

9 December 2022

The Hon Mark Butler MP
Minister for Health and Aged Care

Via email: CDCplanning@health.gov.au

Dear Minister Butler

Re: Role and Functions of an Australian Centre for Disease Control

Thank you for the opportunity to provide written comment on the targeted consultation on the Role and Functions of a Centre for Disease Control discussion paper.

As you may be aware, VicHealth is an independent government authority established under the Victorian *Tobacco Act 1987* with a mandate to promote good health for all Victorians and providing evidence-based policy advice. As the world's first health promotion foundation, more than ten such agencies around the world have adapted and adopted our blueprint in establishing similar entities.

The creation of an Australian Centre for Disease Control (CDC) is a significant opportunity to strengthen the health and wellbeing of all Australians, now and for generations to come. We commend the Government for establishing a CDC that will provide a national focal point for disease management to improve Australia's capability and address weaknesses in our ability to respond to health emergencies and other public health challenges.

Creating a CDC that sets the prevention of disease, including non-communicable disease, as a core function, will deliver important dividends when it comes to reducing the burden of chronic disease and lifting the baseline health of our population.

Given the broad range of complex capabilities that may be incorporated into the CDC, it is understandable that it is likely to be established over several phases. VicHealth would like to . like to reiterate the utmost importance of including prevention in the first phase of establishment as key to setting up a centre that can address the complex health needs of Australians. For too long prevention has not been at the forefront when addressing public health challenges. If we are to truly protect Australians from any emerging health threat, we must ensure that they are healthy in the first place.

We support the opportunities for change and improvement as noted in the introduction of the paper and are pleased to see the environment included as a focus of an all-hazards approach, recognising that the environment we live in has a demonstrable effect on our health and wellbeing.

Coordinating a national approach to all aspects of public health, including the important area of prevention, is key to a truly coordinated approach.

VicHealth's position is that the CDC should be operationalised with the following principles embedded:

Comprehensive; Australia's new CDC must incorporate chronic disease prevention as one of its core functions so it can raise the baseline health of Australians and protect communities from the inevitable emerging health threats – including the next novel virus.

Build on what exists; Our current infectious disease centres and health promotion agencies are best placed to connect with and inform the role of a CDC. The CDC's establishment should build upon, leverage and enhance our existing health systems and major infrastructure, at both federal, state and territory levels. The strength of such an agency would be its ability to build upon and connect what is already in place.

Independence: Australians deserve an agency that can make the tough calls and serve the long-term health interests of our nation. It should be established as a bi-partisan independent agency that works with Government and the health sector, which is empowered to provide advice and where appropriate make decisions with confidence, ensuring that outcomes are based on evidence and without political influence.

Agility: The agency must be able to move quickly and be adaptive. It should better ensure our health resources are directed to where they can be the most effective in improving the health and quality of life for all Australians, particularly those with the poorest health outcomes.

Protected and enduring; To safeguard independence, the CDC must have long term protected funding through legislation, including a specified amount for prevention. An agency charged with meeting and staring down the most critical health risks facing our nation, cannot be reliant on year-to-year resourcing.

We are pleased to see many of these principles addressed throughout the discussion paper and can provide further comment on the specific scope and design and guiding questions, where relevant to VicHealth's expertise, throughout the discussion paper. The comments provided in this response focus on the stated goal that the CDC will include within its remit the prevention of chronic disease and we refer to the prevention of non-communicable chronic disease throughout this document.

CDC Design Principles

1. *Fit-for-purpose for a federated system*
2. *Improved pandemic preparedness*
3. *'All hazards' approach*
4. *The CDC should be a trusted, national source of information and advice, underpinned by effective governance, and certainty of funding.*
5. *Access to quality data for decision and policy making*
6. *Avoid Duplication and maximise efficiencies*

As part of a staged approach to implementation we recommend that the CDC will in its first phase of development include consideration of how its purpose, structures, systems, and processes will be fit-for-purpose to embed prevention as an integral national health priority.

The draft principles to guide the design and foundation of the CDC are supported. In particular:

- the all-hazards approach which recognises the impact of climate change on our health
- a trusted, national source of information and advice, underpinned by effective governance, and certainty of funding.
- Avoid duplication and maximise efficiencies.

