGED CARE: AUSTRALIAN CENTRE FOR DISEASE CONTROL PREVENTION-PROMOTION-PROTECTION CONSULTATION PAPER DECEMBER 2022

About this submission

The George Institute for Global Health is pleased to contribute a written submission to the Department of Health and Aged Care (the Department) on the consultation for the Role and Functions of an Australian Centre for Disease Control (CDC) Prevention-Promotion-Protection consultation paper.

The George Institute joins our consumer and public health colleagues in welcoming the establishment of an Australian CDC. With adequate funding and support, an Australian CDC has the potential to provide the Australian public with clear and transparent health advice and equip policy makers with up-to-date, evidence-based guidance on new and emerging local and global health threats.

In recognition of the CDC being in its development phase, this submission directly addresses questions from the consultation paper relevant to the work of The George Institute, while also making additional broad recommendations that might guide the Department in its deliberations.

We welcome the opportunity to further engage with the Department of Health and Aged Care as the structure and remit of the CDC is developed.

About The George Institute for Global Health

The George Institute is a leading independent global medical research institute with major centres in Australia, China, India and the UK, and an international network of experts and collaborators.

Our mission is to improve the health of millions of people worldwide, particularly those living in disadvantaged circumstances, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases and injury. The George Institute is focused on the global health challenges that cause the greatest loss of life, the greatest impairment of life quality and the most substantial economic burden, particularly in resource-poor settings. Through a program of research, advocacy/thought leadership, and disruptive social entrepreneurship, we are driving global impact.

Affiliated with





Acknowledgement of Country

The George Institute acknowledges the Gadigal People of the Eora Nation as the Traditional Custodians of the land on which our Australia office is built and this submission was written. We pay our respect to Elders past, present and future.

Introduction

The George Institute joins our consumer and public health colleagues in welcoming the establishment of an Australian CDC and the development of the Australian Centre for Disease Control Prevention-Promotion-Protection consultation paper. As highlighted in the paper, the COVID-19 pandemic demonstrated the need for an agile and coordinated mechanism within the health system to deal with new and emerging health threats of national and international significance. In addition to providing direct feedback to questions within the discussion paper, The George Institute would like to indicate our broad support for:

- **Inclusion of prevention within the CDC:** Chronic diseases cause 9 out of every 10 preventable deaths in Australia (1) and account for 85% of years lost due to ill health or early death (2). Further, injury is the leading cause of death for Australians aged 1-44 years. As such, The George Institute supports the 'all hazards approach' of the discussion paper and calls for the explicit inclusion of chronic disease and injury prevention within its remit. These inclusions will complement existing and wider-ranging preventive health measures, including the National Preventive Health Strategy and the (yet to be released) National Injury Prevention Strategy as implemented through the Department of Health and Aged Care. This prevention approach should include consideration of the effects of multi-morbidity to reflect the massive disease burden associated with the co-occurrence of communicable, non-communicable and mental health conditions and injury, as well as the social, cultural and environmental determinants of health.
- **Recognition of social, cultural and environmental determinants of health:** The George Institute supports the inclusion of the social, cultural and environmental determinants of health within the remit of the CDC. This includes providing health advice based on the holistic conception of health across the life-course that takes into consideration the diversity of the Australian public.
- **Transparency and independence:** The George Institute supports the CDC being a fully transparent and independent agency. The CDC should include rigorous safeguards against real and perceived conflicts of interest from the private sector, other government agencies and political agendas in order to be effective and maintain public trust.
- **Building workforce capacity:** Key to the success of the CDC will be the diversity of talent, areas of expertise and experience of its workforce. The George Institute supports the CDC investing in the development of a robust health workforce, including providing training and developing leadership capability both in Australia and abroad.
- **Conducting research:** The George Institute supports the CDC being equipped to commission and conduct relevant research into new and emerging health threats, as well as evaluation of the effectiveness of the CDC.

