



The Asia Pacific Society for Physical Activity (ASPA) Submission to the Australian Government Department of Health and Aged Care regarding the Consultation Paper:

Role and Functions of an Australian Centre for Disease Control

– Prevention – Promotion – Protection.

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The Asia Pacific Society for Physical Activity (ASPA) is pleased to provide a submission regarding the Consultation Paper: **Role and Functions of an Australian Centre for Disease Control – *Prevention – Promotion – Protection.***

1.0 Introduction

We congratulate the Government on this bold and important initiative.

An agency with specific responsibility and dedicated funding for health-related prevention, health promotion and protection is long overdue and it can fill important gaps in the Australian health landscape.

While we support the initiative, we have suggestions for improvement and provide constructive recommendations for your consideration.

2.0 The need for a priority focus on prevention and health promotion

Currently in Australia, 90% of deaths are due to chronic diseases (hereafter referred to as noncommunicable diseases (NCDs)). The vast majority of these deaths are attributable to cardiovascular disease, type 2 diabetes, dementia and cancers. These are our most common diseases that lead to long-term illness and they are also Australia's most costly conditions to treat and manage (AIHW 2019: AIHW 2020). The total annual cost of Australian chronic-disease-related hospital stays is a staggering \$15.1bn.

Importantly, these diseases and the major risk factors that cause them, smoking, physical inactivity, sedentary behaviour, unhealthy diets, unsafe alcohol consumption and poor mental health are substantially preventable.

While Australia has known this for some time, and has led the world in tobacco control and aspects of NCD research, Australia has failed to translate its successes into robust and funded implementation (with the exception of tobacco control). The World Health Organization's (WHO)



Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) and related resolutions of the United Nations and WHO, and numerous further WHO Global Action Plans and Technical documents, provide a blueprint for implementation. Australia is a signatory to these documents, supporting them via endorsement at the World Health Assembly (WHA) (WHO 2013: WHO 2017).

From the perspective of ASPA, and of high relevance to the Australian CDC, two commitments must be made and reflected in the scope and priorities of the new Agency.

1. Commitment to fully implement an Australian version of the WHO Global Action Plan on the Prevention and Control of Noncommunicable Diseases (GAP, NCDs) (WHO, 2013); and
- 2). Implement the WHO Global Action Plan on Physical Activity, 2018-2030 – via an Australian Physical Activity Plan (WHO 2018).

The discussion paper fails to adequately acknowledge the role of health promotion and prevention in reducing health burden, reducing hospital admissions and reducing health care costs. There is urgency to act on local and international commitments now. It is baffling therefore that in the discussion of what is 'in scope' versus 'possibly in scope', Preventive Health is not an immediate priority that the Agency is tasked with addressing from year One.

ASPA Notes the remarks of WHO Director General Tedros at the Working Session of the recent G20 summit, 15 November 2022, in Indonesia, where he outlines three health priorities for the future. The first of these was prevention.

“As the world recovers, let me suggest three priorities for building a healthier safer, fairer and more prosperous world. First, promote health.

Healthy and productive populations are not created in hospitals or clinics, but in homes, streets, schools, workplaces, supermarkets and communities.

We therefore urge all countries to make a paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes, in the food people eat, the water they drink, the air they breathe, and the conditions in which they live and work. ...”

(WHO Director General Tedros at the Working Session of the recent G20 summit, 15 November 2022)

Director General Tedros’ highlighted two other priorities - ‘Provide health’ and ‘protect health’.

We recommend.

