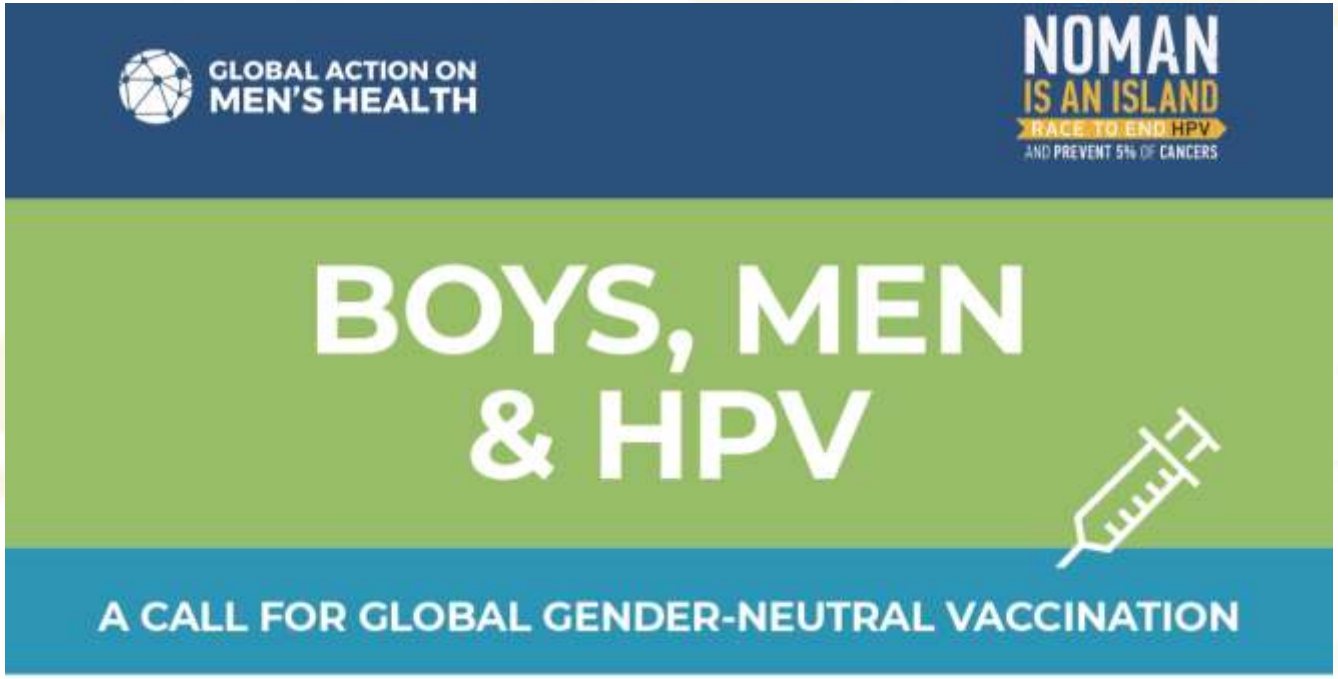


WELCOME

Reframing HPV Prevention: The role of Male Vaccination in Advancing Female Vaccine Uptake

Monday 20 July 2026

WHY THIS WEBINAR?

Despite increasing attention to HPV prevention, the impact of vaccinating males against HPV on female vaccination rates is insufficiently recognized.

Routine universal (gender-neutral) HPV vaccination programmes simplify public health messaging, are more resilient and less stigmatising than female-only programmes, as well as being more ethical and equitable.

This webinar will hear evidence and insights from brilliant researchers and advocates exploring these issues and hear examples from Tanzania, Cameroon and France of how vaccinating boys for HPV also led to increased vaccine uptake among girls.

ACKNOWLEDGEMENTS

GAMH's work on Men, Cancer and HPV is supported by a grant from MSD, and by NOMAN is an Island: Race to End HPV.

GLOBAL ACTION ON MEN'S HEALTH

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

Message, Messengers and Time:
Knowledge and Acceptability of Male HPV Vaccination among Adolescents and Community Gatekeepers in Northwest Tanzania

Social Sciences in the Add-Vacc Trial

Susan A. Kelly, PhD MPH - Add-Vacc Trial Lead Social Scientist
London School of Hygiene and Tropical Medicine /
Mwanza Intervention Trials Unit – NIMR-Mwanza Centre

NOMAN – GAMH Webinar

Monday 20 July 2026

Background

- **Tanzania HPV vaccination**
  - **2018 HPV vaccination introduced** as the “cervical cancer vaccine” with a multi-dose, 4-valent vaccine (Gardasil®) regimen for 14-year-old girls
  - **April 2024 single-dose HPV vaccination** – multi-age cohort (MAC) campaign 9-14-year-old girls
- **Add-Vacc Trial Aim** - to measure the impact of one-time, single dose HPV vaccination of young men (14-18 years) on community HPV prevalence in rural NW Tanzania (clinicaltrials.gov: NCT04953130)
- **First time** HPV vaccination offered to adolescent males in Tanzania

Methods: Add-Vacc Social Sciences Study

AIM: To explore HPV knowledge and acceptability of single-dose, male HPV vaccination alongside the Tanzania national HPV vaccination programme for girls

METHODS: Qualitative data collected July 2023–May 2024

1) Rapid Ethnography (n=25)
2) e-Rumours tracking - tool developed and piloted (n=266)
3) In-depth Interviews (n=20) – 14-18-year-old, in- and out-of-school boys (HPV vaccination accepters / decliners)
4) Key Informant Interviews (n=17) with vaccination gatekeepers: parents, health workers, teachers and community leaders (including religious leaders)
5) Focus Group Discussions (n=11) with gatekeepers and vaccination-age, in-school boys and girls

Data were coded using Nvivo12 and analysed thematically

Add-Vacc trial boys' HPV vaccination site: rural northwest Tanzania secondary school

Topic Areas of Inquiry

- Individual and group interviews
  - Knowledge of HPV, cervical cancer and HPV vaccination
  - Attitudes toward and acceptability of HPV vaccination of girls and boys
  - Rumours associated with the trial and HPV vaccination
  - Recommendations for enhanced HPV vaccination sensitisation

- Boys (14-18 years)
  - HPV vaccination decision making and views on receiving a vaccine to help both themselves and girls
- Girls (14-15 years)
  - How did boys' HPV vaccination influence your decision to receive the HPV vaccination

Knowledge

- Most participants across all participant groups recognized HPV as a sexually transmitted infection
- Most non-health professionals did not make an association between HPV and cervical cancer

> "Even me, the first time I heard [about HPV] was from MITU. Although the issue of cervical cancer was not a new thing, I was not aware of how it spread, and I made no connection between cervical cancer and men. I used to think that it is only a disease for women, but after I received education, I know the main source is men who take it [HPV] and spread it to women…."
> [38-year-old, male secondary school teacher (teaching for 10 years) – FGD-06-11]

Acceptability – Barriers

Rumours

"Parents, when they were at the wells fetching water, or anywhere where they meet, they were saying 'My child will never get vaccinated because they will be unable to have children as this vaccine is similar to the COVID-19 vaccine.'…" [47-year-old, community health worker-farmer – FGD-02-8]

Speed of vaccination exercise

"First of all, I have not vaccinated purposely because the day they came to vaccinate I was sick. That is why I was not successful in vaccinating, but my purpose was to vaccinate…. When they come back, I will be on the first door. [17-year-old, in-school young man – IDI-15]

Need for more "education" / information

"…If, in the sub-village you find the [vaccination] response is low, the leader does not understand. So, what is supposed to be done is to first educate the citizen representatives so that if the exercise comes it becomes easier to carry the message" [30-year-old, female health worker-nurse – KII-06]

Acceptability – Facilitators

Gender Equity

"My view is that it is good to include them [boys] because this affects both. If [HPV vaccination] is just given to girls, it could not help much. So, it should be given to female youth and to male youth for protection." [33-year-old, male religious leader – KII-17]

Boys' Protection of Unvaccinated Girls

"…when you are vaccinated as a boy then you will have protected that girl because, even if you have sexual intercourse, you have received that vaccine and reduced the chance of the infections and therefore [negative impacts] won't happen." [16-year-old, in-school boy – FGD-09-01]

Boys HPV Vaccination as Motivation for Girls' Vaccination

"I heard boys saying if you don't get HPV vaccination you will get diseases, diseases like cervical cancer, penile cancer, throat cancer and anal cancer." [14-year-old, in-school girl – FGD-11-3]

Message, Messenger & Time

	➢ **Messaging** on HPV-related complications beyond cervical cancer motivated parental and adolescent support for vaccinating both boys and girls ➢ Framing male HPV vaccination as a gender equity issue and highlighting the economic burden of illness emerged as important themes
	➢ Participants emphasised the need for trusted, locally recognised **messengers** to convey information ➢ Parents and peers were key influencers for adolescents, while health workers and religious/community leaders influenced parents
	➢ Some parents and adolescents who initially declined vaccination reported they would accept HPV vaccination if it were offered again to boys after having **time** to reflect on information provided and after seeing HPV vaccinated boys experienced no adverse effects

