



Government of **Western Australia**
Department of **Health**

Communicable Disease Control Directorate Strategy 2023–2026



Acknowledgment of Country

The Communicable Disease Control Directorate acknowledges the unceded traditional lands and waters of Aboriginal people and the diversity of language groups across Western Australia. We acknowledge and respect past and present Aboriginal Elders and leaders, and the ongoing contribution of the Aboriginal community to Western Australia's history, culture, economy, and unique identity.

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Message from the Chief Health Officer

Protecting the Western Australian population against the threat of communicable diseases is a fundamental function of public health. As part of the Department of Health, the Communicable Disease Control Directorate (CDCD) is a key component of the Department's 'System Manager' role. This is achieved by setting the strategic direction, and ensuring strong foundations, for the prevention and control of communicable diseases in Western Australia. It does this through monitoring and reporting of notifiable diseases and hospital-acquired infections, development of statewide strategies, guidelines, and Mandatory Policies, building the capacity of the public health workforce, and a focus on community and stakeholder engagement.

The COVID-19 pandemic has demonstrated the enormous impact communicable disease can have on the community, healthcare systems, and the economy. Necessity drove innovation during the pandemic, leading to major advances in communicable disease control and related systems. We need to leverage the learnings from the response to enhance our systems and services in day-to-day practice as well as preparing for future infectious disease emergencies. The development of the *Communicable Disease Control Directorate Strategy 2023–2026* is an important step in that direction and applies the lessons from the COVID-19 pandemic.

The strategy aligns with the *Sustainable Health Review* and the *State Public Health Plan for Western Australia*, including having a clear focus on prevention and protection of our most vulnerable groups.

I am pleased to endorse the strategy and oversee its implementation.



A handwritten signature in black ink that reads "A Robertson".

Dr Andrew Robertson

**Chief Health Officer
Assistant Director General
WA Department of Health**

Message from the Director, Communicable Disease Control Directorate

The development of *Communicable Disease Control Directorate Strategy 2023–2026* is timed to coincide with emergence from the COVID-19 pandemic, ensuring the positive learnings are maintained to form a lasting legacy for the Western Australian community. It was informed by mapping the diverse international, national, and state 'communicable disease control ecosystem', input from CDCD staff, focused interviews with key stakeholders, and critical appraisal of the pandemic response.

Our strategic objectives and priorities are designed to strengthen the foundations for the prevention and response to communicable disease threats in WA to allow the health service providers – the operational arm of the health system – to reduce the impact of communicable diseases and healthcare-associated infections on the population. We will do this by establishing contemporary disease control data management systems, having robust surveillance, and reporting, building workforce capacity, and strengthening community and stakeholder engagement.

We will continue to be alert for, and reorientate our resources to, emerging infectious disease threats and antimicrobial resistance, keep a focus on our elimination targets for the elimination of HIV, hepatitis C and congenital syphilis, and ensure the needs of our Aboriginal and other vulnerable populations are central in all our program and policy settings.

To help ensure we deliver on the strategy, an Extended Leadership Team from within the Directorate has been established, which will meet regularly to plan and monitor progress. A mid-term review will be conducted in early 2025.



A handwritten signature in black ink, consisting of a large, stylized 'P' followed by a horizontal line and a vertical stroke that loops back to the right.

Dr Paul Armstrong

**Deputy Chief Health Officer
Director
Communicable Disease Control Directorate**

Introduction

The Communicable Disease Control Directorate (CDCD) is responsible for monitoring, planning and coordinating the public health response to prevent and manage notifiable infectious diseases in Western Australia, including preparedness for communicable disease emergencies and emerging infectious notifiable diseases.

Our focus remains on communicable disease prevention and control, through health promotion, surveillance and reporting, workforce capacity building, immunisation, infectious disease emergency preparedness and response, and using a systems approach for the WA population.

The CDCD Strategy 2023–2026 (the Strategy) provides a framework of strategic initiatives to strengthen and extend strategic priorities and core programs in the wake of the COVID-19 pandemic.