- *That ‘prevention and control’ of disease should be reflected in the title of the new Australian agency’. The Australian Centre for Disease Prevention and Control (ACDPC).*
- *Prevention more broadly, and prevention of NCDs should be an immediate priority of the new agency (in scope) from its inception in 2024. This will afford Australia the opportunity to address the leading causes of death among Australians, honour our international commitments, and not be left behind by other nations.*
- *That the agency is resourced to fully commit to Preventive Health as an early priority that is ‘in scope’, and commits to supporting wide implementation.*
- *That preventive health be a key function of the Agency, and the Agency tasked by the Government to coordinate implementation – including implementing the National Preventive Health Strategy, and the National Obesity Strategy (Incorporating a National Physical Activity Action Plan) as well as delivery on Australia’s international commitments regarding noncommunicable disease prevention and control.*
- *That all of the above is reflected strongly in re-worked sections on design principles, strategic intent, functions and ‘in scope’ priorities.*
- *ASPA supports the section on leadership on Preventive Health and suggests that the language of this section be integrated fully across the document, particularly in the early sections and in the introduction.*
- *Within the above key commitments, we strongly recommend that Australia funds and implements a robust National Action Plan on Physical Activity, based on the WHO GAPP and adapted to Australian needs.*

3.0 The current working title of the CDC

In keeping with the above, ASPA does not support the current name, Australian Centre for Disease Control. However, we do strongly support the current sub-title of the Consultation paper - *Prevention – Promotion – Protection* and the signal this sends in relation to health policy, and preventive health.

The current working title of CDC in the 2022 context has limitations:

- Limiting the title to ‘disease control’ is inconsistent with the priority for health promotion and prevention, as well as control.
- While there is some merit in having the same title as agencies in other countries, this can lead to confusion with those agencies, hence the need to have ‘*The Australian ...*’ in the title.
- Having the same title as other agencies also ties Australia to the reputation of those agencies. Although erroneously, the reputation of the US agency and others has, in recent years, been politically contested and damaged.

The current title Centre for Disease Control is outdated and unsuitable for the Australian context. Most importantly, given that 90% of deaths in Australia are caused by noncommunicable diseases and their common risk factors, the title must include the term ‘prevention’.



We suggest the title, *Australian Centre for Disease Prevention and Control ACDCP*. The word ‘prevention’ logically precedes ‘control’ just as it does in the disease process. Furthermore, this is consistent with international commitments Australia has made at the World Health Assembly (WHA), in particular to the Global Action Plan for the *Prevention and Control* of Noncommunicable Diseases (NCDs).

We recommend.

- ***The agency have ‘Australian’ in its title***
- ***The name reflects the broader and more contemporary remit of ‘prevention and promotion’ (consistent with the sub-title of the Discussion Paper)***
- ***Therefore, we recommend the title, ‘The Australian Centre for Disease Prevention and Control (ACPCD)’***

4.0 Governance, Structure and Functions of the CDC

- **Governance:** ASPA Notes that the legal structure of the CDC is a decision for Government. However, we note the need for consultation and representation from the non-government sector (NGOs), many of which have niche expertise, have extensive reach into the Australian community, and they have a membership base that includes experts as well as people with lived experience.
- **Draft Purpose (p11):** The first of the functions on page 11 is far too broad and its title ‘Protect’ does not adequately reflect the priority needed for prevention. We suggest this purpose is broken into two separate headings:
 - A first purpose that includes ‘prevent, prepare, forecast’.
 - A second purpose that includes ‘detect and respond’.Alternatively the ‘purpose; could be reduced in size and appear as narrative text rather than as a list of points. Some of the detail can be incorporated in ‘functions’.
- **Functions (p12):** ASPA strongly supports the opening sentence. It captures a more logical sequence of the domains of evidence, health promotion, prevention and control – in this order. As mentioned previously this should be reflected in the ‘Purpose’, with a strong opening sentence. We suggest:
 - *‘Coordinate the creation, interpretation and assimilation of evidence to inform leadership of timely, effective and cost-effective actions, applied at scale, to advance and ensure world-leading disease prevention and control’.*

This logical sequencing of roles is very nicely reflected in the roles of the Public Health Agency of Canada, Case Study 1, p.13. i.e.

- *promote health*
- *prevent and control chronic diseases and injuries*
- *prevent and control infectious diseases*
- *prepare and respond to public health emergencies*
- *serve as a central point for sharing Canada’s expertise with the rest of the world*
- *apply international research and development to Canada’s public health programs*

- *strengthen intergovernmental collaboration on public health*
- *facilitate national approaches to public health policy and planning.*

We recommend.