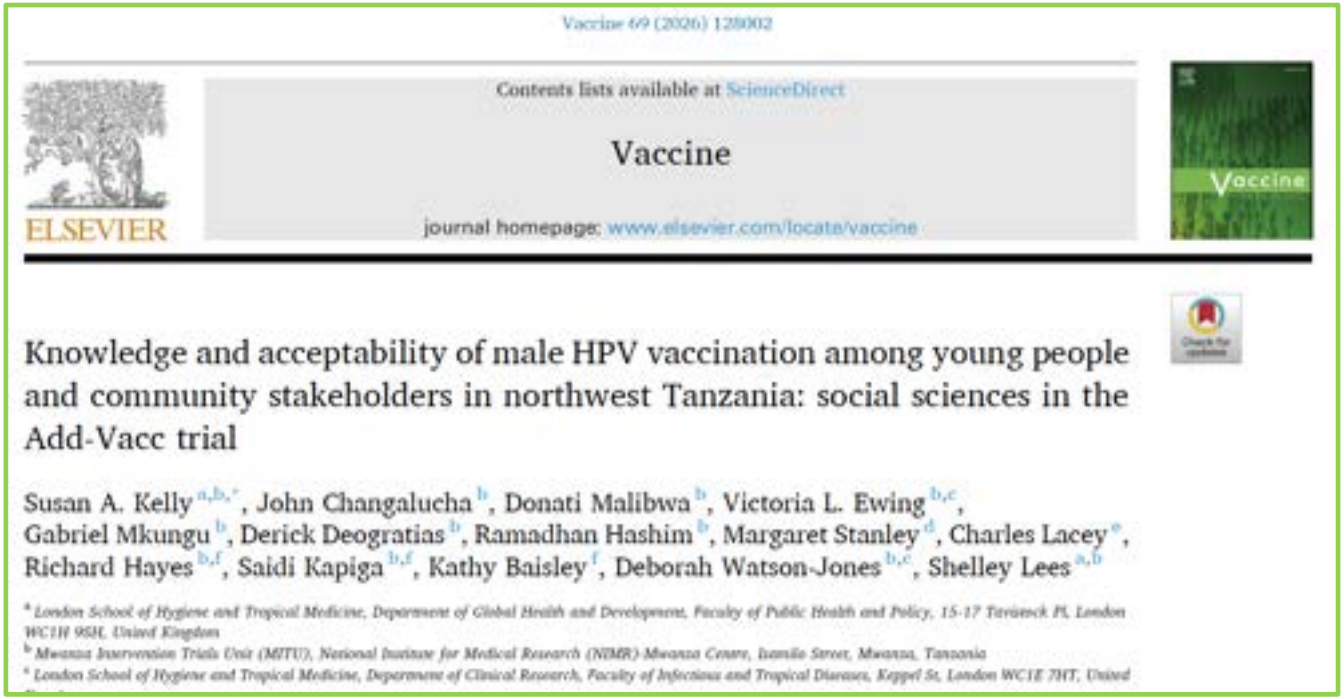
Conclusion and Recommendations

- Single-dose HPV vaccination of males was generally acceptable across all study participant groups in these rural northwest Tanzania communities

- Framing HPV vaccination of males as a gender equity issue and discussing the full spectrum of HPV-related sequalae beyond cervical cancer enhanced acceptability and uptake of HPV vaccination of both boys and girls

- Ongoing, dynamic community engagement/dialogue that addresses community members' questions and concerns is essential to building trust and improving understanding and acceptability of HPV vaccination targeting boys and girls in this Tanzanian context

Study Publication



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Knowledge and acceptability of male HPV vaccination among young people and community stakeholders in northwest Tanzania: social sciences in the Add-Vacc trial

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- London School of Hygiene and Tropical Medicine
- Mwanza Intervention Trials Unit / National Institute of Medical Research
- Regional and District government officials and community leaders
- Add-Vacc field teams: Community Engagement and Vaccination Teams

Acknowledgements: This study was supported by the Department of Health and Social Care (DHSC), the Foreign, Commonwealth & Development Office (FCDO), the Medical Research Council (MRC) and Wellcome. Vaccine donation and funding received from Merck/MSD. An LSHTM supplemental funding grant from UKRI Global Challenge Research Fund and Newton Fund Consolidation Accounts also supported this social sciences study.

The role of Male HPV Vaccination in Advancing Female Vaccine Uptake: Cameroon's gender-neutral immunization program

Njoh, Andreas Ateke, MD, PhD

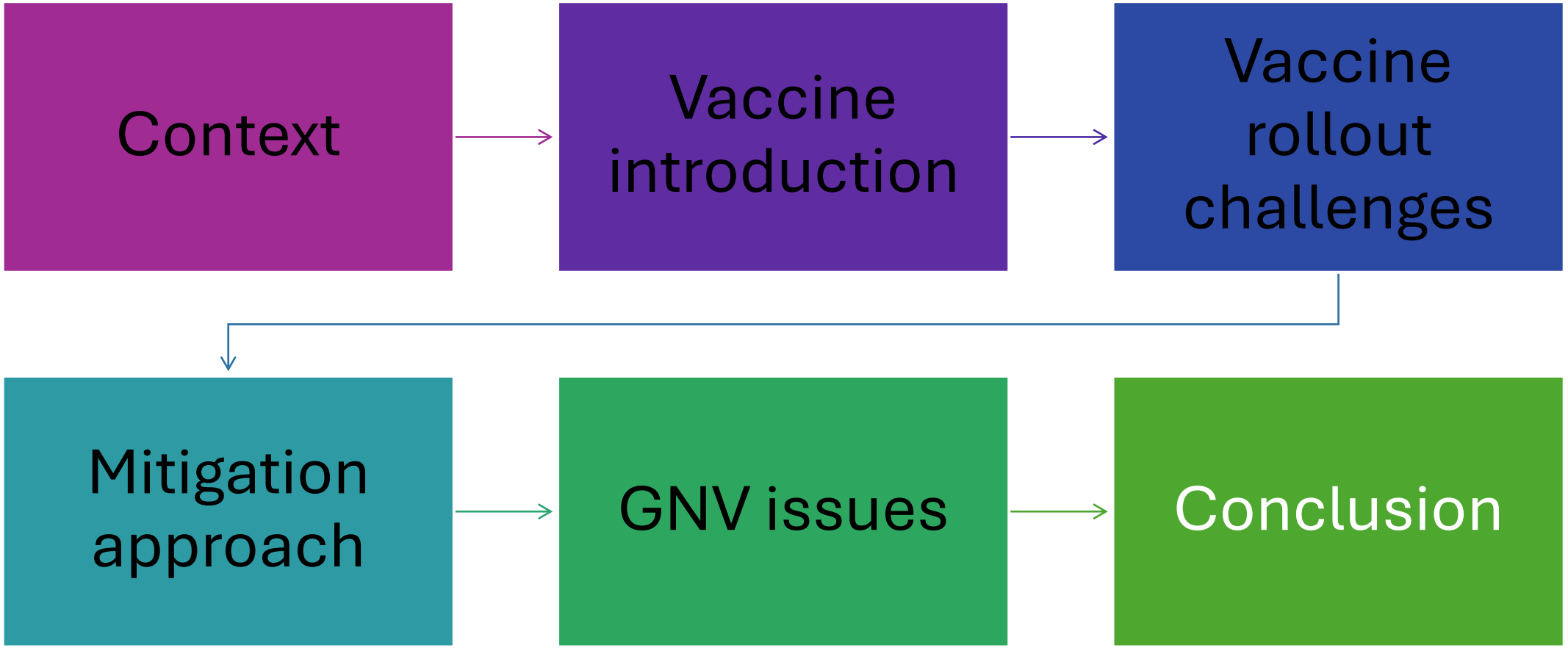
Deputy Permanent Secretary, EPI

Ministry of Public Health, Cameroon

July 20, 2026

PEVCAMEROON

Outline


Context
Vaccine introduction
Vaccine rollout challenges
Mitigation approach
GNV issues
Conclusion

1. Context

A preventable cancer still takes lives

Cervical cancer is almost entirely preventable through HPV vaccination — yet it remains a leading cancer killer of women in Cameroon.

4th

most common cancer among women worldwide
(2nd in Cameroon)

1,787

cervical cancer deaths in Cameroon (2024)

<5%

of Cameroonian women have ever been screened

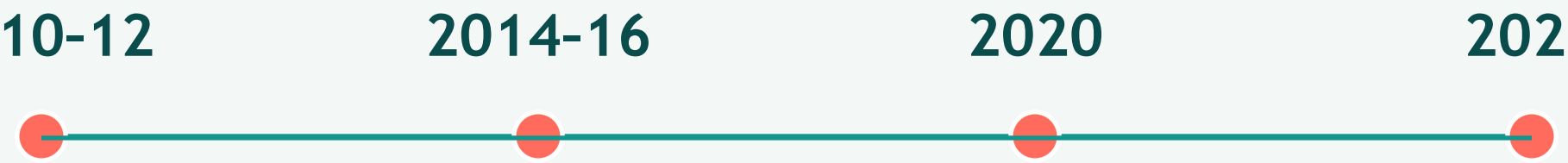
90%

of cervical cancers preventable by vaccination

Sources: ICO/IARC HPV Information Centre, Cameroon Report (2023); WHO.

