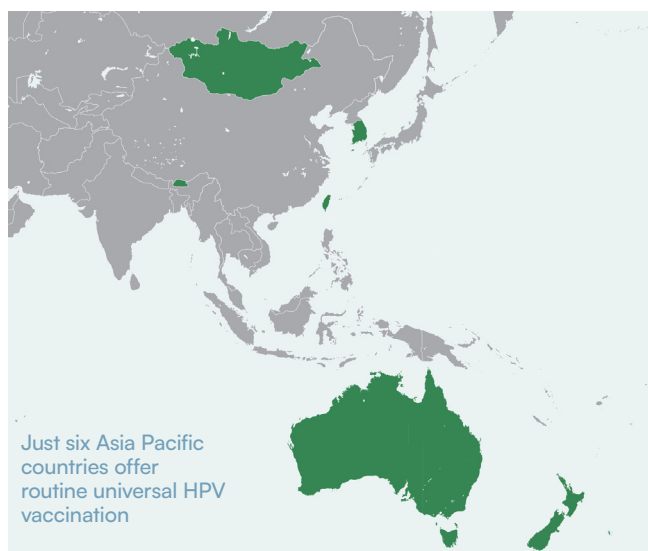


# Accelerating Routine Universal HPV Vaccination in Asia Pacific

## An Advocacy Report for Action

Asia Pacific carries the world's largest burden of HPV-related cancers, yet many countries, especially the most populous, are still focusing on girls-only vaccination, leaving boys without access to the HPV vaccine. The next phase of HPV prevention must be universal vaccination, protecting both girls and boys from preventable HPV-related cancers.



### Key messages

- The Asia Pacific region contains around 60% of the world's population and accounts for 58% of global human papillomavirus (HPV) cancer cases.
- Only six economies in the region — Australia, Bhutan, Mongolia, New Zealand, South Korea and Taiwan — have national vaccination programmes for boys.
- There is growing evidence that Routine Universal Vaccination (RUV) can not only prevent health issues in men, including anal, penile and oropharyngeal cancers, but accelerate protection against cervical and other cancers in women.
- This report estimates that some 80,000 men in the region may develop a cancer caused by HPV.
- Policy changes by the World Health Organization (WHO) at the regional and global level and by the Asia Pacific Economic Cooperation (APEC) are key to unlocking change, as is building in-country and regional coalitions of advocates.

### The case for action in Asia Pacific

The Asia Pacific region is home to around 60% of the world's population. It is composed of some of the smallest island-countries in the world, to the largest, China and India, by population. The region also accounts for 58% of global human papillomavirus (HPV) cancer cases.<sup>1</sup> Yet progress towards routine universal vaccination (RUV)\* — the vaccination of boys as well as girls — remains slow and uneven. Most national programmes in the region still frame HPV vaccination primarily as a cervical cancer intervention and lack organised population-wide HPV vaccination programmes for boys.<sup>2</sup> Only Australia, Bhutan, Mongolia, New Zealand, South Korea and Taiwan\*\* vaccinate boys, with Indonesia planning to do so from 2027 from a limited pilot in 2026. Many countries at all levels of income, including those most at risk, have not made the shift despite growing evidence that RUV can not only prevent cancers in men but also help accelerate protection against cervical and other cancers in women.

The Asia Pacific region has a major opportunity to increase protection against HPV-associated health issues, including those that impact males, such as anal, penile and oropharyngeal cancers, genital warts and recurrent respiratory

\* RUV is also known as 'gender-neutral vaccination (GNV)' but RUV is a more easily understood description.

\*\* Taiwan is also known as Chinese Taipei and Taiwan, China. References to Taiwan in this report are for analytical purposes only and do not imply any position regarding sovereignty or political status.

papillomatosis (RRP). This report estimates that some 80,000 men in the region may develop a cancer caused by HPV. There is a strong economic, equity, public health and practical case for vaccinating boys against HPV. RUV reduces transmission, strengthens herd protection especially when coverage among girls is low, increases vaccine uptake in girls, improves programme resilience and promotes equity by sharing the responsibility for sexual health and cancer prevention across the genders. Not involving boys in the vaccination programme also leaves specific population groups at higher risks, especially among unvaccinated cohorts such as men who have sex with men (MSM), who receive no benefit from female-only vaccination. Not addressing this important gap, leaves a generation without sufficient protection from preventable disease.