Affiliated with





STRUCTURE

1. What decision-making responsibilities, if any, should the CDC have?

- **Should the CDC directly take on any existing responsibilities, or provide a coordinating and/or advisory function only? And if so, would that be sufficient for responding to health emergencies?**

N/A

2. What functions should be in and out of scope of the CDC?

- **What should the role of the CDC be in promoting or coordinating a One Health framework?**

As outlined in the consultation paper, The George Institute recommends the CDC should not replicate functions already being effectively delivered by agencies and jurisdictions within the government. Rather, the CDC should function as an independent agency that provides health guidance and advice to the government and the general public. The implementation of such advice should be lead through the Department and other related departments and agencies in state, territory and commonwealth governments.

The George Institute recommends the CDC seek to provide advice through a multi-sectoral approach that considers the social, cultural and environmental determinants of health – for example, impacts of housing, education and global environmental change policy – as well as communicable, non-communicable disease and injury prevention.

The George Institute supports the CDC being a transparent and independent agency that can provide health advice free from conflicts of interest. This advice should be made available to members of the public through an open source, online platform for ease of access and be made available to other government portfolios and departments who have an impact on health outcomes.

The George Institute is largely supportive of the 'in', 'possibly in' and 'out-of-scope' functions outlined in Table 1 of the consultation paper, with a number of key exceptions. Within 'in scope' – we recommend including application of principles of Indigenous Data Sovereignty and governance in 'gather & analyse'. We recommend shifting 'international engagement on preventive health issues', 'policy' and 'health data on priority populations' to 'in scope' in recognition of the relationship between communicable and non-communicable diseases and injury and the social and environmental determinants that underpin them. We further recommend 'regulation, including advice on regulation' be moved into 'in scope' as far as it is desirable for a CDC to provide advice on regulation within its in-scope areas. This may be necessary in instances where regulation of international emergency responses is required.

The George Institute is supportive of the CDC playing a leading role in the Commonwealth Government development of a One Health framework. Australia currently has no such framework despite global environmental change, including the biodiversity crisis and climate change, having significant impacts on human and animal health. The development of a CDC provides a unique opportunity to address this gap by making the responsibility of developing a coordinated One Health framework a priority in the first phase of the CDC. The implementation of this framework should be a cross-portfolio priority and include the

Affiliated with





establishment of a trans-disciplinary team that includes academia, civil society and, where necessary, private sector collaborators.

3. What governance arrangements should be implemented to ensure public confidence in the CDC?

- **How can the CDC balance the need for the CDC to be responsive and accountable to governments, while also providing trusted, authoritative, and evidence-based advice?**
- **What aspects of independence do you believe are important to the successful function of the Australian CDC?**
- **How should the CDC be organisationally structured to best meet the needs of Australia's federated society?**

The George Institute recommends the CDC is established as a new statutory body that plays a coordinating role between commonwealth, state and territory governments and stakeholders when developing health advice. This could include a cross-jurisdictional committee supported by a governance board, with subject matter specific sub-committees where relevant. The George Institute recommends the CDC avoids duplication of effective programs of work already underway by first focusing on gaps within the current system and the development of guidance – rather than implementation – at this time.

Trust is going to be crucial in ensuring public confidence in the CDC. As such, The George Institute recommends regular and transparent reporting of advice provided to the government in an open source, online platform where conflicts of interest are declared. This should include declaration of meetings and correspondence to and from the CDC. Doing this will ensure the public understands how governments are undertaking health responses to continuing, new and emerging health threats. It will also ensure appropriate scrutiny from health experts and the media.

The George Institute recommends rigorous processes are established within the CDC to eliminate real or perceived conflicts of interest, particularly with regard to engagement with the private sector, where health and evidence-based approaches must be prioritised and protected. The provision of advice that is free from conflicts of interest and political influence and subsequent implementation of evidence-based policy will be crucial in maintaining public confidence and therefore adherence to health policy and guidance.

As per our response to question 10 and contributing to ensuring trust and public confidence is achieved, The George Institute recommends that an Aboriginal and Torres Strait Islander Advisory Committee be established.

A COORDINATED AND NATIONAL APPROACH TO PUBLIC HEALTH

4. How can the CDC best support national coordination of the Australian public health sector?

- **How can the CDC ensure effective collaboration and exchange of information with relevant stakeholders, including engagement with the private sector**

Please refer to question three.

