Public Health Association
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Association

Public Health Association of Australia
&
Australian Health Promotion Association

Submission on the
Australian National Preventive Health Agency (Abolition) Bill 2014

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PHAA & AHPA Submission:
Australian National Preventive Health Agency (Abolition) Bill 2014

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1. Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

The Australian Health Promotion Association (AHPA) is the only dedicated professional association specifically for people interested or involved in the practice, research and study of health promotion. The mission of the Association is to demonstrate leadership in health promotion, advocate for the health promotion workforce & support evidenced informed health promotion so that everyone can enjoy good health.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

Health Promotion

"Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health" (from the World Health Organisation Ottawa Charter 1986). Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the

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PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

The Australian Health Promotion Association

The Australian Health Promotion Association (AHPA) is the peak body for health promotion in Australia. AHPA advocates for the development of healthy living, working and recreational environments for all people. It also supports the participation of communities and groups in decisions that affect their health. The Association supports more than 1000 members and subscribers, from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies and industries, and students. Membership of the Australian Health Promotion Association is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health.

The Association is governed by a Board at the national level with operational branches in most states and territories. At the national level activities include: the Australian Health Promotion Association National Conference usually held annually and hosted by Branches on rotation; a tri-yearly Population Health Congress with partners: Public Health Association of Australia, the Australasian Epidemiological Association and the Australasian Faculty of Public Health Medicine; a website providing professional and membership information; a national listserv providing members with employment, advocacy and events information; the Australian Health Promotion Update and the Health Promotion Journal of Australia. At the branch level activities include: professional development, such as seminars, workshops and training on a wide range of topics; employment scholarships for health promotion students or graduates; mentoring programs; conference scholarships; jobs and events e- lists; and newsletters outlining current activities and local issues; and advocacy activities.

This submission

The PHAA and AHPA appreciate the invitation from the Senate Standing Committees on Community Affairs to provide input on the *Australian National Preventive Health Agency (Abolition) Bill 2014*.

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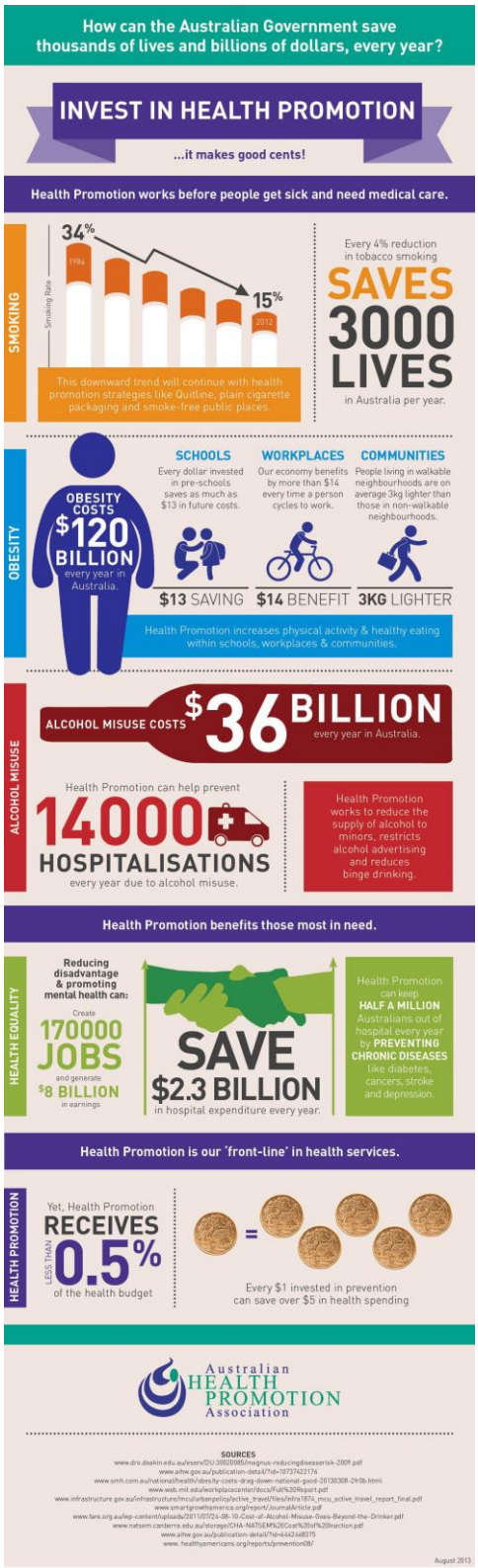
The value of health promotion and public health investment



Return on Investment

Investment in health promotion and public health has considerable return on investment.

