



Why are GBMSM at higher risk of HPV infection?



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EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Detail from: René Magritte:

Le Bouquet Tout Fait 1957



GLOBAL ACTION ON
MEN'S HEALTH

**NOMAN
IS AN ISLAND**
RACE TO END HPV
AND PREVENT 5% OF CANCERS



Detail from: René Magritte: Le Bouquet Tout Fait 1957

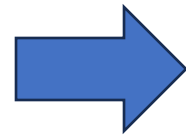
Why are GBMSM at higher risk of HPV infection?

1. Higher rate of partner change
2. Greater vulnerability of rectum
3. Anal cancer less predictable
4. More immunocompromised
5. Less likely to be vaccinated



UK HPV vaccination timeline

2008
Bivalent



2012
Quadrivalent

12-18y
GIRLS only

2015

<45y GBMSM

Gender Equal 2019

12y Girls & Boys

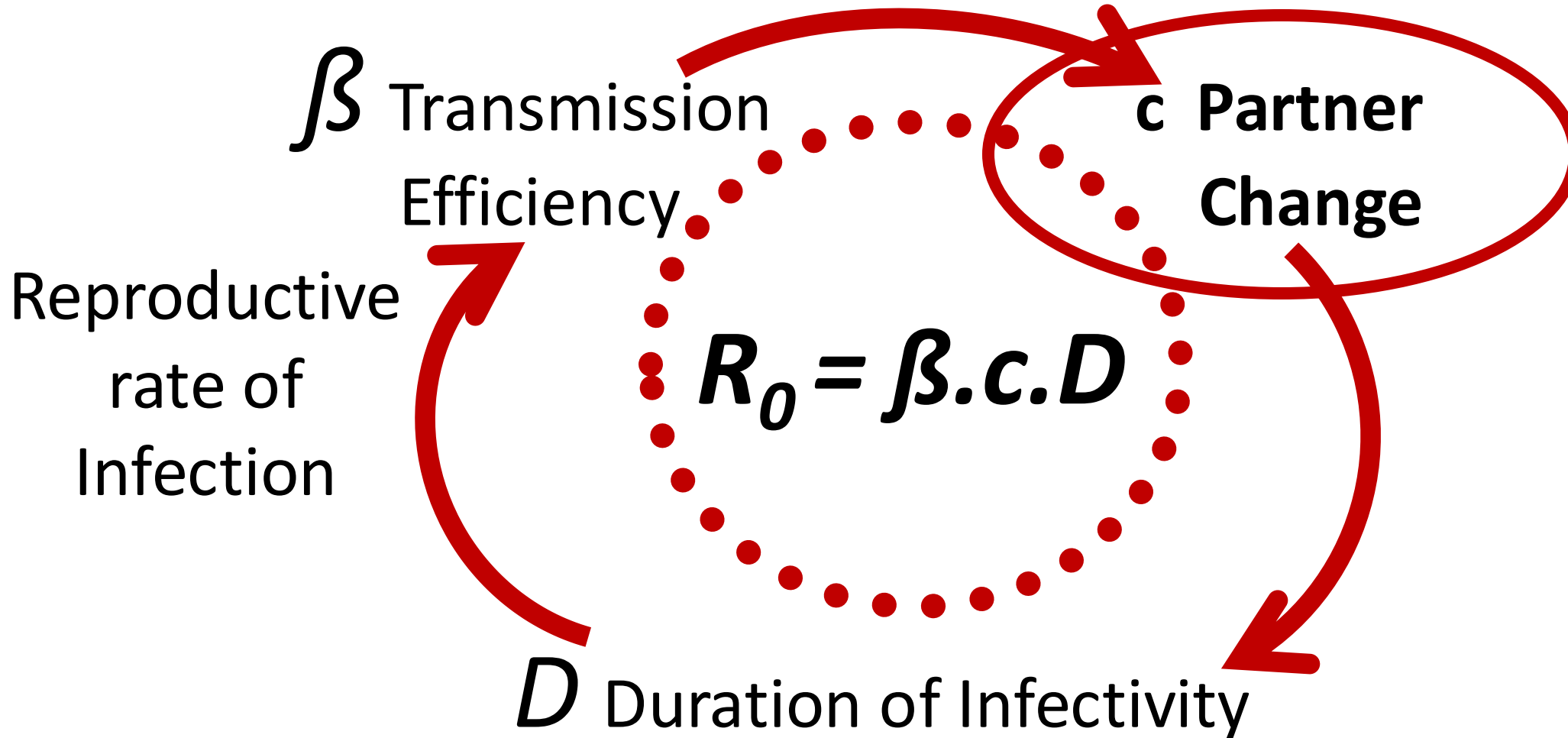
2022

9-valent vaccine

2023

Single dose

GBMSM at higher risk of STI generally...