Background

The Strategy builds on the CDCD Strategy 2016–2020, that aimed to provide a leadership tool that set the direction by describing the functions of CDCD and set goals to achieve the following:

- performance improvement
- workforce leadership and development
- stakeholder management and collaborative partnerships
- communications management
- data and information management
- evaluation, research, policy, and legislation
- outbreak preparedness and response capability.

This Strategy was initiated in 2022, in a unique period, being the tail-end of the COVID-19 pandemic. The method relied heavily on the consultation with internal and external key stakeholders, learnings from the pandemic response, incorporation of the COVID-19 response into business-as-usual programs and input from the CDCD leadership team and staff.

Who is the Communicable Disease Control Directorate?

The CDCD is part of the Public and Aboriginal Health Division in the WA Department of Health. CDCD is primarily governed by the *Public Health Act 2016* and the *Public Health Act Regulations 2017*, and the *Health Services Act 2016*.

CDCD's core function is to monitor and minimise the occurrence and spread of notifiable infectious diseases, to protect Western Australians from the health, social and economic impacts of communicable disease.

As part of the Department of Health, CDCD has '[System Manager](#)' core functions, and, in addition to the Program-specific responsibilities below, provides advice to government, performs human biosecurity functions, contributes to the national communicable disease agenda, supports workforce capacity building and training, and plays a key role in public communications in relation to communicable diseases.

Our vision

Communicable disease control in WA is data driven, equitable, sustainable, accessible, agile, and integrated.

Our mission

To prevent, detect, control, monitor, and reduce the impact of communicable diseases among the WA.

Our values

- Community and outcome focussed
- Accessible centre of expertise
- Collaborative innovators
- Proactive, supportive, and responsive to our staff and internal and external key stakeholders
- Connected statewide, nationally, and globally.

Our structure and priorities



Our structure and priorities

The CDCD has 4 program areas, led by the Director and the Program Managers, and supported by the Medical Advisors and the Finance and Business Systems team. The following programs support the role of the System Manager to deliver strategic outcomes and protect the health of Western Australians:

Data System and Support Program

The Data System and Support Program has a pivotal role in managing health-related information including design and maintenance of robust data systems to collect, store, aggregate, and update data to facilitate timely and accurate reporting. The data team collaborates with epidemiologists to identify patterns, track transmission, and assess the effectiveness of interventions.

Infection Prevention, Policy and Surveillance Unit

The Infection Prevention, Policy and Surveillance Unit (IPPSU) provides governance and expert advice and guidance to infection prevention and control (IPC) staff and stakeholders in hospitals and other health care services across WA. This includes providing surveillance definitions for, and governance over, the Healthcare Associated Infection Surveillance Western Australia (HISWA) program, expert advice on IPC matters, IPC-related policy and guidelines, and governance of the WA hand hygiene program.

Immunisation Program

The Immunisation Program team is responsible for developing evidence-based strategies for immunisation and delivering meaningful, quantifiable outcomes that benefit the people of Western Australia and protect individuals and populations from vaccine-preventable diseases (VPDs). This work includes managing the distribution of vaccines; monitoring vaccine safety; producing health promotion content and providing education to providers and the public; and for the analysis, reporting and management of vaccination data. The team endeavours to sustain high levels of immunisation coverage state-wide with a particular focus on increasing vaccination rates in children and Aboriginal people, and to achieve equity for communities that experience barriers in access to vaccines and immunisation services due to remote location, or other socio-cultural or economic factors

Sexual Health and Blood-borne Virus Program

The Sexual Health and Blood-borne Virus Program uses a partnership approach to direct and coordinate the prevention and control of sexually transmissible infections and blood-borne viruses and minimise their social impact.

This involves co-design of statewide strategies and guidelines in partnership with affected communities, administration of the Needle and Syringe Program, workforce development, health promotion and community engagement.

Surveillance and Disease Control Program

The Surveillance and Disease Control Program oversees disease surveillance, control, and transmission prevention in WA. Activities include managing the WA Notifiable Infectious Disease Database, multiple WA Country Health Services disease data systems, developing state-wide disease control guidelines, processes, and factsheets, and coordinating and supporting health regions in their public health responses, as required.