See for example:

- Canadian Public Health Association:

http://www.youtube.com/watch?v=TVZxtuZhN_M

- American Public Health Association

http://www.publichealthnewswire.org/?p=7079

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2. Background

The Public Health Association of Australia and Australian Health Promotion Association sought the establishment of a Preventive Health Agency as part of its submission and support for the National Preventative Health Taskforce.

When the National Preventative Health Taskforce brought down its report *Australia: The Healthiest Country by 2020*, on 1 September 2009, the Chair of the Taskforce, Professor Rob Moodie set out the rationale for the establishment of the Australian National Preventive Health Agency:

The Strategy is for all Australians, not just governments. It is presented as a comprehensive approach with seven strategic directions:

1. **Shared responsibility** – developing strategic partnerships – at all levels of government, industry, business, unions, the non-government sector, research institutions and communities
2. **Act early and throughout life** – working with individuals, families and communities
3. **Engage communities** – act and engage with people where they live, work and play; at home, in schools, workplaces and the community. Inform, enable and support people to make healthy choices
4. **Influence markets and develop coherent policies** – for example, through taxation, responsive regulation, and through coherent and connected policies
5. **Reduce inequity through targeting disadvantage** – especially low socioeconomic status (SES) population groups
6. **Indigenous Australians** – contribute to 'Close the Gap'
7. **Refocus primary healthcare towards prevention**

Each of these strategic directions requires strong infrastructure to support action, coordinated and driven via the National Prevention Agency working with a range of national, state and local partners[1].

The report described the commitment of all Australian governments to the Agency.

> A new national capacity will be developed. This begins with the capacity to effectively monitor, evaluate and build evidence. The COAG National Prevention Partnership has already committed to a National Prevention Agency (NPA), which will facilitate a national prevention research infrastructure to answer the fundamental research questions about what works best. The NPA will also provide resources and advice for national, state and local policies, generate new partnerships for workplace, community and school interventions, assist in the development of the prevention workforce, and coordinate and implement a national approach to social marketing[1(p9)].

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3. Undermining government action on prevention

The *Australian National Preventive Health Agency (Abolition) Bill 2014* simply flies in the face of an agreement by all governments in Australia. It is a unilateral action by a single government to do away with an agreement reached between governments. It is one of a series of moves that undermine the actions that have been taken to promote preventive health in Australia. The abolition the National Partnership Agreement on Preventive Health removed $367million over four years from public health. This is at a time when the Australian Institute of Health and Welfare estimates Australian spending on prevention to be less than 2% of overall health expenditure.

Governmental commitment to prevention across Australia - including the States and Territories - in 2012 stood at 1.9% of the health budgets (AIHW: Australia's Health 2012), much of which is dedicated to screening and immunisation programs. This is down from the 2010 figure of 2.2% (AIHW: Australia's Health 2010). The PHAA and AHPA supported the policy and funding commitments that were made to prevention in recent years through the Council of Australian Governments (COAG) and other processes. Any health program designed to improve the health of Australians must include a strategy to increase the funding allocated to prevention. Instead we have seen a dramatic drop in the level of commitment in this budget.

Australia's infrastructure for prevention and health promotion, including the collection and analysis of data on health care and health status has been regarded with admiration and envy by many other countries. The meagre funds currently directed at preventative health cannot be further diminished. The cost of this decision in the end will be taken up by the primary and tertiary health system and will translate to longer waits in emergency departments, increased inpatient stays for preventable chronic and communicable disease and longer surgical waiting lists.