Policy changes by the World Health Organization (WHO) at the regional and global level and by the Asia Pacific Economic Cooperation (APEC) are key to unlocking change. New regional elimination targets for all HPV-associated cancers can support this. The European Union has shown what can be achieved at the regional level where all 27 member states have now introduced RUV. Building in-country coalitions of advocates and developing regional support networks can share best practices and build momentum towards RUV. Early regional adopters, particularly Australia and New Zealand, can play a leadership role while more recent adopters such as South Korea, Taiwan and Indonesia provide encouragement and a clear indication that progress is being made.

## Background

This report, compiled by Global Action on Men's Health (GAMH) and NOMAN is an Island: Race to End HPV (NOMAN), explores the current status of RUV for HPV in the Asia Pacific region, defined in this report as East Asia, Southeast Asia, South Asia and Oceania or the World Health Organisation's Western Pacific and Southeast Asia regions. The report is designed to be used as an advocacy tool at the country, regional and global level, targeted towards advocates and policy makers, and will support ongoing advocacy for RUV by GAMH and NOMAN in Asia Pacific. The report examines regional progress so far towards RUV, outlines the latest scientific evidence and implementation science specific to the region, looks at the remaining challenges for expanding HPV vaccination to both boys and girls and provides a roadmap for achieving RUV in Asia Pacific. The report builds on GAMH and NOMAN's previous reports, including the GAMH/NOMAN report from the International Papillomavirus Society (IPVS) Conference in Bangkok in 2025, which included a specific focus on advancing RUV in Asia. It also draws on the Asia Pacific HPV Prevention Policy Atlas tool produced by the European Parliamentary Forum.

The European Parliamentary Forum (EPF) Asia Pacific HPV Prevention Policy Atlas, launched in September 2026, is a comparative map ([hpv.shrpolicymap.org](http://hpv.shrpolicymap.org)) that scores on prevention policies of cervical cancer. It focuses on primary prevention of HPV-related cancers through HPV vaccination and secondary prevention of HPV-related cancer through screening programmes and online information. The project draws the attention of decision-makers, media, and the general public by benchmarking the performance of countries' political leadership on HPV prevention policies and offering concrete recommendations and suggestions for how they may improve.

## Progress so far on RUV in Asia Pacific

Progress toward HPV vaccination for boys in Asia Pacific has been slow. Most countries in Asia still prioritise girls for HPV vaccination and lack formal HPV vaccination programmes for boys.<sup>3</sup>

Only one country in the region has no HPV vaccination schedule for girls, North Korea. Australia was one of the first countries in the world to introduce a publicly funded, national, RUV vaccination programme that included boys.<sup>4</sup> Other early adopters of RUV include Bhutan and New Zealand. More recent adopters include South Korea, which expanded its target group to include 12-year-old boys,<sup>5</sup> Taiwan, which extended the HPV vaccination programme to boys in September 2025,<sup>6</sup> and Mongolia, which introduced RUV in 2024.<sup>7</sup> In 2026, Indonesia has rolled out pilot RUV for select provinces, which are currently on-going in DKI Jakarta, DI Yogyakarta and Bali, and has stated that it will roll out RUV nationally in 2027.<sup>8</sup> Countries implementing RUV across the region represent diverse economic settings, demonstrating that adoption is feasible across both middle- and high-income economies.