2. Vaccine introduction

Cameroon’s HPV vaccination roadmap



Faith-based launch: the Cameroon Baptist Convention introduces HPV vaccination for girls in the two Anglophone regions.

Government pilots succeed in Edéa (Littoral) and Foumban (West), supported by Gavi.

Two-dose nationwide rollout for girls within the EPI

Single-dose program: extended to boys

HPV vaccination challenges: Why girls only?

- Introduction to routine immunization for an unusual target
- COVID-19-related vaccine hesitancy
- Opposition from local and religious leaders
  - HPV vaccine ban in Catholic health centers & schools
  - the Catholic called on the Head of State's attention
  - encouraged the population to refuse vaccination
- Challenge in managing controversies
  - Health officials and CMC had contradictory position
- Year 3: Coverage remained <20%

Home » Health

Cameroon: Misconceptions, a Big Blow on Administration of Vaccine against Cervical Cancer -MINSANTE

Category :- Health — Author :- L J KINGAH

Posted on November 20, 2020, 2:11 pm (0 Rating)

After the Catholic and the Muslim communities denounced the use of the vaccine against cervical cancer on young girls in their institutions stating that it was incomplete and untimely on girls aged between 9 and 13years, Cameroon's Minister of Public Health, Dr. Manaouda Malachie has debunked the claims calling for its further use. According to him, misconceptions have been a blow on the launched administration of this vaccine.

the Gardasil

He said this while talking on the challenges of immunization in Cameroon during a special plenary sitting of the National Assembly on Thursday November 19th, 2020. His back-traps his backup to the fact that in 2014, no side effect was recorded when the same vaccine was administered to over twenty-one thousand young girls aged 9-13 in some regions across the country.

According to the minister the misconceptions have been a big blow to the administration of this vaccine which was launched on October 5th, 2020. Parents in some communities

African Church voices "doubts" over cervical cancer vaccine

Catholics and Muslims oppose the rush to administer a questionable vaccine

By Lucie Sarr | Cameroon
November 10, 2020

4. Mitigation approach (1/2)

Gender-neutral single-dose(GNSV) HPV vaccination

2022

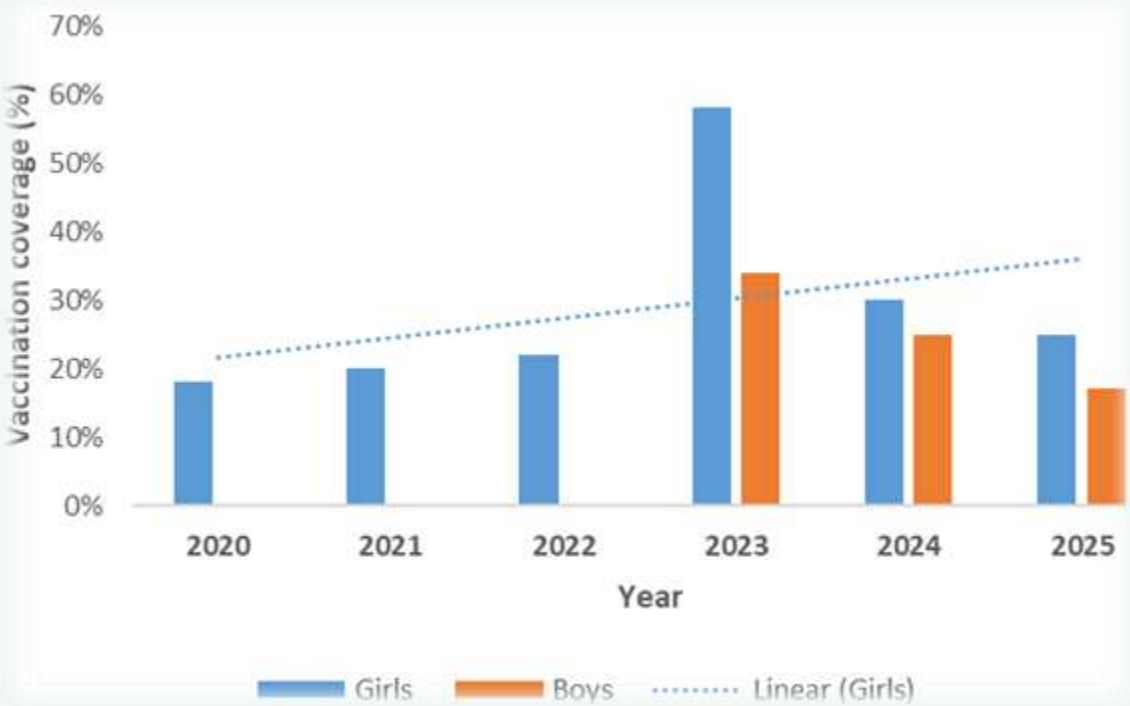
The Ministry of Health and partners **reviewed the context**

NITAG reevaluated the context and recommended:
- **Strengthening communication**
-**GNSV**
-**PIRI**
-**Advocacy with authorities**

2023

Single-dose nationwide rollout **for girls and boys**

HPV vaccination: strengthening girls' coverage



- **2023:** Girls' coverage tripled
- **2024-2025: Vaccine stockout**
  - Stockout 20-180 days yearly in regions

Interrupted time series on GNSV

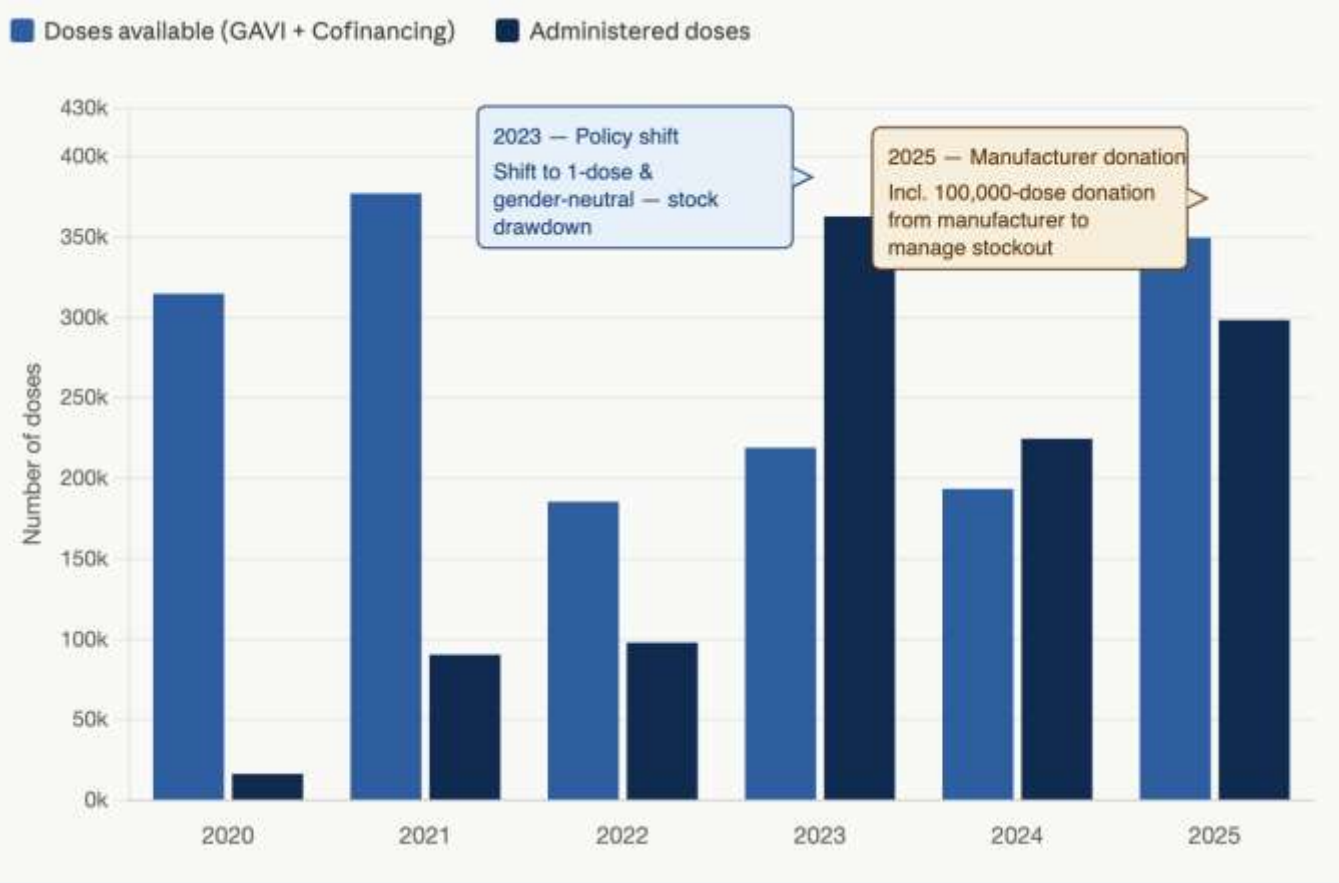
Region	Intervention	Immediate Effect	Immediate p-value	Trend Change	Trend p-value
Adamawa	Intensified com	456	0.7	85.9	0.4
	GNSV	1616.5	0.1	-34.1	0.8
	PIRI	2855.1	**0.01***	-260	0.2
Center	Intensified com	86.2	0.7	23.9	0.2
	GNSV	446.7	0.06	-8.6	0.78
	PIRI	739.7	**<0.01***	-64.4	0.1
East	Intensified com	1350.1	0.19	-7.8	0.93
	GNSV	1081.5	0.338	-61.7	0.679
	PIRI	2074.5	0.067	-243.7	0.2
Far North	Intensified com	1743.3	0.35	84	0.58
	GNSV	5200.6	**0.01***	-358.8	0.166
	PIRI	6817.4	**<0.01***	-842.5	**0.01***
Littoral	Intensified com	422	0.35	26.8	0.51
	GNSV	497.5	0.32	-9.5	0.88
	PIRI	1016.7	**0.04**	-102	0.22
North	Intensified com	2415.5	0.12	83.8	0.558
	GNSV	2628.1	0.12	-82.9	0.71
	PIRI	4225.2	**0.02***	-403.1	0.16
North West	Intensified com	99.7	0.75	7.4	0.79
	GNSV	438.7	0.19	-31.5	0.47
	PIRI	972	**<0.01***	-124.2	**0.02***
West	Intensified com	69.6	0.86	26.8	0.45
	GNSV	513.1	0.23	-15	0.79
	PIRI	810.1	0.07	-74.8	0.3
South	Intensified com	64.8	0.72	11.3	0.49
	GNSV	465.7	**0.02***	-30.5	0.22
	PIRI	798	**<0.01***	-97.6	**<0.01***
South West	Intensified com	466.1	0.26	-8	0.83
	GNSV	1540.2	**<0.01***	-159.8	**<0.01***
	PIRI	1282.8	**<0.01***	-216.5	**<0.01***
Cameroon	Intensified com	8933.1	0.37	952.1	0.29
	GNSV	25099.2	**0.02***	-1026.3	0.466
	PIRI	35715.5	**<0.01***	-3538.8	**0.04***

