Australian Centre for Disease Control

Corporate Plan

2026–2027

Contents

The Australian Centre for Disease Control acknowledges and honours Aboriginal and Torres Strait Islander peoples – the Traditional Owners and Custodians of the lands and waters on which we live and work. We pay our respects to Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples across this country. We recognise their ongoing connection to Country, culture and community, and we commit to working in genuine partnership towards improving health outcomes for all.

Cover artwork

Health and Connection
Artist: Jason Douglas (Dalmarri)

This artwork was created through a collaborative session between Australian Centre for Disease Control staff and Aboriginal artist Jason Douglas from Dalmarri.

It represents the journey of communities, staff and knowledge working together to protect health. The work reflects shared responsibility, the pathways through which diseases move, and the ways preparedness, care and collective action interrupt those pathways to keep communities safe.

At its centre are 4 concentric circles representing layers of protection, knowledge and preparedness. Surrounding pathways, lines and symbols reflect disease, control, research and the movement of people and information across teams and communities. The inner circles represent CDC staff, connected with partners and communities across the country.

Throughout the artwork, symbols of gathering, pathways, waterholes, shields, campsites and bush medicine reflect the enduring knowledge and practices of First Nations peoples in understanding, preventing and responding to disease.

Grounded in connection to people and place, the artwork reflects a future where strong systems, clear pathways and collective action support the health and wellbeing of all communities.

Introduction

As Accountable Authority, I am pleased to present the Australian Centre for Disease Control's (CDC) 2026–2027 Corporate Plan. This plan covers the period from 1 July 2026 to 30 June 2030 and sets out our strategic direction, key activities and performance measures that will guide the CDC for the following 3 reporting periods. It has been prepared in accordance with section 35(1)(b) of the Public Governance, Performance and Accountability Act 2013 (PGPA Act) and section 16E of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

The world is changing and so are the health risks we face. They are becoming more complex and more connected. Emerging and re-emerging infectious diseases, antimicrobial resistance, climate-related health impacts, global mobility and the growing interconnectedness between human, animal and environmental health – our One Health approach – are reshaping public health risks and requiring stronger national coordination. These challenges reinforce the importance of strong national capability in surveillance, prevention, preparedness and coordinated public health action.

Established under the *Australian Centre for Disease Control Act 2025* (CDC Act), the CDC is Australia's national public health institute. The CDC works within Australia's federated health system to strengthen national capability by bringing together public health intelligence, data, evidence, expertise and partnerships.

Transparency and public confidence are central to the CDC's role. We provide and publish trusted advice based on data, science and expert analysis and work with communities, health professionals and governments to help people make informed decisions before small problems become bigger ones. Reinforcing our commitment to transparency, and to publishing the public health advice and information we develop, the CDC Act also requires that certain public health advice provided to governments be published, subject to some exemptions. This supports accountability, strengthens confidence in public health decision making and enables everyone to access authoritative public health advice.

The Australian Government established the CDC on 1 January 2026. In the first 6 months of operation, CDC has supported public health preparedness and response while strengthening the foundations to fulfil its long-term mandate. This plan sets out how the CDC will continue

to build national capability, support prevention and preparedness, provide advice people can trust, and contribute to a healthier, safer and more resilient Australia.

Professor Zoe Wainer
Director-General of the Australian Centre for Disease Control (CDC)

27 August 2026

1. Purpose

The CDC's purpose is to strengthen Australia's ability to monitor, assess, prevent and prepare for public health risks, and to support coordinated action when public health threats occur.

The plan explains how the CDC will deliver its functions under the CDC Act through key activities and how performance will be measured and reported under the PGPA framework.

1.1 Who we are

The CDC is a non-corporate Commonwealth entity established under the CDC Act that provides the legislative framework through which CDC performs its functions as Australia's national public health institute.

The CDC employs experts in epidemiology, surveillance, data science and public health practice to support evidence-informed decision making across the health system. Working across Australia's federated health system, CDC contributes expertise that supports the agency's legislated functions and delivery of its Outcome.