Affiliated with





5. What lessons could be learned from Australia's pandemic response?

- **How can the CDC best ensure linkages with all sectors relevant for preparedness and response – including primary care and the animal and environmental health sectors?**
- **Are there any national, state and territory or international reviews that would be of assistance in designing the CDC?**

The COVID-19 pandemic highlighted the need for greater health system coordination between commonwealth, state and territory health jurisdictions, including a consistent but agile response to new and emerging threats and health messaging. The George Institute recommends the CDC plays a coordinating role in enhancing systems and governance structures put in place during this time – such as providing advice to National Cabinet – in conjunction with providing health advice free from conflicts of interest.

The COVID-19 pandemic highlighted the need for greater coordination with regional and foreign governments. The George Institute recommends the CDC plays a leading role in international coordination with foreign colleagues on disease surveillance, regional health security and health systems responses in times of crisis, in coordination with the Department of Foreign Affairs and Trade (DFAT). This should include responses to immediate but also long-term challenges such as climate change and non-communicable disease and injury prevention and management.

The COVID-19 pandemic highlighted the need for a central repository of health data across all jurisdictions within Australia. This would have assisted policy makers, healthcare professionals and researchers in responding to the crisis and exploring trends post pandemic. The George Institute recommends the CDC plays a lead role in coordinating effective data collection and management for use in policy making and research.

Aboriginal and Torres Strait Islander health and community organisations were recognised around the world for their response to the COVID-19 pandemic (3 – 5). The George Institute recommends the CDC conducts a review into this response and draws on and expands trusted relationships built between the commonwealth and Aboriginal and Torres Strait Islander health organisations, as well as at the state and territory level.

The George Institute recommends the CDC leads the development of a database of subject matter experts that can be easily drawn upon in the event of national need. This should include relevant capabilities in manufacturing, research expertise and health communication.

A DATA REVOLUTION: A NATIONAL SYSTEM AND IMPROVED LINKAGES

6. What are the barriers to achieving timely, consistent and accurate national data?

The landscape for data management and linkage across the health systems and throughout jurisdictions and across portfolios is extremely complex. There is a lack of routinely collected data, including general practitioner and primary care data. One of the greatest barriers to achieving improvements in this area is the lack of consistent legislation that can enable data sharing. As highlighted by the Public Health Association of Australia's submission to this consultation, "Even with the new Federal Data Availability and Transparency Act 2022, this is likely to be an ongoing issue as, while it enables data sharing, it does not compel any jurisdiction to do so, and the existing Federated system means it is often difficult (or requires

Affiliated with





long wait times, often in the order of years) to access national or multi-jurisdictional data". The George Institute recommends the CDC be equipped with appropriate resourcing, infrastructure and legislation to play a lead role in coordinating effective data collection and management for use in policy making and research.

The George Institute recommends that data sharing with researchers be explicitly provided for within legislation, both to support the CDC's activities and for broader relevant research purposes.

Data considerations related to Aboriginal and Torres Strait Islander communities are also of critical importance. The George Institute recommends enacting data sovereignty principles as they pertain to Aboriginal and Torres Strait Islander peoples' data. It is important that the potential benefits of increased availability of Aboriginal and Torres Strait Islander data are balanced by the need to ensure that data are collected and used appropriately and consider the worldviews and priorities of First Nations communities. Enacting data sovereignty principles includes ensuring the right of Aboriginal and Torres Strait Islander people to control, collect and analyse data in a way that is self-determining and sustainable and to guarantee that the use of data is protective of Aboriginal and Torres Strait Islander individual and collective interests (6).

7. What existing data sources are important for informing the work of the CDC, and how could existing data bodies (national, state and territory) be utilised and/or influenced by the CDC?

- **Is there data currently not collected in Australia which should be considered?**
- **What else is needed to ensure that Australia is able to identify emerging risks to public health in a timely way?**
- **Would the development of a national data plan with an agreed scope and/or an evidence- based health monitoring framework be useful?**

Please refer to question six.