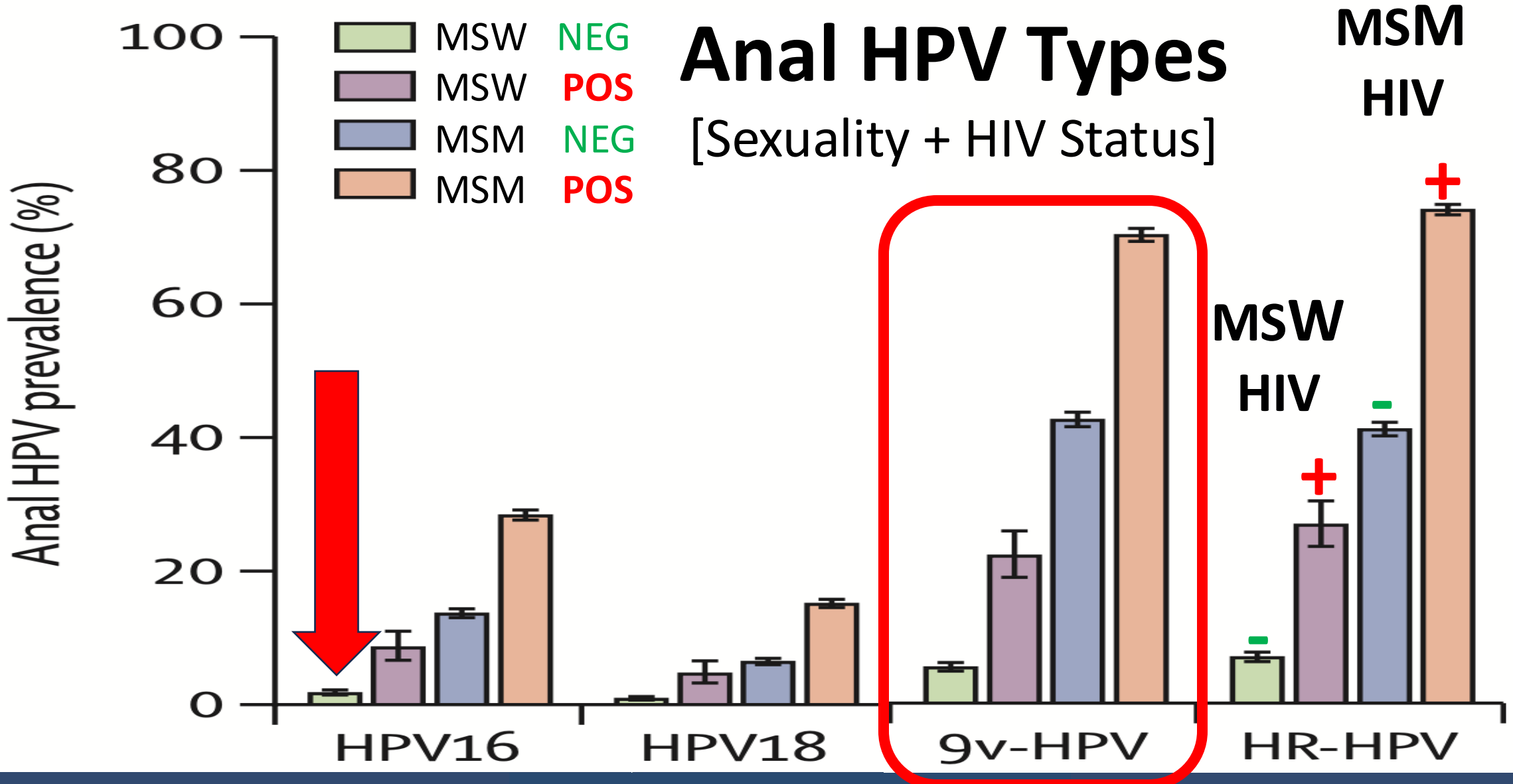


Wei F et al. *Lancet HIV* 2021; 8: e531–43

Articles

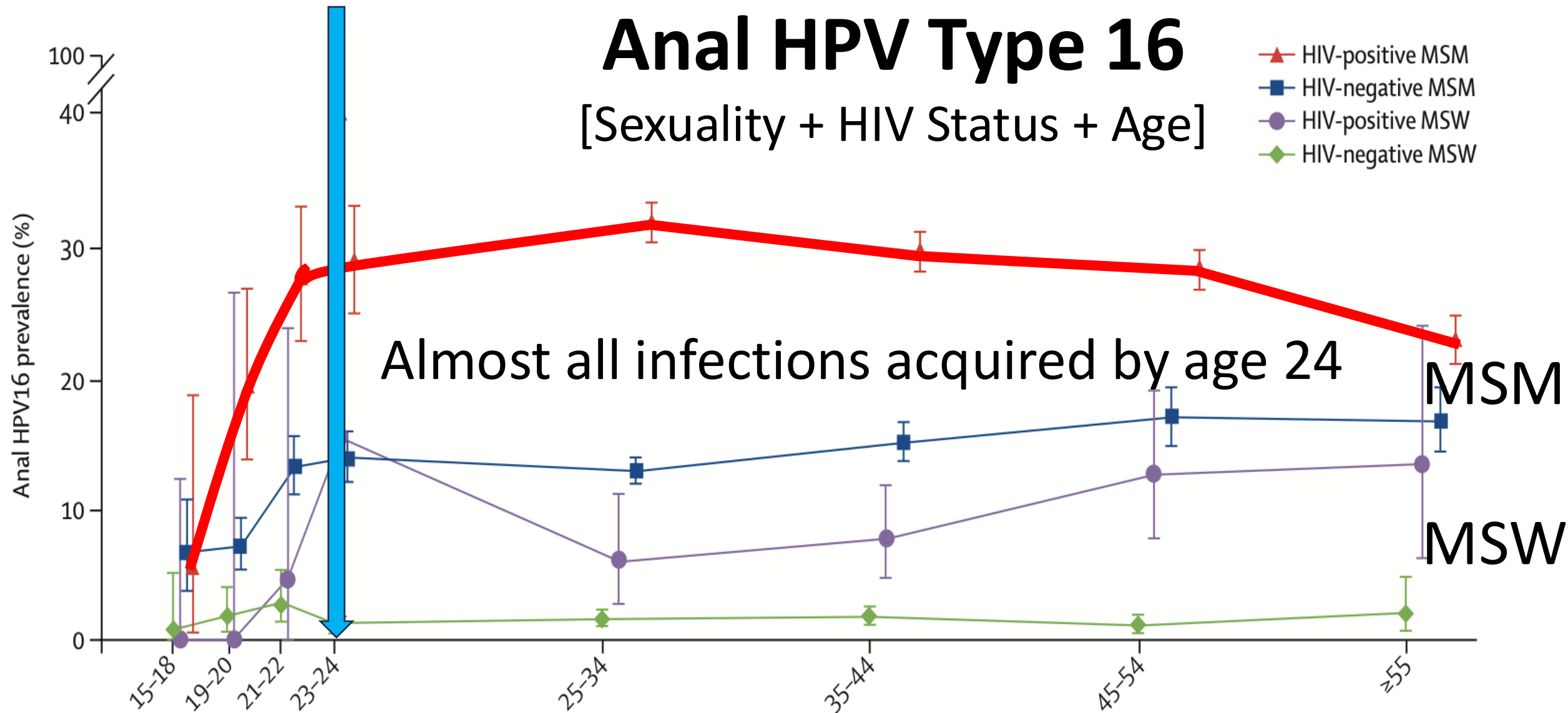
Epidemiology of anal human papillomavirus infection and high-grade squamous intraepithelial lesions in 29 900 men according to HIV status, sexuality, and age: a collaborative pooled analysis of 64 studies





Anal HPV Type 16

[Sexuality + HIV Status + Age]



Take Home Message

“High anal HPV prevalence among young HIV-pos & HIV-neg MSM highlights the benefits of gender-neutral HPV vaccination before sexual activity over catch-up vaccination”

“HIV-positive MSM are a priority for anal cancer screening research”

Global Action on Men's Health and NOMAN WEBINAR: Men, Cancer and HPV:
HPV prevention for gay, bisexual and men, including trans men, who have sex
with men, 16th September 2025

How GBMSM experience HPV and HPV vaccination: A systematic review and thematic synthesis



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Pow, J., Clarke, L., McHale, S., & Gray-Brunton, C. (2025). A systematic review and thematic synthesis exploring how gay, bisexual and other men who have sex with men (GBMSM) experience HPV and HPV vaccination. *Human Vaccines & Immunotherapeutics*, 21(1).

<https://doi.org/10.1080/21645515.2025.2490440>

Vaccine Hesitancy/Confidence Research Programme

- Focus on hard-to-reach groups for vaccination that have been neglected
- HPV vaccine: gender; sexual minority, cultural diversity, intellectual disability
- Qualitative and critical approaches



- Carnegie, E., **Gray-Brunton, C.**, Kennedy, C., **Pow, J.**, Willis, D., & Whittaker, A. (2025). Young men with intellectual disabilities' perceptions of HPV and HPV vaccine: A qualitative study on how to communicate HPV vaccine information. *Human Vaccines & Immunotherapeutics*, 21(1).
<https://doi.org/10.1080/21645515.2025.2491857>
- **Brunton CG**, Carnegie E, **Pow J**, Todorova I, Petrova D, Garcia-Retamero R, Whittaker A. Young Men's Communication Needs for the Human Papillomavirus (HPV) Vaccine: A Cross-Cultural, Qualitative Analysis in Scotland, Spain, and the USA. *Int J Behav Med*. 2025 Aug 7. doi: 10.1007/s12529-025-10387-6. Epub ahead of print. PMID: 40775576.

GBMSM views of the
Scottish HPV Vaccine
Programme: PhD
Studentship (2023)

Clarke, L. J. **Locating Human Papillomavirus (HPV) vaccination in the sexual health of Gay, Bisexual, and other Men who have Sex with Men (GBMSM) in Scotland: A Constructivist Grounded Theory study. (Thesis).** Edinburgh Napier University.

