



## Response to the Australian Centre for Disease Control Bill 2025

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**Cancer Council Australia**

29 September 2025



Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

At a national level, Cancer Council Australia's cancer control policy lays out evidence-based positions across the cancer control spectrum, including cancer prevention, and cancer early detection and screening.

Across the country, Cancer Councils in each State and Territory:

- deliver prevention programs including in skin cancer prevention, tobacco control, cancer screening and immunisation, nutrition, physical activity, alcohol prevention, obesity prevention, and reducing occupational and environmental exposures to carcinogens;
- provide supportive care information and services to people affected by cancer;
- in some jurisdictions provide accommodation and transport services to support people to attend cancer treatment and care in large centres.
- Undertake and invest in life saving research to find ways to better prevent, detect and treat cancer.

Cancer Council acknowledges the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

## Overview and key summary

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Cancer Council welcomes the introduction of the *Australian Centre for Disease Control Bill 2025* and is pleased to see the governments ongoing commitment to making permanent this agency, after decades of advocacy from public health organisations including Cancer Council.

The establishment of Australia's first Centre for Disease Control (CDC) provides a unique opportunity to make significant investment into protecting population health and wellbeing and particularly supporting the delivery of chronic disease prevention.

Prevention is fundamental to achieving world-leading cancer and overall optimal health outcomes. With two in three Australians experiencing chronic disease, prevention activities are vital to creating a sustainable health system, supporting productivity and a stronger economy. Australia currently has one of the lowest rates of preventive health spending (as a proportion of all health spending) of any OECD nation. Investment in preventive health has been less than 2% of health expenditure for at least the past 10 years<sup>1</sup>, and stood at only 1.7% in 2019-20<sup>2</sup>. Improving investment in preventive health is essential to improving population health and wellbeing outcomes.

Our vision is of a true national, independent Agency that works collaboratively with state and territory organisations, researchers and civil society, that is trusted and listened to by those stakeholders and the general public, that has a highly skilled and expert workforce, and is making a real and measurable difference in improving health outcomes for all Australians, especially those who most often do worse.

We support and endorse the submissions made to this Inquiry from fellow public health organisations including Lung Foundation Australia, and the Public Health Association of Australia.

Cancer Council overall supports the passing of the legislation to establish the CDC in the 2025 sittings of Parliament so that the agency can commence 1 January 2026.

We make the below suggested amendments to enhance the proposed Bill.

## Proposed Bill Amendments

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It is imperative that the CDC has a clear mission to address chronic non-communicable diseases and other health threats, as well as communicable disease outbreaks. While the current definitions included of 'public health matters' do capture non-communicable disease (NCDs); the intention that this will be delayed as part of the initial focus and implementation is a missed opportunity. Scope needs to incorporate the significant long-term benefits to the Australian population that can be achieved by the inclusion of NCDs.

During the COVID-19 pandemic, many pre-existing NCDs were overlooked or downplayed for many Australians. Consideration needs to be given to communicable and NCDs together. When we are not in 'pandemic mode' we need to be able to increase and enhance focus on NCDs. Consideration is needed for what and how will there be integration between communicable and NCDs – and the mechanism to ensure NCD work is not an afterthought

The CDC must have adequate, and sustained, funding, with full resourcing from day one, to ensure it can achieve its mission.

### Definition of "public health matters"

In Clause 5, the definition of 'public health matters' we propose the addition of *occupational exposures*. This is a topic relating to forms of public health and harm that naturally fall within the responsibility and

scope of the CDC. In doing so, this also supports the National Preventive Health Strategy priorities which centres prevention as a key enabler for the reduction of public health burdens.

Consideration may also be given to the addition of the definition of the WHO Ottawa Charter definition of health promotion.

### **Governance and Independence**

We support the establishment of the Australian Centre for Disease Control as a statutory body with clear accountability and independence.

### **Functions of the Director-General**

We recommend in Clause 11 additional functions added for the Director-General around research and workforce capacity. Particularly with a focus on promoting public health research, maintaining close relationships with key public health research entities, and building and enhancing expertise in public health expertise and workforce capacity. Further to the suggestion of expanding the definition of ‘public health matters’ to include occupational exposures and injury prevention, we recommend appropriate occupational disease and injury bodies are included as key stakeholders of whom the Director-General must consult with on relevant matters (Clause 11(h)).

### **Advisory Council**

We welcome the inclusion of an Advisory Council and recommend:

1. Ensuring appropriate representation from public health experts, First Nations leaders, and community-controlled organisations.
2. Structuring the Australian Centre for Disease Control to operate with arms-length independence from government, while maintaining strong partnerships with jurisdictions and existing public health bodies.
3. Chairing the Advisory Council should be by one of its independent members, not by the Director-General.
4. We also propose the addition of expertise from the field of social and behavioural sciences (into Clause 30(4)).

### **National Occupational Respiratory Disease Registry (NORDR) transition.**

We particularly would like to draw support to the recommendations in the submission from Lung Foundation Australia (LFA) in relation to the transition of the NORDR to the CDC. It is pleasing to see the design of the Bill incorporates the transition of the NORDR. Cancer Council further endorses the priorities outlined in LFA’s submission, to support this transition to occur.

### **Summary**

The establishment of the Australian Centre for Disease Control is a landmark opportunity to reshape Australia’s public health landscape. We urge the Government to ensure the CDC is comprehensive, inclusive, and future-focused, with prevention, equity, and workforce development at its core. We welcome ongoing collaboration and offer our expertise to support the implementation of this legislation.

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