1.2 Our strategic plan

Since its commencement on 1 January 2026 and building upon work done by the Interim CDC within the Department of Health, Disability and Ageing (DHDA) since 2024, the CDC has been developing an inaugural strategic plan that articulates the vision, mission and strategic priorities that guide our work. As a new national institution, the CDC is focused on areas of greatest impact while building capability over time.

Our vision

Prevention First. Protection always.

Our mission

Advance the health of everyone in Australia by strengthening prevention, preparedness and response through collaboration, programs and timely independent evidence-informed advice.

Our strategic priorities

- **Prevent and respond to public health challenges** – Achieved by building preparedness and resilience and enhancing Australia's ability to anticipate, prevent, prepare for and respond to infectious diseases, public health emergencies, and emerging health threats through coordinated national capability.
- **Drive national collaboration and capability** – Achieved by strengthening Australia's public health system through partnering with jurisdictions, Aboriginal and Torres Strait Islander organisations, healthcare providers, researchers, industry, and international partners to build capability and improve system performance through a One Health lens.
- **Deliver trusted intelligence and advice** – Achieved by providing timely, independent, evidence informed surveillance, analysis, and public health advice to governments, health professionals and the Australian community.
- **Strengthen the evidence base** – Achieved by harnessing data, research, genomics, digital technologies, and innovation to improve surveillance, inform policy, accelerate action and continuously strengthen public health outcomes.

The strategic plan updates and supplements the strategic directions outlined in the Budget 2026–27: Health, Disability and Ageing Portfolio Budget Statements, and is a living document that will evolve and develop as the CDC continues to mature. The CDC Advisory Council will provide the Director-General with advice on the CDC's strategic direction and priorities, and consultation with key external stakeholders will assist in refining the strategic plan over time.

1.3 Our values and principles

The CDC upholds the Australian Public Service (APS) Values and Code of Conduct, as outlined in the *Public Service Act 1999*.

The CDC is also guided by our own organisational values and principles of:

- **Integrity** – We act with integrity by being honest, ethical, and accountable for actions and decisions.
- **Equity** – We demonstrate equity and inclusion by valuing our diverse population and communities and tailoring our approaches to meet different needs across all population groups and communities.
- **Collaboration** – We value strong collaboration and inclusion across jurisdictions, sectors and disciplines, sharing knowledge, valuing diverse perspectives and partnering to achieve better health outcomes.

- **Transparency** – We act with transparency by communicating openly and clearly sharing information, supporting evidence, processes and reasons for decisions or advice given.
- **Innovation** – We actively support and encourage innovative approaches to protecting and promoting public health through recognising others' world-leading work, learning and adapting.

Together, these values and principles shape our culture, inform our decision making and strengthen our commitment to trusted, ethical and inclusive public health leadership.

2. Key activities

The plan supports the CDC capabilities required to deliver trusted, independent, and expert advice to the Australian Government on disease prevention and control.

2.1 What we do

The CDC brings together national expertise, data and evidence to provide trusted, independent public health advice to government. The CDC supports prevention, preparedness and response through surveillance, analysis and expert guidance.

In partnership with jurisdictions, other Commonwealth entities, non-government entities and key stakeholders in the public health sector, the CDC also contributes to the development and delivery of nationally coordinated public health policies and programs. These efforts reduce disease transmission, strengthen prevention and improve health protection outcomes.

The CDC is focused on building its capability as Australia's national public health agency. The CDC prioritises building core capability, systems and partnerships, including:

- Surveillance, early detection and evidence-informed assessment of public health threats.
- Maintenance and development of public health data and evidence systems to support preparedness for and response to public health threats.
- Publish public health advice, and the evidence that informs it, to support trust, transparency and improved understanding of the advice that supports government decision making.
- Strengthen Australia's preparedness to respond to health emergencies.
- Improve coordination and consistency across national public health responses.
- Strengthen Australia's public health system over time.

3. Operating context

Recent public health emergencies, from responses to the Communicable Disease Incident of National Significance with diphtheria to the COVID-19 pandemic and severe natural disasters, demonstrate the strengths of Australia's health system. They also highlight the need for sustained national capability in prevention, preparedness, coordination and response across Commonwealth, jurisdictional governments and health system partners.