## Report Card on HPV RUV in Asia Pacific:

### Top 28 economies in the region by population size

|                  | Girls HPV vaccination programme | Out of pocket payment for male HPV vaccine | Commitment to RUV programme | National RUV programme |
|------------------|---------------------------------|--------------------------------------------|-----------------------------|------------------------|
| India            | YES                             | YES                                        | NO                          | NO                     |
| China            | YES                             | YES                                        | NO                          | NO                     |
| Indonesia        | YES                             | YES                                        | YES                         | NO                     |
| Pakistan         | YES                             | YES                                        | NO                          | NO                     |
| Bangladesh       | YES                             | YES                                        | NO                          | NO                     |
| Japan            | YES                             | YES                                        | NO                          | NO                     |
| Phillippines     | YES                             | YES                                        | NO                          | NO                     |
| Vietnam          | YES                             | YES                                        | NO                          | NO                     |
| Thailand         | YES                             | YES                                        | NO                          | NO                     |
| Myanmar          | YES                             | YES                                        | NO                          | NO                     |
| South Korea      | YES                             | n/a                                        | n/a                         | YES                    |
| Malaysia         | YES                             | YES                                        | NO                          | NO                     |
| Nepal            | YES                             | YES                                        | NO                          | NO                     |
| Australia        | YES                             | n/a                                        | n/a                         | YES                    |
| North Korea      | NO                              | NO                                         | NO                          | NO                     |
| Sri Lanka        | YES                             | YES                                        | NO                          | NO                     |
| Taiwan           | YES                             | n/a                                        | n/a                         | YES                    |
| Cambodia         | YES                             | YES                                        | NO                          | NO                     |
| Papua New Guinea | YES                             | YES                                        | NO                          | NO                     |
| Laos             | YES                             | YES                                        | NO                          | NO                     |
| Hong Kong        | YES                             | YES                                        | NO                          | NO                     |
| Singapore        | YES                             | YES                                        | NO                          | NO                     |
| New Zealand      | YES                             | n/a                                        | n/a                         | YES                    |
| Mongolia         | YES                             | n/a                                        | n/a                         | YES                    |
| Timor-Leste      | YES                             | YES                                        | NO                          | NO                     |
| Fiji             | YES                             | YES                                        | NO                          | NO                     |
| Bhutan           | YES                             | n/a                                        | n/a                         | YES                    |
| Brunei           | YES                             | YES                                        | NO                          | NO                     |

|  |                                                |
|--|------------------------------------------------|
|  | National RUV HPV programme                     |
|  | Progress towards national RUV HPV programme    |
|  | No national RUV HPV programme                  |
|  | No HPV vaccination programme for boys or girls |

Some countries have made the vaccine available for males on an out-of-pocket basis, but have not integrated it into national immunisation programmes, which continue to prioritise adolescent girls.<sup>9</sup> Although there is increasing interest in the vaccine for boys in some countries such as Singapore, where the HPV vaccine has been available for men and boys since 2020,<sup>10</sup> the significant out-of-pocket expense remains a challenging barrier to universal access.<sup>11</sup> The HPV vaccine has been made available to boys in some government clinics in China for an out-of-pocket cost.<sup>12</sup> The vaccine is also available to boys on the private market in countries including Japan, Hong Kong, India, Malaysia, Thailand and the Philippines.

Some of the largest countries in the region, India and China, have only recently introduced a national vaccination campaign for girls. The most recent introduction in the region was India, which incorporated HPV vaccination into its Universal Immunization Programme (UIP) in February 2026, initially targeting girls. While there are no immediate, concrete plans to add boys to the universal government schedule, experts and advisory groups are strongly advocating for RUV for HPV as a next-phase strategy.<sup>13, 14</sup> China launched a national HPV vaccination campaign for girls aged 13 and above in 2025, following pilot schemes in cities.<sup>15</sup> Japan reintroduced its HPV vaccination programme for girls in 2022 after a prolonged period of reduced uptake due to lack of confidence and misinformation, during which vaccine coverage declined substantially. Coverage has since been gradually recovering following renewed government efforts to restore confidence and reestablish the programme.<sup>16</sup> Health policy efforts and coverage for HPV vaccines are currently fragmented and localised, with a growing number of municipalities stepping in to provide their own subsidies or to fully cover the cost of HPV vaccination for boys.<sup>17</sup>

In several countries, local medical experts and NGO advocates have challenged girls-only HPV vaccination programmes, such as the Philippine Cancer Society, the Pediatric Infectious Disease Society of the Philippines and the Philippine Pediatric Society, which have successfully introduced HPV vaccination for boys in private clinics and schools, and lobbied Local Government Units to roll out RUV,<sup>18</sup> or the Pediatric Infectious Diseases Association of Thailand which officially advises that all boys starting from age nine should receive the vaccine.