Prevention spending makes good economic sense – although the results are never short term. With more spending on prevention initiatives in the areas of on alcohol, obesity and tobacco use the community would be healthier and health bills around non-communicable disease would be reduced. For example, in relation to alcohol, the reduction of alcohol supply to minors, advertising restrictions and behaviour change targeting binge drinking can prevent 14000 unnecessary hospitalizations for alcohol misuse annually. Obesity costs Australia 120 billion dollars annually, yet people who live in a walkable neighbourhood are on average 3kg lighter than those who cannot walk to school, work or around their community and every time someone rides to work – the economy benefits by more than $14.

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4. The Role and Achievements of the Australian National Preventive Health Agency

The Australian National Preventive Health Agency reported to Minister Dutton as part of its Annual Report 2012-2013. In doing so it set out the way that it operated. That description follows here:

> *The Agency commenced operations on 1 January 2011, following the passage of the Australian National Preventive Health Agency Act 2010 by the Australian Parliament in November 2010. The Agency was established as a national body with the capacity to lead, facilitate and coordinate prevention and health promotion efforts across the country.*
>
> ***ROLE AND FUNCTIONS***
> *The Agency advises the Commonwealth Minister for Health about preventive health and may be requested to advise, or make recommendations to the Standing Council on Health (SCoH), a state or territory government or the Australian Local Government Association. This provides a valuable opportunity to influence prevention and health promotion policy and strategy development across the country. The Agency is integrating work already underway by the Commonwealth, states and territories and the non-government and community sectors and for the scale-up of programs and interventions to maximise outcomes for the community.*
>
> *The Agency is focused on evidence-informed efforts in prevention and the development of integrated approaches to address health risk, including the social determinants of health and through the delivery of primary health care services to the community. The Agency is helping to build an environment to speed up the development of evidence for further action and is providing national leadership in the dissemination of knowledge and, with partners, strengthening national data and information capacity in order to better measure and report on progress.*
>
> *The Agency is also playing a critical role in ensuring a balance between 'top down' approaches (traditionally the role of SCoH, the Commonwealth and state and territory governments) and 'bottom-up' approaches (from families, communities and industry) together playing a significant role in achieving progress on strategic priorities. Governments agree that a comprehensive approach to preventive health must include the full range of players that can help make healthy choices easy choices for all Australians.*
>
> ***OUR VISION***
> *A healthy Australian society, where the promotion of health is embraced by every sector, valued by every individual, and includes everybody.*
>
> ***OUR MISSION***
> *To be the catalyst for strategic partnerships, including the provision of technical advice and assistance to all levels of government and in all sectors, to promote health and reduce health*

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risk and inequalities. Initiate actions to promote health across the entire Australian community.

STRATEGIC GOALS

The Agency has six high level strategic goals which capture the scope of its activity and which will, through sustained attention and collaborative action, deliver the vision.

Goal 1: Healthy Public Policy

Promote and guide the development, application, integration and review of public, organisational and community-based prevention and health promotion policies.

Goal 2: Health Risk Reduction

Provide policy advice and program leadership to support the development, implementation, evaluation and scaling up of evidence-informed health promotion and health risk reduction strategies for population groups across the lifespan and in a range of settings, with an initial focus on obesity, tobacco and harmful alcohol consumption.

Goal 3: Knowledge Management

Drive the development of dynamic knowledge systems that enable evidence-informed policy and practice

Goal 4: Information and Reporting

Guide improvements in national surveillance systems for prevention and health promotion and ensure that information on the progress of prevention and health promotion strategies is made readily available and regularly reported.

Goal 5: Capacity Building

Build broad and comprehensive prevention and health promotion capacity.

Goal 6: Organisational Excellence

Establish the Agency as an innovative, reliable, transparent and accountable organisation, highly regarded by governments, partners, staff and the community with a strong national identity.