8. What governance needs to be in place to ensure the appropriate collection, management and security of data?

Please refer to question six.

9. How do we ensure the CDC has the technical capability to analyse this data and develop timely guidance?

The George Institute recommends the CDC be adequately resourced with in-house technical and analytical infrastructure and expertise to ensure linked data is maximised in policy recommendations and implementation. This should include drawing expertise from the research community, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics. Where gaps in capacity exist in-house, the CDC should be resourced to outsource this expertise.

10. How can the CDC ensure collaboration with affected populations to ensure access to, and the capability to use, locally relevant data and information, particularly as it relates to First Nations people?

Affiliated with





Aboriginal and Torres Strait Islander communities have implemented practices that protect and sustain the health and wellbeing of their people (and Country) for many thousands of years. Appropriate respect and recognition of this knowledge and practice is essential for successful collaboration with First Nations communities. The George Institute recommends the CDC adopts the Aboriginal and Torres Strait Islander holistic conception of health and wellbeing that encompasses physical, social, emotional, cultural and spiritual wellbeing for both individuals and the community (7). Effective collaboration with Aboriginal and Torres Strait Islander communities must include Aboriginal and Torres Strait Islander leadership and culturally appropriate engagement based on community priorities. Self-determined, community-led solutions are critical for success. The George Institute also recommends the CDC enact principles of data sovereignty as outlined in question six.

Recognition of the importance of culturally safe and strengths-based solutions is critical. The George Institute recommends an advisory committee of Aboriginal and Torres Strait Islander peoples from across jurisdictions and representing multiple organisations and communities should be established, similar to the United States CDC's Tribal Advisory Committee (8), in order to ensure that decisions impacting Aboriginal and Torres Strait Islander people are made by Aboriginal and Torres Strait Islander people. The Coalition of Aboriginal and Torres Strait Islander peak bodies should be represented within this committee (9). The George Institute recommends the development of cultural awareness training for CDC staff including best practice in engaging with Aboriginal and Torres Strait Islander communities.

The George Institute recommends ensuring development of messaging is relevant to and reflects the needs of diverse populations and peoples.

NATIONAL, CONSISTENT AND COMPREHENSIVE GUIDELINES AND COMMUNICATIONS

11. How can the CDC establish itself as a leading and trusted national body that provides guidance to governments based on the best available evidence, and participates in generating that evidence?

- **To what extent should the CDC engage with the media, public messaging and health communications directly or via other existing structures such as Australian Government and state and territory health departments?**
- **What could the CDCs broader role be in increasing health literacy to support sustained improvements in health outcomes?**

Please refer to question three.

12. To what extent should the CDC lead health promotion, communication and outreach activities?

The George Institute recommends the primary function of the CDC is that of an independent and transparent agency that provides health guidance and advice to governments and policy makers on new, emerging and ongoing health threats. This advice should be developed using principles of health literacy to ensure it is easily accessible to the general public. The extent to which the CDC would lead health promotion, communication and general outreach activities would be dependent on yet to be determined governance structures, capacity and

Affiliated with





resourcing and we look forward to providing feedback on this aspect of the CDC in future consultation periods.

13. Are there stakeholders outside of health structures that can be included in the formulation of advice?

- **What kind of mechanisms could be developed to support broader consultation on decisions when needed?**

To achieve the 'all hazards approach' in the consultation paper, The George Institute recommends the CDC draws on the significant talent and expertise within the health sector and beyond in its work. This should include expertise in social services, agriculture and the environment. The George Institute recommends that in drawing from these experts, rigorous governance is put in place that monitors and eliminates conflicts of interest.

The George Institute recommends that particular care is taken when engaging with stakeholders with profit motives, for example the food and alcohol industries, when providing independent advice to government and the public, and that engagement should strictly avoid conflicts of interest.

A NATIONAL MEDICAL STOCKPILE FOR THE FUTURE

14. What has your experience, if any, been of accessing supplies from the National Medical Stockpile (either before or during COVID-19), and can you identify any areas on which the CDC could expand or improve?

