Productivity Commission
Review of the National Agreement on Closing the Gap 2026

23rd October 2026

Dear Commissioners,

Re: Submission to the Review of the National Agreement on Closing the Gap 2026

We welcome the opportunity to contribute to the Productivity Commission's second review of the National Agreement on Closing the Gap.

Our perspective is driven by our roles as clinicians and public health researchers with experience in infectious disease prevention, Aboriginal child health, communicable disease control and the environmental determinants of health. We wish to draw attention to an immediate example presently demonstrating the need for stronger implementation of the National Agreement: the ongoing outbreak of diphtheria affecting Aboriginal communities across Australia, and particularly communities in regional Western Australia. At present, 95% of identified cases have been among Aboriginal and Torres Strait Islander people with most residing in regional and remote Western Australia and the Northern Territory.

We perceive the current outbreak to be a warning about the systems and living conditions that shape preventable infectious disease risk, specifically in remote regions.

In May 2026, Australia's Chief Medical Officer declared the diphtheria outbreak a Communicable Disease Incident of National Significance. At that time, approximately 230 cases had been reported nationally, making it the largest Australian outbreak since national records began in 1991. Up to 5 October 2026, 612 cases have been reported nationally.

Until vaccines were introduced in the 1930s, diphtheria was the number one cause of mortality in Australia, with thousands dying annually. This outbreak, despite high vaccine update, demonstrates the importance of living conditions in the prevention of transmission, we urgently highlight the pressing needs to be addressed.

In Western Australia, diphtheria transmission has continued throughout 2026, with 267 cases notified by 5 October. Although case numbers remained below the June peak, notifications increased in mid-September. The outbreak has predominantly affected Aboriginal people in the Kimberley, Pilbara, Goldfields and Midwest, with cases also identified in metropolitan Perth. On 24 September, public health authorities were responding to further cases linked to a childcare centre in Roebourne, including a respiratory case. Children in WA have nearly died and are suffering lifelong impacts of recovery from diphtheria myocarditis and peripheral neuropathy.

Diphtheria vaccination is essential and remains the most effective protection against severe disease. The considerable vaccination, contact tracing, treatment and community outreach response being delivered by Aboriginal Community Controlled Health Organisations, public health services and other partners is therefore critical. However, vaccination and outbreak response alone cannot address the conditions that permit infections to spread or repeatedly place some communities at greater risk.

Importantly, this outbreak should not be reduced to a narrative of vaccine hesitancy; it is occurring in a population with substantial existing vaccine coverage, and diphtheria-containing

vaccines are routinely delivered through the National Immunisation Program across childhood and adolescence. Protection against diphtheria also wanes over time, which is why the current outbreak response includes additional booster doses for eligible adults. Australian Government statements have acknowledged that the extent to which vaccine hesitancy has contributed to the outbreak is unclear, and that other factors, including sanitation and housing conditions, are also relevant. The scale of the vaccination response itself is substantial: by July 2026, almost 15,000 additional doses of diphtheria-containing vaccine had been distributed across outbreak-affected regions in Western Australia. This distinction matters. Framing the outbreak primarily as a problem of individual vaccine acceptance risks obscuring the structural conditions that influence transmission and the capacity of households to prevent infection. Vaccination remains critical to preventing severe disease, but it cannot substitute for safe housing, functional sanitation and plumbing, adequate space, timely maintenance and effective environmental health systems. These are the conditions that are essential to optimise to reduce transmission.

Diphtheria can involve both the respiratory tract and skin and can spread through close contact, infected skin sores and contaminated items. WA Health's current outbreak advice specifically emphasises skin health, wound care and management of common skin conditions alongside vaccination and hygiene. These measures are substantially more difficult to achieve where households do not have consistently functional plumbing, washing facilities, adequate space, timely repairs, safe infrastructure or relief from overcrowding.

Housing IS health infrastructure

The National Agreement recognises through Outcome 9 that Aboriginal and Torres Strait Islander people should have access to secure, appropriate and affordable housing aligned with their priorities and needs. Yet the Commission's own July 2026 summary reports that no assessment is currently available for the target concerning households receiving essential services.

Recent evidence from the Kimberley demonstrates why this gap matters. The 2026 Kimberley Community Legal Services report *Broken by Design: We Deserve Homes That Work* draws on evidence from 166 public housing tenants, 95% of whom identified as Aboriginal and/or Torres Strait Islander. Tenants reported widespread plumbing failures, electrical faults, leaking roofs, mould, structural damage and pest infestations. Nearly 70% of surveyed tenants were still waiting for repairs. ABC reporting has documented what these failures mean for families in Kalumburu, including residents having to use relatives' toilets because their own were broken, homes without hot water, and unsafe flooring. In Beagle Bay, BC reporting has documented residents continuing to pay rent for homes without hot water. One resident reported going without hot water for three years, despite repeatedly requesting repairs by phone and in person from the regional housing officer.