VALUES

***Catalyst** – initiate, foster, broker, promote and add value to prevention and health promotion efforts throughout Australia.*

***Collaboration** – build and strengthen effective and lasting partnerships across all levels and all relevant portfolios of government and with the health system, the research community, industry, media, and the non-government and community sectors.*

***Credibility** – support and produce well-researched and high quality policies, programs and advice, based on the best available evidence and expertise.*

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Innovation *– facilitate solutions that go beyond the traditional silos and boundaries of institutions and sectors and actively seek new approaches to connect research with policy and practice.*

Integrity *– be accountable for all facets of the Agency's work, acting with honesty and transparency in all work.*

Learning *– foster continuous learning and development.*

The Preventive Health Agency was still a relatively new body but was well underway in performing the functions assigned to it under legislation.

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5. Maintenance of focus on and funding for preventive health

Our primary concern in relation to the abolition of ANPHA and related Budget measures is that the cumulative effect is a fundamental loss of focus on and funding for preventive health in Australia. In the PHAA's previous submissions to the National Commission of Audit (Attachment A) and the Senate Select Committee into the Abbott Government's Commission of Audit (Attachment B), we focused on the cost-effectiveness of preventive health measures in advancing public health, and measures for raising additional revenue that are also consistent with achieving public health goals.

Key points presented in detail in these submissions included:

- Governmental commitment to prevention across Australia - including the States and Territories - currently stands at 1.9% of the health budgets (AIHW: Australia's Health 2012), much of which is dedicated to screening and immunisation programs.
- A modest increase in the prevention spend now will bring substantial benefits in terms of both health and costs in years ahead. There are also opportunities for raising revenue of over $2 billion per annum while playing a key role in improving long term health outcomes of individuals and the community when implemented as part of a comprehensive program.
- We outlined specific taxation measures in relation to tobacco, alcohol and unhealthy foods that would both increase revenue and achieve key public health goals.
- We provided references to key publications – including the 2010 Assessing Cost-Effectiveness in Prevention (ACE Prevention) report – supporting our analysis.
- It is important that in seeking efficiencies, the Government avoids cost-cutting measures that may represent false economy, having particular regard to the cumulative impact of such measures on public health and related outcomes.
- We outlined a series of domestic examples of previous funding cuts that represented false economy.
- We also noted the work of Professor David Stuckler from Oxford University who has published extensively on the impact of cuts to health budgets in European countries in recent years. Cuts to public health and prevention measures overseas have seen rates of HIV, TB, suicide and infant deaths rise exponentially – demonstrating the unintended impacts and false economy of funding cuts in those countries.
- We expressed concern that funding cuts undertaken domestically prior to the Budget were already impacting on the most vulnerable groups in our community.

We are concerned that many of the funding cuts in this year's Budget – including the abolition of ANPHA - appear to be short sighted approaches that do not recognise the health and economic costs associated with the growing burden of chronic disease.

The abolition of ANPHA is particularly concerning given its focus on promoting preventive health approaches designed specifically to reduce pressure and costs in hospital and acute settings. It is

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vital that there are agencies at the national level to protect and progress the national interest in key areas such as primary health care and preventive health.

Whilst we still have unacceptable disparities between Indigenous and non-Indigenous health outcomes, Australia has one of the highest levels of life expectancy in the world. This is in no small way due to the gains that have been made in public health and medicine over the last century. Public health and health promotion gains are not always quick, but they have significant individual, community and national benefits. As has been noted of the 2014 federal budget, "nobody can doubt our health services and future health are the big losers. The crazy part of all this is that it's preventive programs that ultimately save the system money". In other words, supporting individuals and communities to remain well, or to intervene early to reduce the impact of health issues, has clear economic, mental, physical and social benefits for the whole nation.

It's long term pain for short term gain – We firmly believe these spending cuts and the loss of focus on preventive health will cost a lot more over time. If the Government wants to reduce pressure on the health budget over time, it should actually be looking to increase the proportion of the health budget dedicated to prevention. Instead, expenditure on prevention is reduced dramatically.

