AMHF
AUSTRALIAN MEN'S HEALTH FORUM

SUBMISSION

Updated Population Based Screening Framework

Response to the Department of Health, Disability and Ageing's consultation on the draft updated framework, supporting screening programs designed to reach men and the groups least likely to take part.

November 2026

Who Is AMHF?

The Australian Men's Health Forum (AMHF) is the national peak body for the health and wellbeing of boys and men. We bring together and strengthen the people and organisations improving the lives and health of boys and men, turning sector knowledge into coordinated action, stronger practice and national policy influence.

Our purpose is a healthier, more connected Australia in which boys and men are valued, supported and able to thrive. AMHF sees well-designed screening programs as a practical way to find disease early in men, many of whom have little regular contact with health services.

AMHF has more than 125 organisational and individual members across Australia, from national charities to men's sheds, peer support and walking groups, and programs for fathers and separating parents. Many reach men in the workplaces, sporting clubs and community settings where screening information could also reach them, and AMHF would welcome the chance to connect the Department with them.

AMHF Contact Details

Chloe Jesson

Chief Executive Officer

Email: ceo@amhf.org.au | Phone: 0477 226 603

Web: amhf.org.au

Acknowledgement of Country

AMHF acknowledges the Traditional Custodians of the lands on which we live and work across Australia. We pay our respects to Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples. We recognise the right of Aboriginal and Torres Strait Islander peoples to self-determination, and that the health and wellbeing of First Nations men, boys and families is best led by community-controlled organisations and First Nations voices.

Recognition of lived experience: AMHF recognises the men, boys, families and carers affected by cancer and the other conditions screening aims to find early, including those who have lost someone they love. Their experience should shape how screening programs are designed and offered.

Support: This submission discusses cancer and deaths from cancer. Support is available from Cancer Council on 13 11 20 and MensLine Australia on 1300 78 99 78.

Summary of AMHF Responses

Australia's Population Based Screening Framework is a joint Commonwealth and state and territory document that guides decisions about national screening programs. The draft update adds targeted and risk-stratified screening and genomic testing, a process for assessing new screening proposals, and guidance for changes to existing programs.[1] The consultation survey asked respondents to rate each part of the draft and to suggest gaps or refinements. AMHF strongly supports the proposed updates.

AMHF's response to each consultation question:

#	Consultation question	AMHF response
5	How clearly does the introduction explain the purpose and key concepts?	SOMEWHAT CLEARLY
6	How adequately do the assessment criteria cover the matters to consider?	SOMEWHAT ADEQUATELY
7	How adequately do the implementation and management requirements cover the matters to consider?	SOMEWHAT ADEQUATELY
8	How appropriate are the stages in the proposed assessment process?	SOMEWHAT APPROPRIATE
9	How adequately does the guidance for changes to existing programs cover the matters to consider?	SOMEWHAT ADEQUATELY
10	Overall, how clear is the framework?	SOMEWHAT CLEAR
11	Overall, do you support the proposed updates?	STRONGLY SUPPORT

General Feedback

Australian Men's Health Forum (AMHF), the national peak body for the health and wellbeing of boys and men, supports the proposed updates. The framework now covers targeted and risk-stratified screening and genomic testing, takes a broader view of benefits and harms, and gives equity, informed choice, cultural safety and data governance the weight they deserve. These changes prepare Australia to assess new approaches carefully while keeping population benefit at the centre.

Our main suggestion is that the framework do more to reach people who rarely take part in screening or are never offered it, including many men. As noted at question 5, fewer than 2 in 5 men invited to bowel screening complete the test, and 2,819 men died from bowel cancer in 2025, around 54 every week.[2] In AMHF's 2026 Pulse Check of 327 people across the men's health sector, 29% named services not designed for men as the biggest barrier to getting help.[3] The National Men's Health Strategy 2020–2030 commits to strengthening the health system's capacity to provide appropriate care for men and boys,[4] and the October 2026 Lancet Series on men's health calls for disaggregated data so the men most at risk are visible.[5,6,7] A screening framework that plans from the outset how to reach men who rarely take part, tests acceptability with them and works through settings where men already are would put both the Strategy and the Series into practice. The same planning should reach everyone whose body needs a particular screening test, including trans women who may need prostate testing, trans men who may need cervical or breast screening, and intersex people whose needs sex-based eligibility rules can miss.

We also ask that the framework explain how a well-evidenced activity outside organised screening, such as prostate cancer testing, could be assessed for a targeted or risk-stratified program (see question 5). Finally, the assessment process should set out how its transparency will work in practice, with clear timeframes, published decisions and openness to proposals from community organisations and peak bodies. AMHF and its member organisations would welcome the chance to help test program information and engagement approaches with men.

