



Advancing Routine Universal HPV vaccination in Asia

Report on a meeting at the 37th Annual Conference of the
International Papillomavirus Society (IPVS 2025)

Hosted by Global Action on Men's Health (GAMH) and NOMAN is an Island: Race to End HPV, a high-level meeting was convened in Bangkok in October 2025 at the International Papillomavirus Society (IPVS) Conference **to explore how to accelerate progress on routine universal (gender-neutral) vaccination programmes across Asia.**

78 stakeholders participated, representing multilateral organisations, clinicians, researchers, cancer societies, NGOs, youth organisations, and international partners. Most were based in Asia but many were from Africa and other regions.

The meeting combined expert presentations with structured group discussions to identify barriers, enablers, and opportunities for collaborative action. An eminent set of speakers set the scene for the meeting, offering insights into national policy processes, regional coalition-building, and global HPV policy. These included:

- **Peter Baker**, GAMH: provided the rationale for the meeting, and a framing of the GAMH and NOMAN goal to advance routine universal vaccination in the region as well as globally.
- **Jane Tsai**, Formosa Cancer Foundation: shared Taiwan's pathway to adopting routine universal HPV vaccination, highlighting how evidence, medical society consensus, legislative support and innovative public engagement combined

to drive a national equity-based policy shift.

- **Carmen Auste**, Cancer Warriors Foundation (Philippines): outlined a comprehensive framework of barriers and opportunities to adding boys to vaccination programmes spanning financing, access, cultural norms, education and system gaps.
- **Dr. Balkiss Abdelmoula**, MENA (Middle East and North Africa) Coalition for HPV Elimination: presented lessons from building a large, bottom-up regional coalition that has enabled 12 MENA countries to introduce HPV vaccination for females, underscoring the importance of communication strategies, cross-country collaboration and urgent action to extend vaccination to boys.
- **Marina Davidashvili**, European Parliamentary Forum for Sexual and Reproductive Rights (EPF): demonstrated how EPF's HPV Prevention Policy Atlas simplifies complex evidence for parliamentarians, using comparative policy tools to drive legislative action and offering lessons on how parliamentary engagement can accelerate HPV prevention in Asia. An Atlas for Asia will be published in 2026.
- The session was chaired, and concluding remarks provided by, **David Winterflood** (NOMAN).



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Key Insights

Policy clarity and sustainable financing remain the strongest determinants of progress on routine universal HPV vaccination.

Countries stressed the need for clear global guidance, particularly from the World Health Organization (WHO) as well as predictable financing pathways to support the inclusion of boys in national immunisation programmes.

Awareness gaps, stigma and misinformation continue to shape both public demand and political will.

Participants emphasised the importance of coordinated communication strategies and trusted messengers, including clinicians, community leaders, educators and youth, to shift understanding of the HPV risks for boys as well as girls.

Persistent data gaps limit policymaker confidence and slow national decision-making.

Participants called for better surveillance, clearer evidence of the HPV disease burden in males, cost-effectiveness data and regional mechanisms for sharing and interpreting evidence.

Progress requires coordinated action across multiple sectors.

Governments, health professionals, civil society organisations, educators, parents, youth and community leaders all have essential roles. Meeting participants from all sectors saw themselves as active contributors to national and regional efforts.

Regional collaboration offers a powerful way to accelerate action.

Stakeholders expressed strong interest in shared advocacy, cross-country learning, public and private partnerships and joint problem-solving to overcome barriers that are difficult to address in individual nations.

Countries need practical technical support to strengthen and expand programmes.

This includes guidance on delivery systems, logistics and supply chains, regulatory pathways, clinical practice and workforce training, all of which were identified as areas where collaboration could add substantial value.

“The gender-neutral vaccination policy is not merely a matter of vaccination. It represents gender equality and healthcare equity because we believe every child, regardless of gender, deserves the same level of protection and should have the same opportunity to prevent HPV-related diseases and cancers.”

