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AMA submission to the Department of Health and Aged Care – consultation on the role and functions of an Australian Centre for Disease Control

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Introduction

The AMA has been calling for a Centre for Disease Control (CDC) since 2017¹ and continuously advocated for a CDC throughout the COVID-19 pandemic. The COVID-19 experience has illustrated the need for a nationally coordinated CDC across all jurisdictions in Australia. The AMA emphasises that the CDC must be adequately funded and resourced over the long-term to undertake its multitude of functions, including rapid risk assessment, scientific briefings, public education, and disease prevention.

The submission below outlines the AMA's position on the function, scope, and operating principles for an Australian CDC. We note that the establishment of the Australian CDC will be a comprehensive and complex process. The AMA welcomes ongoing engagement with the Department of Health and Aged Care as the establishment of the CDC progresses.

A key challenge the government will face during this process is to decide which functions remain with other government entities. The AMA recommends the government consider this in detail to ensure that the CDC is not duplicating existing functions of the health system. The final scope and function of the CDC should be clearly and regularly communicated to all stakeholders and the Australian public. This is a fundamental shift in Australia's health system, and it will take some time for the system to adapt. The AMA supports a 'transition phase' to be built into the CDC establishment process to support the health system to adapt and minimise potential roadblocks.

The number of viruses with outbreak potential is growing, with on average two novel viruses emerging in humans a year.² The AMA supports the suggestion of an initial focus on communicable diseases, noting the current urgency to have a more coordinated system in place for the COVID-19 pandemic. We acknowledge that COVID-19 provides a constructive point of reference throughout our submission, however the scope of the CDC must look beyond this.

Functions of the CDC

An Australian CDC should be situated as the most trusted source of expert advice for pandemic preparedness, other public health emergencies and communicable and non-communicable disease prevention. The advice released by the CDC to the public and medical community must be evidence based, transparent and independent from all political and external influences. An effective CDC will play a key role in bringing together science with real time monitoring of diseases and must draw upon the expertise of coalface clinicians such as General Practitioners (GPs) to ensure practical connectivity across all components of the health system.

An Australian CDC should be empowered to make decisions based on scientific advice that are implemented across jurisdictions as appropriate. For this reason, we do not support a CDC structure that sits within the Commonwealth bureaucracy. The AMA strongly recommends the CDC is established as an independent entity under its own legislation to ensure it has the necessary autonomy, resourcing and mandate to perform its functions. This structure will also

¹ Australian Medical Association (2017) [Australian Centre for Disease Control](#).

² CSIRO (2022) [Strengthening Australia's Pandemic Preparedness](#).

allow for the CDC scope and function to be clearly defined from the outset, with the relevant monitoring and reporting functions established.

The speed at which pandemic control policies are implemented by a country has been correlated with the effectiveness at preventing fatalities, more so than the level of strictness of those policies.³ The Australian CDC should play a key role in developing a basic action plan and practical kits and resources for pandemics and other health emergencies such as posters, pathways and tools so that they do not have to be created by individual jurisdictions. In Australia and internationally, the COVID-19 experience has illustrated some of the shortfalls that can arise from poor coordination and inconsistent public health messaging.^{4,5,6}

The Australian CDC should also be the leading source of advice for non-communicable disease prevention and be resourced to design and implement strategies and campaigns over the medium to long term to support broader public health objectives, such as those identified within the *National Preventive Health Strategy 2021-2030*. These include overweight and obesity prevention, cancer screening, child health, nutrition, and the health impacts of climate change.

The COVID-19 experience globally, in addition to the growing burden of preventable disease, illustrates the significance of having a central, trusted body to advise on pandemic responses, other disease outbreaks and preventive health. It is fundamental that the Australian CDC is structured to quickly form and release advice in response to public health emergencies as well as a longer-term focus on non-communicable diseases.

The AMA supports the development of design principles, a mission statement, and a ‘purpose’ for the CDC. Additional principles to guide CDC work should include that the CDC:

- Is independent and apolitical
- Is scientifically evidence-based
- Translates evidence into models of best practice
- Incorporates coal-face expertise
- Has effective communication and transparency
- Collaborates effectively
- Builds resilience (of the health system and of Australians)
- Fosters equity and access of health support for disadvantaged groups
- Values community engagement
- Works ethically.

