



WMA Statement on Human Papillomavirus Vaccination

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PREAMBLE

Human papillomavirus (HPV) vaccination presents a unique and valuable opportunity for physicians to substantially prevent morbidity and mortality from certain cancers in all populations, and to improve maternal health. This may result in economic benefits for countries who achieve widespread HPV vaccination in their population in the current move towards preventive and promotive healthcare. The HPV vaccine therefore merits consideration by the World Medical Association (WMA) separately from other vaccines.

HPV is, for the most part, sexually transmitted virus and is so common that most sexually active adults become infected at some point in their lives. Most infections are asymptomatic and resolve without medical intervention. However, HPV is the cause of nearly 100% of cervical cancer cases. Thirteen of the 40 types of HPV are oncogenic and, when they cause a persistent infection can produce cervical cancer as well as cancer of the vagina, vulva, anus, penis, the head and neck, oropharynx and anogenital area.

Few diseases reflect global inequities as much as cancer of the cervix. It is the fourth most common cancer in females globally, and most cervical cancer cases and deaths are in low and middle-income countries.

HPV vaccines protect against infections caused by targeted HPV types. All available vaccines afford protection against types 16 and 18, which are the most oncogenic types and can also offer protection

against anogenital warts. HPV vaccination is recommended for females and males from 9-45 years of age and the immunocompromised people. HPV vaccines are safe, effective, and well tolerated.

WHO recommends a one or two-dose schedule HPV vaccination for females between 9-14 and 15-20 years old. Females older than 21 years require two doses with a 6-month interval.[1] Benefits of vaccinating young males include protection against genital warts and cancer in addition to preventing transmission of HPV to sexual partners.

In 2020 the World Health Assembly adopted the Global Strategy for cervical cancer elimination. To achieve accelerated elimination of cervical cancer, by 2030, 90% of girls will be fully vaccinated with the HPV vaccine by the age of 15, screening programs using a high-performance test will be running to screen 70% of women by the age of 35 and again by the age of 45 and 90% of women with invasive cancer will be managed.

School-based vaccination or systematic community programs are strategies that will increase vaccine accessibility to the appropriate age groups, particularly targeting youths prior to the commencement of sexual activity to ensure maximum benefit.

RECOMMENDATIONS

1. Reaffirming its Statement on Access of Women and Children to Healthcare and its Statement on the Prioritisation of Immunisation, the WMA insists on the rights of all women, children, and indeed all people to adequate, safe medical care

and urges governments to commit resources to immunisation programs.

2. The WMA encourages expedited development and funding of programs to make safe, high quality HPV vaccines widely available to both females and males.
3. The WMA strongly advocates for the provision of reliable, fast, and accessible cervical cancer screening programs for the detection and treatment of precancerous lesions in all countries, especially in those that have high mortality rates from cervical cancer.
4. WMA clearly points out that HPV vaccination should not replace cervical cancer screening programs.
5. WMA advises that cancer treatment and palliative care should be accessible to all individuals diagnosed with cervical cancer.
6. A key recommendation is for school-based vaccination or systematic community programs to increase vaccine accessibility to the appropriate age groups, particularly targeting youths prior to the commencement of sexual activity to ensure maximum benefit.
7. The WMA urges national health authorities, in collaboration with health professionals' associations and other relevant health actors, to carry out intensive education and advocacy to:
 - In all individuals regardless of sex, improve awareness and understanding of HPV and associated diseases (such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer), the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public;
 - Improve awareness that condoms do not provide sufficient protection against HPV infection because they do not cover the entire anogenital area and that HPV also causes cancers of the oropharynx, anus and penis;
 - Communicate the availability and efficacy of HPV vaccines to educate the population about

the importance of getting the HPV vaccination;

- Recommend HPV vaccination and routine cervical cancer screening and treatment for all eligible people regardless of the socioeconomic, cultural, or religious background, including those that are hard to reach (including for example those with disability, refugees and asylum seekers, and people of diverse sexual orientation and gender identity);
- Support the availability of the HPV vaccine and routine cervical cancer screening for patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations;
- Integrate HPV vaccination (either primary or catch-up immunisation) into all appropriate health care settings and visits involving eligible people; Routine cervical examination (whether vaccinated or not against HPV) should also be incorporated;
- HPV vaccination and routine cervical cancer screening should also be offered to people who are incarcerated;
- Integrate and understand the crucial need for routine cervical cancer screening in all appropriate health care settings and visits, and the enhanced sensitivity and effectiveness of HPV based screening compared with Pap smears, VIA (visual assessment with acetic acid), and VILI (visual assessment with lugols iodine);
- Integrate HPV cancer prevention methods, early detection, early screening, diagnosis, treatment and palliative care into existing programs and pre-service training. Such training will leverage existing support for HPV programs and help to increase vaccination efforts;
- Fund research aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers;
- Encourage and provide training for cervical

cancer survivors to advocate for HPV vaccination and screening;

- Sustain vaccination efforts to work towards and raise awareness of the WHO's 90-70-90 Global Strategy to accelerate the elimination of cervical cancer as a public health problem;
 - Support and promote advocacy for HPV vaccination campaigns.
8. The WMA urges physicians to educate themselves and their patients about HPV, associated diseases, HPV vaccination and routine cervical cancer screening.

