

# Controlling the centre

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Never before has Australia more needed a full-service, independent Centre for Disease Control, able to address the rising challenges of disease, both infectious and non-communicable.

Medical experts first called for such a centre during the 1980s HIV crisis, but it took the frustration and fear of the Covid-19 pandemic to prompt the then Albanese opposition to commit to our first public health peak body.

Now the government has produced a draft bill for the centre that hives off key responsibilities, is silent on priorities and is constrained by an insufficient budget and limited vision. This initiative is simply too important to allow it to be stunted from birth.

For decades, we have seen the extraordinary achievements of the United States Centers for Disease Control and Prevention in tackling malaria and polio, eradicating smallpox, and advancing tobacco control and clean air protections. As that health system is now being eviscerated by the Trump administration, it's more important than ever that Australia creates a strong, independent, well-funded CDC of its own.

Australia faces increasing and compounding health risks – an ageing population with increasing chronic disease burdens, emerging infections, burgeoning antimicrobial resistance and the health effects of climate change.

Our healthcare system lacks a central authority for risk assessment and public guidance – for infectious disorders but also for population risks such as diabetes, obesity and heart disease. We need a coordinated national healthcare workforce strategy. There are too many gaps in data collection and sharing between the Commonwealth government, states and territories.

The pandemic revealed our lack of preparedness for health emergencies. With the loss of trust that ensued from this mismanagement – and with an exhausted and depleted medical workforce – we're no better placed now than we were in 2019.

For decades, expert bodies such as the Australian Medical Association, Royal Australian College of General Practitioners, Royal Australasian College of Physicians and Public Health Association of Australia have drawn attention to the need for better international connection and engagement with our region and the rest of the world. They've consistently emphasised the need for a strong focus on non-communicable disease prevention. With chronic illnesses such as cancer, diabetes and obesity responsible for more death and disease than any other category – and with an ageing population – there are enormous social and economic benefits to preventive healthcare.

We need to plan services better. Despite the importance of our healthcare workforce to

national wellbeing and to our economy – and despite a plethora of existing regulatory and advisory bodies – no single body oversees our medical workforce planning and strategy. You can't plan a response to an emergency when you don't know the forces at your disposal.

In 2020 Anthony Albanese – then opposition leader – noted the fact Australia was the only OECD nation without a CDC equivalent. He said “Australia's CDC would play a role in preventing health threats posed by chronic disease, as well as infectious diseases”.

The need for such a body was a key recommendation of the Senate and independent inquiries into Australia's Covid-19 response. An interim CDC was launched in January 2024 and legislation was introduced this month for an independent statutory agency to be in operation from January 1, 2026.

It's a milestone for public health in this country – a massive opportunity for us to address the fragmentation of data collection and sharing in our healthcare system, and to establish a transparent, trusted and independent source of evidence and information to inform both healthcare policy and the public.

An Australian CDC will enable us to prepare and coordinate effective responses to the great health challenges of our times – climate, chronic illnesses and communicable diseases.

However, the government is walking back from its vision for the CDC at a time when we need it to be brave and bold.

The credibility of the new CDC will rest on strong, independent governance. The director-general must be able to engage robustly with governments of all political persuasions. The inadequacy and opacity of procurements during the pandemic contributed to a loss of trust in the Morrison government – an issue compounded by subsequent revelations about personal and commercial relationships between government members, public servants and the businesses providing vaccines, rapid antigen tests and personal protective equipment.

On procurements, it's a shame the National Medical Stockpile – the emergency reserve of medicines and PPE to supplement state and territory stockpiles, and the first priority mentioned in the 2022 scoping document for the CDC – has now been taken out of the centre's remit.

The agency also needs a clearly defined and articulated scope. It will be an independent Commonwealth agency, separate from the Department of Health. Its remit includes health emergencies, preventive and environmental health, and the health effects of climate change. Yet the legislation doesn't specify which public health matters it should prioritise, and the government has separately indicated it doesn't want the CDC

to address chronic diseases until after an initial review in 2028.

