

## **Submission to Senate Inquiry into:**

### **The Australian Centre for Disease Control Bill 2025 and Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025**

Dear **Senate Community Affairs Legislation Committee** –

The School of Public Health at Adelaide University (recently formed from the merger of the University of Adelaide and the University of South Australia) was invited to review the abovementioned Bill and provide comment.

Various experts in the School have reviewed the Bill and their comments are summarised below. The expertise represented by those contributing to these comments includes communicable disease control, infectious disease epidemiology, environmental health and climate change, and evidence-based policy and practice.

There was consensus that the establishment of the Australian Centre for Disease Control is certainly a significant step in the right direction to protect the health and wellbeing of all Australians. There was broad support for the content of the Bill, with only a few additional suggestions made:

- While it is acknowledged that the States and Territories are concerned with the delivery of health care, it was felt that the Bill could empower the Australian Centre of Disease Control to override regional variations (such as different preventable infectious disease vaccination schedules and different notifiable disease lists in different States and Territories) and be the lead organisation in mediating and resolving jurisdictional differences and disputes concerning infectious disease management. It is not clear to us that these powers are adequately articulated in the Bill.
- There was no mention of One Health under the definition of ‘public health matters’ or anywhere else in the Bill. It is only briefly mentioned in the Memorandum. One Health may fall under the functions of health protection, disease control, environmental health and the health effects of climate change but given the criticality of the intersection between humans, environment, and animals in the emergence and spread of infection, it is suggested that One Health should be defined and included specifically in the Bill to enable the Australian Centre of Disease Control to have a specific remit to address these cross-sectoral issues, such as vector control, zoonotic disease/emerging pathogens, and antimicrobial resistance.
- Following on from the suggestion above, it is recommended that in the appointment of the Advisory Council there should be some representation from the three One Health sectors – animal, human and environment. In the current form there seems to be a completely human focus. For example, there could be representation from the Chief Veterinary Officer at Commonwealth Level.

- It is suggested that the wording at 10(3) is amended slightly to state the Director-General of the Australian Centre of Disease Control has qualifications AND experience in public health matters, rather than the way it is currently phrased as “expertise, qualifications OR experience in public health matters”.
- With regard to point 11(f) regarding the functions of the Director General, it is suggested that the nature of the information is made more explicit. It is important that the information used to guide public health entities to carry out prescribed public health activities is as evidence-based and scientific as is possible, given the sometimes rapid decision-making that must occur. It is therefore suggested that the wording at 11(f) is modified from “gathering and analysing information relating to public health matters” to phrasing that emphasises the importance of scientific evidence in decision-making e.g. “gathering and analysing information relating to public health matters, *in particular empirical and scientific evidence*”. This also applies to (i) (ii) where the importance of rigorous evidence could be highlighted by the addition (in italics) of “*evidence-based* guidelines and statements on public health matters”. The last pandemic was seriously affected by misinformation about the effectiveness of various preventive strategies, treatments and practices and so it is important that this does not happen again. As has been recognised at 12 Objectives, the Australian Centre for Disease Control needs to be a focal point of trustworthy and accurate information in times of crisis. The use of the term ‘evidence-based’ has a particular meaning in public health and relates to *evidence synthesis approaches* that consider the best quality research in design and execution as having greater weight in decision-making. This type of evidence synthesis informs the development of clinical practice guidelines as well as the assessment of new health technologies (health technology assessment, HTA) for regulatory and reimbursement decisions both nationally and internationally.
- Given the importance of robust evidence synthesis for informed decision-making it is also suggested that either a public health evidence synthesis expert is included on the Advisory Council in their own right, or in 30(4)(e) the text is modified to “*evidence synthesis*, data and statistics relating to public health matters”

We thank you for providing the opportunity for us to provide our feedback on this important Bill.

Yours sincerely,

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