CDCD Priorities

The work of the program teams aligns with the on-going program priorities that include:

- prevention, control, surveillance and reporting of notifiable infectious diseases and healthcare associated infections
- maintaining health biosecurity functions for WA
- extending vaccine service provision and vaccine management
- monitoring antimicrobial resistance
- preparing for and respond to infectious disease emergencies
- building the capacity of healthcare facilities to implement infection prevention and control practices
- eliminating HIV, hepatitis C and congenital syphilis, improve treatment access to hepatitis B
- working towards Closing the Gap for the Aboriginal population and address health inequities related to infectious diseases.

Our objectives to support systemic change

1. Lead an integrated public health response to communicable diseases
2. Improve data systems to enable efficiencies and streamline decision making
3. Strengthen capacity to prevent and respond to communicable diseases
4. Strengthen community and key stakeholder engagement.

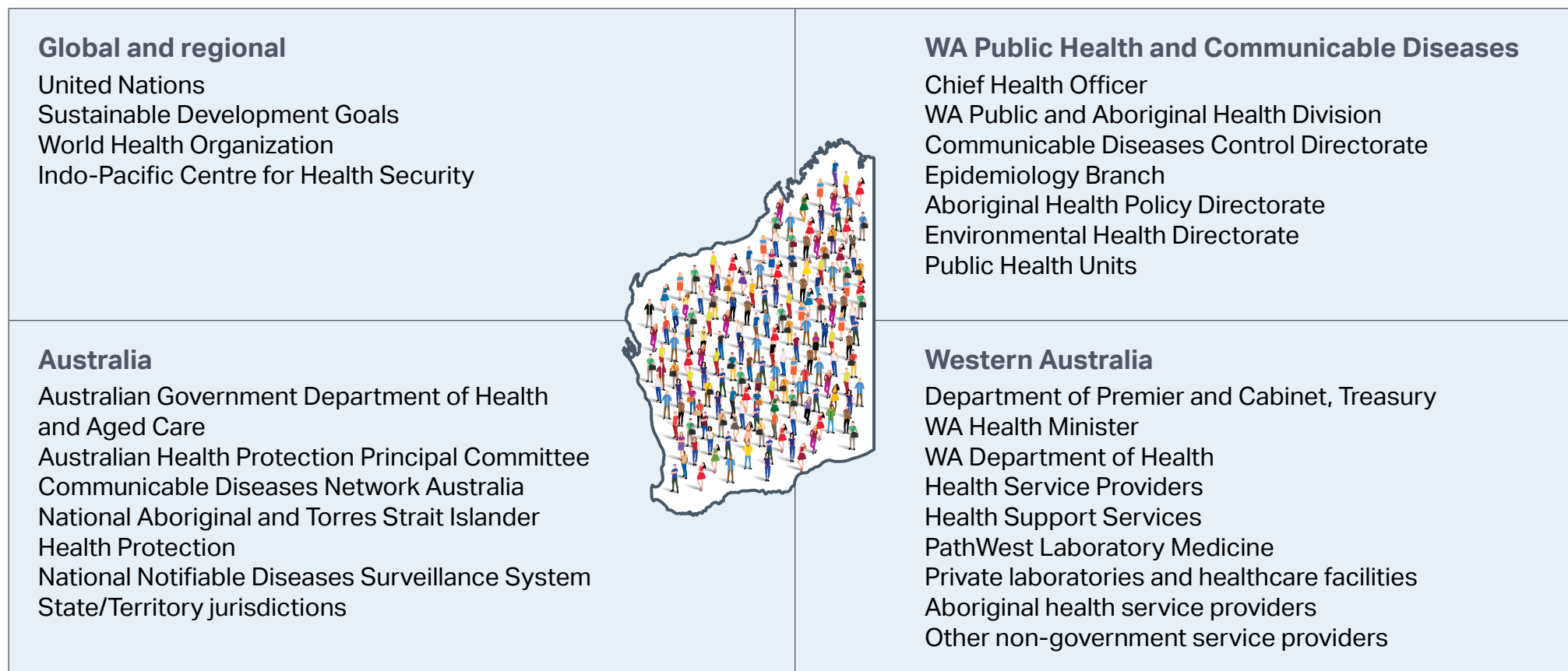
Communicable disease control ecosystem



Communicable disease control ecosystem

The communicable disease control ecosystem involves any practitioners, government and non-government agencies involved in, or affected by, the impact, prevention, reporting and control of communicable disease and healthcare associated infections.