GNSV: ↑30-40% Regions

Sources: Njoh et al. 2025.

5. GNV issues

Hindrance to controlling HPV: Vaccine stockout



- **Vaccine stockout**
  - Gavi: lack of male prioritization of HPV vaccination
  - Government struggles to secure doses for boys
  - Sustain funding

THE GENDER-NEUTRAL RATIONALE

Why vaccinating boys matters

Herd immunity

Fewer infections in circulation means indirect protection for unvaccinated women.

Direct protection

Prevents HPV-driven cancers in men — about 95,000 male cases worldwide in 2022.

Less stigma

Reframes HPV as everyone's concern and helps counter vaccine misinformation.

Gender equity

Shared responsibility builds broader community trust and buy-in.

Sources: WFPHA; Frontiers, gender-neutral HPV vaccination (2026).

6. Conclusion

GNV is critical to disease control

- Cameroon faced challenges in improving girls' HPV vaccination coverage
  - Vaccinating boys enhanced girls' vaccination coverage
- HPV elimination and disease control require strong community engagement
- Inclusion of males and females is crucial to equity and disease prevention

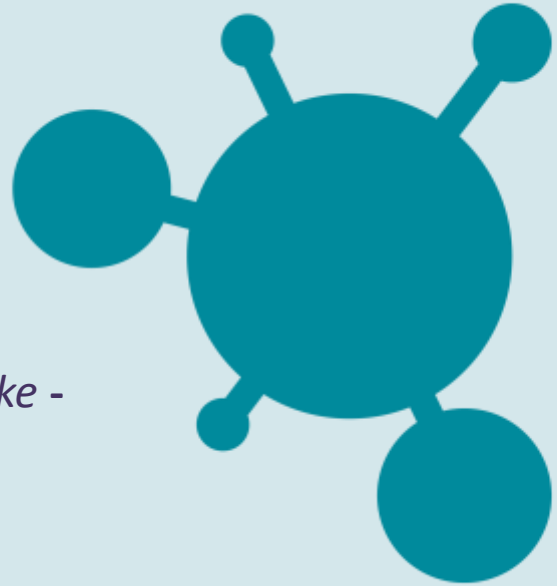

Thank you

Universal HPV Vaccination

Findings from a survey among healthcare practitioners across five countries globally

Ricardo Burdier, Ana Bolio, Dur-e-Nayab Waheed, Ricardo Burdier, Abrar Alasmari, Alex Vorsters, Emilie Karafillakis

Reframing HPV Prevention: The Role of Male Vaccination in Advancing Female Vaccine Uptake - **WEBINAR**



Vaccine Confidence Project™

Universiteit Antwerpen

Disclosures

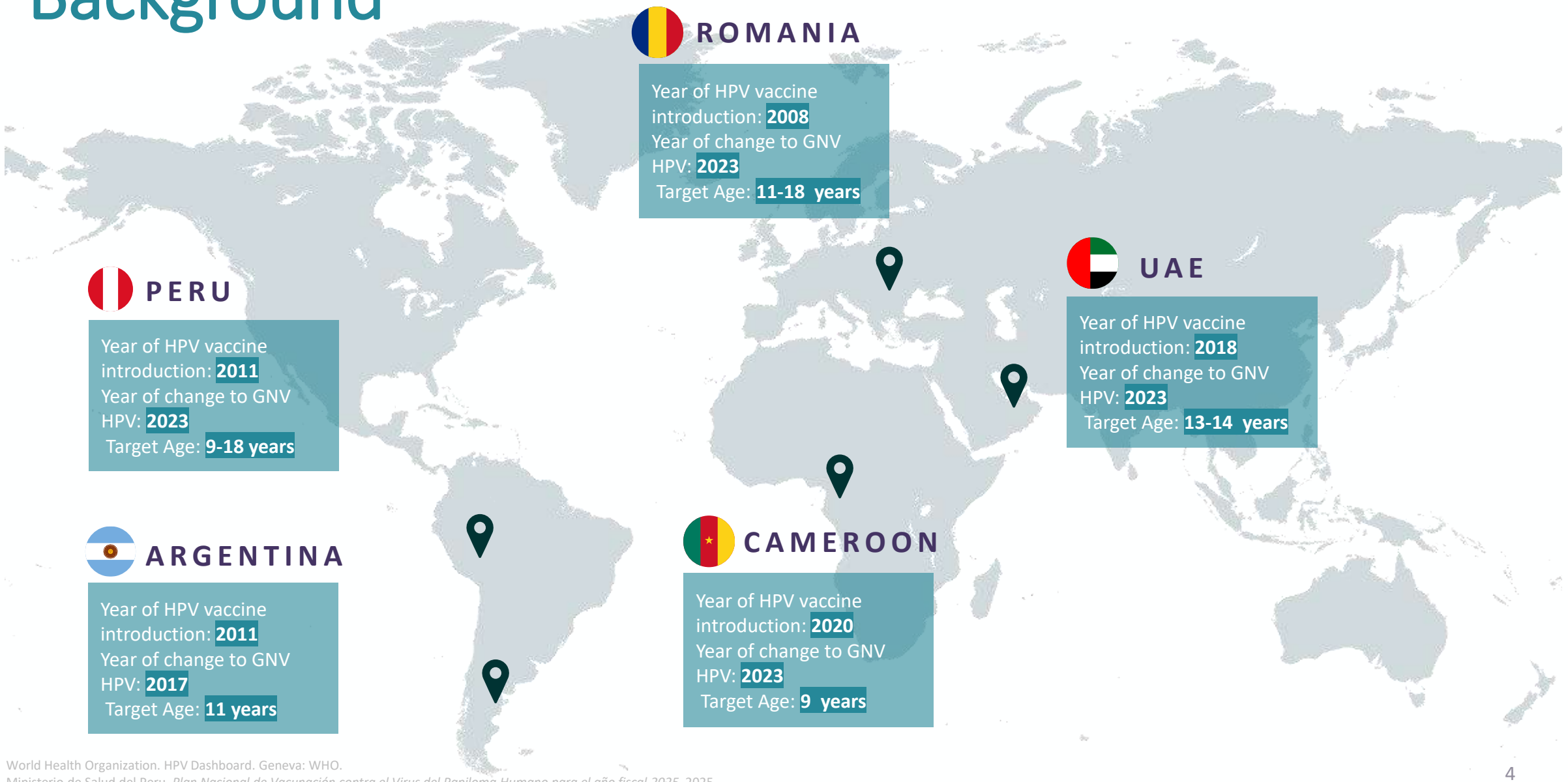
- This work was funded by Merck through a policy grant. The funder had no role in its design, conduct, analysis, or reporting.

Study objective

- **Overall study goal** - To explore the implementation and early outcomes of gender-neutral HPV vaccination (GNV) policies in countries that have recently introduced this approach.

