



New Perspectives on Men, Cancer & HPV

Report on a Roundtable at the World Health Assembly 2025

Summary

Hosted by Global Action on Men's Health (GAMH) and NOMAN is an Island: Race to End HPV (NOMAN), a successful roundtable was held in Geneva in May 2025 alongside the World Health Assembly (WHA) with the aim of building consensus for worldwide action on men, cancer and human papillomavirus (HPV). The meeting brought together influential public health leaders and policymakers to **identify barriers and strategies to expand gender-neutral (universal) HPV vaccination (GNV) programmes** – those that include boys as well as girls – particularly in low- and middle-income settings.

A wide range of stakeholders participated in this event, including representatives from public health organisations, HPV coalitions, federations, UN agencies, patient forums, pharmaceutical companies and governments. A complete list of participating organisations is on page 8.

An eminent set of speakers set the scene: **Professor Richard Sullivan** (Professor of Cancer and Global Health at King's College London and Director of the Institute of Cancer Policy), **Professor Giampiero Favato** (Director of Postgraduate Research, Kingston Business School, London), **Professor Karina Butler** (former chair, National Immunisation Advisory Committee, Ireland, paediatrician and infectious diseases specialist), **Damian Naidoo** (Research Assistant, Health Promotion, University of KwaZulu-Natal (UKZN), South Africa), **Dr Shalom Ndoula** (Permanent Secretary of the Expanded Programme on Immunization [EPI], Cameroon) and **Dr André Ilbawi** (Lead, Cancer, WHO).

The meeting was chaired by **Peter Baker**, GAMH Director, and **David Winterflood**, CEO of NOMAN, presented the concluding remarks.

Key Outcomes

There is a **strong economic, equity, public health and practical case** for vaccinating boys, as well as the **historical precedent** of universal rubella vaccination. The challenge is one of resources, political will and that global health decisions often deprioritise boys' and young men's health.

Our **language needs to shift** from only focusing on vaccinating against HPV to prevent cervical cancer to vaccinating to prevent all HPV-associated cancers and diseases.

Policy changes by WHO, Gavi and UNICEF are key to enabling an expansion of boys' vaccination, particularly in low- and middle-income countries.

New global elimination targets are needed for all HPV-associated cancers, beyond only cervical cancer. Discussions should begin now on interim targets and new targets agreed for beyond 2030.

National HPV policies and immunisation guidelines should be broadened to include boys and routine data collection should cover all HPV-associated diseases in men and women.

There is a need to **strengthen the value proposition for GNV** and to be clear that GNV is not a zero-sum issue but a win-win for everyone.



NEW PERSPECTIVES ON MEN, CANCER & HPV

Meeting Rationale

The age standardised cancer incidence rates for men and women are 213 and 186 respectively, and the mortality rates are 110 and 77 per 100,000. With HPV causing 5% of cancers worldwide and an estimated 180,000 cases in men annually, it is clear that GNV could help to reduce men's overall cancer burden. HPV is specifically implicated in cervical, anal, penile, oropharyngeal and other cancers. Infection rates of high-risk (oncogenic) HPV types are much higher and more persistent in men, particularly in men who have sex with men.

GNV not only protects men, it also accelerates the elimination of cervical and other cancers in women, especially in countries with low vaccination rates in girls. GNV can make vaccination programmes more resilient to shocks, such as a pandemic or a crisis in vaccine confidence, and also helps to reduce stigma as well as more equally share responsibility for prevention between men and women.

The case for GNV

The economic case

Professor Favato shared his study highlighting that the real economic value of vaccination is the elimination of HPV. Reducing the burden of disease to zero is **not possible without vaccinating both boys and girls** with an 90% coverage rate. Vaccinating 40% of the target population - the current rate in many countries - fails to eliminate HPV and imposes a residual burden of disease cost estimated up to International Dollars I\$ 278 million per million people, depending on population income (low-income countries will bear the heaviest economic burden) and vaccination strategy (universal vaccination reduces the burden by half compared to girls-only). For some low-income countries, the future cost of their HPV residual burden of disease is comparable to their entire current annual gross domestic product. Professor Favato emphasised that vaccinating boys makes financial sense for all countries, regardless of income level, as even at just 40% coverage, adding boys will halve all countries' residual burden costs.