Communities, health systems and all levels of government are facing the challenges of infectious diseases, antimicrobial resistance, climate-related health impacts and global population mobility. Simultaneously there are advances in digital systems and data analytics creating new opportunities to anticipate emerging risks, detect threats early, strengthen disease surveillance, and support public health decision making. Growing public expectations for transparency, timely information and evidence-informed advice are also reshaping the public health landscape.

The complexity is already evident in CDC's work across different types of public health threats. For example, the response to Andes virus required CDC to translate emerging international evidence for the Australian context, support national surveillance and biosecurity arrangements, and communicate advice to public health experts, clinicians and the community. On shore, the diphtheria response required shared national epidemiological advice, coordinated guidance and culturally safe communication with Aboriginal and Torres Strait Islander communities and community-controlled sector partners. Emerging environmental health issues such as microplastics require a different but related capability: building the national evidence base, assessing exposure pathways and potential health effects, and supporting advice for governments and stakeholders. Together these examples demonstrate the need for sustained national capability to interpret evidence, coordinate across jurisdictions and other sectors, and provide timely, trusted public health advice.

The CDC plays a central role in strengthening the public health system. It provides trusted, independent advice and supports nationally coordinated approaches to disease prevention, preparedness and response.

The CDC strengthens and complements existing Commonwealth, jurisdictional government capacity and capabilities. It works through established national mechanisms, including Australian Health Protection Committee and its sub-committees. The CDC does not replace jurisdictional responsibilities or the roles of other Commonwealth entities, particularly in emergency management. Jurisdictional governments retain primary responsibility for public health delivery and emergency response, and their expertise, capabilities and connections to local communities are essential to achieving strong public health outcomes.

3.1 Workforce

The CDC is building and sustaining a high-performing, engaged and future-ready workforce by investing in leadership, workplace culture and staff capability. Our approach focuses on 4 interconnected elements: recruitment, engagement, retention and employee development. At establishment, the *Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Act 2025* ensured that the DHDA Enterprise Agreement 2024–27 applies to staff at classification levels covered by the agreement.

The CDC employs a nationally distributed workforce, with staff located across all jurisdictions, including senior executives.