Gaps and Refinements

Introduction and Key Concepts (Question 5)

AMHF welcomes the clearer definitions and the stronger focus on equity, informed participation and Aboriginal and Torres Strait Islander partnership. Two refinements would help. First, the introduction already recognises that some population groups may need additional support to take part. It should note that men are one of them. Fewer than 2 in 5 men invited to bowel screening complete the test (39.7% in 2023–24),[8] well below the program's target of 56.6%.[9] The framework already names priority populations such as Aboriginal and Torres Strait Islander peoples and people in regional, rural and remote areas. Adding groups with persistently low participation, including men, would help programs plan from the start how they will reach them. Second, the introduction should consider people who are not offered organised screening at all. The framework places testing in clinical practice outside its scope, and Appendix 1 describes opportunistic testing, where a test is

offered during a visit for another reason. Prostate cancer testing under the 2026 NHMRC-approved guidelines[10] works this way, relying on men visiting a GP and the GP raising the test. Unlike bowel screening, no one is invited, and about 1 in 5 men did not see a GP at all in 2024–25.[11] The framework should explain how a well-evidenced activity like this could be assessed for a targeted or risk-stratified program.

Assessment Criteria (Question 6)

AMHF supports adding targeted and risk-stratified approaches, which suit conditions where risk varies widely, such as prostate cancer. We suggest four refinements. Criterion 15 (equitable access) refers to priority populations without saying how they are identified; it should also ask proponents to identify groups known to take part less, by sex, gender, age, socioeconomic position, culture and language, and show how the design will reach them. Criteria 8 and 22 (acceptability) should require evidence that a test is acceptable to the people expected to use it, including men and groups who rarely use primary care. Criterion 12 should ask whether early detection improves outcomes across population groups, using sex-disaggregated trial data where it exists. Finally, criterion 19 (infrastructure and workforce) should consider delivery beyond clinics, such as pharmacies, workplaces and mobile services, as mobile CT buses now do for lung screening in rural areas. These changes would help ensure new programs are designed for the people least likely to take part, rather than adjusted for them later.

Implementation and Management Requirements (Question 7)

AMHF welcomes the stronger requirements on equity, cultural safety, informed choice and data governance. Requirement 28 asks that indicators show "relevant differences between population groups" but does not say which groups. It should name a minimum set of population groups for which indicators are reported, including sex, age, Aboriginal and Torres Strait Islander status, remoteness, socioeconomic area and language spoken at home, so gaps such as low bowel screening participation among men stay visible. Requirement 32 should commit to publishing these indicators broken down by population group. Requirement 6 should name community organisations and peak bodies that represent groups with lower participation, including the men's health sector, among those consulted from the conceptual stage. Requirements 8 and 9 should ask programs to work through settings where people already are, such as workplaces, sporting clubs, pharmacies and men's sheds, and through trusted community messengers. Requirement 11 should require that information is tested with the groups it is meant for, including men. The lung program's partnership with the National Aboriginal Community Controlled Health Organisation[12] shows what co-design can achieve, and the same principle should guide engagement with other groups who take part less.

Stages in the Assessment Process (Question 8)

AMHF supports a staged process for assessing new proposals. The draft does not yet set out the stages, so AMHF suggests they include the following features. The process should say who can ask for a condition or screening approach to be assessed (including consumers, clinicians, researchers and peak bodies), what support is available to community organisations and consumer groups without the resources of industry or large institutions, and the expected timeframe for each stage. The Department should also be able to start an assessment itself, informed by horizon scanning, so that conditions with a strong case do not wait for a well-

resourced proponent. Decisions and their reasons should be published, with a chance for public comment before a final recommendation. An equity assessment should be part of every stage rather than a final check, including the likely effect on groups who take part less, such as men, people in regional and remote areas and Aboriginal and Torres Strait Islander peoples. Consumer representatives should take part in assessment, and proponents should receive feedback that helps them strengthen a proposal that is not supported.

Changes to Existing Programs (Question 9)

AMHF supports a structured approach to significant changes, and the recognition that change may not always be warranted. We suggest three refinements. First, Requirement 34 already lists equity outcomes among the circumstances that should trigger a program review, and the guidance for changes should match it by naming persistent gaps in participation or outcomes for a population group as a reason to consider change, alongside new evidence and new technology. Men's participation in bowel screening has stayed below women's for years,[8] and guidance that looks only at changes in the science may leave such gaps in place. Activity 1 should therefore include routine monitoring of equity data, and activity 2 should treat a sustained gap as grounds for review. Second, activity 1 should name consumers and representatives of groups likely to be affected among the stakeholders engaged early. Third, activity 8 should include communication planned for groups who take part less, since changes such as opening the bowel screening program to people aged 45–49, who must request a kit rather than being invited,[8] only work if the people newly eligible know about them. Activity 9 should report effects on participation and outcomes by sex, gender, age, Aboriginal and Torres Strait Islander status and remoteness.

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AMHF thanks our member organisations, whose work informs this submission.