The equity and public health case

Damian Naidoo highlighted that **a silent crisis has grown in HPV-related cancers in men in**



Sub-Saharan Africa (SSA) – penile, anal and oropharyngeal cancers – as well as genital warts. SSA has the highest burden of both HPV and HIV, with HIV dramatically increasing the risk of HPV for men. Despite this, he argued that **HPV policies and guidelines in Africa overlook men, focusing solely on cervical cancer**. Of the 29 countries in SSA that have HPV vaccination programmes, almost all only target girls. He called for changes in policies, greater resource mobilisation and implementation research to support GNV in Africa. Including men is not just about equity, but will reduce transmission, protect men and their partners, and destigmatise HPV.

The vaccine acceptance and uptake case

Dr Ndoula said that Cameroon began vaccinating only girls for HPV and faced immediate backlash from religious and political leaders who argued this would encourage girls' early sexual behaviour and questioned whether the government was trying to sterilise girls. Religious leaders also asked why, if the aim was to prevent HPV infection, boys were not also being vaccinated. Despite widespread availability and supply, the initial girls-only approach resulted in just 20% uptake. He noted that **Cameroon then shifted the narrative from vaccinating against cervical cancer to vaccinating against all HPV cancers**. Despite a lack of data on the HPV burden in men, it vaccinated both girls and boys. This almost tripled the coverage in the primary target population of girls to 58%. Cameroon is calling for a change to WHO policy to allow it to continue vaccinating boys.

The historical case

Professor Butler presented on the rubella vaccination approach in the UK and Ireland, which



initially targeted girls only, but then moved to universal vaccination, which was far more effective. While rubella is not HPV, there are relevant similarities. In particular, both viruses only affect humans making eradication easier than viruses that infect both humans and animals. In addition, the initial infection – be it in a pregnant woman (with rubella) or a woman or man (with HPV) – can go unnoticed until the onset of adverse consequences (congenital rubella syndrome in the case of rubella infected women). She noted that **girls-only vaccination had little impact on the rubella virus circulation**. Virus circulation continued to persist in the community and represented an ongoing threat to those not vaccinated. The key lesson for HPV from rubella was that, to reach virus elimination, everyone needs to be vaccinated and thus leverage both the direct as well as the indirect benefits of vaccination. Targeting females alone is not enough to remove the risk posed by either virus.

Key Challenges Identified

- Men's health is typically seen as in opposition to women's health in debates on global health, as part of an **outdated zero-sum assumption that improvements in men's outcomes are at the cost of women's**. This false belief prevents the roll-out of health responses and health systems that seek to improve comprehensively everyone's health.
- There is **only one globally agreed-upon HPV strategy and target - focused on cervical cancer elimination by 2030 - which constrains the expansion of GNV**. While meeting this cervical cancer target remains essential, national governments are not similarly accountable for achieving progress

"For us, the survival of the HPV programme in Cameroon has to maintain the gender-neutral approach. Otherwise, it means the end of HPV vaccination if we have to step back to girls-only. Cameroon is therefore calling for a change to global policy on HPV so that we can continue to vaccinate girls and boys and accelerate our response to eliminating HPV."

Dr Shalom Ndoula, Cameroon government, EPI

"When we are talking about accepting HPV vaccination as part of a normative public health behaviour, if we cannot see gender alignment and gender integration in this subject, we will find it very difficult to move things forward."

Prof. Richard Sullivan, Kings College London

in addressing other HPV-associated cancers, particularly penile, anal and oropharyngeal cancers, as well as genital warts. The lack of other targets makes it harder to advocate to national governments that they should expand their HPV vaccination programmes to boys and address all HPV-associated cancers in men and women. It also reinforces the false perception that HPV is only associated with cervical cancer.

- **WHO policy, reflecting this sole HPV target, recommends that boys are not a primary target for HPV vaccines** (but secondary). As such, the majority of low- and middle-income countries only target girls within their HPV vaccination programmes.
- **Gavi, the Vaccine Alliance, does not allow low- and middle-income countries to use Gavi-subsidised HPV vaccines to vaccinate boys** (it is seen as a misuse of Gavi resources). This creates additional financial barriers for those governments wishing to vaccinate boys. As a result, no Gavi-supported countries have introduced GNV (with the exception of Cameroon) despite many low- and middle-income countries expressing their desire to do so.
- **UNICEF, which also provides subsidised HPV vaccines to low-income countries, similarly restricts these countries to procuring HPV vaccines for girls only**. This is because it follows the same regulations as Gavi, guided by the current WHO policy.
- **National HPV policies and national immunisation guidelines in low- and middle-income countries, particularly in Africa, contain an insufficient focus on boys** or other HPV-associated cancers in men and women (beyond cervical cancer).