<https://doi.org/10.17869/enu.2023.3175113>

Supervisors Dr Carol Gray Brunton, Dr Janette Pow and Professor Brian Williams



Background

- **Scottish context:**
 - HPV vaccination programme for GBMSM aged up to and including 45 years was introduced in July 2017 for those attending sexual health clinics
 - Since 2019, boys are included in the national school-based HPV vaccine programme.
- Previous literature focused on acceptability and completion of GBMSM HPV vaccination using quantitative research and meta-analysis.
- Little work has focused on GBMSM experiences of HPV and the HPV vaccination programmes particularly post-implementation



Our Review Question

- **What are gay, bisexual, and other men who have sex with men (GBMSM)'s experiences and perceptions of Human Papillomavirus (HPV) and HPV vaccination?**
- **Objectives**
 1. **To describe GBMSM perceptions and experiences surrounding HPV vaccine acceptability**
 2. **To explore the barriers and facilitators to participating in HPV vaccination**
- Registered with PROSPERO
- In accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA Checklist, 2016)

Methods

- A qualitative systematic review and thematic synthesis of the literature across 6 databases: **ASSIA, SCOPUS, PsycINFO, CINHALL, Pubmed/Medline and Embase**
- Initial search updated in **2024**; no year parameters set
- Looking at Primary Qualitative articles
- Expert Librarian supported search
- Data screened by two reviewers
- Data extraction two reviewers
- CASP quality assessment tool for qualitative studies used to appraise the quality of the studies



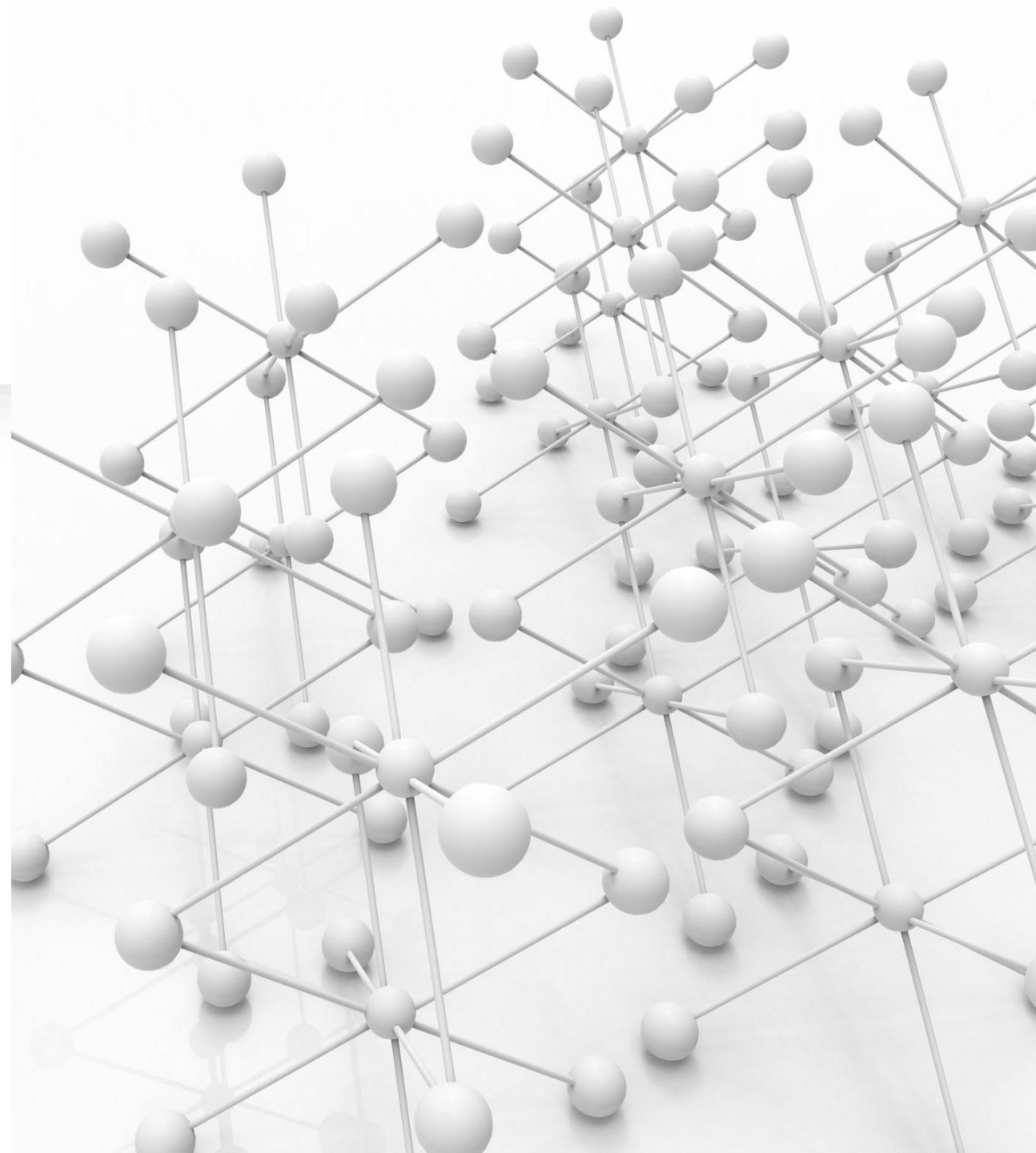
Results

- **12** primary articles identified from 11 studies
- Publication range: 2013-2023
- N=350 participants
- Aged 16-68 years
- **Mostly North American contexts** (n=7 USA, n=1 Canada; n=1 Peru, n=2 UK, n=1 Pakistan)
- Included GBMSM
- **Thematic synthesis**

Data Synthesis

We used Thematic Synthesis (Thomas & Harden, 2008)

- **Stage 1 - Line by line coding** of text in the results and discussion section of articles included
- **Stage 2 – Identifying descriptive themes** (looking at similarities and differences between codes and beginning to group them together into a hierarchy)
- **Stage 3 – Generating analytical themes** (involved going beyond the content of the studies to generate new interpretative constructs or explanations)



Findings of the Thematic Synthesis:

Analytical Theme 1. The limited perceived relevancy of HPV among GBMSM

Descriptive Themes

1. Lack of information
2. Feminisation of HPV
3. Information needs
4. Cascading information

Analytical Theme 2. The role and influence of sociocultural context and care experiences on HPV-GBMSM vaccination

Descriptive Themes

1. Healthcare providers and practices as determinants of HPV vaccination
2. Healthcare provider recommendations as determinants of HPV vaccination
3. The role of disclosure as a determinant of HPV vaccination

Theme 1. The limited perceived relevancy of HPV among GBMSM Quotes from articles in Review

“MSM are not prepared to receive the vaccine because they are not aware of the issue, and some will not do it of their own accord. In other words, they either don’t know about it or they ignore it”

“I didn’t know it affected guys at all” & “I’ve always assumed it was geared toward women more than men”

“I don’t really know anything. I think the effects are worse in females than males”

Theme 2. Role and influence of sociocultural context and care experiences on GBMSM HPV vaccination: Some Quotes for articles in Review

— *“The biggest issue is that we are not socially accepted, [we] cannot openly discuss our issues with health-care providers (HCPs) due to our social exclusion. [Our] social exclusion precludes disclosing health issues to HCPs”*

“[I told my doctor] I’m a gay man so if there’s any special risk factors from anything that you can let me know. It freaked him out, he left, he was never available again to meet with me”

“[Related to why go to a gay friendly health center] they know about the issues in my community. They understand my body, my needs, and I don’t feel like there’s judgement”

What the Findings Tell Us

- A novel theme from our analysis is the extent to which a **gendered understanding of HPV** plays a role in the perceptions and understanding of HPV and HPV vaccination for the GBMSM population.
- **HPV infection and its association with cervical cancer** was consistently reported as a dimension of the perceived low relevance of HPV for the GBMSM population.
- Echoes some previous research for **the feminization of HPV** leading to poor understanding and protection from HPV related illness in men/ GBMSM in a '**heteronormative worldview**'
- However, our findings highlight the effects of the focus on cervical cancer messaging which means that **other significant cancers affecting the GBMSM population is obscured including anal, penile and oropharyngeal cancers.**
- Our finding highlights how **future messaging should address the risks of anal and other cancers in the GBMSM population – to ensure they do not miss out on HPV vaccine provision**

What these Findings tell Us

Factors affecting HPV vaccination relating to GBMSM

- GBMSM understanding of HPV and of HPV vaccination is shaped by a constellation of **limited knowledge and perceived susceptibility** which are then, in turn, reflective of the influence of social processes and relationships which act as both a barrier and facilitator of HPV vaccination.
- The finding that GBMSM have limited understanding of HPV is supported in several studies in the literature surrounding vaccination attitudes in this sample. This was also true of some GBMSM who had already been vaccinated; they still demonstrated low knowledge of HPV.