To ensure that the CDC is a trusted, national source of information and advice we recommend a further principle which details the quality of data that the centre will rely upon, drawing from evidence and where its creation incorporates co-design principles to ensure it meets the needs of the Australian population.

Including an all-hazards approach to guide the design and foundation of the CDC is particularly important. Recognising that health of our population is determined by the wider impacts on our society and the environment will widen the remit of the CDC to be able to engage and provide advice to other areas of government that do not sit neatly in the health portfolio. Further, certainty of long term funding, embedded in legislation is key to achieving the trust of our communities, the goals of the agency and protection of our health and wellbeing.

Strategic Intent

The draft mission statement as set out in the discussion paper gives a clear direction on achieving better health outcomes for all Australians. The focus on health equity in eliminating preventable health disparities is critical to achieving that goal.

For the CDC to fulfill its mission to drive better health outcomes for all Australians it is crucial that one health, prevention and health equity are key tenants of the CDC and should remain

Functions of the CDC

Internationally, public health agencies have common roles including creating, interpreting and assimilating evidence, health promotion, disease prevention and control, providing expert advice to policy makers, and designing, implementing and evaluating public health programs. We support these functions being included in an Australian context. The CDC should have the capabilities to provide advice and recommendations to parliament on issues of public health, including health prevention and promotion.

Guiding Questions

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?

The CDC should take a coordinating and advisory function role. In the remit of health prevention, it should remain independent of government to ensure trust from the communities it is advising. The CDC should have the capability of coordinating expert advice on public health issues and have a mechanism to put forward those recommendations to both the Government of the day but also the whole Parliament. By putting recommendations forward to Parliament this takes a bi-partisan approach, ensuring the information is publicly available thereby aiming to build trust, transparency, and confidence in the CDC across the political spectrum.

There is the potential for the CDC to hold certain decision-making responsibilities in the remit of preventive health, however this would need clear and specified boundaries.

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

The current in-scope list of functions are strategically aligned and important. VicHealth recommends these functions do stay in scope however further functions currently listed in possibly in scope must also be added. The following functions should also be included:

- Health data on priority groups including First Nations people, people with a disability and older Australians
- Advice on chronic disease
- Policy:

- Preventive Health
- Health Behaviours
- Health Equity
- Food and Nutrition
- Women and men's health
- Children's health
- Injury prevention
- Population group issues
- National issues:
 - Mental Health and Suicide Prevention
 - First Nations Health
 - Migrant / CALD Health
- Key Strategies
 - Preventive Health
- Tobacco and drugs Strategies – Governance and reporting
- International engagement on preventive health issues
- Research Priorities:
 - Mental Health
 - Cancer prevention
 - First Nations

We also note that it is suggested that food regulation policy remain outside the remit of the CDC. VicHealth believes that a strong public health remit should be maintained as part of FSANZ and Australia and New Zealand Ministerial Forum on Food Regulation (the Forum), however the CDC should have within its scope the ability and the mandate to provide advice to the Forum on the implication of health issues the Forum is considering. This would align with a one health approach. This should also be applicable to other areas such as agriculture policy etc where health may be impacted by other policy areas.

There is a strong opportunity for the CDC to provide coordinated, national advice, similar to the Canadian and French public health agencies on chronic disease prevention. For the CDC to take a leadership role on health promotion, advice on chronic disease and preventive health must also be in scope of the agency. The CDC should provide national leadership to be a trusted voice on the prevention of chronic disease.

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

Currently in Australia there is no national One Health framework therefore the CDC provides an opportunity to develop a One Health framework to prevent and respond to non-communicable diseases and other health issues. It is important to recognise that, from a public health perspective we cannot achieve optimal health of the global human population if agricultural systems are broken, the environment is polluted, or veterinary systems and services are not adequately resourced to control zoonotic diseases. The One Health framework should be central to all functions of the CDC. It is important that this framework recognises the wider determinants of health that have a direct impact on public health and considers these factors when providing advice and policy recommendations. To do so, the CDC must have established relationships with community stakeholders not necessarily within the health sector to provide that advice.

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?*

The CDC should have a level of independence to provide evidence based advice in the best interests of the Australian population. and serve the long-term health interests of our nation. It should be established as a bi-partisan independent agency that works with Government and the health sector, empowered to make decisions with confidence, ensuring that outcomes are based on evidence and without political influence.