Governance

The AMA maintains that the CDC should be independent to ensure it can develop public health and pandemic responses based on scientific, technical evidence with minimal political

³ Stockenhuber, R (2020) [Did we respond quickly enough? How policy implementation speed in response to COVID-19 affects the number of fatal cases in Europe.](#) World Medical and Health Policy.

⁴ Public Health Agency of Canada (2022) [List of Acts and Regulations.](#)

⁵ Canadian Public Health Association (2021) [Review of Canada’s initial response to the COVID-19 pandemic.](#)

⁶ Canadian Public Health Association (2021) [Review of Canada’s initial response to the COVID-19 pandemic.](#)

intervention. If the government of the day disagrees with CDC advice and decisions, there should be a formal process to clarify the disagreement. There should be transparency in communicating the basis of disagreement to stakeholders.

The head of the CDC should be an independent appointment based on clinical merit, with relevant experience and diversity of expertise rather than political appointments. The CDC should have nationally-based powers but with the flexibility to adjust advice and directives according to different jurisdictions.

The AMA recommends that the design of a CDC should incorporate sufficient state and territory representation within the governance structure to ensure it is reflective of the diverse health needs of communities across Australia. The CDC structure must ensure that the necessary accountabilities for all jurisdictions are built in and that it is designed to remain a viable independent entity in disease prevention and preparedness over the long term, regardless of election cycles. This could be achieved by forming an advisory committee of the Chief Health and Medical Officers from all jurisdictions, similar to the Council of Australian Governments (COAG) or National Cabinet arrangements.

The AMA would welcome an advisory group that ensures medical practitioners are involved in CDC decision making and governance. This group may include representations from the AMA and medical colleges to ensure CDC work can work practically with the healthcare sector. Experienced general practitioners and other relevant specialists should be included in the advisory group.

Regarding funding – the AMA suggests that a proportion of CDC operational funding could be sourced from state and territory governments to help ensure all jurisdictions are invested in the CDC's success and ongoing relevance. The CDC will require flexible and additional funding in case of acute pandemic/epidemic episodes that require immediate attention.

The CDC should have its own legislation. CDC responsibilities must be clearly defined and understood, allowing it to efficiently and effectively implement emergency and other plans, as required. This includes ensuring the responsibilities of the states and territories are clearly understood in relation to CDC work. Creating legal frameworks for pandemics has been successful in building government capacity during a pandemic, such as the Taiwan Communicable Disease Control Act.⁷ This should also occur in Australia.

The governance framework must ensure that the CDC effectively manages and minimises conflicts of interest to ensure its work is ethical and follows evidence-based advice. This includes avoiding staff conflicts of interest. The CDC must also ensure it has effective processes in place to manage conflicts of interest when collaborating with stakeholders, particularly the private sector. The CDC must ensure it works with a high ethical standard as its decisions have the potential to make major impacts on people's lives and Australia as a whole.

⁷ Mardiyanta, A and Wijaya, C (2022) [Policy capacity during COVID-19 in Asia: A systematic literature review](#). Journal of Public Affairs.

The CDC should be held accountable to a monitoring and evaluation framework. To guarantee transparency in the responsibility of providing science-based advice, we recommend that the enabling legislation for the CDC requires an annual report that is publicly available to include a log of all advice provided in the reporting period to government. The AMA strongly recommends that mandating the provision of the summary of advice builds the necessary public accountabilities into the CDC structure. The AMA advises that the government take into consideration existing evidence and knowledge gained around the Australian COVID-19 response to inform governance design and monitoring and evaluation framework for the Australian CDC (see the COVID-19 section on page 10 for further detail). This will support the design of a functional and effective CDC structure and build on public confidence.

We note that the ongoing performance and responsiveness of the CDC will continue to shape public confidence over the medium to long term and suggest this should be a specific measure in the monitoring and evaluation framework for the CDC. The AMA supports embedding a regular review process into CDC governance to ensure the CDC remains fit for purpose. Measurements of success may include:

- Prevention of infectious disease spread
- Impact of preventative health programs
- Public awareness and responsiveness to health emergencies and preventive health
- International recognition and contribution to public health programs and initiatives.

CDC scope

The AMA believes that the scope outlined in Table 1 of the discussion paper (page 16) is generally appropriate. The CDC may require flexibility in its scope to change priorities over time as they arise. This should be embedded in the CDC's operational mandate.