## HPV Epidemiology of the Asia Pacific region

Asia accounts for 57.8% of global HPV-related cancer cases in both males and females, with both incidence and mortality rates of these cancers far exceeding rates in Europe, which has the next highest levels globally. Asia is expected to continue to lead the number of anogenital cancer cases and deaths globally by 2045.<sup>19</sup>

The number of HPV-related cancers in men specifically is significant. Around 44% of HPV-attributable cancers in males occur in Asia Pacific, based on the geographic distribution in an IARC analysis.<sup>20</sup> GAMH and NOMAN estimate that there are over 180,000 HPV-related cancer cases in men globally each year. If the 44% figure is applied to this number, there could be an estimated 80,000 HPV-related cancer cases in the region in men each year. Given that there were thought to be almost 25,000 cases in men in 2025 in India alone,<sup>21</sup> the figure of 80,000 may be conservative.

Almost one in three men worldwide are infected with at least one genital HPV type and around one in five men are infected with one or more HPV types, although genital and oral HPV infection rates in Eastern and South-Eastern Asia are estimated to be roughly half those seen in sub-Saharan Africa, Latin America, or Western nations.<sup>22</sup> Evidence from South Korea shows that HPV infections are on the rise, with a 32.8% increase in HPV cases over the last four years, and 59% of South Korean men testing positive for HPV DNA.<sup>23</sup> A long-term study from Japan found sustained increases in oropharyngeal and anal cancer incidence among men from 1977 to 2019, while penile cancer increased from 1995.<sup>24</sup> In Indian men, the most common HPV-driven cancers are oropharyngeal cancer (accounting for 63.2% of male HPV cancers) and penile cancer (26.3%).

Overall, HPV-related malignancies contribute to about 3.3% of total cancer cases in men.<sup>25</sup> In India, penile and scrotal HPV prevalence rates have been observed to exceed 50% in high-risk demographics such as HIV-positive MSM,<sup>26</sup> while a high prevalence of HPV among the Chinese HIV-positive MSM population has also been found.<sup>27</sup> Research from Australia demonstrated that the prevalence of anogenital warts among males declined much faster during the period of RUV compared with the female-only vaccination period.<sup>28</sup>

## Why vaccinate boys as well as girls against HPV?

- Direct male protection: Prevent male-specific HPV cancers and diseases. Vaccination directly protects males from penile, anal, and oropharyngeal cancers, as well as RRP and genital warts.
- Transmission and herd immunity: Break the chain of transmission. Vaccinating boys removes them as vectors, protecting all future partners. This herd immunity is crucial for accelerating the global elimination of cervical cancer, especially where female vaccine coverage is low.
- Equity and shared responsibility: Promote gender-neutral health equity. RUV dismantles the stereotype that HPV is solely a “women’s issue,” shares the responsibility for sexual health and ensures direct protection for high-risk groups, including MSM.
- Overcoming hesitancy and cultural barriers: Framing HPV vaccination as a universal cancer prevention tool helps overcome conservative or religious hesitancy. It shifts the focus away from sexual behaviour and onto proactive cancer prevention for all children.
- Programme resilience: RUV safeguards public health against systemic shocks such as conflict, natural disaster or pandemic which may disrupt health services, with established herd immunity ensuring population-level protection is maintained.
- Long-term cost-effectiveness: Implementing RUV yields superior long-term economic returns by significantly reducing future healthcare costs associated with treating multiple HPV-related cancers and chronic conditions in both sexes.

## Case studies on RUV in Asia Pacific

### BHUTAN

Bhutan’s free routine universal HPV vaccine rollout is considered a success story for a lower-middle-income country, delivered through strong political leadership and commitment, and a dedicated domestic finance mechanism. The Bhutanese government considered RUV to be highly cost-effective and a wise long-term public health investment, given high levels of cervical cancer in Bhutan as well as a small population. Bhutan introduced HPV vaccination for girls in 2010 which was supported by MSD and the Australian Cervical Cancer Foundation (ACCF), with coverage above 90%. Bhutan pioneered a school-based RUV programme for HPV in 2020, targeting boys aged 11-14 years in schools and monastic institutions, an effective strategy which reached 82% coverage amongst boys aged 15 in 2024. The programme was integrated with the routine vaccine system in 2021. This enables tracking and monitoring, and ensures programmes access to a skilled public health workforce and adequate cold chain and logistics support. It switched to a single-dose schedule in 2025. This has been combined with continuous advocacy and community engagement to promote and maintain public acceptance, trust and uptake. Multisectoral collaboration and stakeholder support, particularly with the Ministry of Education, has been essential. Securing sustainable financial support and procurement of HPV vaccines for boys at the GAVI access price has been vital for long-term programme continuity.