An example of such an organisational structure is VicHealth. VicHealth's CEO and board are appointed by the Minister, yet the organisation remains independent which is further fostered by the make-up of the expertise appointed to the board. There are certain pre-determined positions on the board, required to be filled by individuals with certain health expertise and skill sets to ensure a variety of expert input. The board also have three Members of Parliament appointed at the start of each term of Government. These Members span the range of political parties and ensure accountability and bi-partisanship within the organisation . VicHealth's structure and governance could be used as a potential model for the CDC.

- *What aspects of independence do you believe are important to the successful function of the Australian CDC?*

Further to the above the CDC must have the ability to be adaptive by ensuring our health resources are directed to where they can be the most effective. Coordination of resources must take into account health disparities and the wider determinants of health. In this way it can develop shared national priorities for greater investment in preventative health.

The CDC must also have protected long term funding through legislation to safeguard its independence.

A Coordinated and National Approach to Public Health

Any coordinated and national approach to public health must include preventive health to protect Australians from emerging health threats. The Covid-19 pandemic illustrated the benefits of investing early to prevent worse things happening down the line.

Covid-19 patients with chronic disease were more likely to experience severe symptoms and ICU admissions and face a higher risk of mortality. If any emerging health threats arise in the future, the best preparedness is to ensure our population is healthy in the first place.

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?*

Health promotion agencies, such as VicHealth and the relevant health promotion bodies in other state health departments can serve as key partner's to the CDC. Using their collective resourcing to provide a coordinated approach to national

preventive health. The CDC should provide mechanisms for distilling and sharing evidence, experience and learnings across, and between health promotion agencies.

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

No response

A Data Revolution: A National System and Improved Linkages

The greatest barrier is the lack of, and/or inconsistent, legislation to enable data sharing and linkages across the nation including Commonwealth as well as states and territory governments. There is an opportunity to provide better linkages amongst our federated health structure.

It is agreed that the CDC should be the repository of national data and linkages to existing data sets such as immunisation, aged care, hospitals, primary care, My Health Record, MBS and PBS, ABS census and mortality data, economic and employment data. Included should be a national data system for prevention including more consistent, standardised, timely and secure approaches to defining, collecting, storing, linking and sharing of chronic disease risk factors and outcomes data.

We also recommend the CDC is also enabled to provide strategic policy-relevant guidance on data collection standards and methodologies. For example, The Australian Prevention Partnership Centre research has identified how inconsistencies in measuring physical activity hamper a system-wide approach. We support better linkage between national and state and territory surveys, and greater alignment of priorities, resources and data sharing.

Finally, VicHealth also recommends particular consideration is given to the role the CDC can play in risk factor surveillance and monitoring to provide the longitudinal data required to support policy scenario modelling and prevention research. There are significant gaps in Australian national data on chronic disease risks and outcomes. This includes limited longitudinal data on trends in risk factors and risk factor data for some priority groups. More relevant, accurate and consistent longitudinal data are essential for timely understanding of factors influencing changes over time, allow comparisons, and support evidence-informed investment decisions. This system should include health economic data and the wider determinants of health. These collective changes would help ensure the best evidence is being used to inform policy decision making to raise the level of health, reduce health inequities and ensure we are prepared for the next pandemic across Australia.

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

Our federated structure provides barriers to achieving national data. Better linkages amongst state and federal departments, as well as health promotion agencies and community organisations should be established.

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?

The burden of disease reports issued by the Australian Institute of Health and Wellbeing provides data and monitoring of disease burden and trends and is important for informing the work of the CDC. However, detailed and comprehensive data is not currently available to enable burden of disease estimates to be calculated for priority populations such as culturally and linguistically diverse (CALD) and lesbian, gay, bisexual, transgender or intersex (LGBTI) populations. In order for the CDC to fulfill its One Health mission this data must be captured to monitor health inequalities amongst priority populations.

There are also shortfalls in the environmental health space, so the CDC provides a great opportunity to address this. One critical example is of the lack of simple environmental health measures (e.g., safe water, safe food etc) – these should form a central part of the data and analytics approach going forward.