- *The agency have a formal mechanism for consultation, engagement and representation from the non-government sector, noting the niche expertise of NGOs, broad reach into technical expertise and the Australian community, and their engagement of people with lived experience.*
- *The purposes need to adequately reflect prevention as a priority and it logically should appear first. We suggest the first purpose be ‘prevent, prepare, forecast’, and the second ‘detect and respond’. We commend the order in which the role/s of the Public Health Agency of Canada are listed (see Case Study p.13)*
- *Alternatively the ‘purpose; could be reduced in size and appear as narrative text rather than as a list of points. Some of the detail can be incorporated in ‘functions’. We suggest the opening sentence be:*
 - *‘Coordinate the creation, interpretation and assimilation of evidence to inform leadership of timely, effective and cost-effective actions, applied at scale, to advance and ensure world-leading health promotion, disease prevention and control’.*

5.0 International context – Meeting Australia’s international commitments

As an active member of the international community, Australia has made important commitments to WHO and UN global policies and action plans by voting for them at the UNGA and the WHA.

There is an opportunity for the new CDC to serve as a central point for sharing Australia’s expertise with the rest of the world as well as distilling and applying evidence and successes from other nations into the Australian context. Australian disease prevention and control can be greatly enhanced by more robust bi-lateral and multi-lateral cooperative arrangements with other nations.

From the perspective of ASPA, and of high relevance to the Australian CDC, two commitments are vital in relation to the international context relating to scope and priorities of the new Agency.

- **Commitment to robust implementation, in the Australian context, of the Global Action Plan on the Prevention and Control of Noncommunicable Diseases (GAP, NCDs).** Developed by WHO following the Declaration from the UN High Level Meetings on NCDs (2011), as well as follow-up meetings in 2014 and 2018.
 - The GAP, NCDs prioritises **five risk factors** that are common or significantly explain the chronic diseases which are the leading causes of death globally and the cause of 90% of deaths in Australia. These risk factors are:
 - Physical inactivity
 - Unhealthy diets
 - Tobacco smoking
 - Alcohol consumption, and
 - Air pollution



- The **five chronic disease conditions** prioritised in the GAP, NCDs are prevention and control of:
 - Cardiovascular disease
 - Cancers
 - Diabetes
 - Lung disease, and
 - mental health
- **Commitment to the WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA).** Physical inactivity relates to four of the above priority diseases and three of the priority risk factors. In 2018, The WHO, as a result of the priority it afforded to physical activity, developed the WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA). ASPA commends this plan and calls for an Australian Action Plan on Physical Activity implemented as a priority within the Preventive Health Strategy.

NCD and physical activity policy relevance to Australia and an Australian CDC

- Australia has committed by voting for resolutions of the UN and WHO to implementing the WHO GAP, NCDs and the WHO GAPPA.
- Australia has, to date, fallen behind in meeting the challenge of implementing these vital policy priorities and needs to accelerate and prioritise these as part of the remit of the Australian CDC. While lack of progress is disappointing, a vital opportunity exists for the new CDC to exert leadership, and bring vital coordination to this task. Implementation of these evidence-based strategies will enable achievement of important early wins for the Agency. Prioritising prevention of NCDs and the related risk factors (including physical inactivity) will deliver important health gains for the Australian community.

Australia's role in the Asia Pacific Region

- The Asia-Pacific Society for Physical Activity (ASPA) is acutely aware of the importance of Australia's role in the Asia Pacific Region. Strengthening relationships and forging new partnerships on prevention and control of leading health conditions, notably NCDs is being prioritised across the region currently.
- ASPA noted at the recent WHO Western Pacific Regional Meeting, the endorsement of the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific Region. This represents an important advance in efforts to support NCDs prevention and control in the Western Pacific (Item 12: NCD Prevention and Control (Document WPR/RC73/8)).

We recommend.

