

ACHSM & Nous Group:

*An Australian Centre for Disease
Control – a national approach to
public health preparedness*

Symposium Paper

Insights from leadership roundtables at the 2023 ACHSM
Congress

Symposium paper development process

Facilitated by Nous and attended by more than 30 senior health executives, you will find outlined in the paper that much of the discussion revolved around what we know about the role and function of an Australian CDC.

Nous then asked the room to split into group and discuss the following questions:

- What are ACHSM members looking for from the Australian CDC?
- How do you see the Australian CDC mobilising in response to a public health emergency?
- How can the Australian CDC support you on broader public health issues of non-communicable diseases and environmental health?
- How should we ensure an equitable focus across Australia (remote, regional and metropolitan)?

A national approach to public health preparedness

The 2023 ACHSM Congress in Canberra brought together senior leaders in healthcare from across Australasia to share lessons learnt on health care innovation and to address current health system challenges. Nous Group (Nous) facilitated three leadership roundtables to develop insights from the Congress to inform the College's advocacy on health reform priorities.

The insights from the ACHSM leadership roundtable on a national approach to public health preparedness, reflect the perspectives of health service managers and leaders across the primary and acute care sectors, from managers in regional and metropolitan public, private and not for profit health services, and government officials responsible for health workforce, service design, health planning and health policy.

A 2020 pre-election pledge to establish an Australian Centre for Disease Control (CDC), acknowledged the critical need for strong leadership and effective coordination in the face of public health challenges and a rising burden of chronic disease. The COVID-19 pandemic placed a spotlight on the government's response to national and global health emergencies and as such, a Centre for Disease control will require careful consideration to best meet the needs of the Australian public and our neighbours.

An interim CDC will be established from January 2024 by the Department of Health and Aged Care, before a standalone entity is established¹. As head of the interim CDC, Australian Government Chief Medical Officer, Professor Paul Kelly envisions²:

"[A] world-leading organisation that will have an initial focus on preparing for future pandemics, leading the national response to infectious disease outbreaks, and working to prevent both communicable and noncommunicable diseases".

With international comparators such as the UK Health Security Agency and the US Centers for Disease Control and Prevention, Australia has the unique opportunity to design and build a CDC from the ground up. With lived experience through the recent disruptive COVID-19 pandemic, healthcare leaders are well placed to contribute to the conversation and advocate for an Australian CDC that can respond to the unique needs of Australia's health system and supports the broader public health issues at large in Australia.

¹ Australian Centre for Disease Control, Australian Government Department of Health, November 2023.

² Kelly, P. 2023. Communicable Diseases & Immunisation Conference, Perth, June 2023.

AUSTRALIAN CENTRE FOR DISEASE CONTROL DESIGN PRINCIPLES

The Department of Health and Aged Care has developed draft principles to guide the design and foundations for the CDC. The principles are intended to provide overarching strategic direction for the design of the CDC and be the foundation for consultation and negotiation.



Department of Health and Aged Care, *Role and Functions of an Australian Centre for Disease Control: Consultation paper*. Canberra, November 2022.

Lessons learned from the recent pandemic should inform the design of an Australian CDC

Reflecting on the design principles proposed by the Department of Health and Aged Care (as above), the ACHSM leadership roundtable explored the challenges and lessons of COVID-19 and from their own lived-experience, what healthcare leaders would like to see in an Australian CDC.

Three key lessons from the recent pandemic were discussed and became key themes throughout the discussion:

- A need for consistent, clear messaging to the workforce, patients, and the community
- A need to be flexible and responsive in managing workforce and logistical challenges, with stronger collaboration across the sector
- A need for stronger operational relevance and flexibility, with stronger public-private and interjurisdictional relationships at the operational level

The roundtable offered an opportunity for leaders to discuss what is needed in an Australian CDS, how a CDS should mobilise in response to a public health emergency and how it can better support the current and emerging public health concerns in an equitable way.

What ACHSM members are looking for in an Australian CDC

As the COVID-19 pandemic highlighted the dangers of misinformation and inconsistent messaging, the roundtable participants supported the notion of central agency. Participants reflected that success of an Australian CDC will require:

- Clear articulation of the CDC's role and purpose
- Close consultation with those at the operational level
- Responsiveness and contemporary updates
- Strong public and private collaboration
- Thinking beyond the state and territory level
- Innovation and intelligence

It was noted that during the COVID-19 pandemic, data and intelligence was often fragmented across the states and territories, with limited visibility of national capacity, across the private and public sectors. A CDC would have an important role in centralising informatics, from dashboards to horizon scanning.