NEW PERSPECTIVES ON MEN, CANCER & HPV

- **Several countries, particularly in the Africa and Middle East and North Africa (MENA) regions, have faced implementation challenges rolling out girls-only HPV vaccination programmes (instead of GNV).**

This has included objections from political and religious leaders as to why only girls are being vaccinated (and not both sexes) and the concomitant assumptions that HPV is due to risky sexual behaviours and that vaccination results in so-called 'promiscuity'.

- **Traditional social norms regarding men's role, and societal sensitivities in discussing boys' and girls' sexual behaviour, underpin the conventional HPV narratives** that associate HPV only with cervical cancer in women (and that it has nothing to do with men) and that HPV is only about cancer and is not a sexually transmitted infection. These norms also underpin how sexual and reproductive health (SRH) is perceived more broadly as about women only and not also related to the lives of men and boys.

"After 15 years looking at the economics of HPV, my conclusion is very simple: we should not worry any longer about the cost of vaccination... but rather we should worry about the far greater price of inaction on GNV."

Prof. Giampiero Favato, Kingston Business School

- **The value proposition for GNV is not yet widely agreed**, unlike the value proposition for cervical cancer, which is well established. Beyond vaccinating girls, there is no international consensus on who should be vaccinated next – for example, whether the priority should then be a catch-up programme for women up to 25 years of age, targeting high-risk populations, or reaching all boys aged 9-14 years.
- There is **no consensus on the cost-effectiveness of vaccinating boys**. The meeting heard a strong economic argument that the only way to reduce the cost to countries of the ongoing residual burden of HPV-associated diseases is to vaccinate boys

as well as girls. Others noted that some studies argue instead that HPV vaccination for girls aged 9-14 years old is more cost-effective than GNV. This lack of agreement partly reflects the different ways that cost-effectiveness is currently measured.

- **HPV vaccination coverage in many countries with girls-only programmes remains low and is falling in some countries.** This can make it harder to make the case for GNV because improving uptake in girls is seen as the priority.
- There is a **lack of rigorous HPV burden of disease data for men collected in low- and middle-income countries**, which limits understanding of the actual burden of HPV on men and boys. Such data is more routinely collected for cervical cancer. This is despite the growth in HPV-related cancers in men.
- More **research is needed to better understand the dual burden of both HPV and HIV** in Sub-Saharan Africa and its association with increasing cancer risk in males and females.
- **Different perspectives on market constraints may further hinder GNV.** A participant noted that there may be insufficient vaccine supply to justify GNV. However, manufacturers attending the roundtable indicated that they have more than sufficient vaccine supply for countries wishing to vaccinate boys.
- **The European Centre for Disease Prevention and Control (ECDC) does not include sufficient HPV reporting and monitoring within its work, limiting data-informed decision-making by**

"Female only vaccination does not impact the circulation of the virus. It will only primarily protect those that are vaccinated...Universal vaccination will eventually protect everyone and provides resilience to a vaccine programme and affords programmatic equity."

Prof. Karina Butler, Ireland



policymakers and public health officials.

ECDC's Annual Epidemiological Reports do not currently include HPV, despite these reports including most other cancers and diseases. ECDC also still does not have an HPV vaccine tracking dashboard, despite a commitment by the European Commission in 2024 to introduce this. Additionally, while the EU has a clear policy on GNV for HPV, this is not being promoted by the EU in its work globally with low- and middle-income countries.

- We are **not learning the lessons from prior vaccination programmes, such as Rubella and Hepatitis B**, which had much greater effectiveness in removing virus circulation after they moved from an initial girls-only approach to universal vaccination.