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6. Calls for an Australian Centre for Disease Control (ACDC)

Keeping in mind that there were indications long before the 2013 election that the Australian National Preventive Health Agency would be targeted by the incoming government, the PHAA had previously proposed that the work of the Agency could be incorporated into a much more extensive agency that went well beyond the relatively narrow prevention focus that was assigned ANPHA and could also deal with planning and evaluation around all forms of disease whether non-communicable or communicable. We perceived that in the short term the costs would not be dramatic as the functions that are performed in a disparate way across a number of departments and jurisdictions.

In the *PHAA Key Election Priorities* document (Attachment C) released prior to the election, the Association identified *"There are opportunities for raising revenue of over $2billion while playing a key role in improving long term health outcomes of individuals and the community when implemented as part of a comprehensive program".*

The PHAA called for an investigation into the establishment of a new Australian Centre for Disease Control (ACDC), along the lines of those in Canada and Europe. Many comparable international bodies have been refocussed or grown to not only focus on communicable disease control, but on prevention of non-communicable and preventable chronic diseases.

At the Communicable Disease Network of Australia (CDNA) and PHAA Communicable Disease Control Conference held in Canberra (4-6 April 2011), the Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians and PHAA progressed the concept of an Australian Centre for Disease Control (ACDC), which would provide national scientific leadership of surveillance and control of current and emerging infectious diseases across the country and, as appropriate, in the neighbouring region.

Key Concepts of an ACDC

This submission draws heavily on a 2011 discussion paper which was developed in partnership with the Australasian Faculty of Public Health Medicine and this submission builds upon that work. The key concepts were firstly, that the aim of establishing an ACDC would be to provide strong central, expert driven leadership and coordination of national communicable disease control. Secondly, an ACDC could operate as the central leading organisation (the hub), in partnership with existing government and non-government agencies: a "Hub and Spoke" model. Key functions could include:

- National coordination of disease surveillance. Experts in both non-communicable and communicable disease surveillance should lead the analysis and interpretation of notifiable disease information and the coordination of scientific effort;

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- National leadership in communicable disease prevention programs e.g. National Immunisation Program, HIV and antibiotic resistance;
- Specialist expertise in the investigation, coordination and management of nationally significant outbreaks of communicable disease or other significant related issues (e.g. adverse events following vaccination);
- Specialist expertise in the investigation of prevention and management of non-communicable disease;
- Oversight and coordination of training and development of the disease control workforce; and
- Strategic contribution to the control of both non-communicable and communicable diseases in the Australian Area of Interest (Western Pacific and Near North) in partnership with World Health Organisation regional agencies (SEARO and WPRO).

Our perception was that such an agency would best be established through legislation to function as a national source of technical capacity separate to the existing Department of Health (and jurisdictional equivalents). This 'Agency' should report through a CEO to a Board of eminent leaders in disease control and prevention and ultimately through the Board to the Federal Minister of Health. Appointments to the Board should be made by agreement between the Federal, State and Territory Ministers of Health, through the Standing Council on Health (SCoH) and/or Council of Australian Governments (COAG) and in consultation with recognised leaders in disease control.

A framework for implementation and evaluation of this model should be established which takes into account the costs involved, measures of functional improvement in disease control initiatives and particularly improvements in disease control outcomes at jurisdictional levels. This would include measures based around priority targets for disease control and would also involve consideration of current arrangements under the legislative framework of the *National Health Security Act 2007.*

The current system

Australia has a track record of positive outcomes in disease control. This extends as far back as Australia's impressive response to the 1918-19 influenza pandemic and leadership in the early days of the response to HIV-AIDS. However, we continue to have concerns that:

- the pressures of globalisation, travel and environmental change have resulted in a complex and rapidly evolving communicable disease agenda.
- Modern and future communicable disease threats require a much more robust response capability than can be delivered through current systems.

