Australian Chamber of Commerce and Industry

Submission on Role and Functions of an Australian Centre for Disease Control

ACCI Submission

15 December 2022

Australian Chamber of Commerce and Industry

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Introduction

The Australian Chamber (ACCI) welcomes the opportunity to provide comment on the *Roles and Functions of an Australian Centre for Disease Control* (CDC).

We support the Government's policy to establish an Australian CDC.

Strategic Intent

A draft mission and purpose statement has been presented in the discussion paper. It was noted in consultation sessions ACCI attended and in discussions with our members, that further work is needed to refine these two statements. The general sentiment was that they were too long and broad ranging.

The election commitment to establish an Australian CDC was in response to the emergence of COVID-19 and what was seen as our lack of preparedness. The emphasis at the time was on strengthening Australia's preparedness and leading a nationally coordinated response to future pandemics, with a proposed CDC to:

- House surveillance experts and systems to monitor current and emerging threats;
- Work with state and territory governments and service providers to improve preparedness in the health and aged care sectors;
- Manage the National Medical Stockpile, including analysing needs, procuring and managing stock and distributing supplies as needed;
- Run regular preparedness drills on the scale of Exercise Sustain in 2008;
- Work with other countries on regional and global preparedness.

ACCI and our members supported the commitment to establish a CDC and the focus areas outlined above.

Since the election however there has also been increasing emphasis and detail provided on a proposed CDC covering non-communicable (chronic) disease as well as communicable (infectious) diseases. We have seen the development of a growing list of proposed functions covering nearly all aspects currently within the remit of the Department of Health and associated health agencies.

Coverage of non-communicable disease

ACCI and our members recognise preventative health as an important public health priority area.

Employers acknowledge public health issues (e.g. diabetes, cardiovascular disease, cancer) impact not only on individuals and families, but also on the workplaces that form an important part of our community, social and economic lives. Within their capabilities and resource constraints, many employers undertake a range of strategies seeking to help workers improve their general health and wellbeing.

It is with an understanding of the myriad of existing national and state bodies currently active in preventative health promotion relating to non-communicable illnesses and diseases, the complex governance frameworks in place and the significant cost of funding activities, that **ACCI's position is that**

any new CDC should not seek to cover both communicable and non-communicable diseases from the outset.

We want to see the successful establishment of an Australian CDC and believe that if the Government is to achieve this in the ambitious timeframe outlined and within the current tight fiscal budgetary environment, the first phases should be limited in scope to plugging the gaps realised over COVID in our national infectious disease and pandemic preparedness and response.

The Australian Chamber is supportive of a staged/phased implementation of the functions of the CDC. Accordingly, the following would be the logical division of steps:

- In the initial phases: we support developing a national enhanced communicable disease surveillance system, an emergency management system for prevention and response to disease outbreaks and pandemics and the strengthening of the National Medical Stockpile. A complete and comprehensive stocktake of activities and programs across the nation, and all relevant government departments and agencies should also be undertaken to identify the gaps, priorities and any areas of inefficient duplication relating to communicable disease preparedness and response. This would provide information on areas the CDC should prioritise first and inform establishment of appropriate governance and data sharing arrangements with other relevant bodies in order to achieve the national coordination role the CDC will play throughout its existence.

- Once this is complete and initial activities are operational and sustainable, further analysis can then take place on whether the CDC is ready to expand its scope and scale to cover other priority areas including chronic diseases and most importantly, how this would occur.

Avoiding duplication

While the discussion paper notes that "it is important that the CDC doesn't replicate existing functions, but instead utilises, connects with, and builds upon what we already have", there lies a disconnect in the discussion paper and consultations where there is mention of various 'proposed functions' for the CDC that already exist and work well. This is compounded by the minimal detail provided to unpack what it meant by functions such as "Disease Registries", "Immunisation strategies" or "Regulation and Compliance". Our members note the difficulty due to this lack of detail in providing clear responses on what we believe should be 'in scope' or 'not in scope'.

Again, **we would encourage as part of the ongoing scoping stage a more detailed stocktake of existing functions 'in or possibly in scope' against Agencies/bodies, programs, and activities already undertaken**. This would aid in highlighting gaps that require the CDC's attention or opportunities for joined-up and coordinated efforts and will also avoid inefficient duplication. It would assist in narrowing down the scope to make the entire process more realistic, functional, and effective.