Some items listed are currently vague and require further detail to provide comment, for example:

- Strategy implementation is currently listed as 'possibly in scope', while aspects of strategy implementation (such as the National Incident Centre and AUSMAT) are 'in scope'.
- Relevant periodic national health surveys are listed as 'in scope', however research is 'not a core function' for the CDC.
 - The AMA suggests that the CDC should have a collaborative relationship with the Australian Bureau of Statistics (and other bodies that carry out health surveys), where conducting surveys should remain. The CDC should be able to request survey services, and access data, when relevant to its scope.
- It is unclear what the CDC's role in food-borne illness (such as salmonella) will be. The AMA notes that food governance and food and nutrition policy are currently not listed as 'in scope', which is appropriate, however the CDC's role in food-borne illness should be clarified.

Existing bodies such as Australian Technical Advisory Group on Immunisation (ATAGI) and the Australian Health Protection Principal Committee (AHPPC) and its subgroups should be included into the CDC structure.

Vaccines

Immunisation within Australia and globally should be a key strategy for the CDC as it is essential element to consider in pandemic prevention.⁸ It would be appropriate for the CDC to take responsibility for some aspects of the ATAGI, the National Partnership on Essential Vaccines, including monitoring and assessing performance in the delivery of the National Immunisation Program, and providing leadership in the development of national consumer and medical professional communication activities. Financial contribution, supplying and distributing vaccines and monitoring adverse events should remain with other government entities.

Long-term facilities

The AMA supports the CDC having a role in emergency response management in residential aged care facilities (RACFs). The AMA's submission to the Royal Commission into Aged Care Quality and Safety on the impact of COVID-19 on aged care services⁹ outlines the need for the CDC in terms of providing guidance and direction in any disease outbreaks in RACFs. The AMA called for a proactive risk assessment and plan for RACFs that coordinates outbreak responses across all jurisdictions.

Strategy implementation

In addition to strategy design, the AMA believes that the CDC should have a role in strategy implementation for disease outbreaks. The CDC should employ a range of public health and medical professionals, including public health physicians and disaster medicine experts who are able to travel to outbreak areas to implement disease infection control activities. This will only be effective if implementation teams are adequately funded, and if they work collaboratively with local health authorities.

One Health

The AMA believes it is imperative the CDC adopt a One Health approach to its operations. The One Health approach recognises that human, animal, plant, and environmental health is inextricably linked. Zoonotic disease outbreaks are increasing in frequency and are influenced by climate change, environmental destruction, urbanisation, human encroachment on natural habitats, global trade and travel.¹⁰ The CDC will need to be multidisciplinary and incorporate a range of experts in agricultural, veterinary, and environmental professions in addition to biological sciences.

A CDC should ensure Australia's response to antimicrobial resistance is coordinated and multifaceted, building on the successful work already underway by integrating existing initiatives

⁸ Australian Medical Association (2022) [AMA Statement on principles for equitable COVID-19 vaccination.](#)

⁹ Australian Medical Association (2020) [AMA submission to the Royal Commission into Aged Care Quality and Safety on the impact of COVID-19 on aged care services.](#)

¹⁰ CSIRO (2022) [Strengthening Australia's Pandemic Preparedness.](#)

and programs into a cohesive national One Health response, and linking with various international initiatives as well as state and territory initiatives.¹¹

Research

The AMA advises that there is scope for the CDC to contribute to public health research and the translation of research into models of best practice, but should not compete with or duplicate the work of other established research organisations.

The AMA would like further clarity regarding how research priorities will be set through the CDC, and how these will then be incorporated by the broader health research infrastructure within Australia. We suggest further background is required as to how the research priorities were identified on page 16 of the discussion paper (mental health, cancer prevention and First Nations health). Ethical considerations around any research into Aboriginal and Torres Strait Islander health must be paramount, with a focus on partnership, self-determination, empowerment, and community leadership.

Currently, viruses with pandemic potential are not well researched and are under-resourced.¹² The CDC should enter into a formal relationship with the National Health and Medical Research Council (NHMRC), CSIRO, and other organisations (both national and international) to establish research priorities and coordinate evidence on emerging disease threats. Coordination should also occur with the Australian Institute of Health and Welfare (AIHW) to share information on current and emerging disease threats.

Climate change and health

The AMA suggests that climate change and health should be a research priority. Climate change is a health emergency and the CDC should reflect this urgency in its core scope, recognising both communicable and non-communicable disease impacts of climate change.

