

Submission in relation to adequacy of Australia's biosecurity measures and response preparedness, in particular with respect to foot-and-mouth disease

Centres for Disease Control

I am the coordinator of a group 33 former Chief Veterinary Officers and Senior Government Veterinarians who have been collaborating in recent years on issues we consider to be of national importance, for example climate change.

We have noted with interest the recent government policy announcements regarding a proposed Centres for Disease Control and consider that the formation of a CDC is very relevant to this enquiry. Given our extensive experience in prevention, surveillance, preparedness and response to epidemic infectious diseases, many of which affect people and animals, and also have environmental implications, the former CVO Group has written the following briefing note that expresses our views on how this issue could be progressed. We have also sent the briefing note to the relevant Federal government Ministers (Mark Butler, Tanya Plibersek and Murray Watt).

We sincerely hope that you find it helpful. Given that we are passionate about how this this important issue should be managed in the future, we remain ready and willing to assist in any further discussions.

1. Purpose

To provide a background and pathway forward for the improved management of new and emerging epidemic diseases that threaten the health and wellbeing of Australia's people, animals and environment.

2. Background

Epidemics of disease, whether in humans or animals (including pets, livestock and wildlife) are not new to Australia. Until the COVID-19 pandemic, Australia had an enviable and proven track record in managing epidemic disease outbreaks and in many cases, maintaining freedom from such diseases that have occurred or continue to occur in other parts of the world. Robust management systems exist at both Federal and State level to prevent, to provide early detection, and to respond effectively to potential epidemics.

Recent examples of this track record include our management of highly pathogenic avian influenza (HPAI), our risk reduction processes associated with a potential incursion of foot-and-mouth disease in ruminants, managing the global SARS outbreak, and our response to the equine influenza outbreak in Queensland and New South Wales. These achievements were based on a strong research record linked to the maintenance of institutes and expertise working on epidemic diseases, all starting with frontline field observations. The achievements were also based on a range of national and state policies and plans that underpin Australia's national capacity in epidemic disease management.

Unfortunately, several factors have significantly increased the global risks of newly identified and emerging epidemic diseases. The factors involved include an ever-increasing global population, international trade, urbanisation, destruction of natural ecosystems and habitats (including deforestation) and, significantly, climate change. The continuing COVID-19 pandemic highlights the outcome of many of these risk factors and draws attention to some of the gaps in our current response systems. The impact of COVID-19 was felt globally and at all levels of society and the impacts continue. Our detection systems were found wanting, our health care systems under-resourced, the economic response haphazard, and our scientific underpinning for response and recovery was variable at best. By most measures, Australia has coped better than most countries. Nevertheless, the COVID-19 epidemic illustrates that we are ill-prepared to deal with such epidemics. Furthermore, all experts agree that we shall see similar epidemics occurring with increasing frequency.

So, how best should Australia respond to ensure that it is in the best possible position to manage the changing risks of future epidemics and their impacts on people, animals and the environment?

3. Factors to Consider in Responding

It is important to recognise that many capabilities and processes have been developed at both the national and State/Territory level over many years to identify and reduce the risks from epidemic diseases and manage their impacts. For livestock, it has long been recognised that some of the risks are as much to do with trade and economics as they are about the health (including welfare) of individual animals. In appreciation of this, the governments of Australia, in conjunction with the peak industry bodies formed Animal Health Australia (AHA), which has worked with governments and industry to help develop a wide range of policies and procedures to manage the risks from known livestock epidemics. Similarly, governments and relevant stakeholder groups formed Wildlife Health Australia to help manage wildlife health, including epidemic risks, at local community and national levels. Consultative structures such as the Consultative Committee on Emergency Animal Diseases and Animal Health Committee bring together government and industry representatives as a partnership to address prevention of and preparedness for diseases and to facilitate responses to and recovery from outbreaks. In this regard, over-arching, coordinating structures have existed within the previous COAG system and allowed for informed input from appropriate disciplines such as health, agriculture, environment, social services, indigenous affairs and so on. Similar, over-arching structures need to be strengthened to manage emerging disease threats.

Although these existing processes and systems provide a reasonable level of assurance, the risk context for disease epidemics has transformed and worsened. For several years some stakeholders have called for Australia to establish a Centres for Disease Control (CDC), similar to that in the United States or in Europe. However, most calls recognise that multiple centres should be involved and that a single centre is not appropriate within Australia's federal system. The process for designing this suggested network of collaborating centres starts logically with identifying what is needed. This sets the scene for exploring the possible structures capable of delivering what is needed.

During the past few decades there has been a strong global drive to consider a multidisciplinary and holistic approach to address the health of humans, animals and the environment. This is the 'one health' approach, which harks back to antiquity and the time of Hippocrates and reflects the fact that human, animal and environmental health are intrinsically linked. 'One health', 'planetary health' and 'ecohealth' are names for the same thing; namely, that human health depends on "*flourishing natural systems and the wise stewardship of those natural systems*". The 'one health' approach has been used successfully in response to the global HPAI epidemic, SARS, MERS, Hendra virus, and Q fever. These diseases and a multitude of others, such as monkeypox and HIV-AIDS, are zoonoses, which means they have originated from animals. In fact, most new human diseases that have emerged in recent decades have originated from animals. The 'one health' approach uses multidisciplinary teams — including specialists such as medical professionals, veterinarians, epidemiologists, ecologists, virologists, bacteriologists, public health experts, risk analysts, economists, sociologists, policy experts, community representatives and communications experts — to address diseases that have impact across multiple sectors.