### INDONESIA

In 2020, Indonesia launched its cervical cancer elimination strategy following a pilot programme starting in 2016 that targeted girls in Jakarta. The pilot achieved high coverage through integration into existing school health programmes and existing cold chains but highlighted the importance of consistent engagement with religious leaders and the need to also target out-of-school children. Indonesia launched a nationwide school-based HPV vaccination campaign for girls in 2023. The campaign achieved very mixed coverage, with lower-coverage areas experiencing logistical and communication challenges, highlighting a need for clear, direct communication with parents and fostering trust through community engagement. As part of the cervical cancer elimination strategy, in 2026 the Government officially rolled out HPV vaccination to boys in select pilot provinces. This pilot focused on cervical cancer, potentially underestimating the benefits of the vaccination for everyone. Similar to countries that have adopted RUV, broader implementation of this programme could help interrupt HPV transmission, protect boys and men from HPV-related diseases and male-specific cancers, and accelerate progress toward the national goal to eliminate cervical cancer by 2030.

## Barriers and opportunities for RUV in the Asia Pacific region

### BARRIERS

- The WHO has prioritised vaccinating girls against HPV to target cervical cancer eradication globally, targeting vaccinating 90% of girls by age 15 to eliminate the disease. In 2019, the WHO's Strategic Advisory Group of Experts on immunisation (SAGE) called for all countries vaccinating boys against HPV to pause programmes in order to support vaccine supply for girls.<sup>29</sup>
- Although the Asia Pacific region contributes more than half of the global burden of HPV-related disease, literature on current HPV vaccination programmes in the region is limited.<sup>30</sup> Research on HPV prevalence and genotype distribution in men remains sparse, with no consensus on which genotypes are more likely to cause diseases in males and which genotypes are more preventable through vaccination.<sup>31</sup>
- Public health messages tend to heavily focus on HPV as causing cervical cancer, which creates a sense that HPV is exclusively a 'woman's disease'.<sup>32</sup>
- Healthcare providers have low awareness and knowledge regarding male-specific HPV risks such as anal, penile and oropharyngeal cancers, or genital warts.<sup>33</sup>
- There are taboos and stigmas around discussing sexually transmitted infections in conservative communities and cultures in Asia Pacific with some parents worrying that vaccinating adolescent boys encourages sexual activity.<sup>34</sup> Meanwhile, misinformation is being spread online about the safety of the vaccine for girls online, for example in Pakistan.<sup>35</sup>

### OPPORTUNITIES

- There is already infrastructure in place across the region to roll out HPV vaccines to girls in schools, which means that extending programmes to boys in schools is relatively straightforward.<sup>36</sup> This includes integration into existing National Immunisation Programmes for girls such as in Malaysia, Thailand and Hong Kong. Health systems can learn from other health and education programmes about how to reach out-of-school boys.
- A number of recent cost-effectiveness studies from the region have demonstrated health economic benefits of vaccinating boys. These include a study from China to prevent oropharyngeal cancer, improve male health quality, and protect public health,<sup>37</sup> a study from Japan that found additional public health benefits,<sup>38</sup> and a study from Taiwan that found incremental public health and economic benefits.<sup>39</sup>
- The WHO has adopted a single dose protocols for vaccination which can enable lower procurement costs and logistical requirements for countries extending their vaccination schedules to include boys.<sup>40</sup>
- There are generally high acceptance rates for HPV vaccination among boys and parents in Asia, with a positive trend in acceptance of the vaccine, influenced by knowledge and awareness, perceived risks and benefits, sociodemographic characteristics and social support.<sup>41</sup> A recent study in Beijing found a high level of vaccination willingness, particularly among MSM.<sup>42</sup>
- There is increased HPV vaccine supply in the region as Indian and Chinese manufacturers have entered the market recently.<sup>43</sup>
- The United Nations (UN) General Assembly voted overwhelmingly in favour of a political declaration to combat non-communicable diseases (NCDs) and promote mental health in December 2025, with 175 member states voting in favour, including all the countries in the Asia Pacific region.<sup>44</sup> This declaration includes language for the first time on the need for HPV vaccination to be extended to boys as well as girls,<sup>45</sup> providing an opportunity for advocates to hold national governments to account.