The CDC should emphasise public messaging on the impacts of climate change on health, including links to increasingly common natural disasters, as well as ways to prevent morbidity and mortality from climate-related events.

Laboratory

The AMA supports the CDC having laboratory facilities and expertise for disease monitoring and CDC policy, reporting and guidance. Private and public pathology laboratories are an essential component of COVID-19 diagnosis and monitoring. The CDC must have a specific communication and collaboration strategy with these laboratories.

¹¹ Australian Medical Association (2022) [Antimicrobial resistance: the silent global pandemic.](#)

¹² CSIRO (2022) [Strengthening Australia's Pandemic Preparedness.](#)

Public health training

The Australian CDC provides a unique opportunity to compliment current public health training pathways in Australia, noting the current gaps and deficiencies in the existing training model for public health doctors in Australia. Currently, training is run through Australasian Faculty of Public Health Medicine, a faculty within the Royal Australasian College of Physicians. However, training opportunities and quality of placements varies significantly between jurisdictions. There are useful training opportunities for public health registrars in the CDC and these should be incorporated into the scope.

Why do we need a CDC?

A coordinated and national approach to public health

The CDC should be a trusted voice based in scientific evidence on matters pertaining to infectious disease, immunisations, and preventive health. It should also be the scientific authority to combat misinformation on health-related matters.

Pandemic strategies developed by a CDC will need to be informed by a diverse range of professions, such as healthcare, epidemiology, public health, environmental health, occupational and environmental medicine, disaster medicine, veterinary and agricultural science, social sciences, ethics, technology, and communications.¹³ The CDC will need to work closely with other government areas such as the Department of Health and Aged Care, the Therapeutic Goods Administration, Australian Digital Health Agency, Border Force, military biosecurity teams, and Social Services.

The CDC structure should be responsive to the health needs of rural and remote Australian communities, as this remains a significant public health concern. The AMA emphasises that a rural health lens is imperative to ensure the CDC design is responsive and representative of rural Australia and should include rural health expertise to ensure this is achieved.

Public health

Efficiency studies have determined that external factors (such as education level, population behaviour, socioeconomic and environmental determinants) influence health system efficiency in OECD countries more than health system factors (such as doctors, beds, and health expenditure), or significantly influence efficiency.^{14,15,16} This has implications for the extent to which the CDC collaborates with other sectors. Ensuring the CDC considers and acts on health

¹³ Bedford, J et al (2019) [A new twenty-first century science for effective epidemic response](#). Nature

¹⁴ Lupu, D and Tigansasu, R (2022) [COVID-19 and the efficiency of health systems in Europe](#). BMC

¹⁵ Hadad, S et al (2013) [Determinants of healthcare system's efficiency in OECD countries](#). The European Journal of Health Economics.

¹⁶ Afonso, A and Aubyn, M (2011) [Assessing health efficiency across countries with a two-step and bootstrap analysis](#). Applied Economics Letters.

equity, social determinants of health and other public health and societal issues is essential in ensuring better pandemic responses and health system capacity.

A common theme throughout pandemic responses globally was the importance of community engagement and support to protect public health, especially for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) populations. For example, approaches that build from local contexts have demonstrated significant success in combatting vaccine hesitancy and increasing vaccination rates in the Australian vaccine rollout to date.¹⁷

Lessons learned from COVID-19

While some issues are highlighted below, analysing Australia's pandemic response requires independent, in-depth analysis. The AMA supports an independent review into Australia's COVID-19 pandemic response, that has a constructive and system learning focus. Recommendations from this review should inform future CDC work.

The AMA played an active role in Australia's pandemic response at both Federal and State/Territory levels. Australia performed best when Governments listened to the advice of the medical and scientific community, particularly in the first eighteen months.

As disease control is primarily the responsibility of states and territories, Australia lacks an operational response for international and cross-border pandemics/epidemics. The AMA's [submission](#) to the *Independent review of Australia's COVID-19 response* highlights major issues, such as:

- Australia moved early to close its borders which limited the spread of COVID-19. However, preparation at the local level requires improvement.
- Inconsistent state and territory responses that conflicted with federal arrangements, undermining public health messaging and causing confusion.
- Early Departmental meetings were overly optimistic and undermined the risks to the community, health and aged care systems, and the economy.
- A lack of transparency over AHPPC, ATAGI, and Infection Prevention and Control Expert Group decisions.
- Personal protective equipment (PPE) shortages, mixed messaging, failure of health departments to properly engage with their workforces, and the longstanding failure to properly integrate general practice into pandemic planning processes meant that there was a lot of initial confusion and that the health and wellbeing of front-line health professionals were at significant risk.
- The aged care sector, which has been characterised by significant under-funding over many years, was hit very hard as operators did not have the capacity to implement effective infection control strategies and support arrangements at state/territory and Commonwealth were non-existent.