What the Findings Tell Us

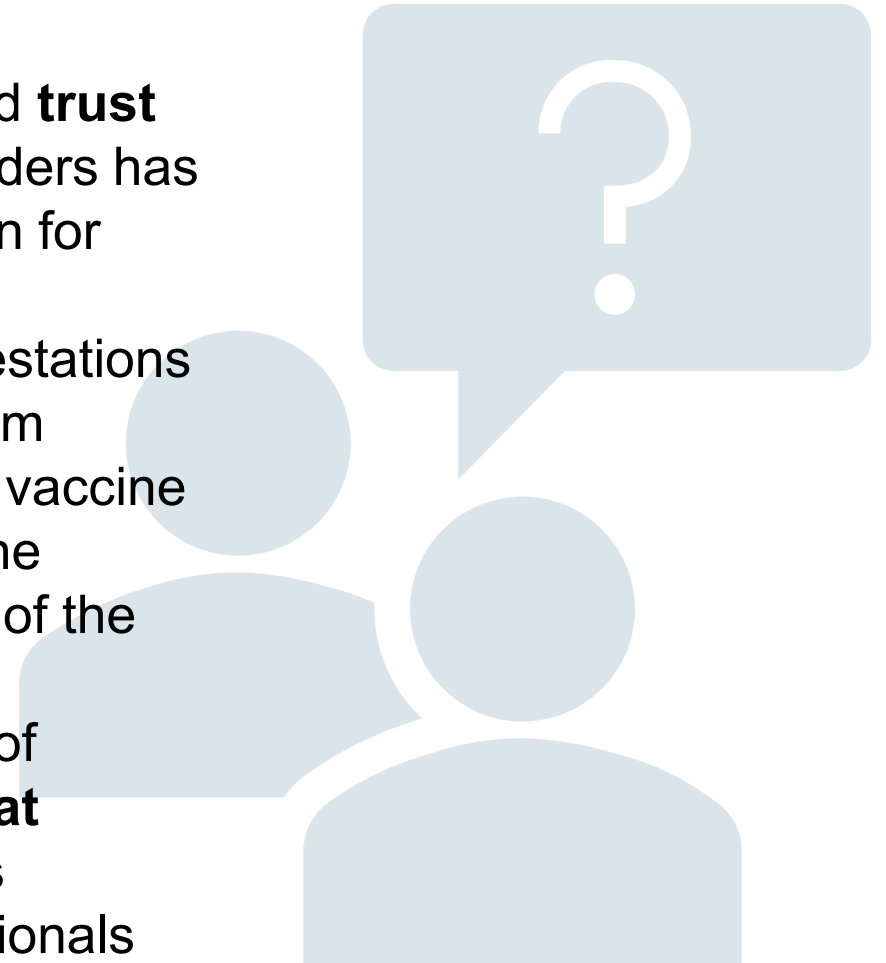
Factors affecting HPV vaccination relating to targeted programmes

- We found that the **healthcare provider-patient interaction was central** as it was noted that GBMSM were unlikely to seek out and ask for the vaccine themselves. The tension, therefore, between being offered the vaccine and the GBMSM making the healthcare provider aware of their eligibility – through their GBMSM status – is therefore essential in the provision of the vaccine
- The **appraisal of healthcare settings and provider's ability to meet the health needs is important** when viewed through the prism of discrimination GBMSM may anticipate or have experienced. These underlying dynamics and their impact on health service engagement/uptake need to first be recognized and then addressed through meaningful discussion to drive engagement from GBMSM.



What the Findings Tell us

- The issue of health-seeking behaviours and **trust** within those health systems and their providers has been demonstrated to be an area of tension for GBMSM
- **Trust and culture congruency** are manifestations of trust of the provider and the health system providing the vaccine. These, in turn, drive vaccine acceptance and the perception of trust in the provider and their recommendation(or not) of the vaccine
- Our findings shed light on the significance of **sexual health disclosure and the role that stigma may play in sexual health versus nonsexual health settings** where professionals might not be as sensitive to GBMSM and risks for HPV within 'heteronormative' culture.



Implications for Policy and Practice

- Evidence shows that men's health directly benefits from the HPV vaccine as a cancer prevention vaccine in anal, penile and oral cancers and that **this cancer-prevention message is obscured** from current HPV health information, it is important this message is communicated widely in health promotion literature to reach men in general and more specifically minority groups such as GBMSM who are at higher risk
- **Targeted public health education and awareness campaigns are needed** that highlight GBMSM's increased risk of HPV and their potential for severe disease outcomes. This may help bridge vaccine knowledge gaps, increase awareness of vaccine recommendations and drive vaccine uptake
- An HPV-GBMSM **vaccination programme must thoroughly understand the socio-political dynamics within the culture context of GBMSM and its relationship to the context of the HPV** vaccination implementation setting as this may create barriers for HPV vaccine uptake as well as perpetuate confusion and stigma.
- **Further training for healthcare providers with regard to GBMSM sexual health needs** and vaccination recommendations – this may then encourage disclosure and cultural competence and reduce stigma and socio-cultural barriers

Implications for Policy and Practice

- Healthcare providers need to be more **proactive in recommending the vaccine in various settings given that GBMSM would not actively seek the vaccine but would take it if recommended by a health professional.**
- We recommend that GBMSM and other sexual minority groups should be **core partners in future research around coproducing resources and communication information** so that awareness and importance of the specific cancer-risks are conveyed to minority groups – **current communication efforts are ineffective**
- In relation to global problems with regard to cost and insurance coverage, **clear messaging about vaccine insurance coverage is required** and initiatives that make HPV and other sexual health vaccination for the GBMSM population free of charge may help address the cost-related barriers to immunisation

References

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Men, Cancer and HPV – HPV prevention for gay, bisexual and men, including trans men, who have sex with men (GBMSM)

