GRATTAN Institute

Right vehicle, wrong destination

Submission to the Senate Community Affairs Legislation Committee on the Australian Centre for Disease Control Bill 2025

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1 Right vehicle, wrong destination

Grattan Institute welcomes the opportunity to comment on the draft legislation to establish an Australian Centre for Disease Control (CDC). This is an historic opportunity to fix Australia's weak structures for prevention policy, increase evidence-based investment and reform, and improve Australians' health.

Important aspects of the legislation are strong, including measures to ensure the CDC gives independent and transparent advice. But putting off the decision about whether the CDC will ultimately play a leading role in combating chronic disease is a mistake. It contradicts evidence and international norms, and will cause uncertainty and delay while the burden of chronic disease continues to rise.

1.1 Strong institutional design

We support many aspects of the proposed CDC model.

We argued the CDC should be an independent statutory body, so that it can push for prevention measures that lack a quick political pay-off and are resisted by vested interests.[1] We also argued that strong independence can lead to unrealistic advice, so there should be independent reviews of the CDC every five years. We are pleased to see this evidence reflected in the draft legislation.

We recommended that the CDC's advice should be transparent, to inform the public on the benefits and costs of prevention measures, pointing to Victorian legislation on pandemic advice as an example. That approach has been adopted.

As shown in Figure 1.1, many of our other recommendations are reflected too, including advising ministers and agencies beyond the federal government and beyond health, considering equity, and drawing on multidisciplinary expertise.

The two missing pieces are not advising research funding bodies, and – much more importantly – not taking a leading role preventing chronic disease.

1.2 Chronic disease causes most illness and death

The COVID-19 pandemic was a major crisis, and infectious diseases remain an important policy priority, especially as vaccination rates fall.[2] But preventable chronic disease causes much more illness and inequity, and it's a focus for CDC-type bodies around the world.

In Australia, chronic diseases account for 85 per cent of illness, and cause or contribute to nine in 10 deaths.[3] By contrast, infectious diseases cause less than 4 per cent of illness,[4] and, before COVID, the same share of deaths (Figure 1.2).[5] And chronic conditions are expected to keep rising as Australia gets older.

Much of the suffering caused by chronic disease can be avoided. More than one third (35 per cent) of all years of life lost to illness could be saved by addressing four of the top preventable risk factors: overweight and obesity, tobacco, poor diets, and alcohol.[6]

1. These and other recommendations were in our 2022 report on the design of Australia's CDC: Breadon et al (2023).

2. Breadon and Hu (2025).
3. Australian Institute of Health and Welfare (2024a). In this submission, 'chronic disease' refers to non-communicable chronic disease.
4. Institute for Health Metrics and Evaluation (2025).
5. In the five years to 2019.
6. Australian Institute of Health and Welfare (2024b).

And action on preventable chronic disease can make Australia fairer. About 80 per cent of the gap in life expectancy between Indigenous and other Australians is due to chronic disease.[7] Poorer and rural Australians are much more likely to have chronic conditions, contributing to lower life expectancy.[8]

It's little wonder that nearly all CDC-type agencies in OECD countries work to prevent chronic disease.[9]

1.3 Ignoring the biggest disease burden

While Australians still have enviably long lives on average, progress in reducing deaths from chronic disease is slowing. A recent study found that among 29 high-income countries, for men, only seven made slower progress from 2010 to 2019, and a few countries have overtaken us. The trend was similar for women.[10]

It shouldn't be a surprise, since we have fallen behind in chronic disease prevention when it comes to government spending (Figure 1.3), taxation, and regulation to keep people healthy.[11]

But under the draft legislation, our CDC would be an outlier, ignoring the biggest, fastest-growing disease burden. Introducing the draft legislation, the Minister for Health said that 'progressive expansion into areas such as chronic conditions will be considered following an independent review of the Australian CDC's funding and operations in 2028'.[12] That means there is no guarantee the Australian CDC will ever address preventable chronic disease.

