

Ensuring Future Success – Securing worker health in the Australian Centre for Disease Control

Australian Centre for Disease Control Bill 2025

ACTU Submission, 25 September 2025
ACTU D. No 36/2025

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Introduction

The ACTU

Since its formation in 1927, the ACTU has been the peak trade union body in Australia. There is no other national confederation representing unions. For 90 years, the ACTU has played the leading role in advocating in the Fair Work Commission, and its statutory predecessors, for the improvement of employment conditions of employees. It has consulted with governments in the development of almost every legislative measure concerning employment conditions and trade union regulation over that period.

The ACTU is Australia's sole peak body of trade unions, consisting of affiliated unions and state and regional trades and labour councils. There are currently 43 ACTU affiliates who together have over 1.7 million members who are engaged across a broad spectrum of industries and occupations in the public and private sector. The ACTU and its affiliates have represented workers on health and safety at work since our formation and is the national voice representing workers at Safe Work Australia (SWA).

The ACTU endorses the submissions of our affiliated unions and the Public Health Association of Australia (PHAA).

Recommendations

The ACTU welcomes the establishment of a Centre for Disease Control. This is a positive move towards improving Australia's approach and investment to disease prevention and preventative health, which is currently lacking in our general health expenditure. The following recommendations are provided to strengthen the Bill.

1. The ACTU recommends strengthening the Bill to clearly articulate that work and health will be within the remit of the Australian Centre for Disease Control. This requires additions to the definition of public health matters to explicitly reference occupational exposures and injury prevention.
2. Consistent with our 2022 submission the ACTU recommends amendments to functions of the Director General to strengthen linkages including to relevant worker representative bodies and those whose objects include the prevention and management of occupational disease and injury. These should be supported by the addition of a note to Section 11 to reference Safe Work Australia and worker representatives.¹
3. The ACTU recommends that the membership of the Advisory Council consider work health and safety as a relevant qualification and expertise along with minor amendments regarding the selection of the Chair and review of the Act.

Appendix 1 provides suggested wording for the amendments being sought.

¹ Achieving Health Equity: The inclusion of occupational disease – Submission on the Role and Function of an Australian Centre for Disease Control Consultation Paper 2022, ACTU Submission, 16 December 2022 ACTU D. No 52/2022.

Definition of Public Health Matters

During the consultation phase for the establishment of the Interim CDC the ACTU highlighted the important and often overlooked contribution that poor work and poor working conditions have on the health of Australians. In 2024 200 workers were killed in the workplace² and an estimated more than 5,000 died from diseases caused by exposures at work such as asbestos, silica and chemicals.³ In addition to this appalling loss of life the most recent yearly injury and illness data reveal that nearly half a million (497,300) Australians, representing 3.5% of all workers, sustained a work-related injury or illness⁴, with 1.8% of the burden of disease attributable to occupational exposures.⁵

The effects of work on our health include both the direct effect of exposures at work (eg carcinogens) and the deleterious contribution that poor work conditions have on chronic illnesses (such as the contribution of poor psychosocial conditions to cardiovascular disease).⁶ The provisions in the Bill rely, appropriately, on the definition of public health matters.

The explanatory memorandum provides some detail on the scope of the key components (a) health emergency management; (b) health security; (c) health protection; (d) health promotion; (e) preventative health; (f) disease control; (g) environmental health; (h) the health effects of climate change. Concerningly, references to occupational illness in the explanatory memorandum are limited to examples under two components only of public health matters - health protection (occupational respiratory disease) and preventative health (occupational health and injury policy). Such a narrow scope risks inferring that other illnesses caused by work exposures including, but not limited to carcinogens, cardiovascular diseases and occupational dermatitis are potentially not within the remit of the ACDC.

In addition to the concerns raised above the impact of infectious diseases on workers provides further evidence of the need to ensure occupational exposures are included

² Safe Work Australia (SWA). (2024). *Key Work Health and Safety Statistics Australia*.

³ Asbestos and Silica Safety and Eradication Agency. (n.d). *Asbestos in the workplace*

⁴ Australian Bureau of Statistics (ABS). (2023). *Work-related injuries*. ABS.

⁵ Australian Institute of Health and Welfare (AIHW). (2021). *Australian Burden of Disease Study 2018: Interactive data on risk factor burden*. AIHW.

⁶ Achieving Health Equity: The inclusion of occupational disease – Submission on the Role and Function of an Australian Centre for Disease Control Consultation Paper 2022, ACTU Submission, 16 December 2022 ACTU D. No 52/2022.

within the scope of the CDC and of the necessity to understand the dynamics of work and working conditions to ensure the health of specific populations of workers. As highlighted throughout the pandemic work is a key determinant of our exposure to infectious disease and reinforce the need for the CDC to consider the role that work, and occupation plays when it comes to infectious disease management.