- **Survey objective -** To assess the **perspectives** and **experiences** of **frontline healthcare workers** (HCWs) to understand the ground-level **effect** of gender-neutral HPV vaccination policies on service delivery and patient uptake.

Background



ROMANIA

Year of HPV vaccine introduction: **2008**
Year of change to GNV HPV: **2023**
Target Age: **11-18 years**

PERU

Year of HPV vaccine introduction: **2011**
Year of change to GNV HPV: **2023**
Target Age: **9-18 years**

UAE

Year of HPV vaccine introduction: **2018**
Year of change to GNV HPV: **2023**
Target Age: **13-14 years**

ARGENTINA

Year of HPV vaccine introduction: **2011**
Year of change to GNV HPV: **2017**
Target Age: **11 years**

CAMEROON

Year of HPV vaccine introduction: **2020**
Year of change to GNV HPV: **2023**
Target Age: **9 years**

World Health Organization. HPV Dashboard. Geneva: WHO.
Ministerio de Salud del Peru, *Plan Nacional de Vacunación contra el Virus del Papiloma Humano para el año fiscal 2025*. 2025.
Ministerul Sănătății Publice. Ordin nr. 1.612 din 23 septembrie 2008. Monitorul Oficial nr. 712; 2008

Methodology

100 **100 HCW per country were surveyed**. Respondents were screened out if they were not involved with HPV vaccine counselling, prescribing or administering.

Online methodology, with the survey translated into Spanish and Romanian.

QC **Quality Control** checks were run, and respondents were excluded for straight lining answers, unusual time-stamps and high non-response rates.

Limitations: Using online methodologies limits access to all types of HCWs in the population involved with HPV vaccination.

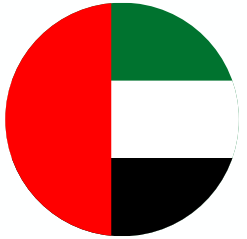
SURVEY LOCATIONS

ARGENTINA

CAMEROON

PERU

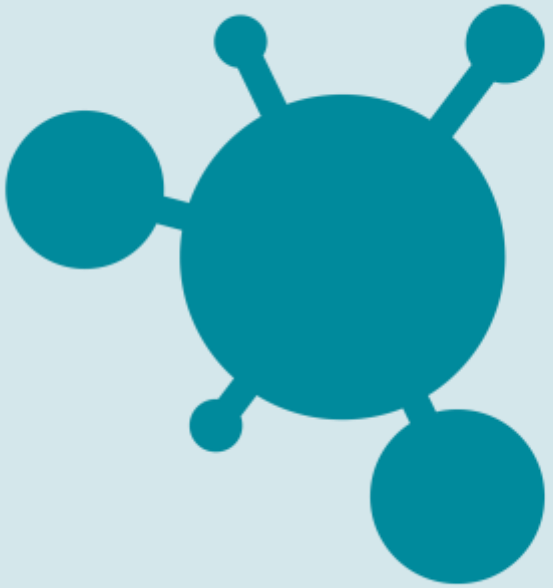
ROMANIA



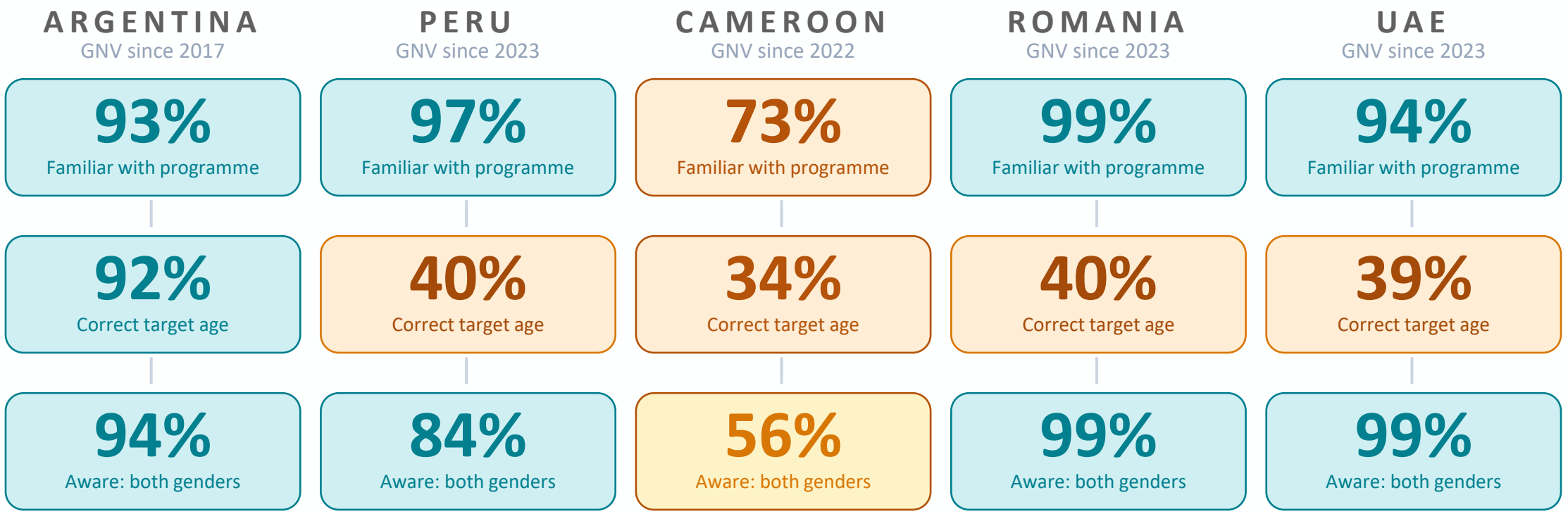
THE UAE

Fieldwork dates: Data collection took place between 18th September - 20th October 2025.

Results



Awareness of HPV vaccination programs



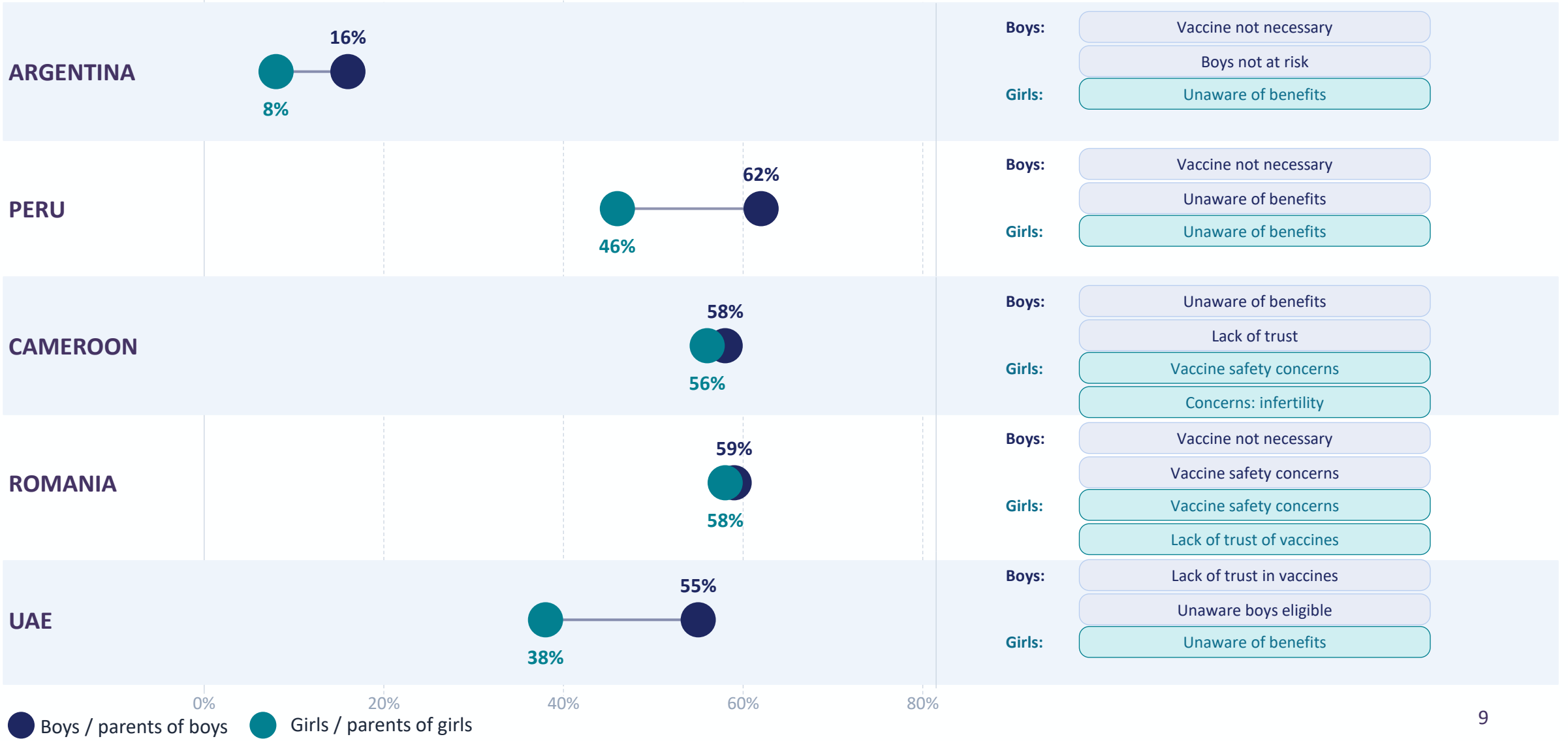
HCWs personal attitudes towards vaccines