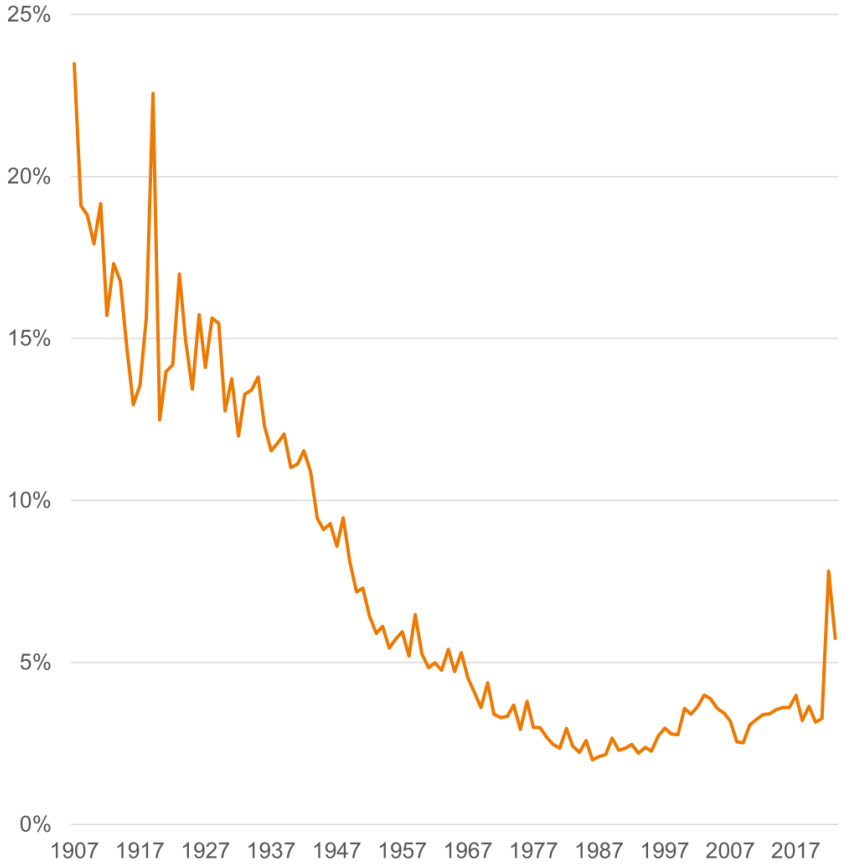
Figure 1.1: The CDC legislation includes many ingredients for success

Grattan recommendation	Inclusion	Notes
A clear role		
Providing advice on the national prevention strategy	Medium	In scope of role, but not specified
Maintaining a schedule of cost-effective prevention interventions	Low	Core role
Identifying regulatory reforms with significant benefits	Medium	In scope of role, but not specified
Advising research funding bodies on prevention priorities	Low	Important role
Tabling advice in Parliament	Medium	Public advice achieves transparency
Set up for success		
Independence enshrined in legislation	High	Statutory body
Structure supporting cross-portfolio collaboration	High	Advises federal, state, and non-health entities
Strong focus on equity and diverse community engagement	High	Considers equity; Aboriginal advisory group member
Multidisciplinary board	Medium	Board should ideally be independent
Adequate funding for specialist staff and analysis	NA	Not in scope of legislation
Sustained priorities		
Five-yearly strategy updates	NA	Intergovernmental agreements not in scope of legislation
National funding deal for prevention initiatives	NA	

Source: Grattan Institute analysis of Parliament of Australia (2025) and Breadon et al (2023).

7. Among people aged 35-74: Australian Institute of Health and Welfare (2024c).
8. Australian Institute of Health and Welfare (2024a).
9. Breadon et al (2023) augmented with a scan of other OECD countries.
10. Bennett et al (2025).
11. For example, many countries have taxes on sugary drinks and tougher rules on junk food advertising: Breadon et al (2023).
12. Butler (2025).