Although the Australian Government plays a role in disease control, there are limitations to its authority and ability to influence the traditional roles of the States and Territories in securing disease

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control outcomes. It is not just in the area of health, or communicable disease in particular but that the interests of the State and Territory jurisdictions do from time to time differ from Federal interest creating a certain level of tension. Recently, for example, the Queensland government extensively cut areas of public health including some that have direct relevance to both communicable and non-communicable disease. The impact on public health and health promotion was significant with the Queensland government stating that this was the work of Medicare Locals. The scrapping of the National Partnership Agreement on Preventive Health and ANPHA has really marked an end to cooperation in the area of prevention and health promotion.

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7. The need for a centralised Australian Centre for Disease Control

Australia is unique in being the only Organisation for Economic Co-operation and Development (OECD) country without a recognised separate authority for the national scientific leadership and coordination of communicable disease control. Different nations have different models to deliver this function, but all comprised technical professionals with a degree of independence from the political process. Significant benefits and achievements are attributed to the United States Centers for Disease Control (CDC) in the literature[1, 2] and both the US and United Kingdom Centres attest to their successes in their annual reports. [3, 4] The European Centre for Disease Control (ECDC) is a recently established supra-national agency. Within 2 years of commencing operations, the ECDC was favourably evaluated as providing benefits to the European Community.[5] Generally speaking, in high income countries, Centres for Disease Control have made a favourable contribution to the health and wellbeing of the population.

The call for an ACDC has been a longstanding one.[6] Rubin *et al* heralded the benefits of local coordination and dedicated training for public health disease control based on the US CDC training program when Public Health Units were established in NSW in 1990.[1, 7] Recently, there have been a number of public expressions of interest in the establishment of an ACDC and in ensuring an ongoing commitment to training in communicable disease epidemiology.[8, 9] A number of people with an interest in the outcome of an ACDC have re-commenced advocacy in medical and government fora.

Renewed advocacy for an ACDC has notably been driven by the results of critical reflection upon recent national disease control incidents.[8, 10] The national response to the 2009 H1N1 Influenza A pandemic demonstrated that the required resources and leadership far exceeded what was available to the Australian Government and CDNA.[10] This led to large demands upon the public health workforce in the States and Territories. The ability of the public health workforce to 'surge' to meet these demands was not sustainable. Many jurisdictional representatives on CDNA, tasked with providing technical advice, were also required to lead and manage the response. An ACDC is necessary to provide national technical leadership and coordination of emergent public health responses, including the efficient communication of technical information and strategic management of the public health workforce to provide national surge capacity. The outcome would be improvements in the technical input to decision making in response to national disease threats and an improved capability to conduct the national response.

The identification in April 2010 of febrile convulsions in young children following administration of seasonal influenza vaccine highlighted the need for timely identification of new adverse events following immunisation, and the need for expert driven investigation of an emerging health issue.[11] An ACDC would be responsible for the routine surveillance of Adverse Events Following Immunisation, timely identification of signals arising from this surveillance and the technical leadership and coordination of the investigation and response to identified concerns. This would

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increase the potential for highly efficient public health investigations with the optimal allocation of scarce public health resources and timely reports to Government and the community.

The examples cited above are evidence of the overall lack of national capacity to address communicable disease issues in a strategic manner within the context of an inclusive and sustainable program. Currently the AHPPC, the Office of Health Protection, Department of Health (DoH) and the CDNA jointly manage the national communicable disease agenda. Among the CDNA's tasks are the development of national documents (e.g. specific disease control guidelines) and monitoring particular disease control priorities. The CDNA relies on States and Territory input with some Australian Government administrative support. Its functions and deliverables are limited by this dependence. An ACDC, as a central core of technical expertise, would offer CDNA in particular a strong 'technical' arm to assist with deliverables such as guidelines or technical reports. It would also need to operate within a supportive legislative framework to deliver a highly effective and efficient program of communicable disease control.