That's not good enough.

Non-communicable diseases impact more Australians, for more of their lives, than communicable conditions. They contribute to longer sicknesses and more deaths, and they render individuals more susceptible to infections and the health impacts of climate change.

During the pandemic, Australians with chronic diseases and disadvantaged backgrounds were more likely to experience severe illness or die from Covid-19, and more likely to miss out on vaccination and treatment.

In 2021, people in the most disadvantaged 20 per cent of the population were six times more likely to die from Covid-19 than the most advantaged 20 per cent. The CDC must – from its outset – have a mission to reduce the burden of chronic or non-communicable disease in Australia.

The World Health Organization has described climate change as the greatest threat to global health this century. Yet while the interim Australian CDC includes an authoritative climate and health expert group, which has been charged with implementing a National Health and Climate Strategy, it is not clear that it will be funded, staffed or empowered to do so before the agency's initial review in 2028.

The recent National Climate Risk Assessment report highlighted the need for Australia to urgently prepare for the health impacts of climate change. Heatwaves already cause more deaths than any other natural hazard; the risks associated with heat exposure will increase as temperatures rise, our population ages and more of us live and work in urban centres.

The risk assessment made clear what is already known: climate change affects air quality via the effects of higher temperature, humidity and the effect of bushfires and storms. Heart attacks and strokes are more frequent during extreme weather events. Vehicular pollution causes more deaths than the road toll. Weather changes will render some regions more susceptible to infectious diseases – via vectors such as mosquitoes, or because of changes in water, food and soil quality.

Other factors increasing the risk of infectious disease transmission include population growth, migration and urban densification, altered land use patterns, and contamination of water and food supplies and damage to sewerage systems by extreme weather events. Communicable and non-communicable disease are inextricably linked via climate and other social factors.

The CDC must be adequately funded. Governments always underfund preventive health care – urgent and immediate issues tend to trump long-term concerns – but the

creation of the CDC is a rare and singular opportunity. The government has committed only \$250 million over the next four years to the establishment of the Australian Centre for Disease Control, and \$73 million a year thereafter.

A benchmark for more reasonable spending could be the \$218 million allotted by the Rudd government to chronic disease prevention programs in 2012–2013 alone. With a total of \$146 billion allotted to health and aged care in 2024–25, the CDC's proposed budget is manifestly inadequate.

The agency needs to be inclusive. State and territory chief health officers were key in the defence against Covid-19, but state and territory investments in public health have fallen to pre-pandemic levels or lower. The CDC must have a presence in and work with state and territory public health institutions.

The agency must also train the public health workforce of the future. Generations of Australians have benefited from fellowship or courses undertaken at the US CDC – although those days are probably gone, at least under the current Trump administration. It is for this reason a local CDC must step into the breach.

In recent years Donald Trump has repeatedly endorsed unapproved and potentially unsafe treatments such as bleach and ivermectin for Covid-19. With Robert F. Kennedy Jr as the US secretary of health and human services, President Trump is now actively pushing an anti-vaccines platform, and falsely and dangerously conflating the use of paracetamol in pregnancy with autism.

The US has withdrawn from the World Health Organization. The American agencies upon which we have relied and with whom we have worked – the Food and Drug Administration, the National Institutes of Health, USAID and the CDC – are being defunded and dismantled. We're going to have to reinforce and build our own.

There's a cost there but also a great opportunity – to lead in our region and to build our own capacity and expertise. We already have outstanding medical research and acute-care sectors; we must now establish a world-leading public health agency.

The Australian Centre for Disease Control must become a trusted and authoritative public health communications hub – a single source of wisdom. At a time when the public trusts government less and less – and when international leaders are actively endorsing and promoting harmful medical disinformation – the decisions we make around the scope, remit and funding of the CDC are crucial.

The greatest priority of our health system should be to stop Australians from getting sick and dying from preventable diseases. This government has an opportunity to leave a generational legacy – but it must have the vision and boldness to take that opportunity. ●