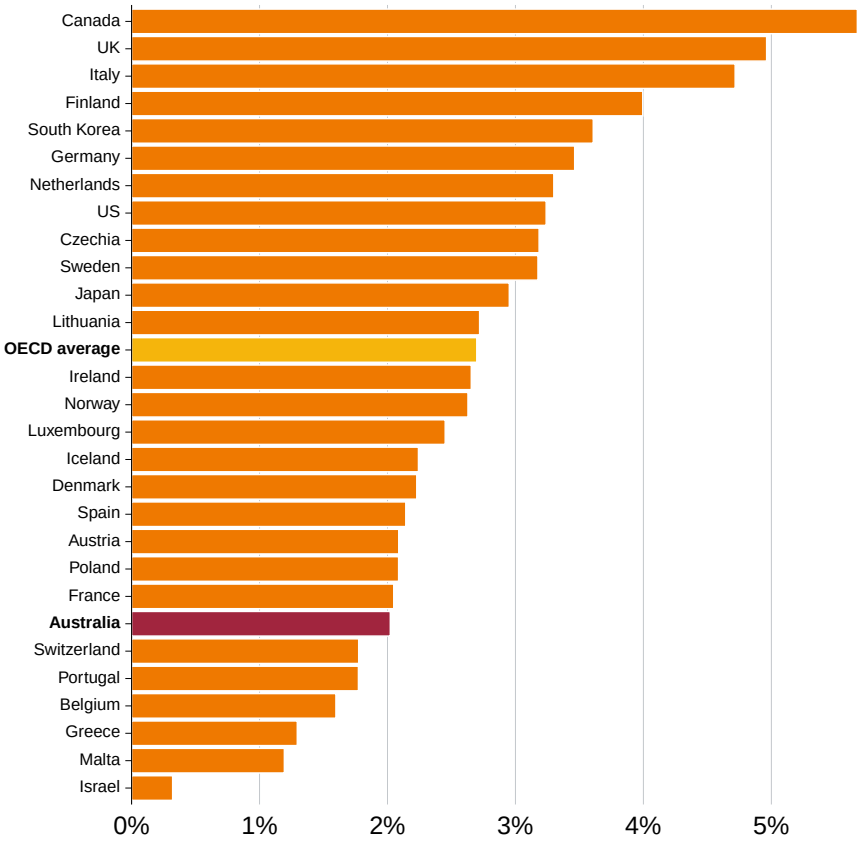
Figure 1.2: Infections cause a low share of deaths
Share of deaths, 1907 to 2023



Notes: Derived from AIHW GRIM books: All certain infectious and parasitic diseases (A00–B99), Influenza and pneumonia (J09–J18), and COVID-19 (U07.1, U07.2). Based on age-adjusted rates.

Source: Australian Institute of Health and Welfare (2025).

Figure 1.3: Australia is near the bottom of the prevention pack
Prevention expenditure as a proportion of health expenditure, 2019



Notes: High-income OECD countries only. 'OECD average' is the average for the countries shown. The latest comparable data available is from 2021, but pandemic-related spending skewed the data for that year, so we used 2019 instead.

Source: Organisation for Economic Co-operation and Development (2023).

Every year that action is deferred means more avoidable sickness and death. That's why we recommended including chronic disease as a top CDC priority from the start. And while there might be a case for staggering the establishment of CDC functions, there is no case for deferring a decision on whether the CDC will ultimately prevent chronic disease.

Ambiguity about the ultimate scope of the CDC flies in the face of the evidence about what's harming Australians, strays from international norms, and does not live up to the ALP's original election commitment, which explicitly committed to establishing a CDC that tackled chronic disease.[13]

The government may intend to deliver on the promised functions of the CDC over time, but there is a risk that narrow legislation gets in the way. It also creates uncertainty, making planning harder for the federal health department, states, and prevention agencies.

Instead, legislation should state that the CDC will have responsibility for chronic disease prevention. The proposed 2028 review should determine how best to structure and prioritise that work, not whether the CDC will do it.

Recommendation: Amend the Bill to clarify that the CDC will:

- prevent chronic disease
- advise on the most cost-effective ways to prevent chronic disease
- when the chronic disease functions will start
- advise research funding bodies on prevention priorities.

13. The media release said: 'As in other countries, Australia's CDC would play a role in preventing health threats posed by chronic disease': Albanese and Bowen (2020). The election commitment promised 'a renewed emphasis on preventing chronic disease': Australian Labor Party (2022).

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