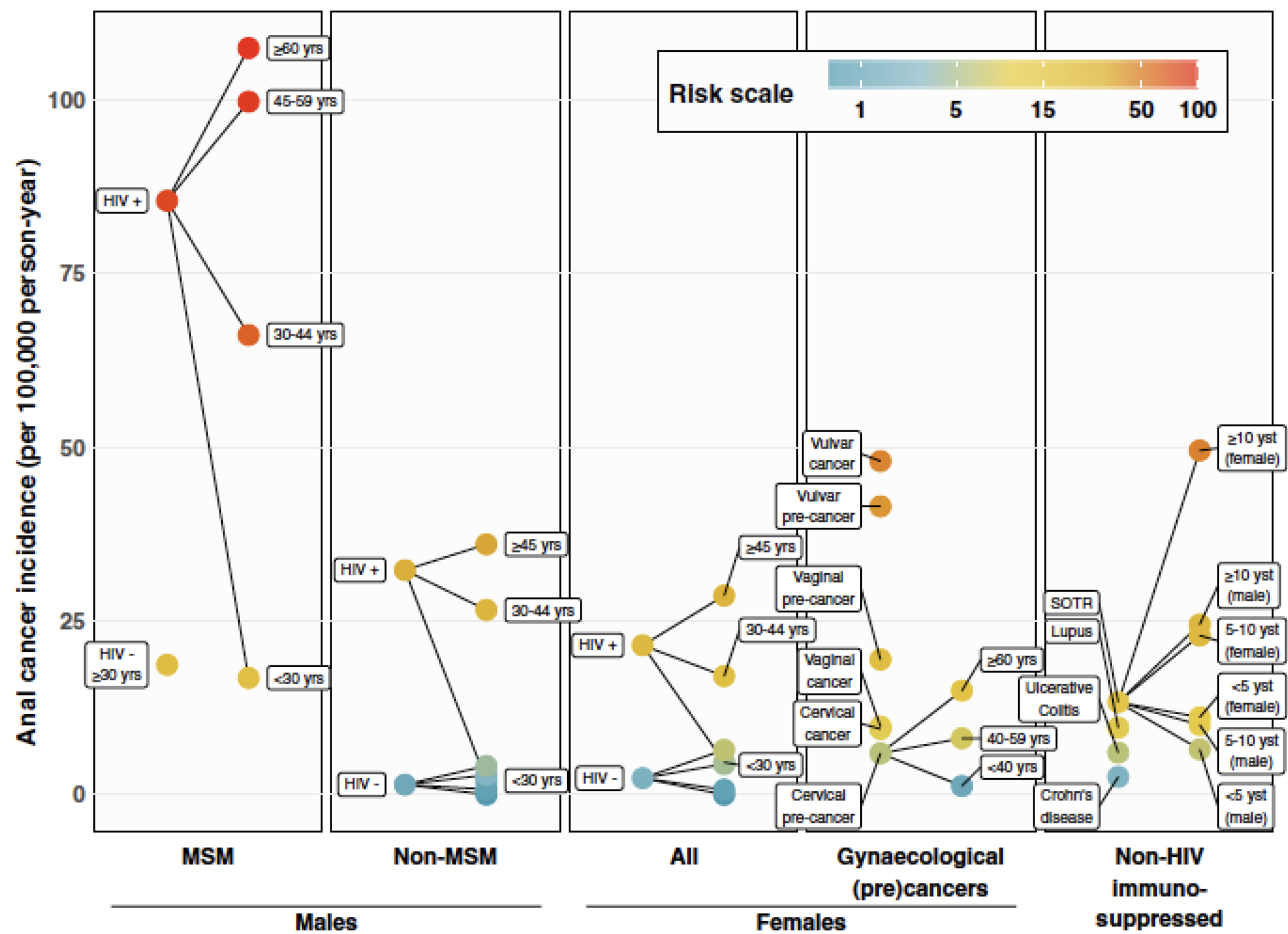
September 16, 2025

Joel Palefsky, M.D., F.R.C.P (C)
Professor of Medicine
University of California, San Francisco

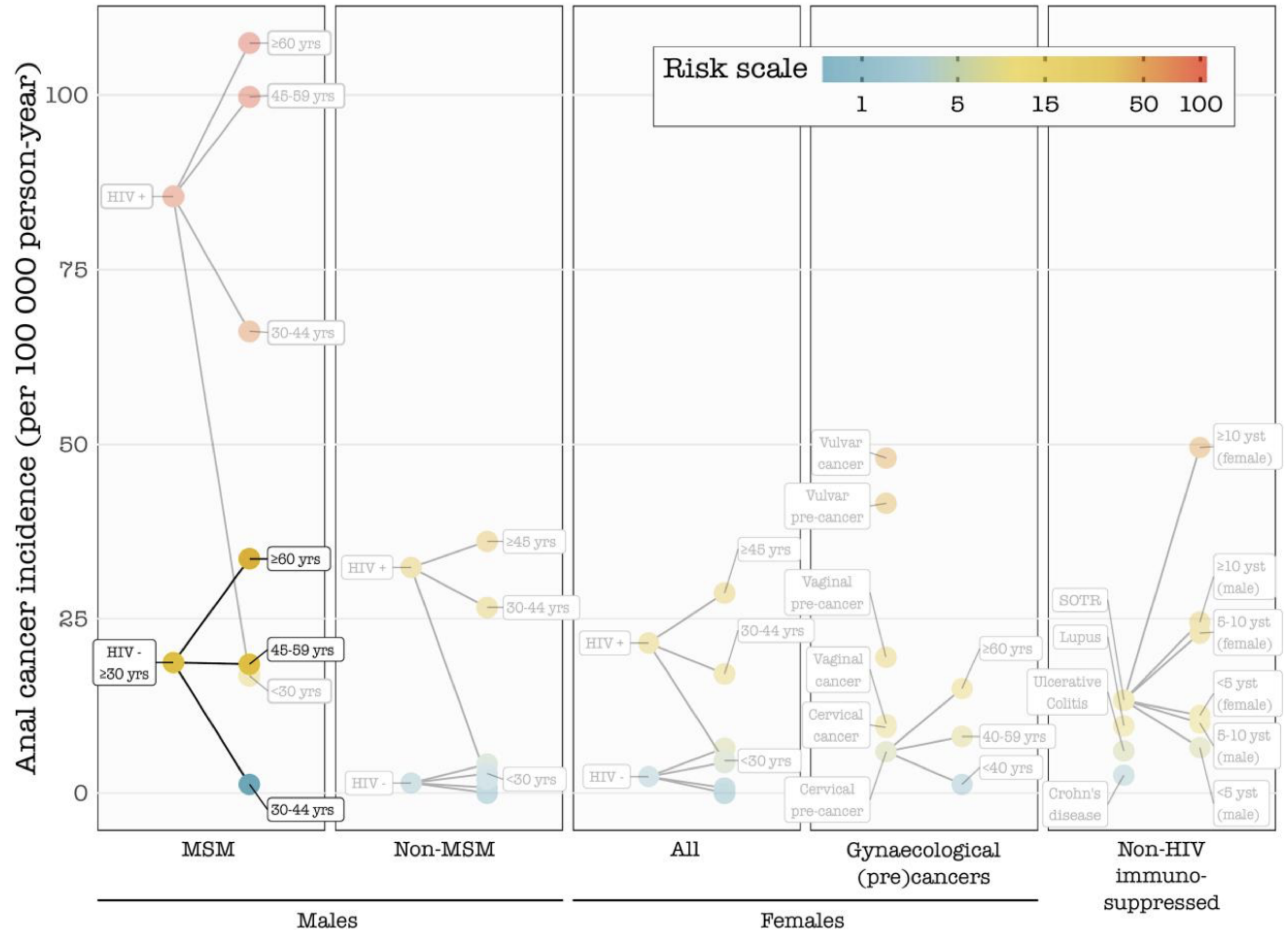
Disclosures

Merck - Consultant/Honorarium
Vir Biotechnologies - Consultant/Honorarium
Virion Therapeutics - Consultant/Stock Shareholder
Roche Diagnostics - Research grant support
Atila Biosystems - Research grant support
Spotlight Therapeutics - Consultant/Honorarium
Abbott - Consultant/Honorarium
Cote Only Orphans - Consultant/Honorarium
GSK - Consultant/Honorarium
Asieris Pharmaceuticals - Consultant/Honorarium