One Health

ACCI supports the recommendation that a One Health approach be implemented across the functions and scope of the CDC. The One Health model should function as a 'lens' through which the CDC would operate, underpinning all its functions. The Australian Chamber notes that embedding One Health means that the CDC will take on a role of ensuring all activities between human, animal and environment health are nationally coordinated. While the discussion paper states the importance of taking a One Health approach, the focus of the paper is disproportionately on human health. Animal and environmental health are barely mentioned and there is little consideration of the impacts and interactions between human health, animal health and the environment.

To operate under a genuine One Health banner, an Australian CDC must coordinate activities from all 3 key sectors– human, animal and environmental health – not simply consider the potential impacts of animal health or the environment on human health. We would like to see more work done to demonstrate how the proposed CDC would truly embed a One Health model in its day-to-day operation.

Similarly, all governance and functions should be underpinned by a health equity 'lens' to ensure all populations, such as, First Nations people, those with disabilities, culturally and linguistically diverse communities, socio-economically disadvantaged groups, women, children, and the elderly are considered in the day-to-day operations of the CDC.

Clarity of governance arrangements

After both the 1913 smallpox epidemic, and the Spanish flu pandemic, efforts were made to create a durable pandemic management framework that would prevent a break down in inter-governmental coordination. However, in both cases, these efforts failed. The November 1913 conference between Commonwealth and state chief medical officers recommended that in the future, measures be

"agreed on by the parties in common, not during the operation of restraint and restrictions, and political or other influences, but in circumstances which all the authorities concerned are in the same position with respect to the health requirements and the subjects considered." [1]

COVID-19 has highlighted that we still have not adequately addressed gaps and inconsistencies in inter-governmental coordination with regards to overlapping emergency powers and responses to disease outbreaks.

Given the commitment to establish "an Australian CDC that would ensure ongoing pandemic preparedness and lead the national response to future infectious disease outbreaks", it is vital to comment on the legal and governance frameworks currently in operation and proposed. Understanding the arrangements currently in operation for biosecurity, emergency management, and public health are a critical starting point for considering what is feasible moving forward.

Clear mapping of existing legislation, statutory agencies and departments with relevant responsibilities at all levels of government and governance arrangements should be conducted in this initial scoping stage.

[1] Commonwealth, Commonwealth human biosecurity powers (Parliamentary Briefing Book no 47, 2022) https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/pubs/BriefingBook47p/HumanBiosecurity

Page 12 notes that "*…the CDC is not intended to replace other existing models where there is already national legislation and coordination at Australian, state and territory levels.*"

We would question this position in two critical areas: biosecurity and emergency management as per below.

Improvements to biosecurity powers

During the pandemic four key issues emerged surrounding the human biosecurity emergency (*HBE*) powers:

- "the fact that HBE declarations, extensions, and requirements cannot be disallowed by Parliament (ss 475(2), ss 476(2), ss 477(2))
- the fact that HBE requirements and directions can override any Australian law, a provision known as a 'Henry VIII clause', including in ways that abrogate common law rights (ss 477(5), ss 478(4)).
- the capacity of the minister to apply the HBE powers to policy areas not directly related to infection control via the broad constitutional basis of the Biosecurity Act
- the lack of clarity about how the HBE powers interreact with state public health frameworks."2

We note that there have been several recent proposals for reforms of the HBE framework. These proposals and any formal review of Australia's response to the COVID-19 pandemic should be considered when establishing a new CDC. Establishment of this new authority is the opportune time to ensure our national legislation and coordination models are fit-for-purpose.

It should also be noted that the focus of biosecurity powers has heavily been on the 'human' element. However, to have a genuine One Health framework, consideration of underlying biosecurity legislative powers and governance arrangements must clearly incorporate animal and environmental health.

Emergency management governance arrangements

For national emergency management coordination, the current architecture is the National Emergency Management Ministers' Meeting (NEMMM) which was established to drive and coordinate implementation of the recommendations of the Royal Commission into National Natural Disaster Arrangements (Royal Commission). NEMMM is supported by the Australia-New Zealand Emergency Management Committee (ANZEMC), which was established in 2009 as the peak government committee responsible for disaster management. ANZEMC brings together senior officials from Australian, state and territory governments, and counterparts from New Zealand, to formulate disaster policy for Government consideration.[3]

This is underpinned by the Australian government crisis management framework (AGCMF) which provides Commonwealth, State and Territory ministers and senior officials with guidance on their respective roles and responsibilities.