¹⁷ Australian Medical Association (2022) [AMA Statement on principles for equitable COVID-19 vaccination](#).

Children

During the COVID-19 pandemic, children were rapidly sidelined as it was thought that they were less affected by the virus than older Australians. However, COVID-19 has important morbidity risks in children, including causing upper and lower airway obstruction, myocarditis, significant neurologic morbidity, and a serious post-infectious inflammatory syndrome, PIMS-TS. The pandemic has also had devastating impacts on the neurodevelopmental and social development of children and has had a significant negative impact on education.

Future epidemics and pandemics may involve pathogens which are more dangerous for children. Further, children can be an infection reservoir, and without appropriate vaccination and disease mitigation strategies they may increase the risk of spread of disease.

Future pandemic responses should consider the important role of children and young people both in terms of direct morbidity and capacity to contribute to the rapid spread of the responsible pathogen. The impact of future pandemics and pandemic responses (including lockdowns) on children's development, including social development, should be seriously considered when developing a national response to future pandemics. Efforts should be made to limit the impact of future pandemics on children's education, and resources should be dedicated to 'catching up' missed education and opportunities in the post-pandemic period.

CDC reviews

The AMA is aware of a review into the US CDC. The US CDC was previously considered a benchmark for a CDC, however it received several criticisms during the COVID-19 pandemic that has resulted in a restructure. Criticisms include poor and confusing communication on public health advice, and delayed reporting of cases due to the release of an ineffective diagnostic.¹⁸

There are reports that a restructure of the US CDC will focus on faster responses to public health issues with an emphasis on accountability, collaboration, communication, and timeliness. It will include more direct reporting from science and laboratory divisions and an equity office to ensure effective communication for all US populations. Data sharing from state and county health agencies and the CDC is currently voluntary and the restructure seeks to make this mandatory.¹⁹ The Commonwealth Government should take this review into account when considering the Australian CDC.

Data standardisation and interoperability

The AMA supports the development of an interoperable national data set and data standardisation. The Intergovernmental Agreement between jurisdictions on data sharing needs to be strengthened. Australia's health system lacks data sharing capabilities due to varying data formats and multiple governance structures within and between jurisdictions.²⁰ This slows down

¹⁸ Tanne, J (2022) [US CDC announces major changes after criticism of its responses to covid-19 and monkeypox](#). BMJ

¹⁹ Tanne, J (2022) [US CDC announces major changes after criticism of its responses to covid-19 and monkeypox](#). BMJ

²⁰ CSIRO (2022) [Strengthening Australia's Pandemic Preparedness](#).

pandemic decision making and response. The CDC should ensure it has an early warning data collection system to ensure rapid responses to outbreaks.

The Australian health digital landscape is complex, with numerous clinical software providers/vendors. This, in the AMA view, has been one of the key obstacles in achieving health system interoperability: the inability of the Government and relevant agencies to ensure standardisation and compliance of software vendors. The AMA would strongly support the CDC working with the Australian Digital Health Agency on their National Healthcare Interoperability Plan to ensure not just that the data sharing is sufficient for pandemic preparedness, but also to accelerate the full implementation of the health system interoperability.²¹ The CDC will only have the capability to analyse this data and develop timely guidance once full healthcare system interoperability is achieved.

The AMA notes that the CDC Consultation Discussion Paper recognises the need for improved linkages with primary care. The AMA is supportive of improved linkages, and believes they should go beyond guidance, and pertain to data collected in primary care. The AMA would like to see greater use of data held within general practice to inform and improve Australia's health system and public health initiatives. However, a key barrier to this can be the quality of data collected and therefore clinical data coding in general practice should be automated.²² Appropriately coded data at data input points will enhance the value and meaningfulness of analytical outputs. The AMA has previously called for establishment of standards for clinical software providers requiring them to achieve software coding compliance. The AMA would be fully supportive of the CDC having a role in this space, working with the Australian Digital Health Agency on developing and improving coding compliance by clinical software vendors, particularly in the primary care space.