Jane Tsai, Formosa Cancer Foundation

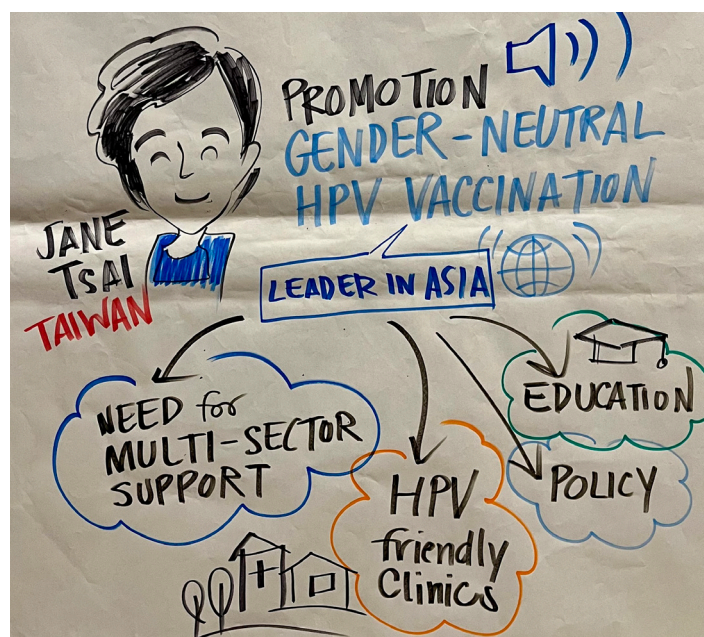
Meeting participants took part in a structured discussion around three key themes.

THEME 1: Drivers & Barriers to Routine Universal HPV Vaccination

Policy & Financing

Across Asia and other regions, participants agreed that policy clarity and sustainable financing were the biggest factors in providing the foundations for routine universal HPV vaccination.

In many Asian countries, routine vaccination of boys is not yet included in national schedules as governments have limited health budgets or no insurance pathways to pay for it. Several participants said that even where political interest exists, progress stalls without a clear funding line, and policy reform can be slow or disrupted by instability.



Visual summary of themes raised by Jane Tsai.



Stakeholders from outside Asia described similar challenges. The high cost of vaccines and lack of predictable financing make long-term planning difficult. Many countries will remain unable to access global funding streams to support routine universal vaccination until WHO recommendations evolve to explicitly include boys which would in turn enable GAVI to provide funding to enable them to do so. Policy decisions are strongly shaped by global signals, and several participants noted that WHO guidance still centres solely on cervical cancer as opposed to all HPV cancers and diseases, making it harder for governments to justify investing in vaccinating boys. Stronger global recommendations acknowledging HPV-related cancers in males would give countries a clearer mandate.

Participants also discussed potential opportunities, such as development loans, targeted support for high-risk groups, or public–private partnerships which could expand access while national systems develop.

Awareness, stigma & public understanding

Participants emphasised that awareness and social attitudes heavily shape both public demand and political momentum for HPV vaccines and vaccinating boys. In many Asian countries, HPV is poorly understood and particularly its impact on males. School-based education around HPV is limited, and key influencers, including religious leaders and parliamentarians, often lack accurate information. This weakens advocacy and slows policymaking. Stigma and misinformation are powerful barriers.

Participants shared examples of persistent myths regarding HPV vaccination: fears about infertility, beliefs the vaccine is only for girls, or suspicions that HPV vaccination campaigns have a harmful intent. These misconceptions strongly influence parental decisions and fuel hesitancy.

Stakeholders from outside Asia described similar taboos around sexual health and vaccination, noting that stigma can affect parents, clinicians and policymakers alike. Because of this, community engagement was seen as essential. Participants highlighted the need to involve the following groups with clear, culturally appropriate information in order to counter myths and build a

level of trust that facilitates the expansion of HPV vaccination to boys:

- Community and religious leaders
- Parents and youth
- Teachers and schools
- Civil society and local influencers.

Data, Evidence & Surveillance

A third major theme was the urgent need for better data to support decision-making. Asian participants highlighted gaps in data on:

- The male HPV cancer burden
- Epidemiological trends
- The cost-effectiveness of vaccinating boys
- Delivery models and programme outcomes

Without this evidence, governments struggle to justify investment, particularly in resource-constrained settings.

Stakeholders from outside Asia echoed this, noting that even when global evidence exists, it is not always packaged in ways national advisory bodies can use. Weak cancer registries and limited surveillance make it difficult to demonstrate the case for expanding to boys. Participants expressed strong interest in shared data platforms, comparative research, technical support for modelling, and standardised evidence summaries that countries can adapt.