Anal cancer risk scale

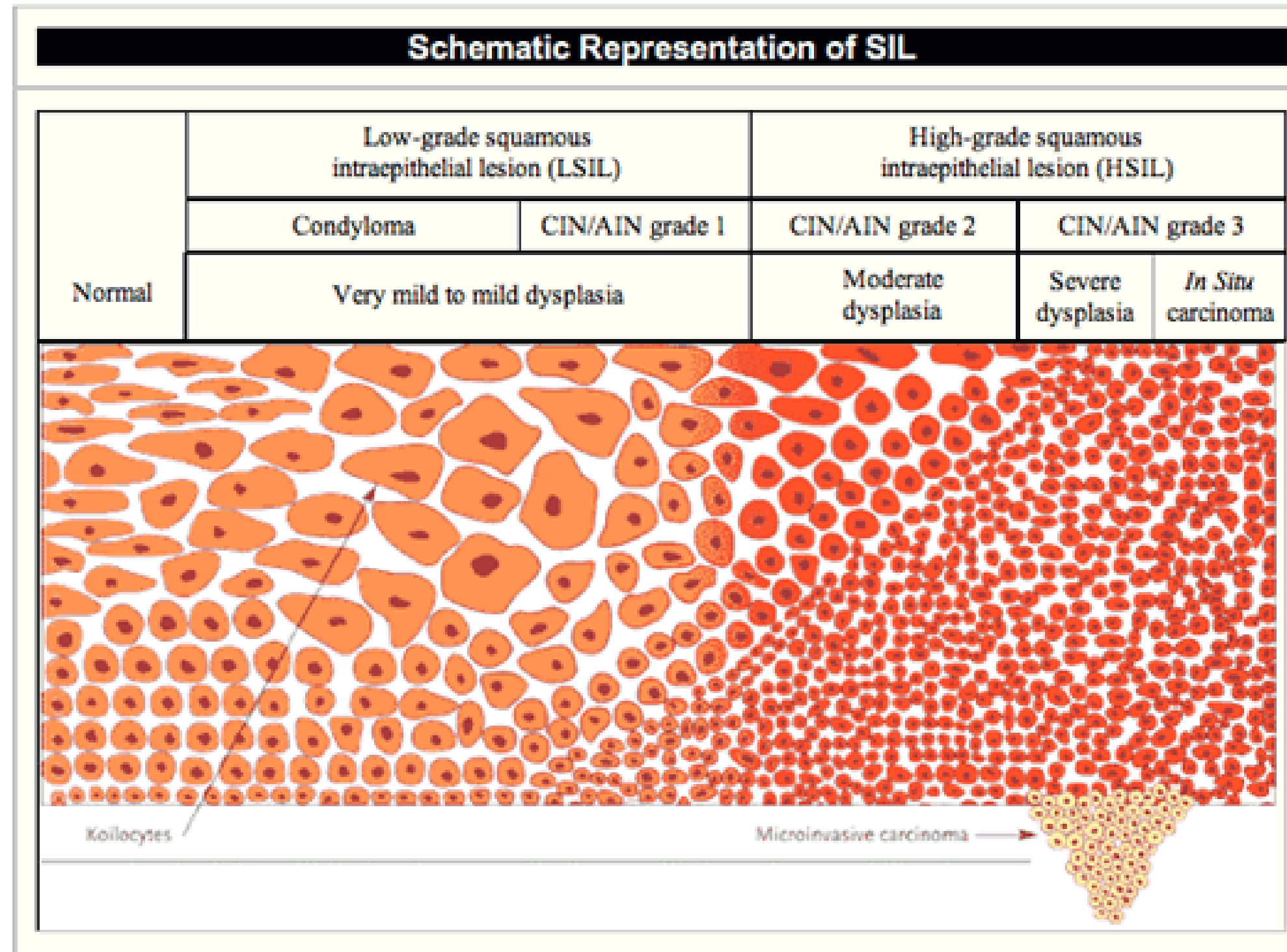


Anal cancer risk scale



The cervical model of secondary prevention

- Secondary prevention of cervical cancer works
- Can secondary prevention of anal cancer work?



ORIGINAL ARTICLE

Treatment of Anal High-Grade Squamous Intraepithelial Lesions to Prevent Anal Cancer

J.M. Palefsky, J.Y. Lee, N. Jay, S.E. Goldstone, T.M. Darragh, H.A. Dunlevy,
I. Rosa-Cunha, A. Arons, J.C. Pugliese, D. Vena, J.A. Sparano, T.J. Wilkin,
G. Bucher, E.A. Stier, M. Tirado Gomez, L. Flowers, L.F. Barroso, R.T. Mitsuyasu,
S.Y. Lensing, J. Logan, D.M. Aboulafia, J.T. Schouten, J. de la Ossa, R. Levine,
J.D. Korman, M. Hagensee, T.M. Atkinson, M.H. Einstein, B.M. Cracchiolo,
D. Wiley, G.B. Ellsworth, C. Brickman, and J.M. Berry-Lawhorn,
for the ANCHOR Investigators Group*

Anal HSIL and cancer at screening

- 10,723 PLWH underwent screening
- 53.3% of men
- 47.2% of women
- 67.1% of transgender individuals
- 17 individuals (158/100,000) were diagnosed with anal cancer
- 3 more found recently- 186/100,000

Results

- 57% reduction in anal cancer (95% CI 6% to 80%, chi squared = 4.74, P=.029)
- Cancer incidence in the treatment arm was 173/100,000 PY of follow-up, compared with 402/100,000 PY in the AM arm
- 1.8% progression from HSIL to cancer over 4 years in the monitoring arm

