COVID-19 PANDEMIC HIGHLIGHTS NEED FOR AUSTRALIA TO ESTABLISH AN INDEPENDENT NATIONAL CENTRE FOR DISEASE CONTROL (CDC)

AMA submission to Senate Select Committee on COVID-19

The Federal AMA today appears at the Senate Select Committee on COVID-19 at Parliament House in Canberra to discuss the AMA submission to the Committee. The Committee can be viewed live at https://www.aph.gov.au/News_and_Events/Watch_Parliament

Opening Statement by AMA President, Dr Tony Bartone

I acknowledge the traditional owners of the land on which we meet, and pay respect to elders past and present.

I am also pleased to be appearing with my colleagues from the Australian Nursing and Midwifery Federation, whose members have been central to responding to COVID-19.

We are still very early in the fight against the COVID-19 pandemic. We are doing very well in comparison to other countries, but overseas evidence shows it is very hard to keep this virus contained.

It is too early to make a final judgement on the success or otherwise of the Government’s response to managing COVID-19. We continue to urge a cautious approach to the lifting of restrictions and for governments to continue to listen to medical advice.

The AMA submission to this Inquiry demonstrates the medical profession is broadly supportive of the measures, policies, and programs implemented by the National Cabinet in response to COVID-19.

The Chief Medical Officer and his team, and the State CMOs, deserve our commendation for the way they have managed the pandemic. Governments are to be commended for listening to medical advice.

Noting the extensive written submission of the AMA to this Inquiry, I would like to focus your attention on a key priority.

The AMA for some years has urged governments to establish an Australian National Centre for Disease Control, or CDC.

Australia is the only OECD country that does not have a CDC or equivalent.

Many leading experts agree with the AMA that an Australian Centre for Disease Control would offer advantages in being prepared for and responding to infectious disease and pandemics.

There has at times been a lack of consistent public health COVID-19 advice from governments, particularly in the early stages of the pandemic.

This caused communication challenges.
We recognise and applaud the work of the AHPPC in improving coordination of public health advice, while appropriately recognising the need for State and Territory differences.

The AHPPC currently comprises many elements of a CDC. A CDC, in contrast, would be able to speak independently of governments, and be permanently resourced at a sufficient level during non-pandemic periods in order to be ready for the next pandemic to occur.

A CDC would research, manage, and provide rapid risk assessments of communicable diseases, scientific briefings, surveillance reports, policy advice, and public education about potential disease threats and prevention measures.

It would oversee stockpile sufficiency of PPE and medicines, and manage escalation plans to ensure stockpile sufficiency during pandemic outbreaks.

A CDC would require legislation to ensure its permanency, independence, and relationship with the States and Territories. Legislation should allow it to report to Parliament annually, and more so during pandemics.

We acknowledge some resistance to creating a new Federal bureaucracy. It need not be just another piece of bureaucracy, and should instead bring together excellent medical, research, university, industry, and non-government expertise under one body.

There are models Government could consider to inform design of an Australian CDC, such as an authority like the European Centre for Disease Prevention and Control, which was established in Europe to help coordinate communicable disease control across multiple countries, collect data, train people, and establish consensus guidelines and standards.

I welcome any questions.


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