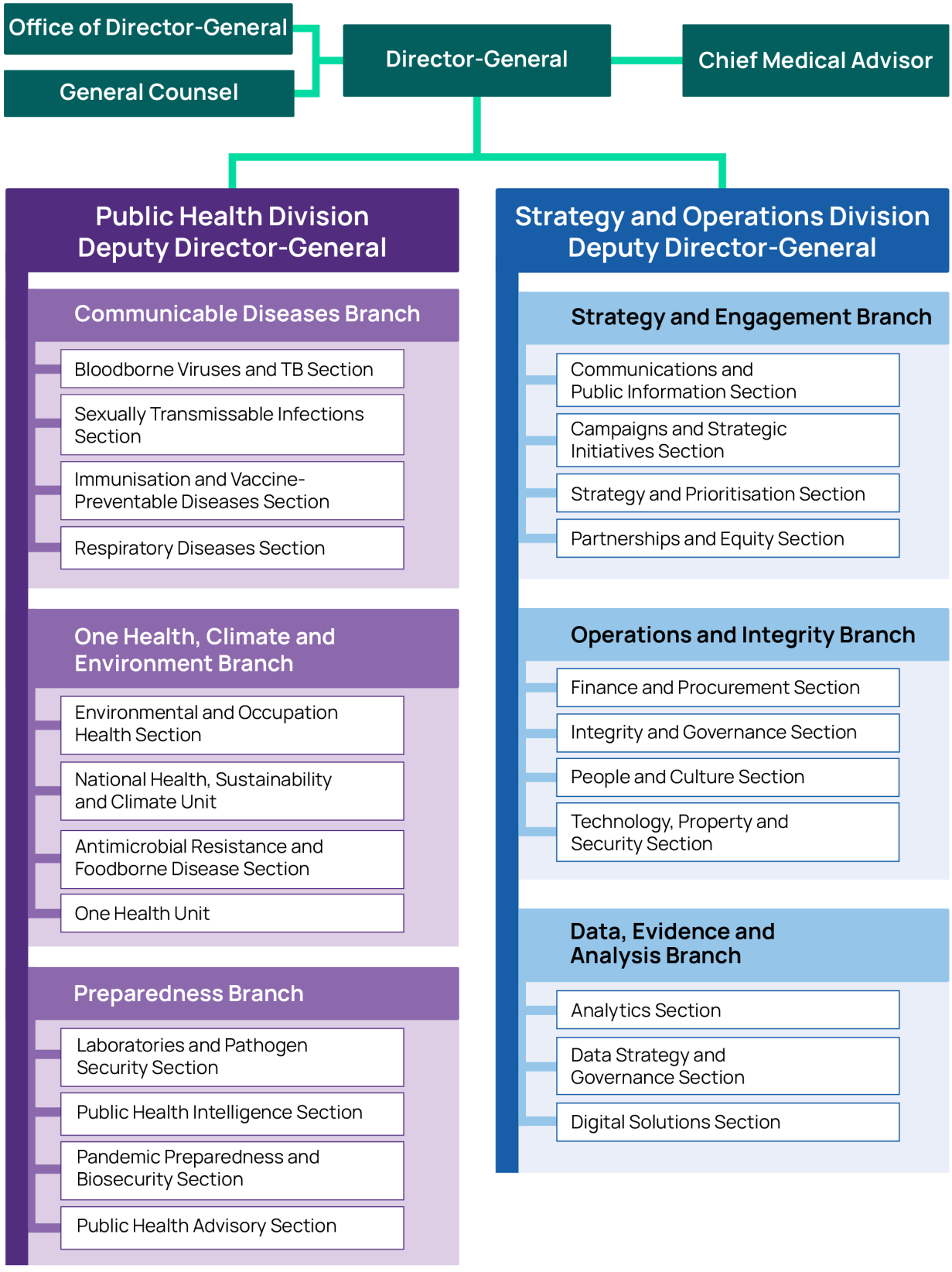
The CDC's Workforce Capability Framework provides a structured approach to identifying, developing and applying capability across all roles and levels. It builds on existing strengths and reinforces a culture of learning, innovation and continuous improvement. It aligns workforce capability with strategic priorities and ensures the CDC remains adaptable, capable and focused on delivery. The CDC embeds the 4 elements of recruitment, engagement, retention and employee development across workforce policies, procedures, processes and culture. They align with the APS Continuous Learning Model and are reinforced through the consistent application of the DHDA Performance Development Scheme in everyday practice.

The CDC is committed to using APS staff for core work. When we do engage external providers, we follow the principles in the APS Strategic Commissioning Framework to guide our decision making and ensure we plan to transfer knowledge that builds the capability of our APS staff and maintains our operational effectiveness. To support this, the agency is investing in a workforce strategy to build sustainable internal capability.

3.2 Organisational structure

Organisational structure on 1 July 2026.

Figure 1. CDC organisational structure



3.3 International engagement

International engagement is critical to the CDC's role in protecting the health of all Australians. The CDC works with global partners, including the World Health Organisation (WHO), regional health authorities, peer international public health institutes, and international research networks, to strengthen disease surveillance and address emerging public health risks. These partnerships support the sharing of expertise, innovation and best practice.

Through active participation in international forums, the CDC contributes Australia's experience to global health security efforts. At the same time, it draws on international evidence to inform domestic public health advice and emergency preparedness.

3.4 Data capability and strategic governance

Trusted data underpins the protection of public health in Australia. It provides the evidence required to detect, prepare for and respond to public health emergencies.

The CDC uses high-quality health data to improve public health decision making and outcomes. The CDC manages data securely, ethically, and transparently. The CDC's approach is guided by an *Australian CDC Data Strategy*, the *Australian CDC Social Licence Framework for Data Practices* and the *Australian CDC Data Governance Framework*.

The CDC integrates data from a range of sources including national surveillance systems and laboratory networks to support timely analysis and evidence-informed policy advice. Core business systems, including the National Notifiable Diseases Surveillance System (NNDSS), sit at the centre of our operations supporting national situational awareness. Secure data exchange and analytics enable timely monitoring, rapid information sharing, and effective mobilisation of resources.