A fully functional national data linkage capacity with the development of routinely updated data repositories to improve efficiency of data access is needed, to ensure that Australia is able to identify current health issues and emerging risks to public health in a timely way.

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

No response

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

No response

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?

The CDC should utilise and build on existing areas of trust and community leadership and take a data sovereignty approach to ensure that First Nations people are consulted on the type of data relevant to them. The health literacy of affected populations, including First Nations and CALD communities must be taken into account when building a repository for locally relevant information.

Health literacy can help communities and individuals better manage health problems when they arise. Again, this is crucial post the COVID-19 pandemic period and the health information problems that arose during this period. On an individual level as well, there are many Australians who are struggling to manage their health conditions because of low health literacy which again puts pressure on the health system much of which could be prevented.

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?*

The CDC should be established as independent of government to ensure public trust. It should coordinate expert advice and relay that advice to the public, taking in to account specific needs of priority populations such as First Nations and CALD communities.

- *What could the CDCs broader role be in increasing health literacy to support sustained improvements in health outcomes?*

The CDC certainly has a role in ensuring health literacy is raised amongst populations and should adhere to the aims and mission of the National Health Literacy Framework. The poor health literacy of our communities has the potential to be exploited, as we saw during Covid. It is our expectation that the CDC would have a role in raising the baseline health literacy of our nation, whilst building trust to ensure appropriate dissemination of public health information. As with many of its proposed functions the CDC should not aim to duplicate what is already in existence but rely on expert advice to inform strategies in raising health literacy.

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

The CDC should be the coordinating body and where appropriate lead health promotion communication. Effective public communication on prevention will support effective preventive action by transforming perceptions, and increasing community support for legislative, regulatory and policy change for prevention. The CDC should draw on expert advice that currently exists to avoid duplication and foster a wider determinants of health approach when informing the public of health promotion. We see benefit in shifting public discourse around chronic disease from an individual focus towards the need to change the systems and environments that create ill health.

To do so, the CDC should coordinate efforts of successful campaigns currently being run by community organisations, state health departments and health promotion agencies and work with those organisations to scale up campaigns to be run on a national level, ideally with guaranteed funding. Having a trusted, independent source of health promotion communication can go some way to alleviating misinformation on areas of public health interest.

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

Yes. If the CDC is to foster a One Health approach stakeholders in a variety of areas must be consulted. Community organisations from the social, housing, agriculture, food governance and environment sectors as well as priority populations should be included in providing expert advice.

The CDC should take the lead in developing a co-benefits approach to such partnerships, and in fostering high level partnerships across government. If these processes are established, then the CDC could be well placed to advise on the establishment of the Australian Government wellbeing budget.

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 of which the CDC could expand or improve?

No response

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?**

No response

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

Health promotion training for the public health workforce is critical for reducing the burden of disease. We see a role for the CDC to advocate for health promotion training to the education sector, to imbed health prevention training into all areas of medical training.

Emergency Operations Centre

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

No response

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

No response

- 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?**

No response

International Partnerships

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

No response

Leadership on Preventive Health

Careful consideration must be given to identify which key prevention issues are given priority for CDC national coordination in the first instance. In particular, where cross-sector approaches would yield multiple benefits (e.g. climate change and health) or where there are gaps in leadership and coordination.

- 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?**

The CDC should not aim to duplicate the structures that currently exist in health promotion, but rather draw on lessons from health promotion agencies such as VicHealth and those across Australia. The CDC should be a coordinating agency that can identify gaps in this sector and provide recommendations to parliament to fund health prevention and promotion measures. It could assess programs being run in states and provide innovative solutions which can be shared and replicated nationally. Critical to this is ensuring public

trust in the organisation so that the CDC can be seen as a trusted source of truth in relaying public health information in the best interests of our communities.

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

The goals of the National Preventive Health Strategy lay the foundation for ensuring the health and wellbeing of all Australians. The CDC should lead coordination on national issues and draw from national strategies such as the National Obesity Strategy, Health Literacy Framework and National Tobacco Strategy to foster alignment to the National Preventive Health Strategy and align the goals, aims and targets accordingly.