## Building on growing momentum in Asia Pacific

Advocacy is now required at the national, regional and global level to make the case for change across Asia Pacific. As is evidenced by RUV implementation across diverse economic settings in Asia Pacific, political commitment, rather than economic status alone, is a key enabler of early and broad HPV vaccination implementation. The experience of countries across the region suggests that when the benefits of HPV vaccination for males are recognised and effectively communicated, adoption of RUV becomes more feasible. Despite ongoing underappreciation of the broader benefits of vaccinating males, several countries have implemented RUV as part of their cervical cancer

## Bangkok 2025: a regional agenda for change

The GAMH/NOMAN meeting held alongside the 37th Annual Conference of the International Papillomavirus Society in Bangkok in 2025 helped crystallise what is needed to accelerate RUV in Asia. Participants identified policy clarity and sustainable financing as central determinants of progress, with a need for clear guidance from the World Health Organization (WHO) as well as predictable financing pathways to support the inclusion of boys in national immunisation programmes. Stronger communication strategies are required to address stigma and misinformation which shape both public demand and political will, as well as better evidence and interpretation of HPV disease burden in men. Progress requires coordinated action across multiple sectors, including governments, health professionals, civil society organisations, educators, parents, youth and community leaders. Countries need practical technical support to strengthen and expand programmes, including guidance on delivery systems, logistics and supply chains, regulatory pathways, clinical practice and workforce training. Regional collaboration offers a powerful way to accelerate action, with shared advocacy, cross-country learning, public and private partnerships and joint problem-solving critical ways to overcome barriers that are difficult to address in individual nations. APEC has an opportunity to lead and support this work.

elimination strategies, recognising its potential to reduce HPV transmission while preventing a wider range of HPV-related diseases and cancers across both sexes.

At the national level, advocacy should be targeted at health decision-makers and national and municipal health budget holders to encourage them to change HPV policies and immunisation guidelines to include boys. This can be supported by demonstrating to policymakers that the benefits of RUV extend beyond simplistic health economic cost-effectiveness calculations (see box: Why vaccinate boys as well as girls against HPV?) and showing that RUV is a win-win for everyone. Countries that have successfully advocated for change in the region can provide a roadmap for other regional countries on the road to RUV. This includes building in-country coalitions of advocates as well as building regional support networks for advocates to share best practice and case studies for action.

At the regional level, new regional elimination targets are needed for all HPV-associated cancers, beyond only cervical cancer. Discussions at the Asia Pacific level should begin now to agree on new vaccination targets beyond 2030. Advocacy is needed to target the WHO regional offices Western Pacific and South East Asia to change regional guidance to include vaccination for boys, echoing the change made by the Pan American Health Organization's Technical Advisory Group on Vaccine-Preventable Diseases in 2023, which recommended that boys should be offered HPV vaccination throughout the Americas region.<sup>46</sup> Advocacy should also be targeted towards Asia-Pacific Economic Cooperation (APEC), to explicitly strengthen its recommendation within its Roadmap to Accelerate Cervical Cancer Elimination (2026-2030). Currently it only advises countries to include boys as part of domestic immunization schedules "where appropriate and supported by cost-effectiveness analysis".<sup>47</sup>

At the global level, academia and global health organisations, particularly the WHO, should prioritise routine data collection for all HPV-associated diseases in men and women in order to accurately evaluate both the human and economic costs of not carrying out RUV and informing effective prevention strategies for all genders.<sup>48</sup> And, crucially, WHO must follow the lead of the UN political declaration on NCDs and mental health and recommend the vaccination of boys and girls on an equal and global basis.

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