Prior to COVID (and briefly in the initial stages of our COVID response) pandemics were managed with reference to the Australian Health Management Plan for Pandemic Influenza (AHMPPI) which outlined

[2] Commonwealth, Commonwealth human biosecurity powers (Parliamentary Briefing Book no 47, 2022) https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/pubs/BriefingBook47p/HumanBiosecurity

[3] Commonwealth of Australia, National Emergency Management Agency, Australia's national midterm review of the Sendai Framework for Disaster Risk Reduction 2015-2030 Report – Are we succeeding at making Australian communities safer in the face of growing disaster risk?, 2022.

agreed arrangements between the Australian Government and State and Territory Governments for the management of an influenza pandemic. It was informed by the AGCMF.

We would note the forthcoming review of the Australian Government Crisis Management Framework (AGCMF) and again state that the outcomes of this review would need to be considered in establishing a new CDC that would be responsible for pandemic preparedness and response.

Notwithstanding this review, the prior and existing emergency management governance arrangements should form the foundation of any 'pandemic' plans and governance arrangements relating to the CDC to enable seamless coordination with other relevant stakeholders.

All of the actions and functions of the Australian Government outlined in the Australian Health Management Plan for Pandemic Influenza plan should carry over and inform functioning of the CDC including that the Australian Government:

- maintains the AHMPPI to prepare for and respond to an influenza pandemic, with input from states and territories, and other health sector stakeholders. This plan is reviewed and updated.

- is responsible for developing and maintaining systems to monitor communicable disease activity domestically and internationally and for communicating relevant information.

- is responsible for ensuring the resources and systems required to mount an effective national response are readily available; for international border activities; and for ensuring that Australia meets its international obligations. This includes maintaining the NIR; the National Medical Stockpile (NMS) and IHR core capacities including maintenance of the National Focal Point (NFP).

- will fast-track assessment and approval of any customised pandemic vaccine; procure vaccines; develop a national pandemic vaccination policy and a national pandemic immunisation program; and communicate immunisation information on the program to the general public and health professionals as appropriate.

- Will work together with state and territory governments to provide advice and leadership on the appropriate methods and timing for implementing public health measures. They will develop communication strategies and resources for immunisation and coordinate implementation of pandemic immunisation programs. They will also contribute to building linkages between human and animal health resources and activities.

- is responsible for national communications to the public and the health care sector at a national level, with direct responsibility for communications with the primary care sector.

- will coordinate the National Health Emergency Media Response Network (NHEMRN), through which they will work with state and territory governments to ensure comprehensive sharing of information and consistent messaging.

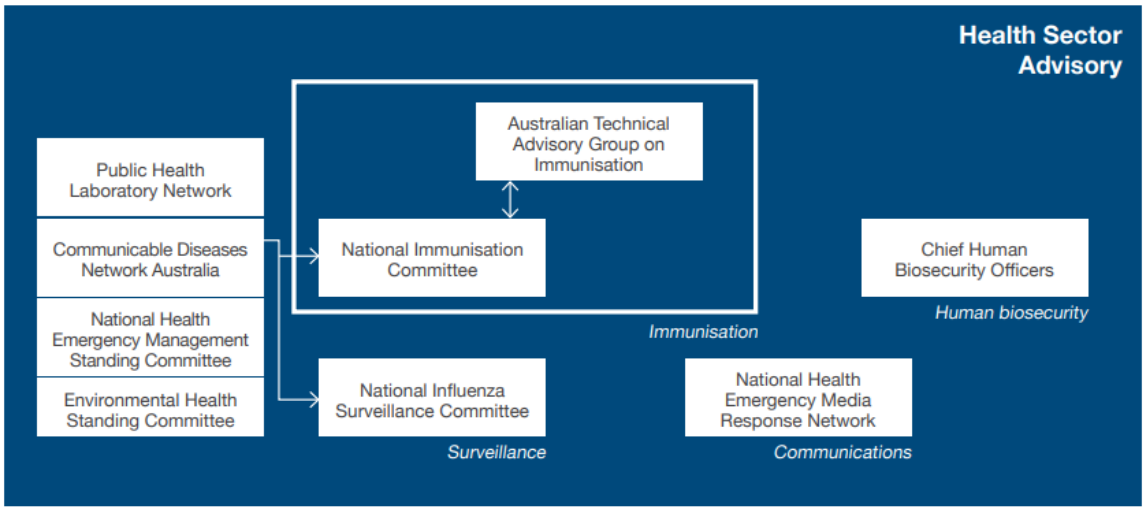
- will coordinate national pandemic measures and allocate available national health resources across the country.