Finally, it is well understood that climate change will have a significant impact on the health of Australians. Whether it be exposure to heat, vector borne infectious diseases or reduced indoor and outdoor air quality, workers and workplaces will be on the front line of this challenge. This again highlights the important role that work and workplaces have in meeting the public health challenges of the future. The impact of work on public health and vice a versa is significant and needs to be clearly articulated within the Bill and not relegated to examples within the explanatory memorandum. The ACTU therefore recommends the explicit inclusion of occupational exposures and injury in the definition of public health matters (see Appendix 1).

Linkages for occupational health and safety

In 2022 the ACTU submitted that the CDC *consider appropriate linkages to, and mechanisms to collaborate with, work health and safety regulators and Australia's national work health and safety policy agency, Safe Work Australia* (see Appendix 2 Recommendation 1).

The ACTU notes that whilst Safe Work Australia meets the definition of a Commonwealth entity under *Public Governance, Performance and Accountability Act 2013*, and would therefore be one of the bodies with which the Director General would provide advice and consult with (section 11.c), the Bill appears to be silent on the DG taking advice from entities such as Safe Work Australia. During the COVID pandemic how public health orders would apply in the work context would have been greatly assisted by formal linkages between federal and state Chief Health Officers and their various subcommittees and Safe Work Australia.

The ACTU further notes that the Bill includes reference to *bodies representing the interests of particular groups of people in relation to public health matters* (section 11.h.viii). However, the ACTU is not confident that drafters of the Bill had in mind workers and their representatives and notes the absence of any reference in the explanatory memorandum to such groups. As mentioned above it is without question that workers are a “group of people” who are likely to suffer deleterious effects including through their exposures to infectious diseases, occupational

carcinogens, agents that cause allergens and the consequences of climate change. The recent COVID pandemic highlighted the difficulties when applying public health orders to workplaces and the failure to leverage Australia's work health and safety framework. Unfortunately, a small minority of workplaces considered public health advice when making decisions about work health and safety control measures. This failure meant that adequate risk controls were not applied and workers were exposed and became ill. Similar circumstances can be observed with other infectious diseases such as Japanese encephalitis, Hendra virus, avian flu and tuberculosis. In the latter example whilst tuberculosis is at very low rates of infection in the community, Australia healthcare workers are in a higher risk group due to their exposure to people who are unwell (and the lag times in diagnosis). Advice for healthcare workers needs to look different than advice to the broader population.

Given the importance of work and its effect on health – both positive and negative - the ACTU recommends the amendments to the Bill including but not limited to the insertion of a note to Section 11 which directly refers to Safe Work Australia and representative bodies of workers.

Advisory Council

The failure of health leaders to consider work and workplaces was a key factor in the increased spread of COVID-19 and exposures amongst workers. It is critical for both communicable and non-communicable diseases that there is a sound understanding of work and workplace challenges. Consistent with the importance of work on the health of a community and the intersection between public health (general perception) and occupational health, the ACTU considers it important to ensure representation of a person with union and work health expertise on the Advisory Council.

See Appendix 1 for suggested wording.

Conclusion

The ACTU welcomes the establishment of the Australian Centre for Disease Control and is pleased that after initial consultations in 2022 a permanent body is to be established.

Effective public health measures must consider the social determinants, of which, work is central. We believe these amendments are consistent with the Labor Government's commitment to worker health and will strengthen the work of the Australian Centre for Disease Control.

The recommendations above are made to strengthen the ACDC to ensure the linkages between work and the health of a community. The small number of amendments proposed give effect to those connections.

Appendix 1 – Proposed Amendments

Amendments to the Australian Centre For Disease Control Bill 2025

5 Definitions

public health matters includes the following:

- (a) health emergency management;
 - (b) health security;
 - (c) health protection;
 - (d) health promotion;
 - (e) preventive health;
 - (f) disease control;
 - (g) environmental health;
 - (h) the health effects of climate change;
 - (j) occupational exposures;
 - (k) injury prevention.
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Objectives and Functions

11 Functions of the Director-General

The Director-General has the following functions:

- (a) providing advice on public health matters to the Minister at the request of the Minister or on the Director-General's own initiative;
- (b) providing advice on public health matters to another Minister:
 - (i) at the request of the Minister, or the other Minister; or
 - (ii) on the Director-General's own initiative;
- (c) providing advice to, and consulting with, Commonwealth entities on public health matters;
- (d) providing advice to, and consulting with, State or Territory government entities on public health matters;
- (e) providing advice to, and consulting with, international organisations on public health matters;
- (f) gathering and analysing information relating to public health matters;
- (g) providing information gathered as mentioned in paragraph (f), and information produced as a result of the analysis mentioned in that paragraph, to prescribed public health entities to assist those entities to carry out prescribed public health activities;