- ***The new agency maximise the opportunity to serve as a central point for sharing Australia's expertise with the rest of the world as well as distilling and applying evidence and successes from other nations into the Australian context.***



- *The new agency play a key role in enhancing more robust bi-lateral and multi-lateral collaboration and cooperative arrangements with other nations on disease prevention and control.*
- *The agency prioritise strengthening Australia’s voice and chronic disease prevention and control role and representations in the Asia-Pacific region*
- *The Agency coordinate robust implementation, in the Australian context, of the Global Action Plan on the Prevention and Control of Noncommunicable Diseases (GAP, NCDs) as well as Action Plans on related risk factors (including the WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA). Physical inactivity relates to four of priority diseases and three of the priority risk factors.*

6.0 Systems approaches

While the existence of policies and strategies is necessary, it is not enough to ensure success.

There has been a great deal of attention in recent years to addressing the system requirements for addressing and ensuring implementation success - explicitly identifying the factors that describe implementation success (or might describe implementation failure).

In 2021 the WHO Civil Society Working Group on NCDs (WHO CSWG) developed a Position Paper on this vital issue, and we commend its findings as part of this ASPA submission. The Paper addressed both NCD prevention and control as well as preparedness, rapid response and building back better from COVID-19.

The CCWG NCDs identified twelve priorities for building a robust system to support implementation and building back better. These are grouped into political requirements, policy requirements, and enabler requirements to build resilient systems (WHO CSWG on NCD, 2021).

We consider these highly relevant to the establishment of an Australian CDC. The requirements and the principles that underpin them are illustrated in Figure 1.

Figure 1: WHO CSWG on NCDs: Ten system requirements for building back better.

Resilient systems for 'building back better'

System requirements for the prevention and control of noncommunicable diseases and COVID-19

Political requirements

1. Strengthen high-level political commitment and leadership and accountability for delivery

Policy requirements

2. Design and implement comprehensive National Action Plans for prevention and control of NCDs and COVID-19
3. Complement National Action Plans by investing, at sufficient scale for national impact, in WHO global strategies and the revised WHO Best Buys and Other Recommended Interventions for NCDs.
4. During pandemics or large-scale emergencies, minimise disruptions to existing health services.

Enabler requirements

5. Identify and allocate sustainable financing including innovative funding options, such as levies on companies that cause harm.
6. Strengthen or establish National and sub-National institutions for prevention and control of NCDs and COVID-19.
7. Appoint high-level leaders for the prevention and control of NCDs and COVID-19
8. Support and enable the health workforce.
9. Co-design and implement solutions with input from civil society, consumers and people living with NCDs.
10. Strengthen investment in prevention and health promotion.
11. Tackle the commercial determinants of health and establish clear rules of engagement for the private sector.
12. Strengthen investment in evidence generation, guidelines, evaluation and monitoring to ensure quality and accountability

PRINCIPLES

- Work across the continuum of care
- Work across the life course
- Build equity
- Respect the human right to health
- Focus on people living with or at high risk of NCDs
- Prioritise working across NCDs and infectious diseases
- Build supportive environments and technologies to prevent and control NCDs and COVID-19
- Support, protect and strengthen health services and the health workforce

We recommend.

- *The Australian CDC is afforded systems support to ensure its success: specifically:*
 - *The Agency have high-level leadership with direct Ministerial accountability.*
 - *The agency has sufficient and sustainable financing.*
 - *The Agency has very clear, differentiated roles so that it fills gaps in current prevention and control of diseases but does not duplicate roles of States and Territories.*
 - *The Agency has both a policy focus and implementation priority, ensuring polices on disease prevention and control are fully implemented with sufficient authority, reach and dose to ensure objectives are met.*



- *The agency assumes responsibility for implementation of the Preventive Health Agenda, the Obesity Strategy (and within this, an Australian National Action Plan for Physical Activity and a National Action Plan for Nutrition).*
- *The agency use the ‘Ten system requirements for building back better’ (Or a modified equivalent check-list) as a guide or self-assessment tool to monitor its development and implementation.*

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