

April 2026

## ELIMINATING HPV-RELATED CANCERS IS POSSIBLE!

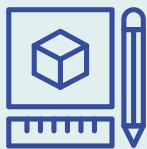
HPV-related cancers remain a **major and largely preventable public health challenge in Europe**. In Europe, HPV causes almost **100,000 cancers every year**, including cervical, anal, vaginal, vulvar, penile and oropharyngeal cancers. HPV also causes substantial non-cancer disease, notably recurrent respiratory papillomatosis (RRP) and anogenital warts. Universal vaccination across the EU could prevent many, and likely most, of these cancers, especially when combined with screening; a goal that sits at the heart of Europe's Beating Cancer Plan.

Yet **coverage across Europe remains uneven**, shaped by differences in policy, delivery systems, and public confidence. Some countries have demonstrated that sustained uptake above 90% is achievable; many others still fall short.

To help close these gaps, the European Cancer Organisation (ECO), together with recognised international experts, has developed a new **Good Practice Guide on HPV Vaccination**, offering **concise, tangible and evidence-based principles** to make high vaccination coverage a reality across countries.

The Guide is structured around six **thematic areas**: Policy & Governance, Vaccination Delivery, Data Systems & Monitoring, Communication, Access & Equity, and Catch-Up Vaccination & Extended Programmes. For each, it presents action-oriented principles, the evidence that underpins them, and country case studies that illustrate what is achievable in practice.

It is intended as a practical resource for policymakers, programme managers, patient organisations, and civil society actors, whether working to strengthen existing programmes or to address persistent coverage gaps. Eliminating HPV-related cancers is possible. What is needed now is consistent, sustained action.



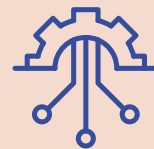
### MAKE IT POLICY

Formalise gender-neutral HPV vaccination across law, budgets, schedules and systems



### MAKE IT HAPPEN

Deliver consistently through schools and health services with trained staff and simple pathways, ensuring trust



### MAKE IT LAST

Use data, communication and equity-focused strategies to sustain coverage over time and ensure long-term sustainability through budget allocation



## READ THE GUIDE IN FULL



[europeancancer.org/hpv](https://europeancancer.org/hpv)



*We thank our experts and supporters who have contributed to this Guide*

## WHAT THE GUIDE COVERS



### Policy & Governance

1. HPV vaccination must be anchored as a national cancer prevention priority, embedded in policy, plans and budgets with sustained political commitment and financing.
2. Clear leadership and decision-making structures must be defined, ensuring coordination across health, education and relevant sectors.
3. Accountability for programme performance must be established, using data to monitor progress and trigger corrective action when needed.



### Vaccination Delivery

1. Delivery systems must reliably reach adolescents through appropriate platforms such as schools and healthcare services, adapted to national contexts.
2. Vaccination programmes require prepared systems and workforce capacity, supported by trained staff, logistics and operational readiness.
3. Vaccination policies should be simple, practical and aligned with real-world delivery to minimise missed or delayed vaccination.



### Data Systems & Monitoring

1. Robust systems must track HPV vaccination coverage across populations, enabling identification of gaps and informed programme management.
2. Vaccination data should be interoperable and shared across systems to support coordinated decision-making and efficient delivery.
3. Data must be used transparently for reporting, accountability and continuous improvement, with regular performance review and action.



### Communication

1. Communication should be continuous and embedded within public health systems to normalise HPV vaccination as routine cancer prevention.
2. Messages must be delivered through trusted voices and tailored to different audiences, including adolescents, parents and health professionals.
3. Communication strategies should be data-informed and adaptable, responding to concerns, misinformation and evolving public attitudes.



### Access & Equity

1. Eligibility criteria must be clearly defined and consistently applied to ensure equitable access to HPV vaccination.
2. Financial barriers should be removed by providing vaccination free of charge or fully reimbursed for all eligible populations.
3. Programmes must actively reach underserved populations through targeted approaches that prevent systematic exclusion.



### Catch Up & Extended Programmes

1. Structured catch-up vaccination should be implemented to reach missed cohorts and ensure continued opportunities beyond routine age groups.
2. Extension of vaccination programmes should follow formal, evidence-based processes that adapt to evolving programme needs.
3. Targeted delivery strategies must reach populations not covered by routine systems, ensuring inclusive and comprehensive protection.

## THE GUIDE INCLUDES SUCCESSFUL CASE STUDIES FROM THE FOLLOWING COUNTRIES



**BELGIUM**



**BULGARIA**



**DENMARK**



**IRELAND**



**LITHUANIA**



**NETHERLANDS**



**POLAND**



**PORTUGAL**



**SLOVAKIA**



**SLOVENIA**



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