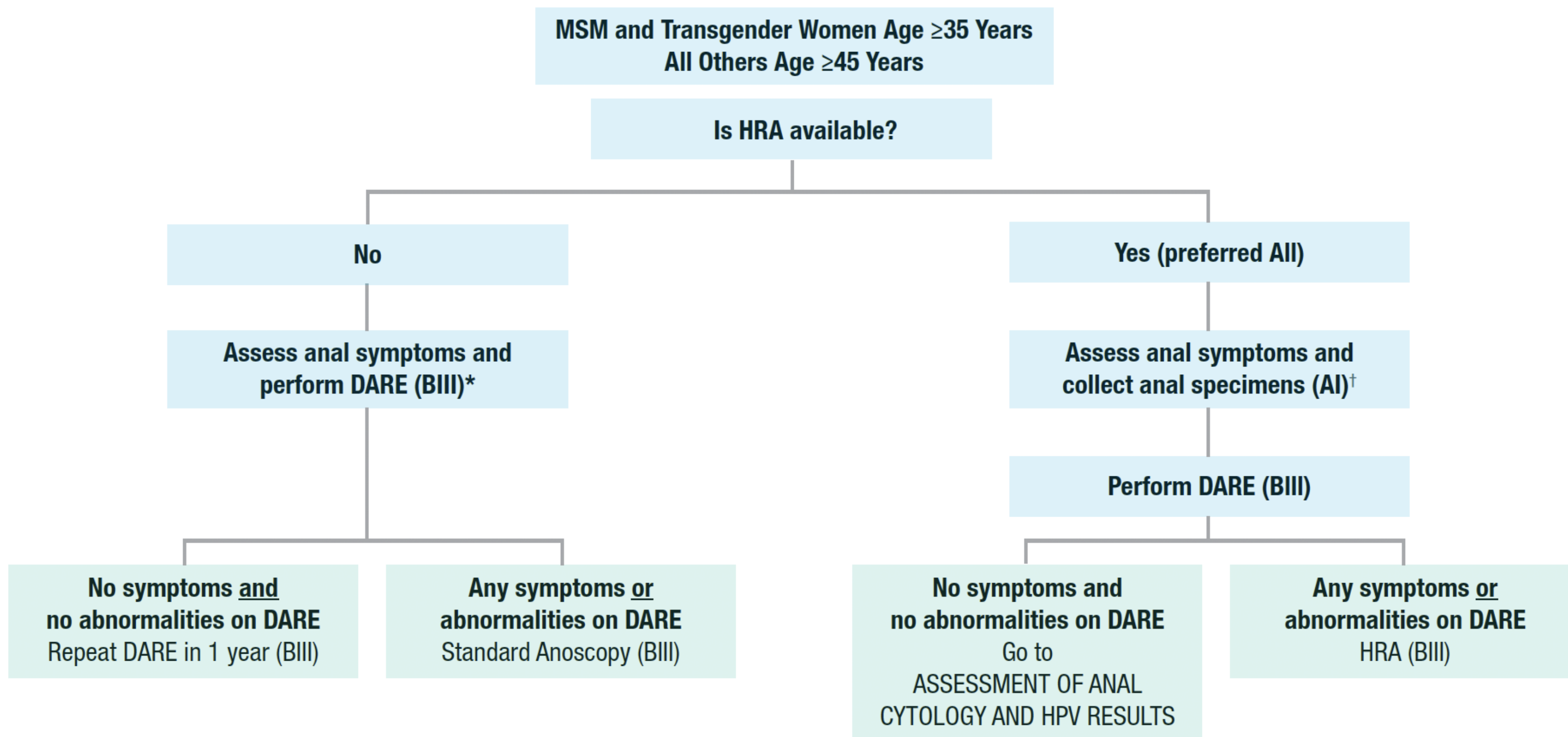
Take home points from the ANCHOR Study

- . Treating anal HSIL can prevent invasive anal cancer
- . CDC and IANS guidelines are now out for screening for anal HSIL as standard of care in PLWH and other high-risk groups

What does screening look like for PLWH?

- Digital anorectal exam and screening for MSMLWH and transgender PLWH over 35 years and all other PLWH over 45 years
- Combination of anal cytology and HPV co-testing

SCREENING ALGORITHM FOR ANAL CANCER IN ASYMPTOMATIC PEOPLE WITH HIV

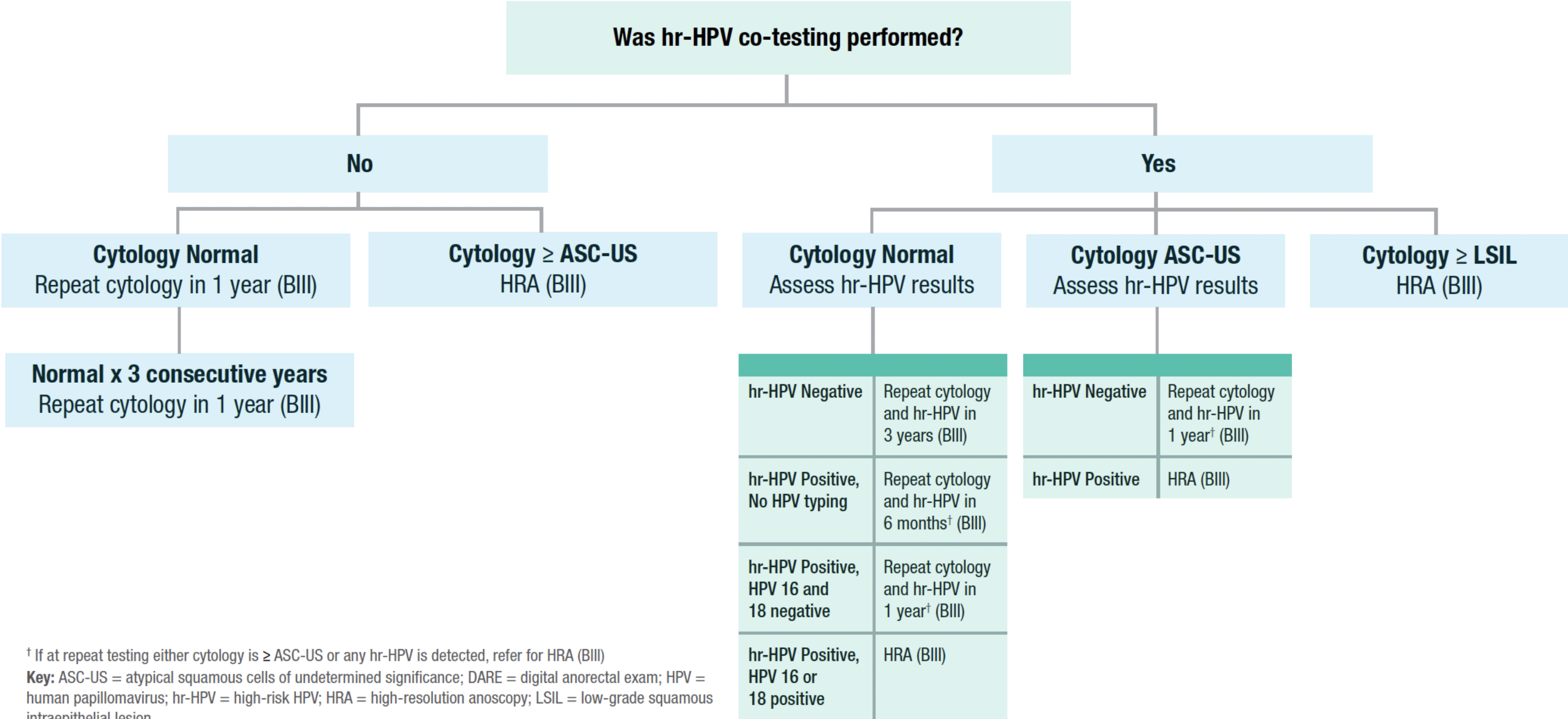


* No specimens collected

† Collect any specimens either for cytology or for cytology with HPV co-testing prior to DARE. HPV testing without cytology is not recommended (BIII)

Key: ASC-US = atypical squamous cells of undetermined significance; DARE = digital anorectal exam; HPV = human papillomavirus; hr-HPV = high-risk HPV; HRA = high-resolution anoscopy; MSM = men who have sex with men

ASSESSMENT OF ANAL CYTOLOGY AND HPV RESULTS IN PEOPLE WITH HIV



[†] If at repeat testing either cytology is \geq ASC-US or any hr-HPV is detected, refer for HRA (BIII)
Key: ASC-US = atypical squamous cells of undetermined significance; DARE = digital anorectal exam; HPV = human papillomavirus; hr-HPV = high-risk HPV; HRA = high-resolution anoscopy; LSIL = low-grade squamous intraepithelial lesion

International Anal Neoplasia Society screening guidelines

Population—Risk category	When	Anal cancer incidence ^{2,5} per 100,000 person-years
Risk Category A (incidence ≥ 10-fold compared to the general population)		
MSM and TW with HIV	Age 35	>70/100,000 age 30–44 >100/100,000 age 45+
Women with HIV	Age 45	>25/100,000 age 45+
MSW with HIV	Age 45	>40/100,000 age 45+
MSM and TW not with HIV	Age 45	>18/100,000 age 45–59 >34/100,000 age 60+
History of vulvar HSIL or cancer	Within 1 year of diagnosis	>40/100,000
Solid organ transplant recipient	10 years post-transplant	>25/100,000
Risk Category B (incidence up to 10-fold higher compared to the general population)		
Cervical/vaginal cancer	Shared decision age 45 ^a	9/100,000
Cervical/vaginal HSIL	Shared decision age 45 ^a	8/100,000
Perianal warts (male or female)	Shared decision age 45 ^a	Unknown
Persistent cervical HPV 16 (>1 year)	Shared decision age 45 ^a	Unknown
Other immunosuppression (e.g., Rheumatoid arthritis, Lupus, Crohn's, Ulcerative colitis, on systemic steroid therapy)	Shared decision age 45 ^a	6/100,000
Incidence among the general population: 1.7 per 100,000 ⁸		

Summary

- Anal cancer incidence is unacceptably high
- Anal cancer is preventable
- Primary care providers need to expanding screening
- There is lots more work to do to optimize anal care
- Encourage HPV vaccination up to age 45 years

HPV Prevention & GBMSM: Perspectives from ILGA World

Gurchaten Sandhu (Nanoo)