Data security and privacy

Achieving interoperability will require clear data governance protocols to ensure the safety and privacy of patient data across the health system. The AMA believes that a connected, interoperable healthcare system must be based on principles of data safety, data quality, data privacy and data portability. In the AMA view, there is a role for CDC in defining national data governance protocols. Appropriate data governance and data security measures should enable protection of the integrity of data, preventing unauthorised access to data, data loss, data modification or deletion.

It is the AMA position that the disclosure and linkage of health data must be limited to initiatives that exclusively aim to improve the public health and health care of patients. Such initiatives would include health research, health policy analysis, health service program development and delivery, best practice health care, public health initiatives and the identification of unmet health service demand. The AMA is supportive and understands that there will be situations where identifiable patient data will have to be used, such as for contact tracing purposes. While Australians may agree with their identifiable data being shared in public health emergency situations, they must also have the confidence and trust in the system that their data is used in

²¹ CSIRO (2022) [Strengthening Australia's Pandemic Preparedness](#).

²² Australian Medical Association (2022) [System interoperability in healthcare](#).

an appropriate way. Patients must also have the confidence that once their data is de-identified and shared for research or health system improvement purposes, that it will not be easily re-identifiable.

National, consistent, and comprehensive guidelines and communications

To be a leading and trusted national body, the CDC needs to be transparent in its functions, evidence-based, and engage in experts from specific fields. The CDC can do this by having:

- A leadership group that is representative, diverse, and has professional expertise
- Accountability to government
- Accountability to the Australian people
- A track record in disease response
- A monitoring and evaluation framework.

The extent the CDC should lead on health activities depends on the type of activity. For example, the CDC is well-placed to strategise on health promotion priorities, however delivery might be better led through community-based organisations. This will be particularly relevant for Aboriginal and Torres Strait Islander populations, CALD groups, disability advocates and community service providers and aged care service providers.

Nation-wide issues should be communicated by the CDC.

The CDC should have the authority to make public statements in its own right.

Health literacy and communication

The AMA supports the CDC having a role in public health messaging and communication. Over the course of the COVID-19 pandemic, we have seen the ease with which medical disinformation can be distributed on a large scale. This is problematic from a health literacy perspective as it has the potential to harm health and obstruct well-informed decision-making about seeking health care. The AMA supports the government doing more to improve Australia's health literacy.^{23,24}

Consistent, succinct and contemporaneous communication across all media from a single trusted source (the CDC) must be provided. The public received conflicting and inaccurate information about when they need to be tested for COVID-19, and how they should approach testing, and what comprises effective prevention and mitigation strategies. The messaging improved over time, but this confusion caused undue community distress and system inefficiency. Involvement of the medical profession at all levels in planning and disseminating the public health message is essential.

²³ Australian Medical Association (2022) [AMA submission to the National Health Literacy Strategy consultation.](#)

²⁴ Australian Medical Association (2021) [Health Literacy](#)

The CDC should invest in science and public health communication professionals to support the development of effective public health messaging. Communicating to the public when there are several unknowns about a situation is a challenging yet critical component of a crisis response.

The Australian Government should invest in long-term, robust online advertising to counter health misinformation, including on social media channels. This should include promotion of vaccine safety, as well as campaigns on the health risks associated with alcohol, junk food, tobacco and other drugs.

National Medical Stockpile

The AMA supports the CDC including the National Medical Stockpile into its scope. There should be a key focus on upcoming national health threats to the nation.

The Australian National Audit Office (ANAO) audit of the NMS noted the following in commentary on the distribution of supplies from the NMS:

“In the absence of risk-based planning and systems that sufficiently considered the likely ways in which the NMS would be needed during a pandemic, Health adapted its processes during the COVID-19 emergency to deploy NMS supplies.”²⁵

The AMA expects that “risk-based planning” would be a core responsibility for the CDC. Future distributions during communicable disease events, or in response to natural disasters like the Black Summer bushfires, would be more effectively coordinated and performed in a consistent manner across jurisdictions.

PPE shortages were a significant issue at the beginning of the pandemic. Doctors were concerned about the lack of access to basic PPE like respirators, gloves, gowns and goggles as well as differing jurisdictional advice as to the appropriate use of PPE. There has been a lack of transparency with respect to the availability of PPE at both national and state/territory level. For parts of the pandemic, the private sector was unable to access PPE.

