doi: 10.1111/1753-6405.13176

Does Australia need a Centre for Disease Control? A perennial question now needing an answer

Terry Slevin,[1] Tarun Weeramanthri[1]

1. Public Health Association of Australia

This debate has raged since 1987, when Professor Bob Douglas, epidemiologist and Foundation Director of the National Centre for Epidemiology and Population Health at ANU, asked "Does Australia need a Centre for Disease Control?"[1]

The issue is now partisan. The Federal Health Minister[2] has rejected Federal Labor's commitment to an Australian Centre for Disease Control (ACDC).[3] Yet, open discussion of merits, possible structure, potential benefits and downsides is now vitally important.

An ACDC should not mirror the United States model. The pandemic's politicisation by President Trump hampered any effective role by the Centers for Disease Control and Prevention (CDC). But, long before Trump, structural and resourcing problems were a hindrance.[4]

Because the term 'CDC' might create unhelpful baggage, alternatives like 'Public Health Australia' might be considered.

In 2011, the Public Health Association of Australia and the Australasian Faculty of Public Health Medicine produced a discussion paper on this topic.[5] It identified the benefit of "strong central, expert driven leadership and co-ordination of national communicable disease control".[5] It promoted a 'hub and spoke' model, recommending a legislated 'hub' separate from the Commonwealth Department of Health. Its focus would be on key technical functions such as national coordination of disease surveillance, leadership in immunisation and other programs, management of communicable disease outbreaks, and regional and international engagement.

The current pandemic shows how crucial are the legislated powers and agreed roles of States, Territories and the Commonwealth. It precipitated the formation of a 'National Cabinet'. The Australian Health Protection Principal Committee ('the Medical Expert Panel') was made a subcommittee of National Cabinet. Other committees, most recently the Australian Technical Advisory Group on Immunisation (ATAGI), have played important and visible advisory roles.

But the 'glue' and reporting lines binding the structure within broader governance and decision making is less visible. It deserves more consideration and scrutiny. There has been a close and contested line between health experts (inside or outside government) and political decision makers. An ACDC might provide an appropriate institutional middle ground as a source of trusted expert advice.

In 2013, the House of Representatives Standing Committee on Health and Ageing produced a prescient report "Diseases have no borders – Report on the inquiry into health issues across international borders".[6] It asked "does Australia need a national centre for communicable disease control?"[6] and recommended the commissioning of an independent review on potential roles, structures, models, locations, governance and staffing. Valuable recommendations were made about testing Australia's ability to respond to a widespread outbreak of infectious disease (other than influenza), the need for pandemic planning exercises, proposals to develop and produce vaccines, and a national communications strategy for consumers. All remain relevant.

The formal federal response, published in August 2018,[7] addressed each of the 15 recommendations, agreeing with three, agreeing 'in principle' with four and noting eight, but not agreeing to an independent review; rather arguing that the National Communicable Disease Framework, also referred to as the National Framework for Communicable Disease Control was superior.[7] In essence, "National activities are organised and agreed through a multiplicity of committees, advisory and expert groups."[8] This model has underpinned Australia's response through the current pandemic.

However, the National Communicable Disease Framework also identifies challenges. "Incompatible data systems, different laboratory testing and inconsistent legislation currently limit identification and control of inter-state outbreaks and emerging national communicable disease issues. Delays in detection can hamper an effective response. The potential costs to health and the economy are considerable".[8] These observations have now largely been confirmed.

By international comparison, Australia, so far, has weathered the COVID-19 pandemic well. Yet the recent 'delta' strain outbreak in South Eastern Australia has even further tested our capacity. Major cracks are emerging, specifically in health advice, and in a coordinated national response. Few would suggest that essential improvements were not possible. 'If it ain't broke, don't fix it' no longer holds.

Major challenges in the national vaccination program roll-out and quarantine have been obvious, but there have also been delays in adopting best practice regarding masks and PPE, and updating ventilation standards. The community has not understood the difference in messaging between elimination and suppression, nor the reasons why states have taken different approaches to lockdowns.

