INQUIRY INTO AUSTRALIA CENTRE FOR DISEASE CONTROL BILL 2025

SUBMISSION TO THE SENATE COMMUNITY AFFAIRS LEGISLATION COMMITTEE

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RESEARCH AUSTRALIA

Championing Australian health & medical research & innovation

Summary of recommendations

A stronger Australian CDC coordinating health and medical research and innovation and building Australia's sovereign capability	1. The Government should consider a stronger and expanded role for the Australian Centre for Disease Control as part of Australia's critical research infrastructure and in ensuring health and medical research, development and innovation is strategically aligned with unmet health needs to build Australia's sovereign capability. 2. In the event of a health emergency, such as the COVID-19 pandemic, the Australian CDC should have the capacity to direct emergency funding provided by the Australian Government from outside normal funding streams.	Page 3
The Australian CDC sharing data with researchers	1. In addition to the collection, management and security of data, the Australian CDC's data governance arrangements should make provision for the sharing of data with researchers, both to directly support the Australian CDC's own activities and for research purposes more broadly. 2. The Australian CDC's technical capability should include the ability to safely and securely share data with researchers.	Page 5
The Australian CDC working within existing policy frameworks	1. Should the Australian CDC be given an expanded role to support prioritisation of research and innovation, it must do so with consideration of other existing policy frameworks across government departments.	Page 6

Introduction

Research Australia is pleased to have the opportunity to reiterate its support for the introduction of an Australian Centre for Disease Control (CDC) through this Inquiry.

Research Australia believes that the CDC could play an integral infrastructure and enabling role in the health as well as the research, development and innovation ecosystem.

With its extensive data gathering and analysis capabilities and its responsibility for assessing and mediating the risks of future health emergencies, the CDC will be ideally placed to undertake the function of coordinating the application of research to the prevention and control of disease, both communicable and non-communicable. It would approach this task from the perspective of the population and the health system, looking for research in Australia and overseas that can be used to improve the response to various diseases, particularly those contributing to the nation's burden of disease, and decreasing life expectancy rates, and providing funding and expertise to support implementation of health innovation such as new interventions.

It could also play a strong role to procure health and medical research and innovation to increase Australia's sovereign capability by offering targeted grants to develop, commercialise and translate research to address identified gaps in the health system.

A stronger Australian CDC coordinating health and medical research and innovation and building Australia's sovereign capability

Australia's health and medical research ecosystem is characterised by fragmentation across sectors, overlapping funding streams, and a growing gap between research supply and unmet health needs. Research Australia has repeatedly emphasised the need for stronger coordination to avoid duplication, reduce inefficiencies, and better target resources toward areas of greatest unmet need. The establishment of the Australian Centre for Disease Control offers a generational opportunity for this infrastructure to play a critical role in addressing the systemic challenges between research, translation, commercialisation and implementation as well as a whole of system approach. Health and medical research is funded and administered by several federal portfolios (Health, Education, Industry and Science, Social Services, Defence & Foreign Affairs). State and territory governments are also providing varying levels of funding, so too are non-government organisations across philanthropy, private healthcare and industry. While each provides valuable funding, these sources have grown independently with little inter-scheme coordination, resulting in duplication of effort and inefficient allocation of funding in some places. In order to better align these disparate funding sources, the CDC could be a mechanism for pooled funding from relevant portfolios.

Further to this whole of system approach, Research Australia has previously submitted that an Australian CDC could play a role in identifying promising interventions (e.g. from clinical trials) with the potential to help address a disease and support the activities needed to help implement and test the intervention in a pilot program and its subsequent scaling up into routine care[1].

In other cases, the CDC might identify and support research findings to progress to a clinical trial or support development of a new medical product. The CDC could also fund systematic reviews of local and international evidence in particular aspects of the control and prevention of disease, to evaluate evidence and identify new strategies/interventions which could be valuable in the Australian context. In the event of a health emergency, such as the recent COVID-19 pandemic, the CDC should have capacity to direct and commission research to support Australia's response.

As critical health infrastructure, the CDC's role in research and innovation must be strengthened and expanded. This would include centralising data systems; aggregating and disseminating high-quality surveillance and health datasets to researchers, enabling faster identification of priority research gaps and more accurate alignment of innovation pipelines with public health imperatives. Such a mechanism would remedy a long-standing weakness in Australia's research architecture—namely, that despite world-class capability, our sector lacks an institutional anchor for translation and prioritisation across the discovery–implementation continuum. By situating this role within a strengthened CDC, the Government could transform the Centre from a purely public health agency into a strategic research infrastructure, capable of guiding investments, orchestrating cross-sector collaboration, and ensuring that research outputs more reliably respond to real national health needs.

Additionally, recent global health crises and shifting geo-politics, have underscored the need to strengthen sovereign capabilities in health and medical research. Australia's ability to rapidly develop, manufacture, and distribute critical medical interventions — including vaccines, diagnostics, and treatments — is central to national health security as well as increasing the role of health and medical research and innovation as a pillar of Australia's economy.