The CDC's public health data stewardship function treats public health data as a valued and protected national asset. It sets clear expectations for how data is shared, safeguarded, analysed and used across the public health ecosystem. The function also supports national data standardisation efforts to improve consistency and semantic interoperability across public health datasets. Through this work, the CDC is aiming to improve data discoverability, accessibility, quality and integration, strengthening trust and transparency.

Strong data governance and management capabilities enable the CDC to use and protect public health data with integrity, consistency and accountability. Clear governance arrangements define roles, responsibilities and decision rights across the data lifecycle. This includes collection, curation, access, storage, retention and disposal. The CDC Act and the *Privacy Act 1988* tightly regulate how the CDC uses, shares and discloses data to protect

individual privacy and deliver public health benefit. Together, the CDC's emphasis on data governance and management create a robust governance environment that supports high quality analytics, responsible data use and effective stewardship across the public health system. Strong governance frameworks ensure systems and practices remain ethical, transparent and accountable. Through sustained integration and collaboration with government and non-government partners, the CDC strengthens Australia's ability to detect, respond to and recover from public health threats, safeguarding the wellbeing of all people in Australia.

Collaboration underpins our data capability. The CDC works closely with Commonwealth, jurisdictional governments and non-government partners to enable safe and effective data sharing within clear guardrails. Building on this strong governance foundation, we are building new capabilities in advanced methods to deliver actionable insights for decision makers. This includes investing in a skilled workforce by attracting and retaining public health data and analytics specialists and building data literacy across the organisation.

Ongoing investment in digital infrastructure, workforce capability and strategic partnerships ensures that data remains accessible, reliable, and responsibly used. Through continuous improvement and innovation in data practices, the CDC strengthens the stewardship of Australia's critical health data assets and enhances national preparedness for public health threats.

In line with the CDC's digital transformation roadmap, we are modernising key business and digital systems. We are strengthening governance, interoperability and shared platform foundations. This uplift enables the CDC to scale surveillance and decision support during surge events, improve cross-jurisdictional collaboration and support faster, data-driven decision making.

3.5 Emergency preparedness and coordination

The CDC works closely with DHDA and other Commonwealth entities on emergency preparedness and coordination. We invest in continuous improvement through workforce training, scenario planning and simulation exercises to build capability and resilience.

The CDC strengthens Australia's readiness for public health emergencies through a coordinated and proactive approach. Our approach to emergency preparedness and coordination is built on established, reliable surveillance capability, evidence-informed planning and strong partnerships with other Commonwealth and jurisdictional agencies. We also work closely with peak bodies, community representative groups and the research sector.

While preparedness for large-scale public health emergencies remains a core focus, the CDC also supports ongoing responses and programs. This work addresses emerging and persistent disease threats before they escalate into national emergencies.

A core element of the CDC's preparedness capability is its public health intelligence function, which supports early detection, risk assessment and informed decision making through horizon scanning and multi-source data analysis. This capability is strengthened through active engagement with international partners, including the WHO, regional networks and peer national public health institutes. These partnerships provide timely access to global intelligence on emerging threats, support shared situational awareness and enable coordinated responses to cross-border risks, enhancing Australia's ability to anticipate and respond to public health threats.

3.6 Technology

Information and communication technology (ICT) is a core enabling function within the CDC's operations, statutory functions and preparedness responsibilities. Reliable, secure and fit-for-purpose technology enables the CDC to operate effectively, support its workforce and maintain continuity of operations during routine activities and surge events.

The CDC's ICT environment is delivered through a combination of internal capability and strategic partnerships, particularly with DHDA shared service arrangements. ICT governance supports effective decision making, accountability, alignment with business priorities and compliance with whole-of-government requirements.

Through the period of this plan, the CDC will continue to strengthen ICT capability through investment in secure and resilient technology foundations, cyber security, business systems and business continuity arrangements for critical technology services. These capabilities support a flexible and responsive agency that can adapt to changing operational requirements while maintaining reliable services, strong privacy, security and appropriate protection of information assets.