Key recommendations

Shifting the language and narrative to support GNV

- The global community needs to **shift its language on HPV from being primarily about eliminating cervical cancer to a broader focus on eliminating all types of HPV-cancers**. This will help to create a shared vision of humanity against HPV cancers and to address the challenges that governments face with a girls-only approach. The European Commission's Beating Cancer Plan provides a good example of how the

Useful resources shared

- The European Parliamentary Forum (EPF)'s 'Global HPV Prevention Policy Atlas' currently provides a mapping of HPV vaccination coverage in both Europe and the Eastern Mediterranean region (and hopes to expand to other regions in the future). It is a valuable tool to pressure politicians and governments to act. It shows, for example, that only 4 of 22 countries in the East Mediterranean region have implemented GNV. Further information on this Atlas can be found at hpv.srhrpolicyhub.org.
- The WHO also has a useful public **dashboard** on HPV, which is updated frequently.
- A WHO Global Status Report on HPV will be published in September 2025.

focus can be pivoted towards the elimination of all the cancers caused by HPV.

- **GNV must be seen as a win-win for everyone**, not as a binary issue for men or women. Men's and women's health is intrinsically linked concerning HPV, and the needs of both can be advanced together. The successful roll-out of HPV vaccination programmes requires moving beyond single-sex approaches to achieving an aligned approach for men and women together.
- Our arguments for GNV should highlight the **public health case as well as the substantial health equity and inclusion rationale** for also vaccinating boys.

"We have to listen to what some governments are asking. They're saying we want to give vaccines in a gender-neutral programme – the value proposition is there, and the market dynamics are shifting - so we should respond to the leadership of countries like Cameroon to say this should be part of our programme."

Dr André Ilbawi, WHO



NEW PERSPECTIVES ON MEN, CANCER & HPV

Strengthening the evidence to support GNV

- There is a need to showcase the **strong economic case for gender-neutral HPV vaccination** presented at the roundtable.
- There is a need to strengthen and more broadly **socialise the value proposition for vaccinating boys**, supporting a stronger narrative and consensus for GNV.

“The sole focus on cervical cancer elimination is also a challenge within the MENA region. I would call for this group to ask WHO for a change of policy to support GNV, based on the evidence that supports this approach. This will make it easier for us to also talk about the incidence and burden of all HPV-related cancers in men and women.”

Dr Ibithal Fadhil, MENA Coalition for HPV

- Routine data collection in countries on HPV-related diseases needs to be **more comprehensive and accurately capture the burden of HPV-related disease in men**.
- It is necessary to continually **highlight that GNV is based on evidence of effective HPV prevention**. Vaccinating boys has been shown to protect girls and to create a more resilient HPV vaccination response. These messages should highlight how GNV supports increased coverage and does not distract from current targets.
- It is important to **celebrate the successes of countries that have effectively implemented GNV**, such as Sweden, Bhutan, and Scotland.

Strengthening the policy and targets to support GNV

- The international community **needs to call for an expansion in current elimination targets to cover all HPV-associated cancers**. This should explore opportunities for adding additional targets before 2030, and for building the case for a much greater expansion of focus in the next evolution of the global HPV strategy post 2030.
- The **WHO should change its policies and approach to include boys as a primary target and create a more enabling environment for GNV**. Doing so will respond to the many governments calling for a stronger focus on including boys' vaccination and provide support to enable them to do so.
- **Gavi and UNICEF should change their rules to allow countries to procure subsidised vaccines for boys** (and not only girls). Countries supported by Gavi should also be allowed to use, without penalty, any surplus vaccines to include boys in their national immunisation programmes.
- **Engage vaccine manufacturers in seeking to address the current barriers**. This is particularly important where there is willingness to supply vaccines among

“We will not end cervical cancer in Africa by just focusing on girls. We will not end HPV-related cancers by ignoring boys. If we are serious about elimination and equity, we must be serious about vaccinating boys.”

Damian Naidoo, UKZN, South Africa





industry to Gavi-supported countries, and governments that wish to expand their HPV vaccination to boys, but the current rules prevent these countries from procuring vaccines for boys via Gavi.

- National government **policies in low- and middle-income contexts should be expanded to include a broader focus on all HPV-associated cancers** - penile cancer, anal cancers, oropharyngeal cancers, as well as genital warts and

recurrent respiratory papillomatosis (RRP).

- GNV should be promoted as an **opportunity to engage and educate men in their own and women's broader SRH and wider health**. It will also require health systems to be more responsive to men's needs than is currently the case. This is critical, given the need to provide information to men and drive behaviour change among men.

