

# POLICY FUTURES

## *A Reform Agenda*



### Embedding social and behavioural science expertise in public health decision-making within the Australian CDC

With Australia having established an interim Centre for Disease Control (CDC), Government needs to ensure that social and behavioural science (SBS) and communication expertise is incorporated in all aspects of public health decision-making. Building on insights from the pandemic and international academic and government professionals from CDCs around the world, we have a once in a lifetime opportunity to ensure SBS data and effective risk communication is integrated across the CDC to optimise Australia's pandemic preparedness and response to infectious disease threats.

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Churchill Fellow 2020

*The Bob and June Prickett Churchill Fellowship to improve vaccine and risk communication to optimise COVID and routine vaccine acceptance and uptake - Switzerland, USA.*

### Key Policy Recommendations

To ensure the Australian CDC sits on the global stage and incorporates international best-practice, it is recommended that social and behavioural science (SBS) is a core pillar across CDC operations. Key elements of the policy should include:

- 1 A clear strategy to embed SBS expertise within the CDC, with social scientists working alongside government, health, and academia to create a clear conduit for data to reach policymakers.
- 2 Establishment of a hybrid model within the CDC that incorporates provision of data from regional nodes of expertise in each State and Territory to a central SBS Group responsible for synthesis and translation of data into recommendations for the decision-making team and policy makers. The central SBS Group would also co-ordinate surge capacity.
- 3 For immunisation, COSSI could act as a key advisor on how this could be done efficiently and work to assist the CDC in establishing a national network of immunisation social science nodes of expertise in each state and territory.
- 4 Ensure that SBS is represented in all relevant committees across the CDC and that this expertise is integrated within all public health decision-making.
- 5 Ensure that the central SBS group is sufficiently resourced with designated funding to retain expertise in infectious disease social science, provide optimal and timely provision of data and advice across the CDC, and deploy tools such as attitudinal surveys and qualitative studies.
- 6 Ensure that SBS evidence is routinely used to understand drivers of vaccination for pandemic, new and routine vaccines and develop cost-effective strategies to increase vaccine uptake.

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# Policy Snapshot



## Why it matters

- **Behaviour change was the greatest challenge of the pandemic!**
- Lack of understanding of the knowledge, attitudes and behaviours of different populations led to poor adherence to public health advice and huge inequity in the **health, economic and social outcomes and politicisation** of the response.
- Globally we have experienced the worst backsliding in vaccine confidence and coverage in 15 years due to COVID-19.
- In 2019-21, 67 million children missed out on life-saving vaccines resulting in 9 million measles cases and >100,000 deaths in 2021. There were 48 million **zero-dose children** who received no vaccines during this time, and they account for more than half of the vaccine preventable deaths.
- Australia has also seen a **decline in vaccine confidence and coverage**: routine National Immunisation Program (NIP) coverage has dropped at 1, 2 and 5 years, particularly for Aboriginal children
- To achieve effective infectious disease control in Australia, an effective and equitable immunisation program will be central to the new CDC.
- We need to urgently address coverage gaps in Australia and globally to reduce the impact from **vaccine preventable diseases** through collection of social and behavioural science data to understand the drivers of vaccination and develop tailored responses to improve coverage.
- Post COVID-19, WHO has identified the inclusion of SBS as crucial to pandemic preparedness and response.
- **The policy problem we now face is that we need to ensure social science and communication science expertise is embedded in public health decision-making to enable better integration of social and behavioural data with existing epidemiological and program data.**
- Policymakers can then respond more effectively to specific issues and improve the acceptability of interventions within diverse communities.



## The opportunity

1. The interim Australian Centre for Disease Control (CDC) commenced on 1 January 2024. Previously, Australia was the only OECD country without a CDC or equivalent organization.
2. The Australian Government now has an opportunity to utilise SBS expertise and ensure strong interdisciplinary collaboration within public health and disease control decision-making processes across the CDC and learn from Australian and international expertise.
3. The **Collaboration on Social Science in Immunisation (COSSI)** group in Australia provides important guidance to government on effective communication and strategies to optimise vaccine uptake and can be a key advisor.

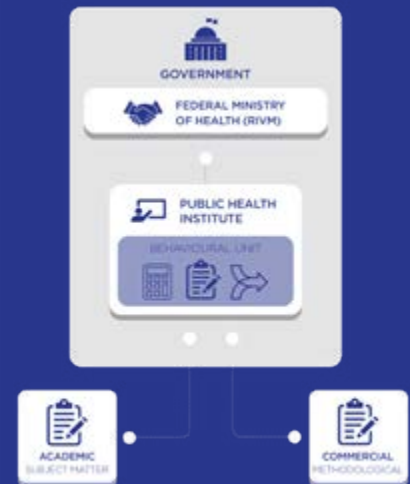


## The solution

### International cases studies have informed the optimal model for Australia.

This would be a hybrid model within the CDC that incorporates:

- a central SBS Group responsible for collection and synthesis of data internally and from regional nodes of expertise in each State and Territory in Australia
- clear mechanism to translate and communicate information to policy makers and co-ordinate surge capacity.



### What Government can do:

We need better integration of SBS data across the CDC and effective risk communication to optimise our pandemic preparedness and response to infectious disease threats in Australia.

- ◆ Government can now develop a clear strategy to embed SBS expertise within the CDC, with social scientists working alongside government, health, and academia to create a clear conduit for data to reach policymakers.
- ◆ COSSI can provide guidance on the establishment of a hybrid model within the CDC based on international best practice.