3.7 Financial management capability

The CDC is responsible for managing public resources efficiently, effectively, economically and ethically on behalf of the Australian community. We maintain a strong financial management framework to support evidence-informed decision making and to meet our accountability, performance and governance obligations.

Our initial finance strategy sets a clear long-term direction. It is built on 3 core pillars:

- strong financial controls and assurance
- credible, accurate and consistent financial information and advice
- robust financial governance that promotes the effective and efficient use of resources.

3.8 Corporate governance, assurance and risk oversight

Strong corporate governance underpins the CDC's role as a trusted national public health institute. The CDC has established senior governance committees to support the Director-General in their role as accountable authority. These committees provide advice, assurance and oversight on strategy, risk, performance and the delivery of high priority initiatives. The CDC will review and refine these arrangements as the agency matures to ensure they remain effective and fit-for-purpose.

Governance committees support but do not replace the Director-General's responsibility as accountable authority under the PGPA Act.

The key governance committees and their roles are outlined below.

Table 1. Key governance committees and roles

Senior governance and assurance committees	Advice and recommendations
Executive Committee (EC)	The senior management committee of the entity, comprising the Director-General, Deputy Directors-General and Chief Medical Adviser. It operates in an advisory capacity to support the Director-General in their role as accountable authority to discharge their functions under the CDC Act and other public administration legislation. The committee provides strategic leadership, coordination and management oversight, and supports whole-of-agency alignment on priorities, performance and risks, including oversight of matters related to the Corporate Plan and Portfolio Budget Statements.
Data, Analysis and Digital Subcommittee (of EC)	Supporting executive oversight of data governance, data analytics and digital strategy.
Preparedness and Response Subcommittee (of EC)	Supporting executive oversight of pandemic preparedness and response activities.
Trust and Transparency Subcommittee (of EC)	Supporting executive oversight of statutory responsibilities in respect of trust and transparency.

Senior governance and assurance committees	Advice and recommendations
Delivery Subcommittee (of EC)	Supporting executive oversight of program and project delivery.
Audit and Risk Committee	An independent committee that provides advice and assurance to the Director-General on the appropriateness of the CDC's financial reporting, systems of internal control, performance reporting, and risk oversight and management arrangements, in accordance with the PGPA Act and related policy requirements.

3.9 Risk management

The CDC manages risk in accordance with the Commonwealth Risk Management Policy 2023 and obligations under the PGPA Act. We have an Enterprise Risk Framework and Enterprise Risk Register that set out how we identify, assess and actively manage key risks. The framework embeds risk oversight into governance arrangements and supports a consistent understanding of the CDC's risk profile and informs decision making.

The CDC supports a culture in which staff actively identify, discuss and manage risk as part of their work. The Director-General, advised by the Executive Committee, oversees the effectiveness of risk management and ensures risk is integrated into strategic and operational decisions.

This approach supports the CDC to deliver its functions in a complex environment, providing timely, evidence-informed advice while maintaining integrity and public confidence. Taking a risk-dependent approach is critical to designing appropriate strategies and controls that enable the mitigation or pursuit of risk in line with achieving our purpose, strategic objectives and intended results. The CDC's first-generation enterprise risk register is summarised in this table.