- (h) providing advice to, and consulting with, any of the following on public health matters:
 - (i) bodies representing health care professionals;
 - (ii) bodies representing public health professionals;
 - (iii) bodies representing the interests of consumers of health care;
 - (iv) bodies representing the interests of people with particular diseases;
 - (iv) **bodies representing the interest of workers;**
 - (vi) bodies whose objects include the prevention or management of particular diseases;
 - (vii) bodies representing Aboriginal persons or Torres Strait Islanders (or both);
 - (viii) bodies known as Aboriginal and/or Torres Strait Islander Community-Controlled Organisations;
 - (ix) bodies representing the interests of particular groups of people in relation to public health matters;
 - (x) **bodies whose objects include the prevention and management of occupational disease and injuries;**
 - (xi) any other person or body that the Director-General thinks appropriate;
- (i) developing, publishing and promoting:
 - (i) specialised statistical standards and classifications relevant to public health matters; and
 - (ii) guidelines and statements on public health matters; and
 - (iii) public communications and advice on public health matters; and
 - (iv) reports, information and papers on public health matters;
- (j) conducting, promoting, and supporting community awareness initiatives and educational campaigns on public health matters;
- (ja) **building and enhancing expertise in relevant public health sciences and workforce capacity**
- (jb) **promoting public health relevant research through:**
 - (i) **making recommendations to research funding agencies on investment in high priority research questions;**
 - (ii) **establishing links and relationships with key public health research groups, entities and agencies;**
 - (iii) **commissioning or causing the conduct of urgent or essential public health research projects;**
- (k) any other functions relating to public health matters that are set out in the rules;
- (l) any other functions conferred on the Director-General by another law of the Commonwealth;
- (m) to do anything incidental or conducive to the performance of any of the Director-General's other functions.

12 Objectives

- (1) It is the intention of the Parliament that the Director-General, in performing the Director-General's functions under paragraphs 11~~(a) to (j)~~, must have regard to:
- (a) the need to base public health advice on data and other forms of evidence; and
 - (b) the need for public trust in public health advice; and
 - (c) the need for transparency in the performance of these functions; and
 - (d) the impacts of risks to public health, and the impacts of responses to risks to public health, on particular communities and population groups.

10 Establishment and appointment

- (1) There is to be a Director-General of the Australian Centre for Disease Control.

Appointment by Minister

- (2) The Director-General is to be appointed by the Minister, by written instrument.
- (3) The Minister must not appoint a person as the Director-General unless satisfied that the person has appropriate expertise, qualifications or experience in public health matters.

Period of appointment

- (4) The Director-General holds office for a period of 5 years unless a shorter period is specified in the instrument of appointment.

Note: The Director-General may be reappointed: see section 33AA of the *Acts Interpretation Act 1901*.

11 Functions of the Director-General

- (c) providing advice to **and considering advice from**, and consulting with, Commonwealth entities on public health matters;
- (d) providing advice to **and considering advice from**, and consulting with, State or Territory 29 government entities on public health matters

Insert note to Section 11 c SafeWork Australia and representative bodies of workers

30 Appointment of Advisory Council members

- (1) Each Advisory Council member (other than the Director-General and the Commonwealth Chief Medical Officer) is to be appointed by the Minister by written instrument, on a part-time basis.

Note: An appointed member may be reappointed: see section 33AA of the *Acts Interpretation Act 1901*.

- (2) An appointed member holds office for the period specified in the instrument of appointment. The period must not exceed 3 years.

- (3) The Minister must ensure that at least one appointed member is an Aboriginal person or a Torres Strait Islander (or both) who has expertise, qualifications or experience in the health needs of Aboriginal persons or Torres Strait Islanders (or both).

Considerations for appointment

- (4) A person is not eligible for appointment as an appointed member unless the Minister is satisfied that the person has substantial expertise, qualifications or experience in at least one of the following fields:
- (a) public health matters;
 - (b) clinical practice;
 - (c) economics;
 - (d) human rights;
 - (e) data and statistics relating to public health matters;
 - (f) emergency management;
 - (g) communications;
 - (h) work health and safety
 - (i) any other field that the Minister considers appropriate.

78 Review of operation of Act

- (1) The Minister must cause a review to be undertaken of:
- (a) the operation of this Act during the 3 year period beginning at the commencement of the Act; and
 - (b) the operation of this Act during each subsequent 5 year period.
- (2) The persons conducting the review must not be employed by the Centre.
- (3) The persons conducting the review must commence the review as soon as practicable after the end of the 5-year period to which the report relates.

Appendix 2 – 2022 Recommendations

Submission on the Role and Function of an Australian Centre for Disease Control Consultation Paper 2022 ACTU Submission, 16 December 2022 ACTU - extract

Recommendation 1

The scope of the Centre for Disease Control (CDC) must include the research and surveillance of occupational diseases. The establishment of this function should consider appropriate linkages to, and mechanisms to collaborate with, work health and safety regulators and Australia's national work health and safety policy agency, Safe Work Australia.

Recommendation 2

In meeting the challenge of early detection and prevention of communicable disease a focus on 'work' and 'workplaces' is critical. The CDC should ensure appropriate and strong linkages with work health and safety through direct engagement and collaboration with Safe Work Australia and its members, including social partners (unions and employers). This will ensure that effective and equitable public health measures can be designed in consultation with employers and unions.

Recommendation 3

Trust in public health advice has never been more important. Whether it be threats posed by pandemics, climate change or the impact of work on our health the medical science must move beyond politics. The CDC must be independent of government and provide robust, evidence based advice to inform both public policy and individual decision making.

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