Confident = **AGREE:** Vaccines are <u>important</u> **AND** **AGREE:** Vaccines are <u>safe</u> **AND** **AGREE:** Vaccines are <u>effective</u>

Confidence in…	ARGENTINA	PERU	CAMEROON	ROMANIA	UAE
vaccines in general	99%	97%	88%	96%	99%
HPV vaccine	100%	99%	83%	98%	100%
Would vaccinate own **daughter**	100%	100%	95%	97%	100%
Would vaccinate own **son**	99%	100%	**72%**	96%	100%

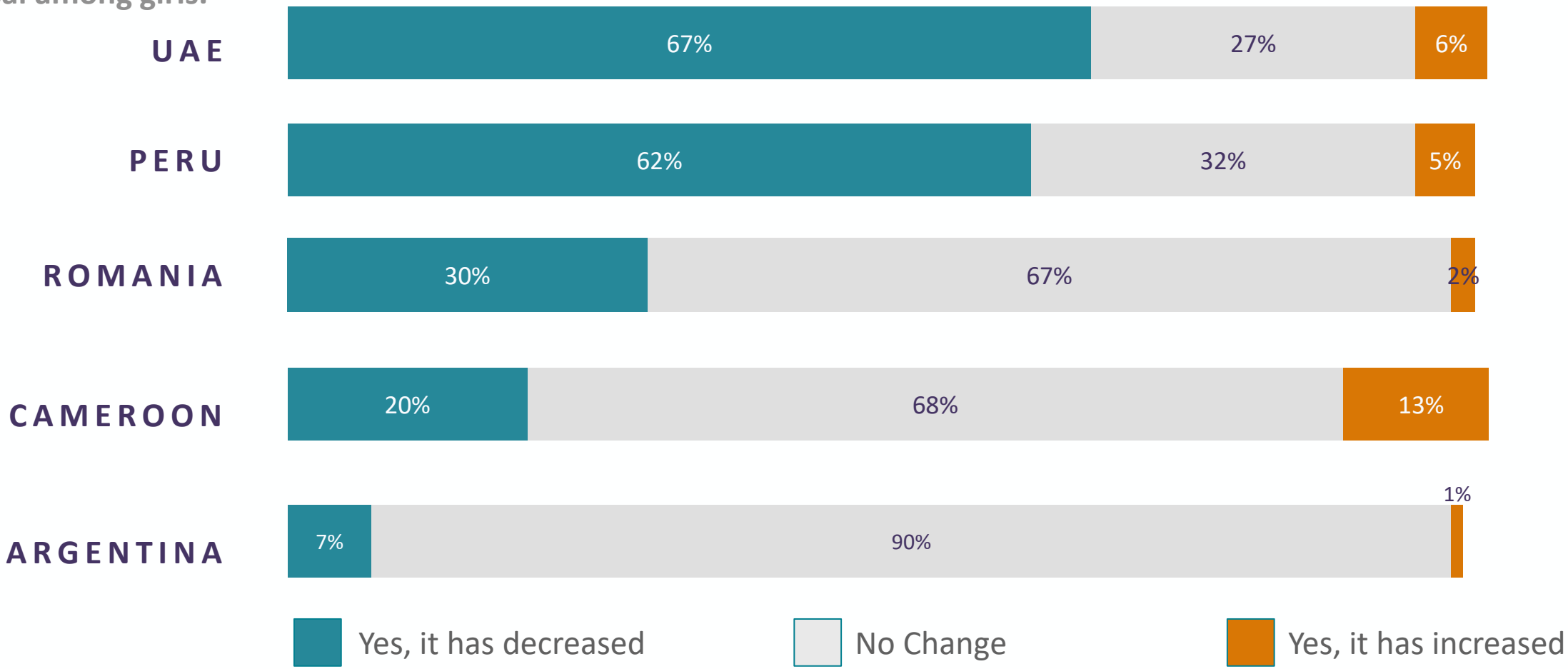
Barriers to HPV Vaccination

% of HCWs who experienced vaccine refusal from parents or adolescents



Perceived reduction in HPV vaccine refusal among girls since GNV introduction

HCW perceptions vary considerably across settings — from minimal perceived change to a marked **decrease in refusal among girls.**



HCWs communication needs around HPV vaccination

HCWs FEEL INFORMED...

ARGENTINA	PERU	ROMANIA	UAE
78%	82%	95%	98%

*% agreeing there is **sufficient information about HPV vaccination benefits***

~100% ...yet they want more training, materials & campaigns

Four countries shown. Cameroon addressed separately below.

CAMEROON — EXCEPTION

48% felt there was sufficient info on vaccine risks

18% don't feel confident enough to recommend the vaccine

RESOURCES REQUESTED

- More HCW training on HPV and vaccines
- Guidance on discussing hesitancy
- Guidance on discussing HPV-related topics (STIs, cancer prevention)
- Clearer communication materials (brochures, posters, media)
- More public awareness campaigns

Vaccine Confidence Project

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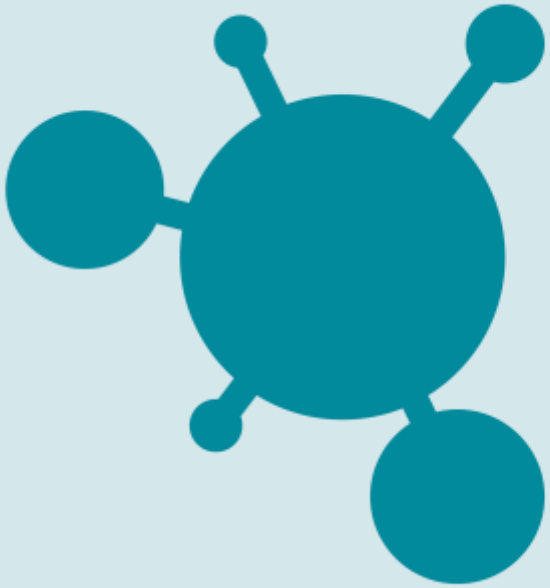
Conclusions



Conclusions

Most HCWs were familiar with their national HPV vaccination programme, including its extension to boys

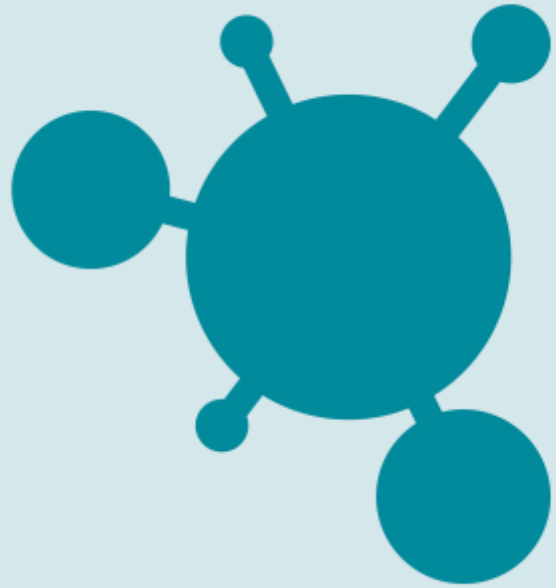
Vaccine confidence was high across all settings, both for vaccines in general and for the HPV vaccine specifically

Perceived **HPV vaccine refusal was higher for boys than girls** across most settings, reflecting these asymmetric barriers

Despite high confidence, HCWs face communication challenges for both sexes: **the benefit of vaccinating boys is poorly understood by parents,** while safety concerns persist for girls

HCWs identified a need for additional support — more training, clearer materials, and public awareness campaigns — even where they felt well-informed

Thank you



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vaccineconfidence.org

Providing parents with HPV vaccine information from a male perspective may render them more inclined to have their daughters vaccinated

Reframing HPV Prevention: The Role of Male Vaccination in Advancing Female Uptake

July 20, 2026

Dr Sandra Chyderiotis, PhD, Pharm.D, MPH

About me

Passionate about analyzing health behaviours and attitudes to support efficient public health programs.

Cancer prevention/Vaccine promotion.

No conflict of interest to declare.

About this research

Secondary analysis of a survey funded by INCa French National Institute of Cancer.

The authors did not receive any specific funding for this secondary analysis.

Research Question: What is the impact of HPV gender-neutral programs on parental intention to vaccinate their daughters?