N/A

A WORLD-CLASS WORKFORCE

15. How could a CDC work to ensure that our public health workforce is prepared for future emergencies, both in Australia and abroad?

The George Institute agrees with Research Australia's submission to this consultation on the need to conduct regular national health emergency exercises to test Australia's capacity to deal with new and emerging threats. These should be conducted at the regional and national level and include international partners.

16. How could the CDC support and retain the public health workforce in reducing the burden of non-communicable disease?

N/A

RAPID RESPONSE TO HEALTH THREATS

17. What role could the CDC play in greater national and international collaboration on One Health issues, including threat detection?

The George Institute recommends the CDC plays a leading role in national and international collaboration on One Health issues, in coordination with DFAT. This should include a

Affiliated with





transdisciplinary approach that incorporates threat detection and surveillance, sharing of resources and coordination with regional and international partners.

The George Institute recommends the CDC regularly engages with relevant agencies and departments across commonwealth, state and territory Governments in mitigation and adaptation policies and provide advice with regard to Australia's response to global environmental change.

18. What are the gaps in Australia's preparedness and response capabilities?

- **Could the role of the National Incident Centre be modified or enhanced?**
- **What functions should a national public health emergency operations centre deliver to strengthen Australia's coordination of health emergencies?**

N/A

19. How can the CDC position Australia, mindful of global, regional and local expertise, to be better prepared for future pandemics, health emergencies, and other public health threats?

- **What could our contribution to global preparedness look like?**

While the CDC has an essential function in the domestic health landscape, it also has the potential to play a leadership role in regional and international health security and in challenges beyond these areas that contribute to the ability of countries to be prepared for and respond to such threats (e.g. health system strengthening and prevention management of non-communicable disease and injury). The George Institute recommends the CDC functions with a global mindset, building respectful and long-term focused relationships with foreign governments and stakeholders in coordination with DFAT. This should include a focus on providing technical advice and capacity building – such as building local and regional capabilities through mutual secondments – that can ensure longer-term sustainability and strengthening of health systems and a holistic approach to improving population health globally, playing a particular role in the Asia-Pacific. This should also include surveillance, knowledge sharing and the analysis of multi-sectoral threats including climate change, housing and education.

INTERNATIONAL PARTNERSHIPS

20. What role should the CDC undertake in international engagement and support internationally, regionally or domestically?

- **International engagement, coordination and intelligence sharing are central to the role of all international CDCs. What additional objectives should the CDC include? (for example, leadership, technical engagement and capacity building)?**
- **How can the CDC be utilised to strengthen pandemic preparedness internationally?**

Please refer to question 19.

Affiliated with





LEADERSHIP ON PREVENTIVE HEALTH

21. How can the CDC foster a holistic approach across public health, including the domains of health protection and promotion and disease prevention and control?

For the CDC to be an effective and impactful agency, it is crucial that a holistic approach to health guidance is adopted. As highlighted above, The George Institute recommends the CDC adopts a multi-sectoral approach to capacity development that includes the social, cultural and environmental determinants of health and considers non-communicable disease and injury within its remit. The CDC should seek to build trusted, lasting relationships with stakeholders across government, academia and civil society and seek to have this reflected in its workforce and the work it undertakes.

The George Institute joins other health stakeholders in calling for regular reviews of scope and remit of the CDC post its establishment to understand its effectiveness, impact and areas for improvement.

22. What role could the CDC have in implementing the goals of the National Preventive Health Strategy?

The George Institute recommends the CDC remit is focused on providing transparent, evidence-based and conflict of interest free advice to government, its agencies and the Australian public on new, emerging and continuing health threats including communicable and non-communicable disease and injury. As a result, the CDC should be responsible for monitoring and evaluating the implementation of the National Preventive Health Strategy and its related goals, but not necessarily being responsible for the implementation of the goals themselves. This should include tracking the progress of the strategy and making recommendations to improve related health outcomes.

23. Should the CDC have a role in assessing the efficacy of preventive health measures?

Please refer to question 22.

