



SYDNEY SCHOOL OF PUBLIC HEALTH
FACULTY OF MEDICINE AND HEALTH

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Prof. J. Jaime Miranda
Head of School, Sydney School of Public Health
Faculty of Medicine and Health
The University of Sydney
Rm 319a, A27 Edward Ford Building
The University of Sydney, NSW 2006, Australia
jaime.miranda@sydney.edu.au

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Dear Committee Secretary,

On behalf of the Sydney School of Public Health, I am pleased to provide a submission to the Community Affairs Legislation Committee inquiry, **Australian Centre for Disease Control Bill 2025 and Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025**.

The University of Sydney School of Public Health [SSPH] is Australia's first and leading school of public health. We remain a global leader in translating knowledge into action through quality education provision and conducting high-impact research. Many of our academics contributed extensively during COVID19 across surveillance, modelling, health communication, behavioural insights, vaccines, equity, and policy design, and we remain committed to **evidence based, equitable health** for all Australians.

Our vision is to promote and protect health equity and well-being for all populations and the environments we share, nationally and globally. We foster and deliver excellence in education, research, engagement, and service by embracing a transdisciplinary approach and advocating for the advancement of public health for all.

Our academics work alongside global institutions such as multilateral agencies, charities, philanthropic organisations, and organisations representing people with lived experience.

The SSPH supports the swift passage of legislation to establish an **independent, expert, and transparent Australian Centre for Disease Control [Aus CDC]**, noting the Government's commitment to **launch on 1 January 2026** and to invest **\$251.7 million over four years** to modernise surveillance and national preparedness for future health challenges. We commend the Bill's focus on data, evidence, and coordination, and outline targeted improvements to strengthen governance, scope, and intergovernmental effectiveness.

Yours sincerely,

Professor J. Jaime Miranda, MD, MSc, PhD, FFPH, FMedSci
Head of School, Sydney School of Public Health
Faculty of Medicine and Health
University of Sydney



Why Australia needs a CDC—now

The COVID19 Response Inquiry found that Australia’s response, while comparatively successful, suffered from gaps in national governance, evidence systems, and communication, and that a permanent national public health authority would materially improve preparedness and trust in future emergencies. The Aus CDC can provide coherence across jurisdictions, strengthen transparent decision making, and institutionalise lessons learned.

Independent commentary underscores that an Aus CDC can bridge persistent federalism challenges, the “eight countries” problem, by coordinating consistent advice and synthesising data for governments and the public. Establishing an independent, evidence based, national agency to address both infectious threats and broader public health challenges is an urgent priority.

What the Bill gets right

The Aus CDC will be a platform for public health challenge preparedness and data modernisation. The plans include modernised national disease surveillance, wastewater monitoring, and an explicit commitment to transparent, trusted advice. These key elements answer common calls for stronger and coordinated national systems.

The Aus CDC will also serve as a national focal point for public health expertise. An Aus CDC provides a standing capability to generate rapid risk assessments, support coordinated responses, and maintain public communications.

Targeted improvements

1) Independence, governance and transparency

Public trust hinges on independence from day-to-day politics and on transparent publication of advice. We support provisions requiring publication of advice and rationales, and recommend:

- Explicitly require timely publication of the Aus CDC advice to ministers, with allowance only for limited, specified confidentiality.ⁱ
- Create clear constraints on ministerial directions that would compel the Aus CDC to issue advice contrary to evidence, with a public statement of reasons when directions are made.
- Establish a statutory advisory board, that is chaired by an independent external appointee, with representation across epidemiology, health promotion, preventive health, primary care, First Nations health, behavioural science, and data/AI, with declared interests.ⁱⁱ

2) Scope that reflects Australia’s burden of disease

While phased establishment is sensible, the Aus CDC’s remit should explicitly include the prevention of chronic, noncommunicable diseases (NCDs), including mental health and musculoskeletal health, oral health, and climate change and environmental health/indoor air from inception, areas that drive the greatest morbidity, inequity, and health costs.ⁱⁱⁱ The Aus CDC will underperform if it is purely limited to infectious disease outbreaks. NCD prevention should be clearly captured as a core function, not a “future phase.”

Additionally, extending the reach of the Aus CDC to include working with regional neighbours and global partners will increase its effectiveness and public health impact.^{iv}



3) Data and real-time surveillance

We support the plan to modernise surveillance and expand wastewater monitoring and suggest to:

- Mandate the Aus CDC to set data standards, broker linkage and access across datasets, enabling real-time situational awareness.
- Require periodic public surveillance capability reviews and publish a national data roadmap.^v
- Enhance analytical capacity for data-driven decision-making.^{vi}

4) Workforce capability and surge capacity

An Aus CDC must cultivate and strengthen the national workforce. We recommend an Aus CDC hosted Public Health Training Program and fellowships, drawing on the NSW Public Health Training Program and the NSW Biostatistics Trainee Program, and the national advanced field epidemiology training program (currently hosted as the Masters of Applied Epidemiology at Australia National University) as a model of best practice,^{vii} and a skills registry for surge deployments.

5) Sustained, fit-for-purpose funding

The committed start-up funds are essential. Adequate funding from day one will ensure the Aus CDC will achieve its mission and credibility and trust with the public. An under-funded start will result in poor outcomes and poor public support moving forward. Adequate, and sustained, funding moving forward will be required.^{viii}

6) Communications, transparency, and trust

The COVID Inquiry emphasised the need for clear, timely, and inclusive communication and the rebuilding of trust.^{ix} The Aus CDC should embed obligations for public dashboards, plain language- summaries, and community co-design, including tailored strategies for multicultural and other diverse communities.

7) Equity and Aboriginal and Torres Strait Islander leadership

We welcome indications of Aboriginal and Torres Strait Islander engagement in Aus CDC governance and recommend the Bill require equity impact assessments for major Aus CDC programs and co-leadership structures with Aboriginal and Torres Strait Islander health organisations.^x

8) Grounded in Ethics

An Aus CDC grounded in public health ethics that actively consults with international expert ethicists working in Australia will both enable the Aus CDC to build public trust and fulfil its human rights obligations.^{xi} Engaging with ethics and proactively planning for how to resolve ethical challenges before they arise will lead to better outcomes.

9) Operational Research

The COVID inquiry demonstrated the limitations with evidence-based decision making during the pandemic. While we acknowledge that the role of Aus CDC is not to conduct research, we encourage it to coordinate and commission operational research that guides policy and practice.^{vi}

References

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