In addition to the key goals announced by the Federal Government, to:

- ensure ongoing pandemic preparedness,
- lead the national response to future health emergencies,
- work to prevent and control non-communicable (chronic) and communicable (infectious) diseases,

participants reflected that a CDC should also fulfill the following roles:

- deliver and maintain a national disease surveillance system,
- collaboration with international equivalent bodies, and
- research and modelling.

As a "*single source of truth*", participants conveyed that the CDC remain apolitical and deliver communication that can target various levels of the community and all arms of health policy and delivery.

Discussion raised other important questions such as the optics of the name 'Centre for Disease Control', given the pandemic demonstrated a rejection of punitive, or 'controlling' measures. Being able to build a solid foundation of trust will be key and having not only official authority, but perceived authority was also noted as a critical element to the CDC's success.

Responding to the next public health emergency

As a key element of the CDC, responding to the next public health emergency will require rapid coordination of communication, policy and operations. During the roundtable, leaders were asked to suggest enabling factors that would support swift mobilisation of the CDC during critical periods.

Suggestions included:

- The establishment of 'break glass' policies in advance to facilitate interjurisdictional collaboration
- A live communication site, offering consistent messaging
- A foundation of strong consultation with stakeholders 'on the ground' and robust evidence
- Centralised modelling and a consolidated understanding of disease
- Flexible working arrangements, leveraging the public and private workforce and international community
- Innovation through digital methods, including telehealth services and virtual care

The participants noted that there were existing emergency response plans such as the Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN), that are important models to learn from and engage with during the design process.

Supporting Australians on broader public health issues

As outlined by the Federal Government, the CDC will play a pivotal role in preventing and controlling both communicable and non-communicable diseases. Australia's healthcare system is a complex web of service providers, organisations, government, and non-government sectors and so the introduction of a CDC will require careful consideration. Participants reflected on the role that the CDC could play outside emergency management, with key sentiment being that the CDC should aim to avoid duplication, but rather play a role in setting strategy and/or providing a level of standards.

Chronic diseases, as a majority cause of death in Australia, were expressed as a key focus area of the CDC. Participants discussed that whilst controlling infectious disease is important, in a developed country such as Australia, the burden of preventable non-communicable disease is enormous. The CDC could offer a strong leadership position to implement policies and operationalise national public health interventions to tackle the conditions with greatest burden, including cancer, cardiovascular diseases, diabetes, and mental health conditions. Particularly in an ageing population, it was agreed that prevention needs to sit at the fore of the CDC's priorities.

Participants also raised that a key focus for the CDC should centre around understanding and managing the impact of climate change on the health of Australians, in addition to ensuring the liveability of our communities.

Additionally, ensuring strong collaboration with other agencies both within Australia and internationally was deemed important, to consolidate or leverage public health initiatives, and enhance horizon scanning.

Ensuring an equitable focus across Australia.

It was stated by participants that in Australia, thinking beyond a metropolitan context is important, as we have many other contexts to consider. Ensuring equity in a national body is essential.

There were many suggestions set by the participants during the roundtable, that would support a fair design of the CDC. These included:

- Having a special focus on under-represented or under-served areas such as Aboriginal and Torres Strait Islander People, LGBTQIA+ people, culturally and linguistically diverse (CALD) individuals and those living with a disability
- Incorporating our pacific neighbours
- Having both state and commonwealth buy-in
- Collating quality inputs across primary and tertiary care

Forging ahead

The roundtable offered an opportunity for healthcare leaders to discuss what they see as important elements in an Australian Centre for Disease Control. Participants shared a view that a single source of truth for communication, data, and strategy would be beneficial in reinforcing national public health leadership, if it is underpinned by robust evidence and strong collaboration. The insights shared by the participants highlight the importance of the consumer lens in informing policy.

Noting the recent released of the 'Australian Centre for Disease Control Statement of Intent' by the Commonwealth, State and Territory Health Ministers³, it is reassuring to see that the Commonwealth, State and Territory governments agree to foster a close partnership with each other, with a commitment to share lessons learnt from the COVID-19 pandemic. It is critical that government engage with the diverse leaders of the ACHSM community and more broadly, to ensure the diverse and lived experience of our leaders are leveraged and represented.

³ Australian Centre for Disease Control (CDC) Statement of Intent – 10 November 2023, Australian Government Department of Health, November 2023.

Connect with us:

Yael Cass

Principal

t +61 401 718 533

e yael.cass@nousgroup.com

w nousgroup.com



Dr Paul Eleftheriou

Principal

t +61 413 090 734

e paul.eleftheriou@nousgroup.com

w nousgroup.com