An understanding of the complexity and interconnectivity of local, state, national, and international key stakeholders is essential when planning or responding to communicable disease outbreaks.



Hotspots and enablers that impact our strategic intent

The consultation with internal and external key stakeholders found that communicable disease control in WA was vulnerable to several 'hotspot' issues, including:

- unprecedented demand due to the pandemic and outbreaks
- continuity of funding and investment constraints
- human resource and expertise limitations
- duplication and confusion over CDCD's role and 'One Public Health'
- constraints in proactively developing policy and guideline and monitoring compliance
- communications and collaboration challenges
- misaligned health system and operational governance and performance.

Enablers that support our strategic intent included:

- appropriately skilled and engaged workforce
- data and digital intelligence capability
- clear system manager and operational (clinical) delineation
- proactive and inclusive planning, communications, stakeholder engagement and change management
- sustainable investment and resourcing
- alignment with concurrent WA Health activity
- integrated, transparent, and multi-faceted approach to governance and performance
- collaborative research, horizon scanning and knowledge transfer
- public awareness of communicable diseases.

Organisational supports to implement the strategy

In developing the Strategy, CDCD has identified the need to describe and embed organisational support and practices to strengthen capacity. This includes the following:

1. Culture and workforce development

CDCD will participate in the establishment of a Directorate leadership program and workforce pathway to enable communicable disease control workforce development.

CDCD will ensure high-level of compliance with Department of Health mandatory training, performance development opportunities for all staff and celebrate success of individuals and teams. Support officers and program managers will ensure the staff on-boarding and off-boarding guideline is implemented and reviewed annually.

2. CDCD extended leadership team

The purpose of the CDCD Extended Leadership Team is to provide a forum to work on the implementation of the Strategic Initiatives and plan and respond to emerging issues impacting on the CDCD and WA population. See Appendix 1 for the Terms of Reference.

3. Reporting and indicator framework

CDCD will establish a consistent, standardised approach to monitoring, evaluating, reviewing, and continually improving our surveillance reporting, program outputs, and organisational and financial capacity. The performance indicators will be reported in the CDCD Annual Report.

4. Financial management model

A financial management model will be developed to describe the financial planning, budget approval and expenditure tracking to ensure that CDCD cost centre and budget managers have a sound understanding on financial management and comply with the Departments financial management policies and protocols. The Finance and Business Systems Officer will assist the Director and Program Managers in business planning and financial reporting.

5. Governance, risk, and compliance model

A detailed mapping has been developed to show the governance of CDCD and how risk management, compliance and external advisory committees are embedded and integrate with CDCD's plans, programs, policies, and initiatives. See Appendix 2 for the CDCD Governance Map.

6. Stakeholder ecosystem map

A key learning from the COVID-19 pandemic was the need for community and key stakeholder engagement. The CDCD Support Officers will establish key stakeholder database and review and update the database every 6 months.

Appendix 1 – CDCD extended leadership team terms of reference

Purpose

The purpose of the CDCD extended leadership team (CELT) is to provide a forum of the CDCD senior officers to plan and implement the CDCD strategic initiatives and/or participate in responding to strategic issues impacting or affecting CDCD. The meetings may include but not limited to:

- leading and/or participate in projects identified with the strategic initiatives
- facilitating early problem identification and problem-solving approach to emerging issues
- monitoring and report on the CDCD strategy, operational plan, performance indicators and program-level activities
- developing leadership skills and opportunities for senior officers in CDCD by exposure to broader operational and strategic projects
- facilitating discussion by senior officers to discuss news ways to improve the operations of CDCD.