This had a significant impact on the mental health and wellbeing of health care workers. While the Federal Government aimed to address the shortage of respirators, we know that access to respirators and other PPE remains problematic. The distribution of PPE by Primary Health Networks to general practice was inconsistent. The adequacy of the supply of PPE for this and future pandemics needs to be closely examined in relation to available quantities, the type of PPE being stockpiled, as well the performance of available distribution channels.²⁶

²⁵ Australian National Audit Office (2021) [COVID-19 Procurements and Deployments of the National Medical Stockpile](#).

²⁶ Australian Medical Association (2020) [AMA submission to the Senate Select Committee on COVID-19](#).

The CDC and health workforce

The CDC should ensure it employs public health, disaster medicine, pathology, infectious disease, epidemiology, and communications experts. The CDC must have the appropriate skillset, including adequate response teams including clinicians, to develop an appropriate workforce response. The approach to managing emerging disease threats and control of infectious diseases should strengthen the existing efforts from public health and infectious disease physicians.

Occupational and environmental physicians are the medical experts in the safety of workers and worksites. Occupational and environmental physician inclusion in a CDC is vital to work alongside public health to gain proactive control of concerns in worksites and prevent spread to the community. A CDC should include oversight of control of work-related communicable and non-communicable diseases to prevent shifting treatment costs from hazardous practices onto the taxpayer and the public health system. There are preventable outbreaks of pandemic disease in hospitals, abattoirs, schools, quarantine hotels and RACFs. Occupational and environmental physicians working alongside public health and infectious disease physicians, and scientists, in a CDC will greatly assist appropriate control as they are trained and qualified in safety critical and business process critical considerations.

When considering emergency responses, the CDC must prioritise the health, safety and wellbeing of all healthcare workers to maintain healthcare delivery capacity during the emergency response. This includes planning for follow-up personal support for all health workers to ensure ongoing psychological wellbeing after the crisis has passed.

The CDC needs to ensure there are clearly understood and implementable planning and protocols in place before an emergency occurs. The CDC must ensure that it utilises the coal-face expertise of health workers at all phases of an emergency. Doctors must be involved in planning and implementation for the emergency response and clear, accessible and authoritative communication lines must be established. All doctors, particularly GPs, should be communicated with early and frequently through the AMA and medical colleges.

A common issue during the early days of the COVID-19 pandemic was that the expertise of doctors was not adequately utilised, particularly in aged care. Many AMA members raised concerns about some RACFs refusing to implement isolation rules and there was general confusion around COVID-19 restrictions that varied across jurisdictions. AMA members were concerned around the inability to adequately treat their patients due to unclear direction during the crisis.²⁷

The CDC should have standardised national communication packages and resources prepared ahead of time to support the health profession. For example, clear messaging on best practice for attending a general practice in the midst of a pandemic would have prevented significant confusion at the early stages of Australia's response, as well as reducing duplication of efforts which occurred in each State and Territory. Resources for clinicians, such as flow charts on the

²⁷ Australian Medical Association (2020) [*AMA submission to the Royal Commission into Aged Care Quality and Safety on the impact of COVID-19 on aged care services.*](#)

management of patients, were also developed in different jurisdictions in the early stages of the pandemic, creating some confusion.

While it is important to ensure that the public health workforce is prepared for future emergencies, it is also important to reduce pressure on the workforce through effective public health measures (for example, COVID-19 prevention through mask wearing and personal hygiene) that are evidence-based and appropriate according to the type and scale of the emergency.

Rapid response to health threats

The AMA supports the CDC establishing a national public health emergency operations centre (PHEOC) as described in the discussion paper that aligns with World Health Organization Framework for PHEOCs.²⁸

The Australian Government and the CDC will need to put measures in place to quickly provide funding and resources to boost capacity of Australia's health system to ensure it can effectively manage the emergency while continuing to meet the usual health care needs of the community. Dedicated funding and resources should be attributed to Aboriginal and Torres Strait Islander communities to ensure they have the capacity to respond to outbreaks in a culturally safe manner.²⁹

The AMA supports the CDC contributing to One Health issues, both nationally and internationally. The CDC should invest in assessing climate change and health impacts and monitoring zoonotic disease threats, and results should be shared on a national and global scale. The CDC should be an advocate for implementing the One Health concept throughout the whole of the Australian Government, to ensure government are mindful of, and mitigate, environmental and health impacts their activities may influence.