Table 2. CDC's risk register

Key risks	Current controls
ER01 – Public health surveillance and data systems failure	Existing national surveillance systems, including NNDSS and branch surveillance activities; Data Strategy development; Public Health Data Network pilot; data schedules and bilateral data sharing agreements to support the intergovernmental agreement (IGA); Data, Analytics and Digital Subcommittee; existing laboratory and public health networks.
ER02 – Failure to deliver trusted public health advice	CDC Act public health advice publication obligations; expert committees and advisory mechanisms; branch review and clearance pathways; Executive Committee oversight; business process design work; established surveillance and technical networks.
ER03 – National coordination failure	Australian Health Protection Committee (AHPC) and subcommittee arrangements; intergovernmental engagement; IGA development; advisory forums; branch stakeholder engagement activities; Executive Committee oversight of prioritisation and planning.
ER04 – Preparedness and response capability failure	Preparedness Branch activities; national preparedness and response planning; AHPC and related governance mechanisms; existing incident and emergency management capabilities; branch business planning; surveillance and advice functions that support preparedness.
ER05 – Workforce, organisational capability and succession risk	Branch workforce planning; recruitment activity; targeted learning and development; wellbeing initiatives; business planning; temporary transfers and surge arrangements in some functions; enterprise bargaining and workforce capability work.
ER06 – Failure to meet legislative and regulatory obligations	Executive Committee and Audit and Risk Committee; legal services; CDC Enterprise Risk Framework; corporate governance arrangements; business process design project; branch certification process; existing departmental public administration controls.
ER07 – Public health information and data security compromise	Departmental ICT controls; access controls; security governance; information management procedures; Protective Security Policy Framework-aligned practices; Data, Analytics and Digital Subcommittee oversight; privacy and legal advice pathways.
ER08 – Stakeholder confidence and social licence erosion	Strategy and Engagement Branch functions; communications and public information activity; partnership principles development; Advisory Council establishment; priority population and Aboriginal and Torres Strait Islander peoples engagement work; existing stakeholder forums.

Key risks	Current controls
ER09 – Organisational overcommitment and prioritisation failure	Annual branch business and risk planning; budget planning; Executive Committee oversight; CDC Project Management Framework and Tiering Guide; Enterprise Risk Framework implementation and register development; Corporate Plan performance framework.
ER10 – Public health intelligence capability failure	Public Health Intelligence Section; horizon scanning and early warning activities; event-based surveillance and intelligence monitoring; enhancement of risk assessment processes; intelligence reporting products and briefings; national and international intelligence-sharing partnerships (WHO, Global Outbreak Alert and Response Network (GOARN), jurisdictions, other public health institutes); incident and response governance arrangements; intelligence workforce capability development.
ER11 – Fraud, corruption and misuse of public resources	Fraud and Corruption Control Plan; PGPA Act and Commonwealth Resource Management Framework requirements; Financial Delegations and Accountable Authority Instructions; procurement governance and approval processes; segregation of duties and financial controls; audit and assurance activities; Executive Committee and Audit and Risk Committee oversight; Code of Conduct requirements; fraud and integrity awareness activities; Public Interest Disclosure arrangements; departmental finance, procurement and ICT security controls.

4. Performance

The CDC's performance framework in this plan sets out how we will measure and assess our progress in delivering our outcome and program responsibilities. Our performance measures are designed to be relevant, reliable and complete, and to provide a clear line of sight from our purpose and key activities to the impacts we seek to achieve. We will report our performance in the CDC Annual Report, including an analysis of results and what we learned.

4.1 Our outcome

CDC Outcome 1 – Health protection and preparedness

Protect and promote the health of all Australians, including through developing, analysing and publishing nationally coordinated public health data, and by providing evidence-informed expert advice. We also design and deliver programs and initiatives to detect, prepare for, prevent and respond to public health threats and disease.

CDC Program 1.1 – Analyse, understand and advise to support health protection planning and preparedness

Support timely and consistent national public health planning and action including through the collection, analysis, and sharing of public health information and data. Strengthen national prevention and preparedness for, and protection from, public health threats and disease; including through strategic partnerships, engagement and by providing transparent, expert advice to inform decision making and community awareness.

The performance measures below outline what we are continuing to deliver in our first full year and how we will assess success. Measures will continue to be refined to reflect organisational maturity, evolving priorities, and improvements to data quality and evaluation approaches.

Table 3. Performance measures for 2026–2030

	Key performance measure	Target 2026–2027	Forward estimates 2027–2030
1	Transparent and accountable public health advice Legislative compliance	100% of final and settled public health advice provided under section 20 of the CDC Act is published within the timeframe specified in section 21 of the CDC Act, subject to any exemptions under section 22 of the CDC Act.	As per 2026–2027.
2	CDC supports Australia's preparedness for pandemics and other public health threats	Priority pandemic preparedness capability improvement activities requiring CDC leadership or support are identified, monitored and progressed through preparedness planning, exercises, and information sharing.	Progress is demonstrated against agreed pandemic preparedness capability improvement priorities with evidence of implementing improvement activities over time.