- will work together with state and territory governments to determine when to cease or reduce measures and agree appropriate messaging for responders and the public concerning scaling down of measures.

ACCI would further recommend:

1. **In any pandemic or disease outbreak related functions, coordination mechanisms and governance should clearly reflect the One Health model in their structure as appropriate**. For example, figure 5 below from the influenza pandemic plan[4] recognises human biosecurity and the environmental health standing committee but not any animal health related committees.

Figure 5: Outline of health sector advisory groups that support decision makers.



2. **That broader industry engagement mechanisms be recognised and embedded in any CDC coordination and advisory group models reflecting the lessons of COVID-19 and the critical role units such as the Business Liaison Unit in Treasury played and the current design of the National Coordinating Mechanism which reaches beyond the traditional 'health industry' limited engagement**.

3. It is critical that the CDC be an independent authoritative body that provides trusted and evidenced-based advice. **In order to be independent, the CDC should be defined as a statutory authority that has its own operating budget rather than operating as part of the Department of Health.**

[4]Commonwealth, Department of Health, Australian Health Management Plan for Pandemic Influenza. Canberra, 2019 , https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf

Functions – In Scope

ACCI and our members reiterate that the proposed scope is ambitious and must be sufficiently narrowed and clearly defined to give the agency hope of achieving measurable outcomes.

The following **functions were supported as <u>in scope</u>**:

- Protecting the National Medical Stockpile and biosecurity
- Planning - Scenario planning and exercises, reviews and lessons learned (for pandemics and infectious diseases)
- Communicable disease data and surveillance
- Collating and analysing (existing) disease registries*
- International Surveillance and WHO reporting requirements
- Expert Advisory Groups – including zoonotic disease experts
- Data standardisation
- Global, regional and local real time horizon scanning
- Communicating policy and producing guidance on: Communicable Disease, Health Threats, Immunisation, Laboratory, Infection Prevention and Control, Genomics
- Case Definitions and Guidelines
- Leading on Antimicrobial Resistance (AMR)
- National Focal Point for international obligations
- Cooperation with WHO and other international collaboration
- Development of Emergency response capability and integration with health system inc. primary care

*More information is needed on which disease registries this would capture, exactly how they would be captured e.g. only data sharing arrangements and national data analysis and reporting or more than this?

We note that on page 16 of the discussion paper it states that "bold text denotes **functions which have been confirmed for roll out in the 2023-24 financial year**" which includes:

- National Medical Stockpile
- Policy: Health Emergency Planning
- Response: National Incident Centre, AUSMAT, Risk Assessments
- Planning*

- Communicable disease data & surveillance
- International Surveillance and WHO reporting requirements
- Genomics data
- Expert Advisory Groups, including zoonotic disease experts
- Data standardisation
- Policy, Reporting & Guidance: Communicable Disease, Laboratory, Infection Prevention and Control, Genomics
- Case Definitions and Guidelines
- Key strategies for Blood Borne Viruses and Sexually Transmitted Infections
- National Focal Point

*More clarity is needed on what is meant by 'planning'.

ACCI does not oppose these functions proceeding in phase one of the CDC.

National Coordination

National Coordination in all areas of identified scope (where relevant) **should be a clearly defined function** and one with high priority status.

The *National Coordination Mechanism* established during COVID should be replicated within the CDC focused on the specific functions of the CDC.

> The **NCM** is a flexible tool to ensure that the full capabilities of the Australian, state and territory governments and, if required, the private sector are brought to bear during a crisis. The **NCM** will ensure coordination, communication and collaboration, but is not a mechanism for command and control.[5]
>
> The **NCM** provides holistic advice to the **AGCRC**. It facilitates integrated and coherent planning, identification of escalation triggers and actions, implementation, governance and communication arrangements that streamline a crisis response.
>
> Participation is flexible. NEMA will maintain close engagement with Australian Government agencies, jurisdictions, industry and community leaders to ensure that appropriate invitations are issued for participation in an **NCM**.
>
> An **NCM** will:

[5] Commonwealth, Department of the Prime Minister and Cabinet, Australian Government Crisis Management Framework (AGCMF) 2022, https://www.pmc.gov.au/resource-centre/national-security/australian-government-crisis-management-framework

- ensure that the Australian Government's actions are synchronised, coordinated and responsive
- ensure that any issue or problem is clearly defined and understood
- maintain key functions within communities
- strengthen the ability of the community, economy and affected individuals to remain resilient and assist their own recovery
- reduce harm and the overall severity of the crisis.