From a public health perspective, many lessons can be learned by this assault on our communicable disease strategies and responses. They include how to respond fairly across diverse and sometimes vulnerable communities, without stigma or discrimination.

As public health professionals, we should be proud and supportive of our public health leaders and colleagues at the front line of tackling the biggest communicable disease threat in a century. But we should not turn away from the starkly identified weaknesses and potential areas for improvement. We stress that no criticism of individuals, explicit or implicit, should be read into these views.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors

Nonetheless, it seems inevitable, and fitting, that a major inquiry will be called in the next 12 months. It should examine and identify the strengths, as well as the weaknesses and areas where we need to improve. We recommend the establishment of an ACDC be in its remit.

Another important question is scope. The US agency is the 'Centers for Disease Control *and Prevention*' (our emphasis). Mindful of the experience of the relatively short-lived Australian National Preventive Health Agency, we note that the federal government is due to launch its National Preventive Health Strategy.[9] This covers many non-communicable diseases. Might the implementation of that Strategy also constitute a core function of a new ACDC?

The Public Health Association of Australia has long advocated for this development. In the past 12 months, other organisations have supported the establishment of a National Centre for Disease Control, including the Australasian Society for Infectious Diseases (ASID), the Australasian College of Infection Prevention and Control (ACIPC),[10] and the Australian Hospitals and Health Care Association (AHHA).[11]

Conclusion

Eschewing partisan politics, it is our collective responsibility to revisit Douglas' decades-old question. "Does Australia need a national centre for communicable disease control?" We believe that the answer is 'yes' and that now is the time to start a respectful, rational and constructive conversation about options and models, cognisant of the vital roles of States and Territories. We need a new structure or agency to serve the medium- and long-term public health interests of Australia and our nearby region.

With the current pandemic continuing, and given predictions about future epidemics and pandemics,[12] the investment of thought, genuinely open discussion and planning to resolve this matter is now one of Australia's highest priority public health issues.

References

1. Douglas RM. Does Australia need a centre for disease control? *Med J Aust*. 1987;147(10):493-6
2. Australian GP Alliance. *Hunt Says Covid Outcomes Show CDC Not Necessary*. Canberra (AUST): AGPA; 2020.
3. Australian Labor Party. *Safeguarding Our Future with An Australian CDC*. Canberra (AUST): ALP; 2021.
4. Interlandi J. Covid Proved the C.D.C. is Broken. Can it be Fixed? *The New York Times Magazine*. 2021;Jun:17.
5. Public Health Association of Australia. *Does Australia Need a National Centre for Disease Control?* Canberra (AUST): PHAA; 2011.
6. Standing Committee on Health and Ageing. *Diseases have No Borders: Report on the Inquiry into Health Issues Across International Borders.* Canberra (AUST) Parliament of Australia; 2013.
7. Australian Department of Health. *Australian Government Response to the House of Representatives Standing Committee on Health and Ageing Report: Diseases have No Borders: Report on the Inquiry into Health Issues Across International Borders*. Canberra (AUST): Government of Australia; 2018.
8. Australian Department of Health. *National Framework for Communicable Disease Control.* Canberra (AUST): Government of Australia; 2014.
9. Australian Department of Health. *Draft National Preventive Health Strategy 2021-2030.* Canberra (AUST): Government of Australia; 2021.
10. Davis J, Howden B, Cruickshank M. *Australia Needs a National Coordinating Centre on Antimicrobial Resistance*. Sydney (AUST): Australasian Society for Infectious Diseases; 2018.
11. Australian Healthcare and Hospitals Association. *An Australian Centre for Disease Control*. Canberra (AUST): AHHA; 2020.
12. Samarasekera U. CEPI prepares for future pandemics and epidemics. *Lancet Infect Dis*. 2021;21(5):608.

Correspondence to: Terry Slevin, Public Health Association of Australia, Canberra, Australian Capital Territory; e-mail: tslevin@phaa.net.au

© 2021 The Authors