Delivery, Access & System Capacity

Finally, participants raised the practical challenges of delivering vaccination programmes. In some

“As civil society, we therefore need to provide parliamentarians with quick, easily digestible information. What happens (with the HPV Prevention Policy Atlas) is that the policymaker immediately zooms to ‘where is my country, and why is my neighbour better than me, so what can I do?’ It creates a very healthy national pride effect.”

Marina Davidashvili, European Parliamentary Forum for Sexual and Reproductive Rights

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settings, vaccine supply is inconsistent, and geography such as remote islands, mountainous regions, or areas with weak infrastructure makes reaching some populations difficult. Several countries lack training materials or operational tools to support expansion beyond existing programmes. Yet participants also saw opportunities, eg. school-based vaccination, community mobilisation, and integrating HPV vaccination into existing adolescent health platforms. Implementation research was highlighted as a way to identify scalable approaches.

Outside Asia, some countries have used private-sector delivery or integrated HPV vaccination into routine immunisation programmes. But stigma and cost still limit uptake, even when delivery systems are strong.

SUMMARY OF THEME 1:

Drivers and Barriers to Routine Universal HPV Vaccination

The discussion under Theme 1 highlighted three closely connected challenges shaping progress on routine universal HPV vaccination. Participants emphasised that policy and financing gaps remain the most significant barriers, with countries needing clearer global guidance and more sustainable funding pathways.

Awareness and stigma were also seen to strongly influence both public demand and political prioritisation, making trusted communication essential. Gaps in data and evidence, particularly on male cancer burden and cost-effectiveness, continue to weaken the case for vaccinating boys alongside girls in many settings.

THEME 2: Who needs to be involved

Participants agreed that advancing routine universal HPV vaccination depends on a broad community of actors working together with shared purpose. Governments and policymakers were consistently identified as the most influential, given their role in approving programme expansion, securing financing, and setting national immunisation priorities. Across Asia, the involvement of Ministries of Health, Gender and Education, as well as local government, was

highlighted as essential, while global participants drew attention to the importance of high-level political champions including parliamentarians, heads of state and traditional leaders.

Across all regions, health professionals and researchers emerged as the most trusted and authoritative voices in the conversation about HPV vaccination. Clinicians, oncologists, gynaecologists, urologists, surgeons, school nurses, academics and research institutes all play a central role in shaping policy discussions, educating the public and countering misinformation. Participants noted that scientific consensus carries significant weight with ministries, making coordinated engagement by medical societies and professional networks particularly valuable.

Participants also emphasised the importance of community gatekeepers including teachers, religious leaders, traditional authorities and local influencers due to their role in shaping social norms and influencing family decisions. In many settings, these voices hold more day-to-day authority than policymakers or clinicians. Engaging them early, and equipping them with clear and accurate information, was seen as essential for reducing stigma, correcting myths and supporting informed parental consent. Schools and youth networks were highlighted as especially powerful platforms, enabling both structured education and peer-to-peer influence.



Visual summary of themes raised by Carmen Auste.



Civil society organisations, NGOs, patient groups and foundations were recognised as indispensable drivers of awareness and mobilisation. These groups support public education, engage ministries, organise community outreach and often act as bridges between communities and governments. Many participants described their own organisations as ready to take on active roles from alliance-building and leading national campaigns to producing educational materials.

Finally, participants discussed how these actors could work together. They emphasised the need for meaningful, not symbolic, engagement: creating space for youth leadership, involving clinicians in policy design rather than consultation alone, and ensuring community leaders are partners in messaging rather than last-mile recipients. Participants expressed a strong desire for coordinated action.

SUMMARY OF THEME 2: Who needs to be involved?

The theme 2 discussion revealed a clear consensus that progress on routine universal HPV vaccination depends on a well-coordinated ecosystem: governments to lead, health professionals to guide, community figures to build trust, civil society to mobilise, and youth and schools to amplify awareness. Together, these actors form the foundation needed for meaningful and sustained progress on routine universal vaccination across Asia and globally.

THEME 3: What forms of collaboration are needed to advance routine universal vaccination?