The scale of these problems is striking enough to be considered a national shame; 96% of respondents did not consider their home safe and in good condition, 81% reported that their home required repairs, over 70% reported plumbing problems, and more than half reported pest infestations. Many households experienced several maintenance problems simultaneously.

These are not peripheral housing concerns. Functional plumbing, washing facilities, sanitation, ventilation, safe electrical systems, pest control and adequate household space are part of the basic infrastructure required for prevention of communicable disease; a relationship made particularly visible by the current diphtheria outbreak.

Closing the Gap implementation should connect health, housing and environmental health
The National Agreement's Priority Reforms are intended to change how governments work with Aboriginal and Torres Strait Islander people, rather than simply add new programs to existing systems. The Commission is appropriately examining how workforce capability, funding, governance and infrastructure interact to influence socio-economic outcomes. However, the diphtheria outbreak illustrates why this systems perspective is needed.

When a preventable infectious disease outbreak occurs, governments understandably mobilise vaccination clinics, clinical services, contact tracing and health promotion. These responses are necessary. However, the effectiveness of public health advice can be constrained if families return to homes with broken plumbing, inadequate washing facilities, overcrowding or unresolved environmental health hazards. Similarly, it is insufficient for housing policy to measure only the number or size of dwellings without also measuring whether homes reliably support health. We recommend that the Review consider the following with urgency:

1. ***Treat safe, functional housing and essential services as core public health infrastructure.***

Progress under Outcome 9 should include stronger measures of housing functionality, maintenance and essential services, not only housing availability or household size. Relevant indicators should capture whether homes have functioning water, sanitation, washing facilities, electrical infrastructure, cooking facilities, ventilation and climate-appropriate cooling.

2. ***Establish stronger links between housing, environmental health and communicable disease prevention.***

Where communities experience recurrent skin infections or outbreaks of environmentally mediated infectious diseases, housing and environmental health assessment should form part of prevention planning alongside vaccination, clinical care and health promotion. Australia's historical success in reducing the burden of many infectious diseases demonstrates that sustained improvements in housing, sanitation, clean water, nutrition and other socioeconomic conditions are fundamental to population health, alongside advances in vaccination and clinical care.

3. ***Move from reactive maintenance towards planned and preventative housing maintenance.***

The Kimberley evidence shows the existing maintenance system is overwhelmingly reactive and poorly suited to regional and remote conditions. Kimberley Community Legal Services recommends routine cyclical maintenance, a Survey-Fix approach, stronger local quality assurance and timely attention to critical household infrastructure. These approaches align closely with a prevention-first public health model.

4. ***Increase Aboriginal community control over housing and environmental health responses.***

Locally governed solutions should be developed with Aboriginal Community Controlled Organisations and communities, including through locally based maintenance and environmental health workforces. Recommendations include transitioning towards community-led, place-based maintenance and prioritising Aboriginal Community Controlled Organisations and local enterprises. This provides a practical opportunity to give effect simultaneously to Priority Reform 1, shared decision-making, and Priority Reform 2, strengthening the community-controlled sector.

5. ***Strengthen accountability for whether homes are functional, not simply whether maintenance processes exist.***

Governments should transparently report housing condition, repair timeliness, repeat failures and the proportion of homes meeting agreed functional and health-related standards. Community-defined measures should be incorporated into monitoring and accountability arrangements.

We call upon the Australian Government to work in genuine partnership with Aboriginal communities and community-controlled organisations to change the conditions that make preventable disease more likely in the first place. Learnings from the COVID-19 pandemic demonstrated that Aboriginal and Torres Strait Islander people and communities have the solutions to maintain their health and wellbeing and can succeed when given appropriate resources and self-determination.

Housing failures are not isolated technical problems. They affect families' capacity to maintain healthy living environments and therefore have consequences across health, education and wellbeing. We hope that using the current diphtheria outbreak as a case study highlights why infectious disease prevention cannot be separated from these broader determinants.

Closing the Gap will require health systems that respond rapidly to outbreaks. Most urgently, we believe it will require governments to invest upstream, so that healthy housing, functioning essential services and locally controlled prevention systems reduce the likelihood that outbreaks occur and spread in the first place.

We would welcome the opportunity to provide further information to the Commission.

Yours sincerely,

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