The CSIRO has recommended a number of actions for future pandemic preparedness, including that Australia needs a national genomic analysis program for routine surveillance, data sharing and coordination which is flexible enough to scale up during pandemics. This should be considered in the context of the CDC's work.³⁰

International partnerships

Health threats and opportunities are increasingly becoming cross-jurisdictional in nature and Australia needs a well-integrated regional and international network to respond to this.

The AMA believes that Australia should be a regional public health leader. Working to improve health equity and outcomes in the Asia-Pacific is key to an effective "all-hazards" approach.

²⁸ World Health Organization (2015) [Framework for a public health emergency operations centre](#).

²⁹ Australian Medical Association (2020) [AMA submission to the Senate Select Committee on COVID-19](#).

³⁰ CSIRO (2022) [Strengthening Australia's Pandemic Preparedness](#).

The AMA supports the CDC continuing current support and aid programs and increasing support as required. To enhance international engagement, the AMA would support the CDC contributing to achieve the United Nation's Sustainable Development Goals.³¹

The CDC should play a prominent role in Australia's interaction with the World Health Organization, including attending the yearly World Health Assembly meeting in Geneva as well as other global meetings including the UN General Assembly.

The AMA wants to see further investment into ensuring equitable vaccination both in Australia and internationally. There are moral imperatives and economic benefits for high-income countries to protect the world's most at-risk populations by facilitating equitable vaccination globally. COVID-19 variants are likely to emerge in countries with under-vaccinated populations as the virus can spread and mutate. Therefore, it is in the collective global interest for vaccines to be delivered equitably and quickly. Australia, as a high-income country, has a moral obligation to distribute COVID-19 vaccines urgently and equitably to its Pacific neighbours.³²

Preventive health and non-communicable diseases

The AMA supports the CDC having a role in non-communicable disease prevention, as currently this area is extremely under resourced. However as stated earlier, the AMA believes that communicable disease should be the initial focus of the CDC due to the urgency of the ongoing pandemic. The CDC could have a significant role in leading, coordinating, and measuring the impact of preventative health measures. To ensure the scope of the CDC does not become too broad and it remains effective, the AMA suggests specific non-communicable disease issues are prioritised and addressed through projects.

The CDC should focus on health equity to ensure more disadvantaged populations have the same chance to achieve optimal health and wellbeing. The CDC should consider the social and cultural determinants of health, and the One Health approach, when carrying out health protection, promotion and prevention work.

There will be several public health issues that will be out of scope for the CDC. This should not mean that these issues should fall off the government's policy priorities. Preventative health and non-communicable disease issues are significantly underfunded and under resourced. Solutions outside of the CDC must be actively pursued for those health issues.

The AMA recommends that careful consideration is given to what aspects of the National Preventive Health Strategy could be most effectively implemented under the CDC structure. We support the inclusion of preventive health measures within the CDC scope, however we strongly advise that these are clearly defined in such a way that they can be measured effectively over time.

³¹ United Nations Department of Economic and Social Affairs (2022) [The 17 goals](#).

³² Australian Medical Association (2022) [AMA statement on principles for equitable COVID-19 vaccination](#).

The CDC should have a role in assessing the efficacy to ensure that preventative health measures are efficient and effective.

Wider determinants of health

The AMA strongly advises that the CDC design and consultation process prioritises the voices and expertise of Aboriginal and Torres Strait Islander health peak organisations, disability service providers and community representatives, culturally and linguistically diverse communities, and aged care service providers and representatives. We have learned from the COVID-19 experience that diverse populations require culturally appropriate and targeted protection, support and preparation from the health risks proposed by a pandemic. The CDC response must also balance the broader issues that can impact on particular groups in a public health emergency including isolation, separation from family, inability to isolate due to overcrowded or inadequate housing and understaffed workforce in aged care and disability service providers.

The Department should consult with the Coalition of Peaks and other Aboriginal and Torres Strait Islander organisations regarding how to support the objectives of the Closing the Gap National Partnership Agreement.

Conclusion

The AMA supports the development of an Australian CDC. Fundamental to the Australian CDC's work should be a focus on independence, authority, and evidence-based decision making. The development of a CDC will be comprehensive and complex, and the AMA welcomes ongoing engagement with government on this issue to ensure the CDC is fit for purpose.

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