Membership

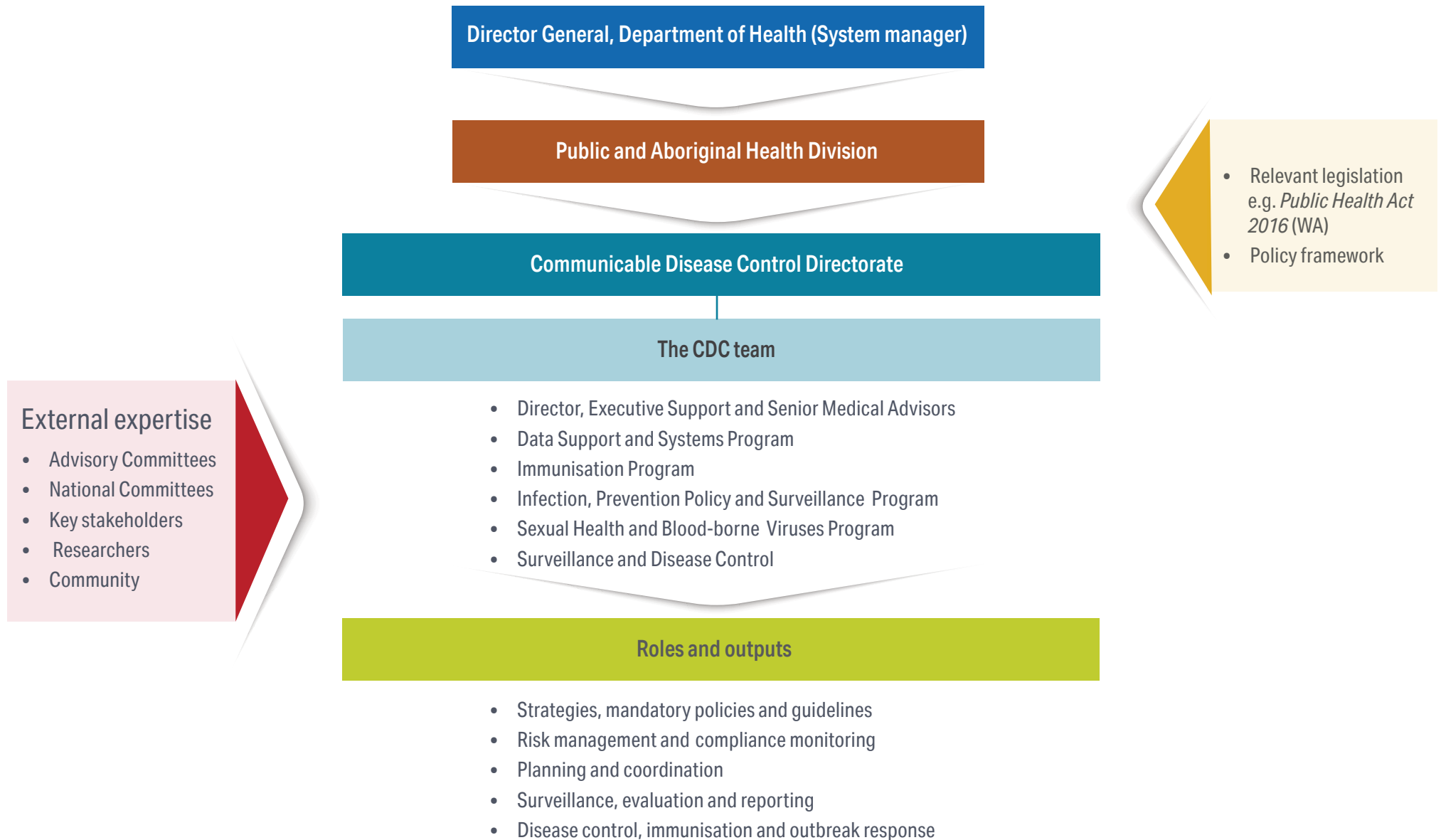
The membership will include the director, medical advisors, program managers and a maximum of 2 officers nominated by each of the program managers.

Meetings

Meetings will be held every 6 weeks and members will be asked to provide agenda items and provide verbal and written reports on strategic initiatives. The role of the chair will be rotated among the members and deputy chair will be provided by the manager of the Sexual Health and Blood-borne Virus Program.

To reduce the administrative burden, the meetings notes will only record actions arising from discussions by an attending support officer.

Appendix 2 – Governance map



This document can be made available
in alternative formats.

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