Director of Programmes

ILGA World

Why This Matters

- HPV-related cancers disproportionately affect gay, bisexual, trans & intersex men
- Health equity & human rights issue: everyone deserves prevention
- Critical moment to ensure no one is left behind in HPV elimination efforts

Community Realities & Barriers

- Awareness gaps: HPV seen as only a 'women's issue' in many countries
- Stigma, fear of outing, and criminalisation deter seeking vaccination
- Cost & limited availability – especially in LMICs
- Trans & intersex men often excluded from outreach & data

Criminalisation & LMIC Challenges

- Criminalisation creates double risk: exposure to HPV & to law enforcement
- Health-seeking is often clandestine – unsafe & inequitable
- Most LMICs only vaccinate girls, leaving GBMSM unprotected
- Urgent need for financing & rollout of inclusive vaccination programmes

Beyond 'Gender-Neutral' Vaccination

- GNV is essential but term can erase specific needs of GBMSM & trans men
- Prefer 'gender-inclusive' or 'universal' framing
- Policies must explicitly commit to reaching key populations

Call to Action

- Governments: Publicly fund universal HPV vaccination
- Health systems: Collect inclusive data, provide stigma-free services
- International partners: Finance expansion in LMICs
- Civil society: Mobilise & centre voices of GBMSM & trans communities



GLOBAL ACTION ON
MEN'S HEALTH

NOMAN
IS AN ISLAND
RACE TO END HPV
AND PREVENT 5% OF CANCERS

BOYS, MEN & HPV



A CALL FOR GLOBAL GENDER-NEUTRAL VACCINATION

FORTHCOMING ACTIVITIES

SIGN-UP FOR OUR QUARTERLY NEWSLETTER: Men, Cancer & HPV News



Eliminating all HPV cancers through worldwide universal vaccination by 2030

A newsletter from Global Action on Men's Health and NOMAN is an Island: Race To End HPV

Go to: <http://bit.ly/4gv3aYu>



SUPPORT OUR OTHER 2025 ACTIVITIES

- Endorse our Call to Action for global gender-neutral (universal) HPV vaccination at www.endhpvglobal.org.
- Join our roundtable on *Advancing GNV in Asia*, during the IPVS 2025 conference in Bangkok, 23 October 2025.
- Endorse our forthcoming Position Statement on Men, Cancer and HPV.
- Support advocacy to change global policies and targets that restrict expansion of HPV vaccination programmes to boys.
- Watch this space for our further webinars and activities!



JOIN OUR NEXT WEBINAR IN OCTOBER

Men, Cancer & HPV Webinar: Other diseases that HPV might cause – links to infertility, cardiovascular disease, skin cancer and prostate cancer

Provisional date: Thursday 30th October 2025,
10am BST | 11am CEST | 2.30pm IST

SPEAKERS

- Professor Daniel Kelly, Cardiff University (on prostate cancer & HPV)
- Professor Sarah Allinson, Lancaster University (on skin cancer & HPV potential links)
- Other speakers to be announced soon

Join our newsletter to receive registration details



**GLOBAL ACTION ON
MEN'S HEALTH**

NOMAN IS AN ISLAND
RACE TO END HPV
AND PREVENT 5% OF CANCERS

THANKS TO THOSE WHO HAVE ENDORSED OUR CALL TO ACTION



PLEASE EVALUATE THIS WEBINAR

Go to this link or QR code to complete an anonymous rapid evaluation (only 6 questions)

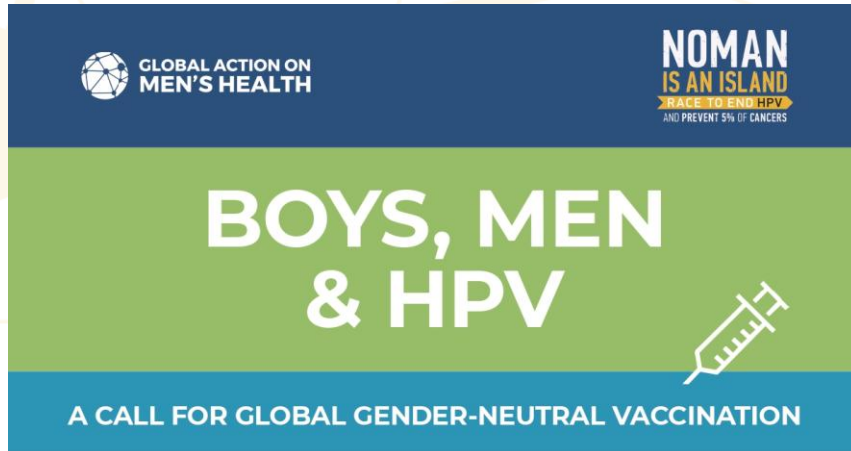
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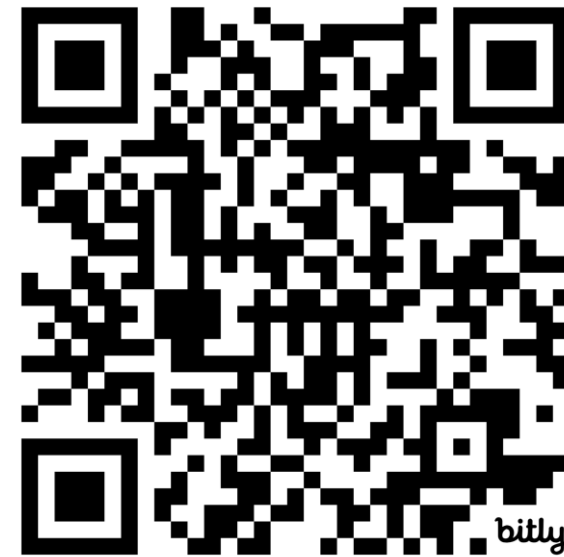
THANK YOU FOR JOINING US



Key messages

- We have the means to protect everyone – whatever their sex or gender – from high-risk human papillomavirus (HPV) infections and the cancers they cause. To achieve this, a more ambitious, ethical and equitable approach to HPV vaccination is needed at the global and national levels.
- Global Action on Men's Health, NOMAN is an Island: Race to End HPV and the supporters of this Call are seeking the worldwide adoption of gender-neutral (ie. universal) vaccination (GNV) by 2030 with a 90% uptake goal.
- We urge global public health organisations to prioritise the elimination of all the cancers caused by HPV. Every young person should be considered a primary target for vaccination by the World Health Organisation (WHO) and other key health organisations including Gavi, The Vaccines Alliance.
- From an epidemiological perspective, when both males and females are at risk of HPV, it is illogical to immunise girls alone. Only GNV can achieve the elimination of the vaccine-related high-risk HPV types and prevent the cervical and other cancers they cause.
- About 1 in 5 men has a current high-risk HPV infection. A conservative estimate of the number of new HPV cancer cases in men globally is 180,000 annually, with the actual number quite plausibly much higher.
- Despite the burden of HPV-related cancers in men, there are no established routine screening programmes for these cancers leading to delays in diagnosis and treatment.
- GNV increases the resilience of vaccination programmes, helping to protect against crises in vaccine confidence or disruption caused by pandemics, natural disasters or conflict.
- Vaccinating both boys and girls de-feminises and de-stigmatises immunisation programmes. GNV shares the responsibility for cancer prevention more equitably between the sexes.
- WHO's recent recommendation of the option of single-dose vaccination programmes, combined with increasing vaccine supply, makes GNV feasible on a global basis.

Read our report



www.endhpvglobal.org

Reference: Baker P and Winterflood D. 'Boys, Men and HPV: A Call for Global Gender-Neutral HPV vaccination. Global Action on Men's Health and NOMAN: Race to End HPV; London UK, 2024.