Whilst there may be some policy and investment approaches to sovereign capability in the sector, these are ad hoc. The current reform agendas of the National Health and Medical Research Strategy and Strategic Examination of R&D (SERD) offer an opportunity to take a whole of systems approach to this complex issue, using the expertise of the CDC to coordinate these.

[1] Research Australia, 2023, '2024-25 Pre-Budget Submission', pg 14

Recommendations:

- The Government should consider a stronger and expanded role for the Australian Centre for Disease Control as part of Australia's critical research infrastructure and in ensuring health and medical research, development and innovation is strategically aligned with unmet health needs to build Australia's sovereign capability.
- In the event of a health emergency, such as the COVID-19 pandemic, the Australian CDC should have the capacity to direct emergency funding provided by the Australian Government from outside normal funding streams.

The Australian CDC sharing data with researchers

The CDC must be adequately resourced to analyse data. The CDC should also draw on the capability of Australia's research community which has significant expertise in data analysis in many areas of relevance to the CDC. In addition to the collection, management and security of data, Research Australia reiterates our previous call that the CDC's data governance arrangements should make provision for the sharing of data with researchers, both to directly support the CDC's own activities and for research purposes more broadly.

Research Australia's position above was reflected in Bastion Insight's report on the CDC Stakeholder Engagement undertaken for the Department of Health and Aged Care:

> Importantly, stakeholders noted that the data system utilised by the CDC should be able to maintain the utmost security of data but also enable easy access for approved parties to boost both collaboration and trust in the institution. Approved parties should come from a wide range of areas, including all levels of government and agencies, but also allow limited access for external organisations and researchers. University and researcher stakeholders were particularly eager for data access[2].

Research Australia reiterates our call that the sharing of data with researchers should be explicitly provided for in the CDC's enabling legislation[3]. This could be achieved through a variety of means, including drawing on the capabilities and expertise of the Australian Institute of Health and Welfare and Australian Bureau of Statistics.

Recommendations:

- In addition to the collection, management and security of data, the Australian CDC's data governance arrangements should make provision for the sharing of

[2] Bastion Insights, 2022, for the Australian Government Department of Health and Aged Care, CDC Stakeholder Engagement, 16 December 2022, pg 11
[3] Research Australia, 2022. Submission in response to the CDC Consultation, pg 6

data with researchers, both to directly support the Australian CDC's own activities and for research purposes more broadly.
- The Australian CDC's technical capability should include the ability to safely and securely share data with researchers.

The Australian CDC working with existing policy frameworks

The CDC sits within a system currently under reform. Within the legislation, there needs to be recognition of policy frameworks in which it will operate including National Health and Medical Research Strategy, the National Preventive Health Strategy 2021–2030, and the clinical trials reform agenda.

For example, Research Australia has previously submitted that the CDC's role with the National Medical Stockpile should extend to consideration of other ways to secure Australia's access to vital supplies, including through local manufacturing. The CDC should be engaged in decisions about investment priorities of the medical manufacturing component of the National Reconstruction Fund (NRF), with respect to how investments would address supply chain vulnerabilities and complement/strengthen the National Medical Stockpile.

The scope for the NRF to support the supply chain for critical medicines in Australia is another example of why a whole of government approach to the CDC is critical. Supply chain vulnerabilities and sovereign manufacturing capability are particularly important in the medical science and manufacturing priority area.

As with many products, there have been significant shortages of some medicines during the COVID-19 pandemic. Advice should be sought by the NRF from the CDC about medical products for which there is a critical unmet need for domestic manufacturing. This should be a consideration in how funds are subsequently allocated by the NRF, although not to the exclusion of the need to generate a return on the investment.

In addition to the need for the CDC to engage with the NRF, it is vital that it engages and collaborates with other key policy frameworks across Departments, including the National Health and Medical Research Strategy under development. This will ensure that should the CDC be given expanded powers to support the alignment of Australian research and innovation with unmet health needs, that this will be undertaken with reference to existing strategies and frameworks.

Recommendations:

- The Australian CDC be given an expanded role to support prioritisation of research and innovation, it must do so with consideration of other existing policy frameworks across government departments.

About Research Australia

Setup by government following a landmark review in 2000, Research Australia is the national peak body for the health and medical research and innovation sector. Our membership is drawn from the whole pipeline of health and medical research and innovation, from universities and medical research institutes to charities and patient groups, and health care providers and companies commercialising new health technologies. Our priorities include a whole of systems approach to health and medical research and innovation, smarter investment, workforce and advancing prevention. Underpinning these priorities are equitable health outcomes; collaboration; AI and digital health, data and data linkage.

Research Australia remains committed to progressing the recommendations and broader insights from our membership across the ecosystem.

Research Australia stands ready to provide further information and engage collaboratively on this Inquiry.

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