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Apolline Kohen
Committee Secretary
The Senate Standing Committee on Community Affairs, Legislation Committee

Deakin University Submission: Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025

About us

Deakin University's Faculty of Health is one of the largest and fastest growing health faculties in Australia. The Faculty is comprised of five schools (School of Exercise and Nutrition Sciences; School of Health and Social Development; School of Medicine; School of Nursing and Midwifery; School of Psychology), three research institutes (The Institute for Health Transformation; The Institute for Physical Activity and Nutrition; The Institute for Mental and Physical Health and Clinical Treatments), and two strategic research centres.

We conduct a broad range of multidisciplinary and translational research that addresses important individual and population health challenges. Research and training in public health and communicable diseases are carried out throughout our institutes and centres. Our research programs are supported by our collaboration with industry partners and governments to translate findings into practice. Together, we tackle some of the most urgent and important clinical and public health problems of our time.

With input from members from the Faculty, we provide the following recommendations regarding the Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025. We trust our submission is of value to the Senate Community Affairs Legislation Committee in its review of this Bill.

Introduction

Deakin University's Faculty of Health welcomes the opportunity to comment on the Australian Centre for Disease Control (CDC) Bill 2025 and associated amendments and commend its focus on:

- National coordination and leadership in public health emergencies.
- Emphasis on the way data are shared and used for public health, in line with the recommendations from the COVID-19 Response Inquiry.
- Statutory independence, which will ensure trusted, evidence-based advice.

- Enabling a platform that will support future expansion into non-communicable disease prevention, as outlined in the Explanatory Memorandum.
- Integration with international health networks, which aligns with Australia's regional leadership in public health.

These elements reflect many of the priorities Deakin University outlined in our previous submission to the CDC consultation. However, we have identified areas where further strengthening of CDC functions is warranted to ensure the Director-General delivers on expectations.

1. Evidence-based policy advice capability

Effective evidence gathering, synthesis and communication to decision-makers and the public depends on the prior completion of the necessary research and evaluation. In a public health emergency, expanded front line data collection does not provide all the data needed, in the form required, to facilitate the analysis and synthesis that sits behind evidence-based advice. The Bill and accompanying documentation are silent on the need for the CDC to be able to procure the data to ensure it is enabled.

- A Director-General function should be to advise the Minister and NHMRC on research priorities that are required to inform CDC pandemic preparedness work and evidence-based advice within emergency settings.
- To be able to advise on research priorities, the CDC will need technical advice that goes beyond in-house technical expertise. The proposed temporary expert advisory groups (under section 24 of the PGPA Act) will not suffice, and there should be a plan for continuing technical advisory groups in core skill areas not covered within the CDC capability.
- The jurisdictions indicated in the COVID-19 Response Inquiry that the CDC would be relied on to support smaller jurisdictions with less in-house analytic capability and support all jurisdiction in evidence synthesis and building a national picture. In an emergency, the CDC will also need to coordinate the research being conducted across jurisdictions to reduce duplication and increase efficiency when resources are stretched.
- The Inquiry Report also identified areas where work is needed ahead of the next health emergency to expedite real world research, such as triggering pre-determined risk-adjusted ethical clearance processes and data access agreements.

Recommendations:

A. Add a further Director-General function, which is to coordinate pandemic-related research approval, data access and ethical clearance protocols as an explicit component of pandemic planning.
B. Include the provision of advice on pandemic preparedness, prevention, response, and the coordination of real-time research during an emergency as explicit functions of the Director-General
C. Remove the word "temporary" in relation to technical advisory committees in explanatory documentation.

2. Advisory Council

Subclause 29 provides that the Director-General is also the Chair of the Advisory Council. Whist the Council is not a governing body, such an arrangement still has the potential to create a conflict of interest and

compromise CDC independence. Separating the roles of Director-General and Advisory Council Chair frees up the Director-General to fully engage in the Council meetings, and allows the Council to provide impartial, constructive advice on strategy and management, fostering a more effective and independent relationship that ultimately benefits the CDCs long-term success.

Subclause 38(1) provides the Chair is to convene at least two meetings per calendar year. Whilst we note that the Chair may convene any further meetings as necessary for efficient performance of the Advisory Council's functions, two meetings a year will be insufficient for meaningful input, especially in the first few years of the CDC. We are concerned this sends the wrong message about the value of the advisory structure.

Recommendation: That the Advisory Council have an independent Chair appointed, and that the Bill provides for a minimum requirement of six meetings convened per year.

3. National Public Health Capability

An important part of the CDC remit is oversight of pandemic preparedness. As part of that process, national capability will need to be evaluated and monitored. This places the CDC in the best position to advise on capability gaps and shortfalls that should inform and prioritise training programs for Australia to achieve pandemic preparedness. This needs to be reported to Government and solutions sought in partnership with State authorities, universities and institutes with the relevant content and training expertise.

Recommendation: That the Bill and accompanying documentation include oversight of technical capability and critical mass of the public health workforce as part of its remit in pandemic planning and the evaluation of pandemic preparedness.

4. Leverage Academic Expertise

The transfer of surveillance functions presents an opportunity to:

- Partner with universities and institutes to enhance data analytics, data collection, modelling, and public health intelligence and communication. This includes leveraging existing strong and long-term engagement of Australian universities in international and national research partnerships for disease surveillance to increase global reach.
- Co-develop risk communication strategies informed by behavioural and implementation science and community engagement research. This should include the use of co-design approaches that draw on lived experience, particularly from key priority populations and underrepresented communities, to ensure communication strategies are accessible, appropriate and trusted.
- Leverage existing university community engagement programs, regional campuses and consumer advisory groups to extend the CDC's reach into hard-to-reach communities.

Recommendation: Include within the CDC's functions the establishment of formal mechanisms for collaboration with academic institutions in surveillance, innovation, data interpretation, and public health messaging.

5. Establish an Academic Advisory Mechanism

To ensure the CDC remains evidence-informed and future-focused, we propose:

- A formal Academic Advisory Group comprising representatives from leading public health research institutions.
- Regular consultation on strategic priorities, emerging threats and innovation opportunities.

Recommendation: To embed academic engagement into the CDC's advisory structure to support sector-wide collaboration, and to establish pre-agreed research and evidence synthesis collaboration arrangements for emergencies.

6. Embed the pathway towards Chronic Disease Prevention in the CDC's Core Mandate

Although the CDC's initial focus is on communicable diseases, population health is one of the most effective defences against communicable disease threats and should therefore be considered in the CDC's first phase. Committing to the roadmap would ensure the foundations laid for the CDC will be fit-for- purpose for this future expansion. We urge the Government to:

- Explicitly recognise population health and chronic disease prevention as core public health strategies relevant to the initial phase of the CDC.
- Begin planning for integration of non-communicable diseases (NCD) prior to the 2028 review.

Recommendation: Amend the supporting policy documents to include the expectation that a roadmap for expanding CDC functions to chronic disease prevention is completed within the first two years, with clear milestones and stakeholder engagement.

Conclusion

Deakin University's Faculty of Health strongly supports the establishment of the Australian CDC and recognise its success will depend on clearly demonstrated independence and transparency to build trust and credibility. Leveraging the capability across universities and institutes will strengthen those partnerships, augment CDC in-house capability, and accelerate the establishment of the public profile of, and trust in, the CDC. We welcome further discussion with the relevant authorities to ensure that the Bill achieves its intended objectives effectively.

Yours sincerely

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