



# ECO Good Practice Guide on HPV Vaccination: a Factsheet

Make it policy. Make it happen. Make it last

## POLICY & GOVERNANCE

### Principles

#### Principle 1. Ensure political commitment and national ownership

*Is HPV vaccination politically and strategically anchored?*

Countries should formally commit to HPV vaccination as a core cancer prevention policy, embedded in national immunisation programmes and aligned with national cancer plans, and reflect this commitment in sustained public financing over time, recognising HPV vaccination as a long-term investment.

#### Principle 2. Establish clear leadership and joined-up decision making

*Is HPV vaccination governed through clear leadership and decision-making processes?*

Countries should clearly define who leads HPV vaccination policy in national cancer plans, embedding vaccination within broader cancer prevention strategy together with screening, how technical advice is translated into policy decisions, and how health, education, and other relevant sectors coordinate to implement those decisions consistently.

#### Principle 3. Build clear accountability mechanisms for long-term programme performance

*Who is responsible for sustained performance and correction of HPV vaccination programmes over time?*

Countries should establish clear accountability for HPV vaccination delivery over time, including defined responsibility for reviewing progress and taking corrective action when policy commitments are not met. This requires accurate data collection.

## Justification & Scientific Evidence

**HPV vaccination programmes are more likely to achieve sustained coverage when political commitment is embedded in formal national policy frameworks and supported by sustained public financing, rather than short-term or discretionary initiatives.**

Comparative experience from countries progressing towards the elimination of HPV cancers shows that positioning HPV vaccination as a national cancer prevention policy, rather than as a standalone immunisation activity, is associated with stronger ownership and more consistent implementation over time [1, 2].

WHO guidance on cervical cancer elimination positions HPV vaccination as a core intervention to be delivered through national immunisation programmes, rather than as a time-limited or pilot initiative. In the European context, this approach is reinforced by regional cancer policy frameworks, including Europe's Beating Cancer Plan, which explicitly position HPV vaccination as a cornerstone of cancer prevention and elimination efforts [3]. This underscores the importance of embedding vaccination within durable health policy and planning instruments, including alignment with national cancer control strategies and elimination efforts [4].

Sustained political commitment to vaccination programmes coupled with predictable, sustained public financing integrated within routine national immunisation budgets is critical to programme continuity. Reliance on short-term or ad-hoc funding increases vulnerability to programme interruption. Such commitment is key in the context of interventions requiring long-term delivery such as HPV vaccination [4, 5, 6].

## HPV vaccination programmes are more effective when leadership responsibilities, evidence-to-policy-pathways, and cross-sector coordination mechanisms are clearly defined and institutionalised.

Evidence from global guidance and immunisation policy research shows that clear leadership and formal decision-making structures strengthen the translation of scientific evidence into national vaccination policy, reducing delays and ambiguity in implementation [4,5,10,11,12].

National Immunization Technical Advisory Groups (NITAGs), which are established in most countries in the WHO European Region, provide a structured mechanism for evidence-informed decision making [7]. Within Europe, their role is reinforced by regional norms and scientific guidance from the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe, contributing to the transparency, credibility and legitimacy of vaccination policy decisions, including those related to new or expanded vaccines [8,9].

Experience from HPV and other adolescent immunisation programmes highlights that effective coordination between health and education sectors is critical where schools are involved in delivery, and that lack of clarity in leadership, roles and cross-sector decision making can delay implementation and reduce policy coherence, even when political commitment and accountability mechanisms exist [10,11,12].

## Sustained HPV vaccination programme performance depends on explicit accountability arrangements that link policy commitments to regular performance review and corrective action when implementation falls short.

Global immunisation guidance consistently highlights that political commitment and policy adoption alone are insufficient to sustain high vaccination performance without explicit accountability mechanisms, including defined responsibility for monitoring progress and responding to underperformance [3,7,13]. Within the European context, Europe's Beating Cancer Plan sets a clear accountability benchmark by committing to at least 90% HPV vaccination coverage in girls and a significant increase in coverage among boys, and ensure that 90% of the EU population who qualifies for cervical cancer screening is offered screening by 2025. [3].

Strategic frameworks such as the Immunization Agenda 2030 emphasize country ownership, governance, and accountability as core conditions for sustained immunisation delivery, calling for regular review of progress and timely corrective action where implementation falls short [7,14].

Experience from HPV vaccination programmes, including within the WHO European Region, demonstrates that clear accountability and coordinated national action are particularly critical during periods of programme disruption or declining public confidence, enabling recovery of coverage through active corrective measures rather than reliance on delivery systems alone [14,15,16]. Together, these experiences underline that accountability for sustained delivery is a governance function, enabling countries to respond to challenges, maintain public trust, and protect long-term programme performance [15,16].

## Case Studies

### Belgium



Belgium illustrates the importance of a clear and structured vaccination policy. Although school-based vaccination programmes are associated with higher vaccination coverage [21], Belgium's federal system means that HPV vaccination is organised separately within the Flemish and French-speaking communities. This has resulted in substantial differences in coverage within the same country [22,23]. One-dose coverage among girls and boys in Flanders is 92.3% and 86.7% respectively, compared with 63.6% and 55.8% in the French community. While both communities deliver through schools, differences in regional organisation appear to explain this disparity. In the French-speaking community, there is no centralised approach across health services, and vaccination is not offered by all services. Coverage is lower in areas served by health centres that do not provide vaccination than in those that do [24]. This case highlights the value of a clear and consistent policy framework to support equitable programme delivery.

## England (United Kingdom)



In England, HPV vaccination policy is governed through a clearly defined decision-making architecture that separates technical advice, policy adoption and implementation. The Joint Committee on Vaccination and Immunisation (JCVI) is an expert scientific advisory committee that provides evidence-based advice to the UK government on vaccination, including schedules, safety, and population impact [18]. Advice and recommendations provided by JCVI are formally considered by the government, and if accepted, adopted through ministerial decision and incorporated into national immunisation policy. Once policy decisions are taken, NHS England is responsible for commissioning the immunisation programme, supported by national guidance issued by the UK Health Security Agency [19, 20]. This pathway links evidence through policy to delivery, and provides a clear delineation of roles, and supports predictable vaccination decision making over time.

## Rwanda



Rwanda was an early adopter of the HPV vaccine, becoming the first African country to implement a national HPV vaccination programme in 2011, and consistently maintaining vaccination coverage at 90%+ since. In 2025, the Ministry of Health launched the Accelerated Plan for the Elimination of Cervical Cancer in Rwanda 2024-2027, aiming to meet the WHO's 90-70-90 targets by 2027, three years ahead of the global strategy. The success of Rwanda's HPV programmes can be attributed to several factors. This includes strong will demonstrated by political leaders, collaboration by teams both within the Ministry of Health, and externally with the Ministries of Education, Local Government, and Gender and Family Promotion, and durable trust by the public in the well-established Expanded Program of Immunization (EPI) [17]

## Further Reading & Bibliography.

- [WHO \(2020\) Immunization Agenda 2030: A global strategy to leave no one behind.](#)
  - [WHO \(2020\) Global Strategy to accelerate the elimination of cervical cancer as a public health problem](#)
  - [European Commission \(2021\) Europe's Beating Cancer Plan](#)
  - [European Centre for Disease Prevention and Control \(2020\) Guidance on HPV vaccination in Europe](#)
  - [WHO Regional Office for Europe: National Immunization Technical Advisory Groups \(NITAGs\): Strengthening evidence-informed vaccine policy in the WHO European Region](#)
  - [Economist Impact \(2023\) A global blueprint for cervical cancer elimination: Lessons from Sweden.](#)
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