There are a number of important communicable disease issues which are outside the immediate scope of the CDNA. Their common feature is the lack of national leadership and ownership which leads to a piecemeal approach rather than a coordinated drive for solutions. At the very centre of the argument for an ACDC is the absence of a national strategic communicable diseases plan and the agency that would be responsible for the delivery of the coordinated programs and increase the national capacity for communicable disease control. A prime example is the lack of national leadership and recognition of the importance of emerging antibiotic resistance and the requirement for a public health led approach. In this context an ACDC would work with organisations such as the Australian Commission on Quality and Safety in Health Care to ensure coordination of strategies aimed at improved quality of clinical care and communicable disease control. An ACDC would also provide the leadership to meet the ongoing challenges in sexual health and blood borne viruses of increasing rates of HIV, viral hepatitis, chlamydia, gonorrhoea and syphilis infections. Local sexual health clinics and leading academic institutions such as the Kirby Institute (formally the National Centre in HIV Epidemiology and Clinical Research) can describe the emerging issues but they need a national level 'home' to ensure that issues are taken up as they are identified and that solutions are conducted nationwide within a structured framework.

Such outcomes are also desirable in other public health programs. The National Immunisation Program is faced with a number of decisions regarding the introduction of new vaccines, changes to the current vaccination schedule and the task of revision of the Australian Immunisation Handbook. While the technical input is available through the Australian Technical Advisory Group on Immunisation, the national leadership, infrastructure and logistics to plan, develop and evaluate a national program and to drive changes such as an all of life vaccination register are lacking. An ACDC would be responsible for coordinating the inclusion of technical advice with the implementation, evaluation and subsequent improvements to the program.

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Recognising the benefits of coordination also recognises that much of the communicable disease control agenda is currently divided across the nation into specialty sector interests. Universities and laboratories have had much to gain from this diversified and 'devolved' (read fragmented) approach to disease control. However, it should be understood that the standing up of an ACDC would provide practical benefits to those already working within the existing clinical/technical/research environments. Furthermore their agendas are generally weighted to research and do not contribute to timely surveillance for intervention activity.

The workforce that supports communicable disease control would benefit from the establishment of an ACDC. There are nationwide problems in recruiting throughout the health system but especially in training the disease control workforce. This workforce has benefited from the establishment of a dedicated program to deliver a trained workforce, however even this area of health seems unlikely to survive the budget cuts. Other workforce training in communicable disease control has been achieved through traditional campus course Masters in Public Health and jurisdictional training programs (eg NSW Public Health Officer Training Program).

There have been serious threat to the maintenance of a high quality trained workforce in communicable disease control, reduces the outbreak response surge capacity and has created a gap in workforce training. The management of this workforce gap has no national ownership or perceived solution to what is ultimately an issue of national importance. There would be benefits in having a national agency take leadership on the whole issue of workforce development for what is a specialised role (disease control). The establishment of an ACDC would provide the 'home' for the oversight, coordination and management of this issue.

The OzFoodNet program is an example of a well-resourced, nationally coordinated program which addresses many of these aforementioned requirements, albeit for the control of foodborne disease. It operates within a framework of central and jurisdictional centres of expertise and through its established program of surveillance and interaction with centres of laboratory expertise and international authorities serves as a national epidemiological resource and a national repository of educational expertise for the investigation and management of foodborne disease in Australia. It was evaluated positively in 2002 and continues to provide an excellent service and resource to this day.[12] It provides the template for the construction of similar programs to address areas such as respiratory disease, blood borne virus infection and health care infection.

OzFoodNet provides a current working example of the most suitable way to address the requirement for technical leadership and coordination of a national communicable disease control program in Australia. This would be through the use of a 'Hub and Spoke' model which would complement the existing framework for communicable disease control in the States and Territories. This would provide central, expert driven leadership and coordination of a national non-communicable and communicable disease control 'program', enhanced transparency in decision making and efficient use of expertise. It would provide the necessary base for nationally enhanced

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capability in surveillance, workforce development and tasking, identification and addressing the key issues and the conduct of outbreak response measures at a national level.

The most appropriate way to support the authority of an ACDC would be through legislation which enables it to function as a national source of technical capacity separate to the existing Department of Health (and jurisdictional equivalents).

In the event of establishing an independent disease control authority the reporting framework should be through a CEO to a Board of eminent leaders in disease control and prevention and ultimately through the Board to the Federal Minister of Health. Appointments to the Board should be made by agreement between the Federal, State and Territory Ministers of Health, SCoH and/or COAG and in consultation with recognised leaders in disease control.