Table 4. Method for Measure 1

Measure 1: Transparent and accountable public health advice		
2026–2027 target	**Forward estimates to 2029–2030**	**Ownership**
100% of final and settled public health advice provided under section 20 of the CDC Act is published within the timeframe specified in section 21 of the CDC Act, subject to any exemptions under section 22 of the CDC Act.	As per 2026–2027*.	Strategy and Operations Division.
Rationale	The CDC Act establishes a strong transparency regime through section 12 requirements to have regard to transparency and trust in the discharge of all functions, and through sections 20, 21 and 22 publication requirements that apply to a subset of for final and settled public health advice given to government recipients. Timely publication supports transparency, accountability, public scrutiny, and trust in evidence-informed public health advice. This measure focuses on the mandatory publication requirements for a subset of public health advice generated by the CDC and demonstrates how the CDC complies with the statutory publication obligation.	
Data source	• Register of final and settled public health advice provided under section 20 of the CDC Act. • Records confirming when advice became final and settled. • Website publication records covering all public health advice and information, whether covered by section 20 or not. • Records of any exemptions under section 22 of the CDC Act. • Content Manager TRIM records system.	

Measure 1: Transparent and accountable public health advice	
Method	**Assessment population** • Identify public health advice that meets the requirements of section 20 and that became final and settled during the reporting period. • Exclude items where a documented section 22 exemption applies. **Compliance assessment** • For each non-exempt item, identify the relevant section 21 publication deadline. • Verify whether publication occurred and whether publication occurred within the required timeframe. • Calculate compliance as: number of non-exempt items published within the statutory timeframe divided by the total number of non-exempt items required to be published, multiplied by 100.
Measure type	Effectiveness: legislative compliance, transparency and accountability measure.
Footnote	*CDC has the medium to longer term continuation of this measure under active consideration this year.

Table 5. Method for Measure 2

Measure 2: CDC supports Australia's preparedness for pandemics and other public health threats		
2026–2027 target	**Forward estimates to 2029–2030**	**Ownership**
Priority pandemic preparedness capability improvement activities requiring CDC leadership or support are identified, monitored and progressed through preparedness planning, exercises and information sharing.	Progress is demonstrated against agreed pandemic preparedness capability improvement priorities with evidence of implementing improvement activities over time.	Public Health Division.
Rationale	CDC contributes to pandemic preparedness through leadership, coordination, surveillance, preparedness planning, exercises and information sharing. As a new agency, the measure appropriately focuses on activities within CDC influence and establishes a maturing evidence base for demonstrating preparedness capability improvement over time.	
Data source	• Pandemic Preparedness Framework and supporting implementation documentation. • Preparedness capability improvement priorities and work plans. • Exercise reports and after-action reviews, surveillance improvement records and preparedness planning products.	

Measure 2: CDC supports Australia's preparedness for pandemics and other public health threats	
Method	**Identification and agreement** • Establish the reporting-period population of priority preparedness capability improvement activities requiring CDC leadership or support. • Use existing sources such as the Pandemic Preparedness Framework, preparedness planning, exercises, after-action reviews, and agreed priorities. **Monitoring and progress assessment** • Maintain a consolidated evidence record showing status, milestones, outputs and supporting documentation for each priority activity. • Treat an activity as progressed where evidence shows commencement, milestone completion, implementation of improvement actions, delivery of exercises, publication of guidance, enhancement of surveillance capability, or establishment of preparedness coordination arrangements during the reporting period. **Performance determination and quality assurance** • Assess whether priority activities were identified, monitored and progressed during the reporting period, supported by retained evidence. • Apply consistent definitions of those milestones, and retain a traceable evidence file. • Use management review to reduce self-assessment bias and confirm that reported progress is within CDC influence.
Measure type	Effectiveness: maturing preparedness capability improvement measure. Primarily activity-focused in 2026–2027, with a pathway to output-focused and outcome-focused capability measurement over future reporting periods.

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