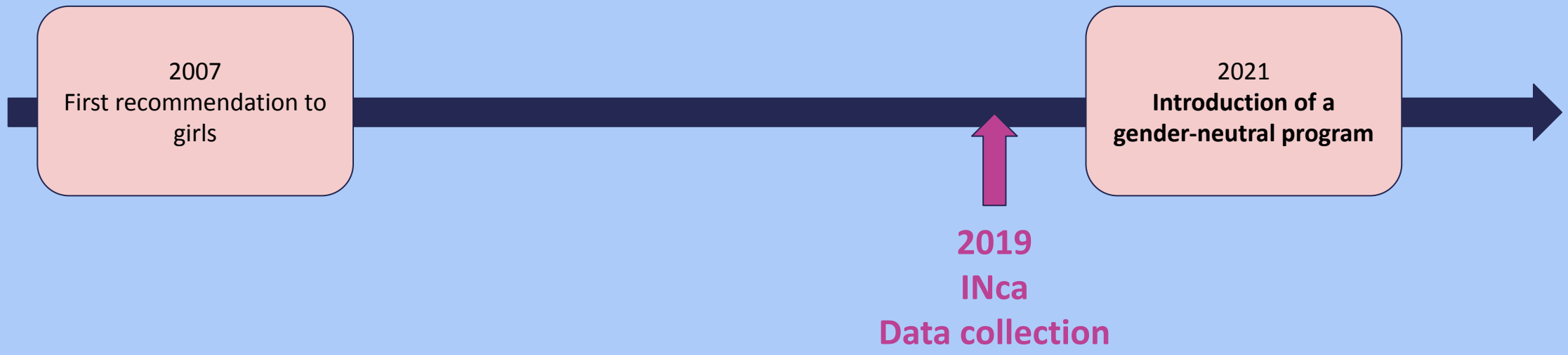
- Many high-income countries have implemented a **gender-neutral HPV vaccination program**

- **Objectives of gender-neutral programs (GNP):**
  - Directly protect men against HPV-related cancers
  - Reduce transmission of HPV towards women, accelerating the elimination of HPV-induced cancers
  - Support higher uptake among girls

- Enhanced parental and care providers perception?
- Facilitated vaccine promotion efforts?

No data to support this claim at the time of the study!

Timeline of our study and HPV vaccination recommendations in France



Presentation of the data

Data Collection

- Collected in June-July 2019
- Using a Web panel

- Final sample used for this analysis:
- N=1424 parents in mainland France
- with at least one daughter aged 11-19

Survey Questionnaire

- One questionnaire per child (N=1726 girls)
- Parent Sociodemographic status
- Parent Knowledge, Attitudes, Beliefs towards vaccination, HPV, HPV vaccine
- Daughter's HPV vaccine status

Pre-post comparison of parental HPV vaccine intentions

Q1: Is your daughter vaccinated against HPV? → YES = 34% (n=579)

No or Unknown = 1147

Q2: If today, someone was proposing to vaccinate your daughter, would you accept? → YES = 30% (n=343)

No or Unknown = 804

HPV vaccine information:

- genital warts and cancers in women **and men**
- some countries offer HPV vaccine to **all adolescents (boys and girls)**

Q3: If HPV vaccination were recommended in France for boys as well as girls, would you intend to have your daughter vaccinated ? → YES = 17% (n=134)

No or Unknown = 670

Discussion: How to explain this change of mind?

Hypothesis 1: Improved general knowledge/awareness?

- Not associated with lower initial knowledge about HPV diseases and vaccination
- Associated with male gender of parent (after controlling for knowledge) = particularly relevant to fathers

Hypothesis 2: Specific effect of the male information in brief?

- higher value assigned to a gender-neutral program?
- Recommendation more convincing?
- HPV deemed more serious?
- HPV Vaccine more important?
- Removing emphasis on young women's sexuality?

Conclusion

- Some parents may intent to vaccinate their daughters after receiving information on HPV and men including about GNP in other countries
- Could be used as a lever for HPV vaccine promotion, even in countries without a GNP
  - During healthcare providers consultations
  - In informational campaigns
- Limitations: no control group, vaccine intentions only
- Specific causal evaluation studies are required to assess the impact of GNP on parental attitudes, knowledge and vaccine uptake in girls.

Thank you!

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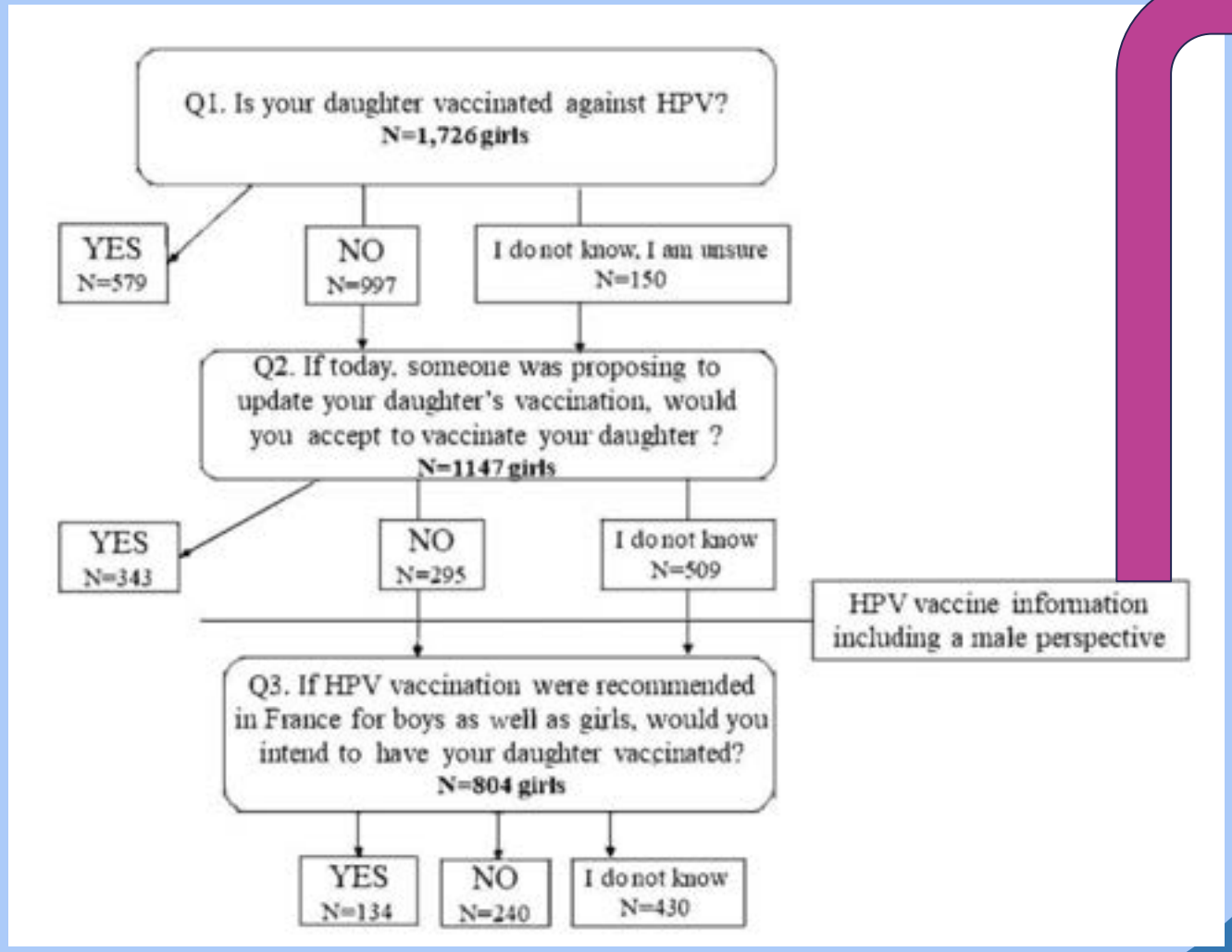
- Pr Judith Mueller, Institut Pasteur
- INCa French National Institute of Cancer
- Haute Autorité de Santé

Chyderiotis S, Derhy S, Gaillot J, Cobigo A, Zanetti L, Piel C, Mueller JE. Providing parents with HPV vaccine information from a male perspective may render them more inclined to have their daughters vaccinated. Infect Dis Now. 2024 Jun;54(4):104908. doi: 10.1016/j.idnow.2024.104908. Epub 2024 Apr 9. PMID: 38604410. https://pubmed.ncbi.nlm.nih.gov/38604410/