The COVID-19 pandemic showed that the flow-on effects of disease control measures can ravage many industries. Airlines and airports practically ceased to operate, the international tourist industry collapsed, and many services (from supermarkets to medical clinics) at local level shut down or were at critically reduced levels.

The COVID-19 pandemic showed gaps in Australia's national mechanisms to collate, analyse and monitor disease surveillance data; provide accurate and timely information to inform response actions; evaluate the effectiveness of different response actions, and to undertake rapid research to inform policy and guide decision-making. Knowledge management has come to the fore as a confronting but not insurmountable challenge.

Preparation for the next emerging disease requires attention to significant gaps in disease surveillance. Surveillance of diseases in wildlife is of particular concern and disease surveillance in livestock requires more concerted attention. Funding for surveillance and other preparedness activities has declined during recent decades and funding for wildlife health has always been the weakest area within Australia's human, animal and environmental health framework.

To improve our ability to respond to future epidemic disease events, it is crucial that relevant industries have an opportunity to play their part both in determining what can and should be done and in contributing to co-funding the resources needed to establish and maintain these upgraded capabilities. Shared responsibility and a genuine partnership across governments and all affected industries is needed to ensure Australia is better prepared for the future epidemics and pandemics that will inevitably occur.

Functions required to manage the risks associated of epidemic disease on humans, animals and the environment include foresight and intelligence, surveillance, prevention, research and communication. No one organisation, institute or entity possesses skills in all of these functions across human, animal and environmental health. The challenge is how best to bring these capabilities together in a co-ordinated and cohesive manner.

4. Pathway forward

A series of consultations will be required for progress towards an agreed set of functions and a preferred structure that will provide an improved and fit-for-purpose framework for the overall approach to epidemic diseases in Australia.

The first consultation would involve technical discussions at the offices of the Chief Medical Officer (CMO), the Chief Veterinary Officer (CVO) and the Chief Environmental Biosecurity Officer (CEBO) plus their many connections, such as the Australian Centre for Disease Preparedness (ACDP), Wildlife Health Australia (WHA) and others. These discussions would first seek agreement on what functions are required and would then consider the range of possible structures for delivering these functions. The findings from this initial consultation would be submitted to the relevant government Ministries for whole-of-Government reflection and endorsement. A small budget allocation for further consultations would be needed.

Upon endorsement, a Working Group of experts in the multidisciplinary field of the 'one health' approach could be established. This group could stage a series of workshops across Australia with key stakeholders (including relevant State/Territory government ministries, professional bodies, universities, research institutes, and relevant industries). Particular attention should be given to ensure the participation of indigenous people and of sectors that have experienced significant disruption and losses during the COVID-19 pandemic (e.g. transport, tourism, supermarkets). This consultation process will culminate in a report detailing both the functions to be delivered as well as an agreed recommended structure for delivery.

The next stage will be a resourcing plan, involving both full costing and a list of contributors. The working group will be responsible for preparing this in conjunction with relevant experts in budgeting and include indicative in-principle funding contributions.

A final report will then be submitted to the CMO, CVO and CEBO and from them to Government for review, approval and implementation.

Given the unknowns associated with inevitable further epidemics, the process outlined should be pursued with some urgency. The end of 2022 would be desirable for completion and a future of continual improvement in the light of ongoing experience should be catered for.

Dr Ron Glanville for
former Chief Veterinary Officers Group

Membership as at August 2022

<p>Dr Ron Glanville, former CVO Queensland Dr Rick Symons DSC, former CVO Queensland Dr Ian Wells OAM, former CVO Queensland Dr Helen Scott-Orr PSM, former CVO New South Wales and former Australian Government Inspector-General of Biosecurity Dr Ian Roth PSM, former CVO NSW Dr Richard Jane AM, former CVO NSW Dr Bruce Christie, former CVO NSW Dr Therese Wright, former deputy CVO, NSW Dr Andrew Turner, former CVO Victoria Dr Hugh Millar PSM, former CVO Victoria Dr Charles Milne, former CVO Victoria Dr Rob Rahaley, former CVO South Australia Dr Robin Vandegraaff, former CVO SA Dr Geoff Neumann, former CVO SA Dr Roger Paskin, former CVO SA Dr Rod Andrewartha, former CVO Tasmania Professor John Edwards, former CVO Western Australia Dr Peter Buckman, former CVO Western Australia Dr Mike Bond, former CVO Western Australia, former Australian Government Inspector-General of Biosecurity and former CEO of Animal Health Australia Dr Allen Bryce, former CVO Northern Territory Dr Malcolm Anderson, former CVO NT Dr Peter Hooper, former CVO NT</p>	<p>Dr Brian Radunz, former CVO NT Professor Martyn Jeggo, former Director, Australian Animal Health Laboratory Dr Kevin Doyle AM, former Deputy CVO, Australian Government Dr Mike Nunn, former Principal Scientist (Animal Biosecurity), Australian Government, and former CVO Papua New Guinea Dr Bill Scanlan, former Manager, Australian Animal Health Committee Secretariat Dr Graeme Garner AM, former Senior Principal Research Scientist and Director of Epidemiology and One Health, Australian Government Dr David Adams, former Senior Principal Research Scientist, Office of the Australian CVO Dr Peter Black, former Principal Scientist, Australian Government Dr Peter Thornber, former Director, Animal Welfare Policy and Australian Animal Welfare Strategy Dr Reg Butler, former Senior Principal Veterinary Officer, Australian Government Dr Chris Bunn, former Senior Principal Veterinary Officer, Australian Government</p>
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