WIDER DETERMINANTS OF HEALTH

24. How could the CDC work in partnership with at-risk populations and associated health sectors, including First Nations people, people with disability and older Australians, to ensure their voices are included in policy development?

- **How could the CDC meet the intent of Closing the Gap?**

The George Institute recognises that Closing the Gap has shifted away from a model whereby governments set targets and priorities without community partnership, to one that recognises that structural change is needed in the way governments work with Aboriginal and Torres Strait Islander people. This includes the recognition that communities must determine, drive and own the desired outcomes of the Closing the Gap targets (10). The George Institute recommends the CDC supports this renewed way of working that allows Aboriginal and Torres Strait Islander communities to self-determine priorities and focuses on health holistically. Truly committing to Closing the Gap means to partner with Aboriginal and

Affiliated with





Torres Strait Islander people to lead decisions impacting their communities, build upon existing community strengths and focus on broad social and cultural determinants of health that impact upon health and wellbeing. The George Institute recommends the CDC engage, empower and enable communities to design, implement and influence programs and policies that are in keeping with the priorities of their local communities.

25. How can the CDC best deliver timely, appropriate, and evidence-based health information to culturally diverse and/or at-risk populations?

Please refer to question 24.

26. How should the CDC engage across sectors outside its immediate remit (including portfolios with policy responsibility for wider determinants of health, culture, and disability)?

N/A

RESEARCH PRIORITISATION

27. Should the CDC have a role in advising on (or directly administering) funding or prioritisation of public health and medical research?

The George Institute recommends the CDC be funded to commission research related to its mission and areas of focus, as well as the effectiveness of the agency itself. The George Institute recommends this research funding be administered through existing structures, for example the National Health and Medical Research Council, where processes that safeguard the research integrity are already effectively managed. The George Institute recommends the CDC be empowered to set its own priorities free from conflicts of interest and government priorities.

The George Institute recommends the CDC play an advisory role for agencies such as the Medical Research Future Fund and the National Health and Medical Research Council in determining health priorities that require research funding, as well as in the development of health-relevant strategies and policies.

PLANS FOR ESTABLISHMENT

28. How could the success of a CDC be measured and evaluated?

N/A

Affiliated with





Contact

Chelsea Hunnisett
Policy and Advocacy Advisor
The George Institute for Global Health
chunnisett@georgeinstitute.org.au | 0426 439 947

References

1. Australian Institute of Health and Welfare 2020. Australia's health 2020 snapshots. Australia's health series no. 17. Canberra: AIHW. <https://www.aihw.gov.au/getmedia/128856d0-19a0-4841-b5ce-f708fcd62c8c/aihw-aus-234-Australias-health-snapshots-2020.pdf.aspx>
2. Global Burden of Disease Collaborative Network. 2020. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: IHME. Accessed 20 April 2022. <https://www.healthdata.org/gbd/2019>
3. Finlay S. and Wenitong M. 2020. Aboriginal Community Controlled Health Organisations are taking a leading role in COVID-19 health communication. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361256/>
4. Moodie N. et al. 2020. Roadmap to recovery: Reporting on a research taskforce supporting Indigenous responses to COVID-19 in Australia. <https://onlinelibrary.wiley.com/doi/full/10.1002/ajs4.133>
5. Wilson-Matenga G. et al. 2021. Partnership, trust and respect: NSW's response to COVID-19 among Aboriginal people. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8441659/>
6. Maïam nayri Wingara at AIGI. Indigenous data sovereignty summit and indigenous data sovereignty communique. 2018.
7. National Aboriginal Community Controlled Health Organisation. 2022. Aboriginal Community Controlled Health Organisations. <https://www.naccho.org.au/acchos/>
8. Centers for Disease Control and Prevention. 2017. CDC and Indian Country Working Together. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services.
9. Coalition of the Peaks. 2019. The Coalition of Aboriginal and Torres Strait Islander Community Controlled Peak Bodies. https://coalitionofpeaks.org.au/wp-content/uploads/2020/05/CoP-Fact-Sheet-V1_19_05_20.pdf
10. Australian Government. 2022. Closing the Gap. <https://www.closingthegap.gov.au/>

Affiliated with