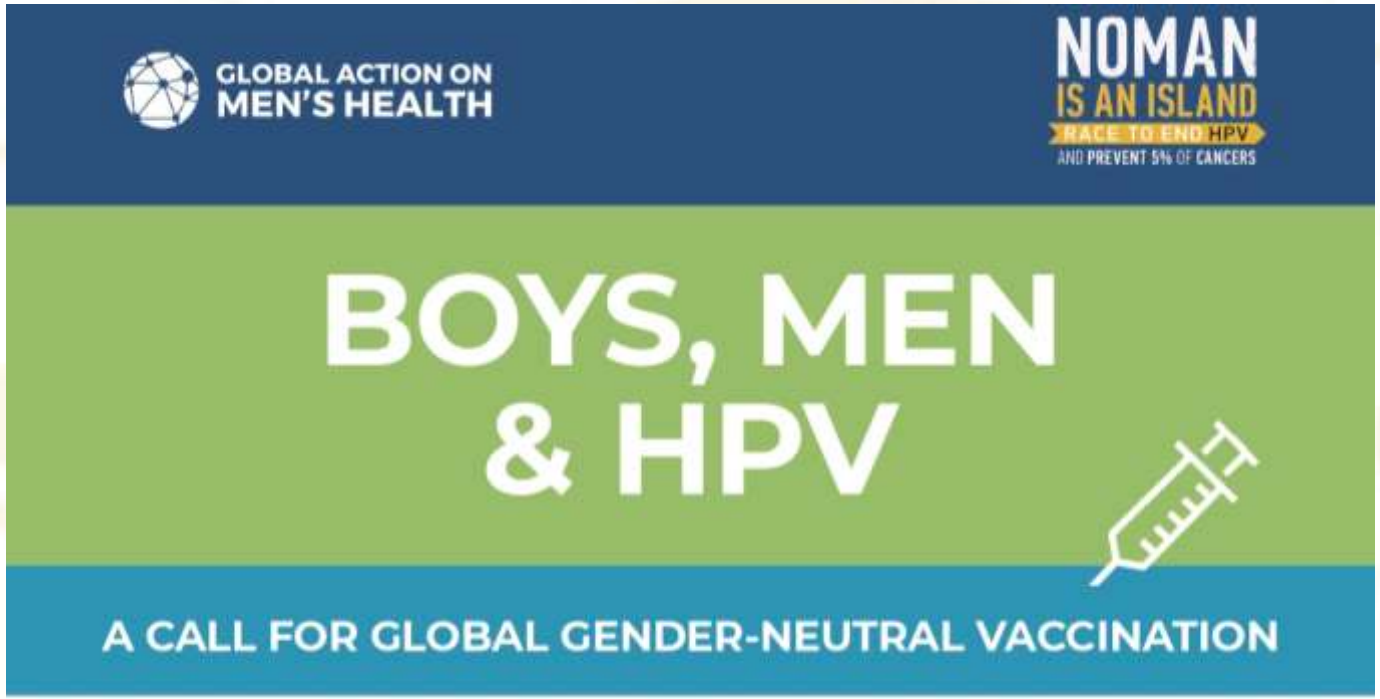
Parental Knowledge of HPV, n=1424, France, 2019

Knowledge of targets of the HPV vaccination	**% of parents (N= 1424)**
Cervical cancers	**74 %**
Genital cancers (vagina, penis)	**28 %**
Some anal cancers	**6 %**
Some mouth and throat cancers	**5 %**
Genital warts	**7 %**
Breast cancers	**2 %**
AIDS	**2 %**
Genital herpes	**8 %**
Awareness of HPV vaccine for boys (Yes)	**23 %**

Pre-post comparison of parental HPV vaccine intentions

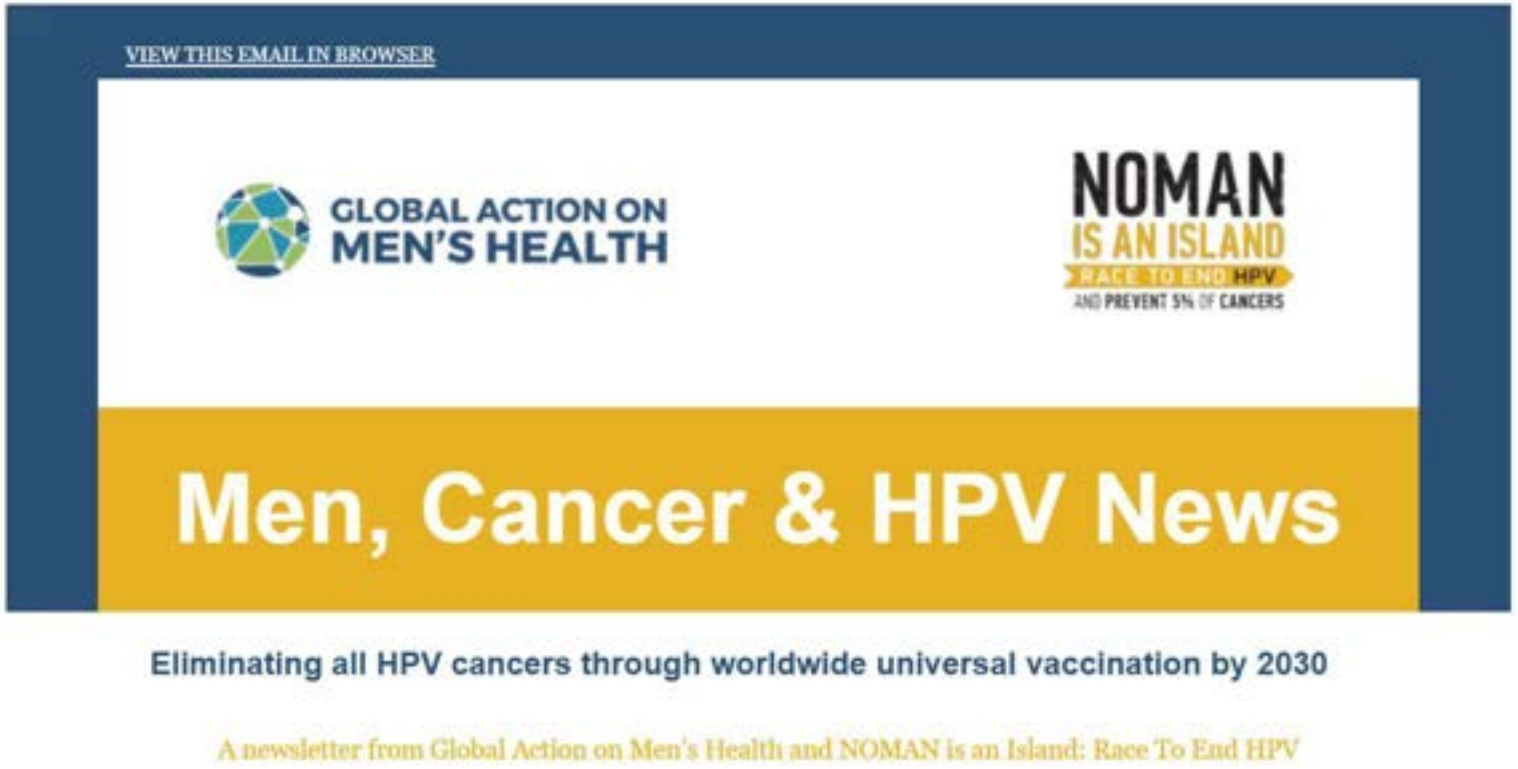


HPV Vaccine information (translated from French)
"Papillomaviruses, or HPV, are sexually transmitted viruses that can, if not monitored and treated, cause several diseases (genital warts, cervical cancer and, more rarely, head and neck cancers, anal, penile, vulvar or vaginal cancers).
There exists a vaccine against some forms of HPV infections, which is recommended for girls before they begin their sexual life.
Genital warts affect women and men equally. Papillomavirus-related cancers are less common in men (penile and anal cancer) than in women.
Today in France, vaccination is recommended for young girls between the ages of 11 and 14, before they begin their sexual lives. Catch-up vaccination is possible until the age of 19 years.
In some countries, vaccination against HPV infections is offered to all adolescents (boys and girls), to directly protect them against these diseases and to reduce transmission of the virus."



FORTHCOMING ACTIVITIES

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



Go to: **http://bit.ly/4gv3aYu**

GLOBAL ACTION ON MEN'S HEALTH

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

SUPPORT OUR OTHER 2026 ACTIVITES

- Endorse our Call to Action for global routine universal (gender-neutral) HPV vaccination at www.endhpvglobal.org.
- Endorse our forthcoming academic Position Statement on HPV routine universal vaccination.
- Join us at events this year: World Congress on Public Health (Sept), World Cancer Congress (Sept), IPVS 2026 (Oct)
- Support global and national advocacy for boys' vaccination
- Join our Men's Lived experiences Advisory Group
- Watch this space for our further webinars and activities!

GLOBAL ACTION ON MEN'S HEALTH

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

JOIN OUR NEXT WEBINAR

Men, Cancer & HPV Webinar

Leaving No HPV Cancer Behind: Addressing Penile Cancer

Thursday 17th September 2026
2pm BST

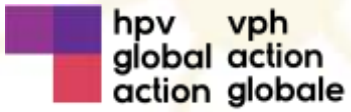
Dr Ben Ayres, European Association of Urology (EAU)
Partick Howard, penile cancer survivor
Other speakers announced soon

Join our newsletter to receive further 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)

https://bit.ly/44zMFoS

GLOBAL ACTION ON MEN'S HEALTH

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

THANK YOU FOR JOINING US

GLOBAL ACTION ON MEN'S HEALTH

NOMAN IS AN ISLAND

RACE TO END HPV

BOYS, MEN & HPV

A CALL FOR GLOBAL GENDER-NEUTRAL VACCINATION

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

bitly

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.