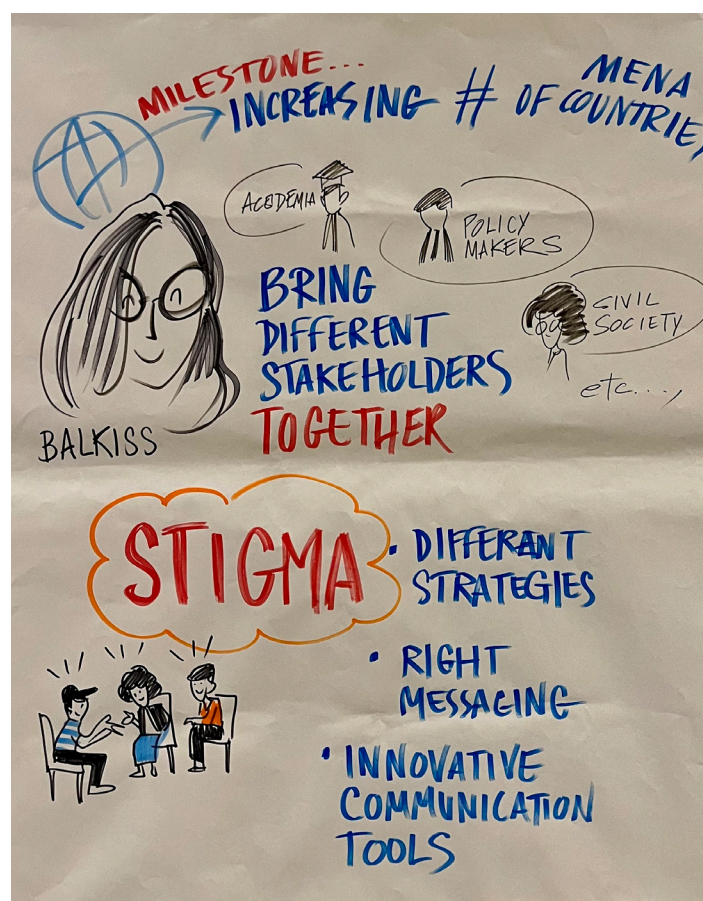
Participants showed strong enthusiasm for working together across countries and sectors, but they were clear that collaboration must be practical, flexible and matched to real country needs. Groups identified that countries need a mix of formal and informal ways to share knowledge, coordinate advocacy and access technical support. Stakeholders highlighted public-private partnerships, regional coalitions and light-touch peer-learning networks as promising options. Several Asian participants also emphasised the

“By bringing together different stakeholders... we bring the policymakers and make them listen to the stories of the patient advocates, the advocates from civil society, the academics. They listen to the evidence that should bring forward the need for policy.”

Dr Balkiss Abdelmoula, MENA Coalition for HPV Elimination

importance of accountability mechanisms to ensure that commitments translate into action.

Financing support emerged as one of the areas where collaboration could have the biggest impact. Asian stakeholders called for lower vaccine prices, clearer domestic financing pathways, and assistance for low- and middle-income countries, especially those transitioning out of eligibility for funding support from GAVI. Technical collaboration was another major priority. Stakeholders highlighted needs such as data sharing, comparative research, operational guidance, vaccine-approval support, and capacity-building for surveillance and delivery systems.



Visual summary of themes raised by Balkiss Abdelmoula.

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“Part of navigating this barrier of financing is to position universal vaccination as an investment in the future...rather than as an expenditure.”

Carmen Auste, Cancer Warriors Foundation

Participants stressed that countries would benefit from learning about how others are handling logistics, supply, clinical pathways and programme design. Global participants reinforced the need for solution-focused technical assistance that ministries can apply directly.

Participants saw regional advocacy and policy coordination as essential. Many called for unified messaging to shift global recommendations beyond a cervical cancer-only frame, arguing that this change would unlock more political will and financing for boys. Others emphasised the value of engaging and educating government ministers, joint advocacy campaigns by NGOs and common talking points that ministries could use to advance the case for routine universal vaccination. There was interest in a coordinated regional voice that could help countries overcome barriers that feel too big to tackle alone.