The **NCM's** critical objectives are to:

- support the whole-of-government response and decision making
- support the maintenance of essential services
- support the maintenance of essential government services
- coordinate information and messaging and maintain community confidence in government(s), their agencies and processes
- provide guidance and coordinate with industry on business continuity priorities and plans, and identify emerging vulnerabilities.

In reviewing what support businesses needed from Government to continue responding to COVID-19 at the start of 2022, our members highlighted the following functions:

Consistency of response by Governments. Current inconsistencies need to be addressed in relation to:

- essential workers exemptions – industry categories and language are inconsistent,
- close contact definitions,
- health advice on isolation requirements and restrictions, and
- guidance for workplaces.

Clarity on testing and isolation rules for contacts of COVID cases. This was the number one issue for over 80% of our member network. To ease the 'close contact' isolation requirements, in particular for those that a A-symptomatic.

Government should stockpile essential COVID response equipment such as RATs, N95 face masks, etc to ensure we do not face shortage issues in the future. Depending on the need for essential worker permissions and RAT in the future, facilitating business access to a stockpile quickly will be critical in order to respond quickly to anticipated staff shortages.

Maintain good communication channels. Recognising situations may change quickly; there are unacceptable delays in getting the current information online/available and compounding this is that established information channels or forums are being shut down after each 'wave'.

Clear communication on vaccination/booster requirements for both COVID and the Flu.

A process established for how Governments will escalate PHSMs (public health and social measures) – early notice on 'threat' (Advice stage), criteria and trigger for different levels of PHSMs, notice that a region is moving to a new PHSM setting in advance, then clear communication on the new settings.

Consideration of prioritising 'essential services' beyond health and aged care in relation to mitigation strategies e.g. vaccination against new strains, supply of PPE if its restricted and access to testing to manage risk.

All of these issues we believe would be addressed through the proposed NCM model and execution by the CDC of the functions identified as in-scope and which we articulated from the pandemic influenza plan earlier in the submission.

Data and Surveillance

We strongly support the opportunities outlined in the discussion paper section on 'A Data Revolution: A National System and Improved Linkages'.

In particular the proposal for a single national surveillance and outbreak management system, with national identifiable data and local connections to every jurisdiction, allowing for greater national consensus, enhanced detection and investigation of multi-jurisdictional disease outbreaks, and consistency in reporting.

We agree that there is a unique opportunity for the CDC to be set up as the national body responsible for consolidating, clarifying, and strengthening data and information sharing capability but would reiterate that the focus in the first phases should be on functions as they relate to communicable diseases – including:

- surveillance of emerging risks and issues for human, animal and environmental health
- data analysis
- central (national) evidenced-based policy advice
- cultivating expertise and technical capability in application to communicable disease
- engaging with other domains of public health (as relevant) and
- engaging with external stakeholders including key non-government and international stakeholders across relevant industry sectors (and not confining engagement to the 'health' sector).

National Medical Stockpile

ACCI notes that the NMS is a function already confirmed for roll out in the first year. We would take the opportunity however to reiterate our recommendation following COVID experiences that: **the Government should stockpile essential pandemic response equipment identified during COVID such as diagnostic tests, N95 face masks, etc to ensure we do not face shortage issues in the future. Depending on the need for essential worker permissions and diagnostic testing in the**

future (for example if there is a new, more deadly COVID variant with greater vaccine immune escape), **facilitating critical business access to a stockpile quickly will be essential in order to respond quickly to any worker shortages and to ensure operations continue in a safe manner**.

Occupational Disease should be 'in scope'

A significant gap that the CDC would be well positioned to address is in relation to occupational disease data and surveillance.

Occupation is a major risk factor for most communicable infections among adults, yet nearly all of the health data collected fails to accurately and consistently code for occupation. **Better data and research is needed to determine the extent of occupational transmission of infectious diseases in Australia, to understand the barriers to the use of safe work practices and vaccines, and to develop and evaluate new control methods**. Evidence of effective interventions to reduce transmission risk would benefit both WHS practices but also inform health guidelines for preventing transmission of various pathogens in health or laboratory facilities.