Next Steps

GAMH and NOMAN will be taking a number of steps following the roundtable:

1. **Advocacy to encourage WHO, Gavi and UNICEF to change their policies and targets on HPV vaccination.** GAMH and NOMAN will further expand their work with international organisations and institutions to make the case for GNV and for a policy and funding environment that supports countries that wish to vaccinate boys.
2. **Building a coalition of governments to support expanding HPV vaccination.** GAMH and NOMAN will engage governments that wish to implement GNV but are currently constrained from doing so due to the current global priorities and rules, to make the case for a more enabling environment for boys' vaccination.
3. **Making the academic argument for GNV.** GAMH and NOMAN will develop a position statement on men, cancer and HPV, which over 100 global experts will endorse. This statement will outline the clear case for the need to scale up GNV, particularly in low- and middle-income countries.
4. **Building the economic case for GNV.** GAMH and NOMAN are collaborating with Professor Favato to support the publication of his analysis on the financial benefits of GNV.
5. **A new webinar series on men, cancer and HPV.** GAMH and NOMAN launched a new webinar series in 2025 to advance discussion and debate on the need for GNV. Please sign up to receive notification of these webinars [here](#).
6. **A new newsletter on men, cancer and HPV.** GAMH and NOMAN have launched a new quarterly newsletter, Men, Cancer & HPV News, to share the latest updates on our activities and research on men, boys and HPV globally. Please sign up [here](#).
7. **Accelerating the introduction of GNV in the Asia region.** GAMH and NOMAN will host an event with colleagues at the 37th Annual IPVS conference (October 2025, in Bangkok) to discuss the barriers and strategies needed to expand GNV in Asia.
8. **Expanding support for our Global Call to Action for GNV.** GAMH and NOMAN launched a global call for GNV at the World Cancer Congress in September 2024. Further details can be found at: www.endhpvglobal.org. We have achieved over 50 endorsements of the call from organisations worldwide and aim for 100 by the end of 2025.
9. **Expanding our social media coverage on GNV.** GAMH and NOMAN will use their social media channels to continue building momentum for GNV, including our interviews on this issue. Follow GAMH and NOMAN on LinkedIn to receive those.



Participant organisations

Participant organisations at the roundtable included the Africa Centres for Disease Control (CDC), Cameroon National Expanded Programme on Immunization, Cancer Warriors, European Cancer Organisation (ECO), European Parliamentary Forum (EPF), Global Action on Men's Health (GAMH), Global Institute for Disease Elimination (GLIDE), HPV Prevention and Control Board, ILGA World, International Longevity Centre UK, International Pharmaceutical Federation (FIP), Kings College London (KCL), Kingston University, Middle East and North Africa (MENA) Coalition for HPV, MSD, NOMAN is an Island: Race to End HPV, Opella, University of KwaZulu-Natal, World Federation of Public Health Associations (WFPHA) and the World Health Organization (WHO).

About Global Action on Men's Health and NOMAN is an Island: Race to End HPV

GAMH is an international charity registered in the UK that brings together organisations and individuals interested in men's health in a global advocacy network. Its mission is to create a world where all men and boys can achieve the best possible health and wellbeing wherever they live and whatever their backgrounds. www.gamh.org

NOMAN is an Island: Race to End HPV (NOMAN) was started by three siblings after losing their mother to cancer caused by HPV, who resolved to eradicate HPV and prevent HPV cancers from ending other lives prematurely. NOMAN works globally on advocacy and education, coalition building, and generating evidence-based calls to action to educate and convince policymakers that HPV elimination is possible, but only via gender-neutral HPV immunisation. NOMAN is a programme of the HPV and Anal Cancer Foundation, a registered charity in England and Wales and the USA. www.nomancampaign.org

Acknowledgments

GAMH and NOMAN express their sincere appreciation to all the speakers and participants at the roundtable for their helpful and active contributions and support. GAMH wishes to thank MSD and NOMAN for supporting its work on men, HPV and cancer. MSD have neither sought nor had any influence or control over the content of this report. The contents of this report are solely the responsibility of GAMH and NOMAN.

Suggested citation

Shand T, Baker P and Winterflood D. New Perspectives on Men, Cancer and HPV: Report of a High-level Roundtable at World Health Assembly 2025. Global Action on Men's Health and NOMAN is an Island: Race to End HPV; London, UK, 2025.