Finally, participants identified many existing initiatives that could serve as building blocks for regional collaboration. Examples ranged from Nepal's national health hotline, to China's private-sector vaccination pathways, to India's local advocacy coalitions, alongside broader awareness campaigns, community mobilisation efforts and school-based programmes. Participants noted that these efforts already contain valuable learning that could be shared or scaled through a regional initiative.

SUMMARY OF THEME 3: Forms of collaboration to advance routine universal vaccination

The theme 3 discussion highlighted a strong appetite for flexible, practical and action-oriented collaboration.

Participants called for collective efforts on financing, advocacy, data sharing, technical support and public awareness utilising real examples from the region.

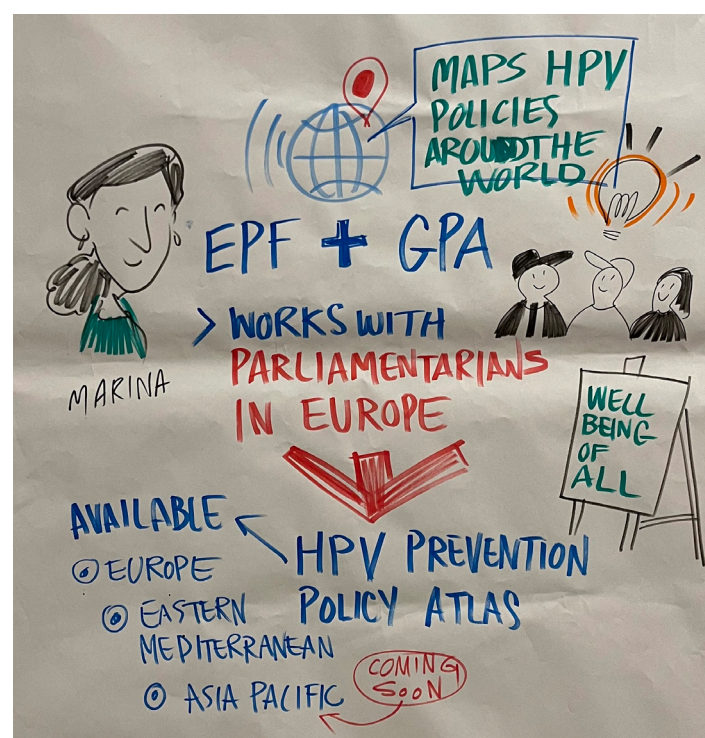
Next Steps for Advancing Routine Universal Vaccination in Asia

Based on the discussion, GAMH and NOMAN propose the following recommendations for regional opportunities to advance routine universal vaccination in Asia:

- Explore the development of a regional platform for advocacy, technical support, data sharing and practical problem-solving on routine universal HPV immunisation.
- Develop a coordinated advocacy agenda focused on policy alignment, financing, and reframing HPV as a multi-cancer issue.
- Support countries to generate and utilise male-specific HPV burden and cost-

“Behind each of the numbers...there is the story of a family...whose lives have been transformed simply because we did not make them have the vaccination that would have protected them and prevented them from having HPV-related diseases.”

Carmen Auste, Cancer Warriors



Visual summary of themes raised by Marina Davidashvili.



effectiveness data in national decision-making.

- Build on existing coalitions and pilot initiatives in Asia to model scalable approaches to routine universal vaccination.

GAMH and NOMAN will explore how these recommendations can be most effectively implemented, working with the meeting participants and stakeholders in Asia, to support accelerated progress on routine universal (gender-neutral) vaccination programmes across the region.

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

GAMH

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 is an Island: Race to End HPV (NOMAN) was started by three siblings who, after losing their mother to cancer caused by HPV, 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 routine universal (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 workshop for their helpful and active contributions and support. We are grateful to Ekawat Suwantaraj who drew the cartoons that illustrate this report during the meeting. GAMH wishes to thank MSD and NOMAN for supporting its work on men, HPV and cancer. MSD has 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. Thanks are also due to Dr Tim Shand, GAMH Policy Consultant, for reviewing a draft of this report.

Suggested citation

Winterflood D and Baker P. Advancing Routine Universal Vaccination in Asia: Report on a meeting at the 37th Annual Conference of the International Papillomavirus Society (IPVS 2025). Global Action on Men's Health and NOMAN is an Island: Race to End HPV; London, UK, 2026.

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