Over the last two years, significant work and consultation has taken place between interested stakeholders and State and Commonwealth agencies that manage relevant administrative data sets or survey series such as the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS). **Two initial recommendations have arisen from these consultations that the CDC as a national coordinating body would be well placed to pursue:**

- **Re-introduce standardised occupational coding to national data sets (as appropriate) and undertake work to identify issues with data quality**. As a starting point, hospital data and the ABS household survey data would be useful sets to include occupational coding.

- **Explore expanding the Commonwealth data linkage project scope to include occupational disease by facilitating the linkage of national health data sets to occupational data.**

Page 19 of the discussion paper outlines the importance of having an effective disease surveillance and emergency response system that enhances our ability to rapidly pivot to new requirements when responding to threats. **Building in occupational data abilities when establishing any new surveillance system would allow for more targeted responses to outbreaks**. For example, during COVID there were several outbreaks that occurred at abattoirs and meat works and as a consequence the factors that contributed to the higher risk of these workplaces was closely examined and targeted controls and additional transmission reduction strategies were implemented. Delayed identification and response meant however that there was considerable spread into communities including school communities.

In continuing our emphasis on starting with a narrow scope, work on occupational disease may initially focus on infectious diseases such as: avian influenza, Hepatitis A, B, C, HIV, Influenza A, Psittacosis and Q-fever before moving to consider non-communicable occupational disease. A good reference for the starting list would be the Safe Work Australia Deemed diseases in Australia 2021 report.

Functions - Out of Scope

ACCI and our members **oppose** the following functions being in scope:

- Health promotion
- Program Delivery
- Screening
- General Practice
- Hospitals
- Allied Health
- Food Governance
- Family and domestic violence
- Blood supply and policy
- Gene technology
- Pregnancy
- Development of a Master of Applied Epidemiology at the National Centre for Epidemiology and Population Health (NCEPH)
- Public health workforce training and reform
- Workforce reform
- Other workforce issues
- Regulation and Compliance – for biosecurity, chemicals
- Advice on chronic diseases
- Policy on: Preventive Health, Healthy Behaviours, Health Equity, Food and Nutrition, Women and men's health, Children's health, Injury prevention, Population group issues
- Collation of data and analysis of non-communicable disease data such as from Cancer registries (AIHW)
- Leading on national issues such as: Mental health and Suicide Prevention, First Nations Health, Migrant and CALD Health.
- Strategies on Preventive Health, Tobacco and drugs and governance and reporting.

- Public health and medical research (including funding)
- Prevention services promotion
- International engagement on preventive health issues
- Research, Grants and Funding* (except for rapid research)

*ACCI supports the position that the CDC should not replicate existing functions, nor be a research-generating body in areas that already have work being done, agreeing that "*Australia's research sector is sophisticated and complex, with well-established organisations and high-quality outcomes*". The CDC should focus on improving coordination and analyses of research and data (relevant to the scope) coming out of the research and data collection bodies that already exist but work in siloes. For example, it would be more efficient for the Australian Institute of Health and Wellbeing (AIHW) to continue operations in data surveying, following which, the CDC could collate, analyse, and publish relevant findings in the context of pandemic preparedness or other key functions. Similarly, the research governance and grant allocation functions should be left with the National Health and Medical Research Council (NHMRC).

Australian Chamber of Commerce and Industry

About ACCI

The Australian Chamber of Commerce and Industry represents hundreds of thousands of businesses in every state and territory and across all industries. Ranging from small and medium enterprises to the largest companies, our network employs millions of people.

ACCI strives to make Australia the best place in the world to do business – so that Australians have the jobs, living standards and opportunities to which they aspire.

We seek to create an environment in which businesspeople, employees and independent contractors can achieve their potential as part of a dynamic private sector. We encourage entrepreneurship and innovation to achieve prosperity, economic growth and jobs.

We focus on issues that impact on business, including economics, trade, workplace relations, work health and safety, and employment, education and training.

We advocate for Australian business in public debate and to policy decision-makers, including ministers, shadow ministers, other members of parliament, ministerial policy advisors, public servants, regulators and other national agencies. We represent Australian business in international forums.

We represent the broad interests of the private sector rather than individual clients or a narrow sectional interest.

This submission has been informed by consultations with the ACCI Health Forum. ACCI's Health Forum is comprised of over 40 business and industry association members operating within the health sector. Members actively engage on OECD health matters through Business at the OECD and are currently working on key topics such as health workforce, digital literacy, sustainable health budgets, clinical trial reform, AMR response and future disease and health management.

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