8. Conclusion

Good health throughout the population is a requirement for economic and social wellbeing. Loss of funding to preventative health through the abolition of ANPHA, and other agencies will cost Australia dearly. Closing ANPHA, in addition to ceasing the National Partnership Agreements on Population Health saves the federal government a relatively tiny amount, but will reverse the significant population health gains made by the states and drive thousands more people into hospital every year.

We believe that the Australian National Preventive Health Agency has delivered according to its governing legislation. However, the Association is also keen to ensure that should the National Preventive Health Agency (Abolition) Bill 2014 be successful then it would be appropriate for the Senate Standing Committees on Community Affairs to recommend planning for the establishment of an Australian National Centre for Disease Control that not only covers the work that was being conducted by ANPHA but also develops a much more effective agency with broader responsibility for protecting Australia against all forms of disease

We are particularly keen that the following points are highlighted:

- The expenditure by Australian governments on prevention at less than 2% of health budgets is woefully inadequate
    - Even this expenditure is under threat
    - This is a very short term economic and health view
- Should the *National Preventive Health Agency (Abolition) Bill 2014* be successful, we recommend Australia develops an ACDC
    - The ACDC be tasked with technical leadership on communicable and non communicable disease control across Australia
    - The ACDC be at arm's length from government

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- The ACDC be focussed on Australia's needs but also take into account regional issues
- The establishment of the ACDC will bring us in to line with other OECD countries
- The ACDC provides the best mechanism to protect the health and wellbeing of Australians.

We appreciate the opportunity to make this submission and present our ideas to you.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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On behalf of the Public Health Association and the Australian Health Promotion Association

5 June 2014

- **Attachment A:** PHAA submissions to the National Commission of Audit
- **Attachment B:** PHAA submission to the Senate Select Committee into the Abbott Government's Commission of Audit
- **Attachment C:** *PHAA Key Election Priorities*

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References

1. Moodie R (Chair) *Australia: The Healthiest Country by 2020* http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-overview-toc~nphs-overview-1

2. Rubin G, The United States Centers for Disease Control, NSW Public Health Bulletin 1992; 3 (8) 87-88.

3. Popovic T and Snider DE. 60 years of progress - CDC and infectious diseases. Emerg Infect Dis. 2006; 12(7): 1160-1.

4. US Centers for Disease Control, State of CDC Archive Reports, http://www.cdc.gov/about/stateofcdc/index.htm, accessed 24/2/2011.

5. Health Protection Agency, 2010 Annual Report and Accounts, http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1274093575390, accessed 24/2/2011.

6. Oortwijn W, Mathijssen J, Stoicescu D et al, External Evaluation of the ECDC, ECORYS Nederland BV, 2008, located at http://www.ecdc.europa.eu/en/aboutus/Key%20Documents/0808_KD_External_evaluation.pdf, accessed 24/2/2011.

7. Douglas RM. Does Australia need a centre for disease control? MJA 1987; 147: 493-496.

8. Rubin G, Frommer M, Morey S, On the right track – public health infrastructure. NSW Public Health Bulletin 1991, 2(1): 1-2.

9. Brotherton J, Kaldor J, Saville M, Australia needs a national centre for disease control. MJA 2010; 193 (10) 623.

10. Kelly P, Lokuge K, Vally H, Cameron AS, Australia needs a national centre for disease control. MJA 2010; 193 (10) 623-4.

11. Givney, R C, A pandemic response to a disease of predominantly seasonal intensity. MJA 2010, 192 (12): 722.

12. Gold MS, Effler P, Kelly H, Richmond PC, Buttery JP. Febrile convulsions after 2010 seasonal trivalent influenza vaccine: implications for vaccine safety surveillance in Australia. MJA; 2010; 193(09): 492-493.

13. Department of Health and Ageing, OzFoodNet, Report of the External Review team, Nov 2002, Canberra.

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