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

Assessing the efficacy through proper and rigorous evaluation is a key underpinning of high-quality preventive health measures. Evaluations of this kind should be structurally built into any leading preventive health programs, whether conducted at local, state or national level. Further, an extremely important and largely under-resourced area of work is the economic assessment of preventive health measures. There is a modest supply of relevantly specialised health economists. And of those, as reflected in the very modest investment in public and preventive health (less than 2% of health budget), an extremely small number focus their efforts in assessing the economic impacts of preventive health measures. Data that captures, assesses and reports metrics of this kind could potentially be very important in influencing resource investment in preventive health. This could be an important opportunity to establish as internal capacity of the CDC, or it may be a function that is best outsourced to groups or agencies with the necessary technical expertise.

The CDC should focus on data and evidence as a basis for evaluating the functions and impact of the CDC, including prevention targets. We recommend that the primary indicator of success for the role of the CDC in supporting preventive health is a more effective and well-funded prevention system – one that is able to bend the curve on chronic disease in Australia for all population groups, and redress existing health inequities.

Wider Determinants of Health

We support the CDC in taking a leadership role on driving positive change to the wider determinants of health. Recognising that working closely with other sectors, such as planning, transport, climate policy, etc. can lead to systems changes with wide ranging cross-sectoral benefits. While this is increasingly understood, currently it is not well acted upon.

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?

As the discussion paper outlines, addressing the wider determinants of health calls for integrated solutions that tackle inequity for Australia's most priority populations, including First Nations peoples, people with a disability, and older Australians. This requires genuine stakeholder engagement that empowers public participation both early, and at every stage of the policy development process, to foster community-developed solutions tailored to meet their needs. The CDC should therefore commit to the principles of 'nothing about us -

without us', and ensure representatives of priority population groups and associated sectors are at the table, whilst being mindful that diversity and inclusion strategies should also be considerate of intersectionality. The CDC will need to ensure policies are flexible enough to consider context and nuance, and disease prevention and control activities in particular do not increase inequity.

There are many community organisations that can provide the expert advice on how the CDC can engage, at an early stage of the development of the organisation. As mentioned throughout this submission, becoming an agency of trust and remaining independent of government is central to this being achieved.

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

The National Preventive Health Strategy acknowledges that priority population groups may not be measured nor represented equally in data sets and sets a target for improved collection of demographic information in national datasets for priority populations to ensure differences in health and wellbeing outcomes can be measured. In order to understand the populations the CDC needs to engage with, as a priority there is a need to ensure there is adequate investment in the collection of data where there is currently insufficient data to allow for appropriate disaggregation.

We suggest the CDC could lead in establishing close partnerships among existing agencies beyond the health sector to capitalise on opportunities to co-design initiatives and share knowledge and resources aimed at addressing other portfolio imperatives while benefiting prevention of chronic disease.

Research prioritisation

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

There is significant scope to more consistently bring together preventive health research programs to synthesise and communicate policy implications across a broad body of work. While the CDC will not be a primary research entity, it must be in a position to inform and direct Australian prevention research endeavours to the national and cross-jurisdiction prevention priority gaps, and where further evidence is needed for policy agencies to fulfil their roles.

Mechanisms to close the evidence gaps and meet the information needs of agencies required to implement the National Preventive Health Strategy, will be a particularly valuable function to inform future investment priorities in prevention research.

The CDC Project

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

As our submission relates to the health prevention remit of the CDC, its success should be measured in meeting the goals, aims and targets as outlined in the National Preventive Health Strategy, which should be refreshed every 5 years.

Summary

In summary, the establishment of an Australian CDC has a significant opportunity, to have real impact on the health, wellbeing and quality of life for all Australians, and the inclusion of preventive health as a core function of the centre, will be a key part of its success.

This can be achieved through effective collaboration with the systems currently in place in the Australian health landscape and by fostering trust within our communities to deliver health advice.

To do so, the CDC must remain independent of government, relying on expert advice with mechanisms to put forward recommendations to parliament. Guaranteed long term funding must be put in place, through legislation to achieve the mission of the CDC.

We thank you for the opportunity to contribute to this consultation and should you wish to discuss this submission further, please contact Stephanie Kilpatrick, Policy and Government Relations Manager on skilpatrick@vichealth.vic.gov.au

Kind regards



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Chief Executive Officer