

Expanding HPV Vaccine Programs to Older Adolescent Girls or Young Boys: Immunization Stakeholder Perspectives in 11 Low- and Middle-Income Countries

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BACKGROUND

- Human papillomavirus (HPV) is responsible for nearly all cases of cervical cancer, as well as many cancers of the vagina, vulva, penis, anus, and oropharynx in both men and women.
- HPV vaccination can prevent over 90% of these cancers.
- As of November 2024, 58% of low- and lower middle-income countries (LLMICs) have introduced HPV vaccines into their National Immunization Programs, mainly targeting girls aged 9–14 years.
- In resource-limited settings, debate persists on which population should be prioritized as the secondary target group for HPV vaccination: **older adolescent girls (15–18 years)**, considering cost-effectiveness, or **young boys (9–14 years)**, leveraging the existing delivery platforms.
- This study examines key stakeholder perspectives on expanding HPV vaccination programs to older girls and young boys in LLMICs.

METHODS

- In May–August 2025, we conducted semi-structured interviews with 22 national immunization program managers and advisors in 11 LMICs with HPV vaccination programs (Figure 1).
- We used thematic analysis to identify factors that facilitate, hinder, or sustain program expansion to either older girls or young boys.

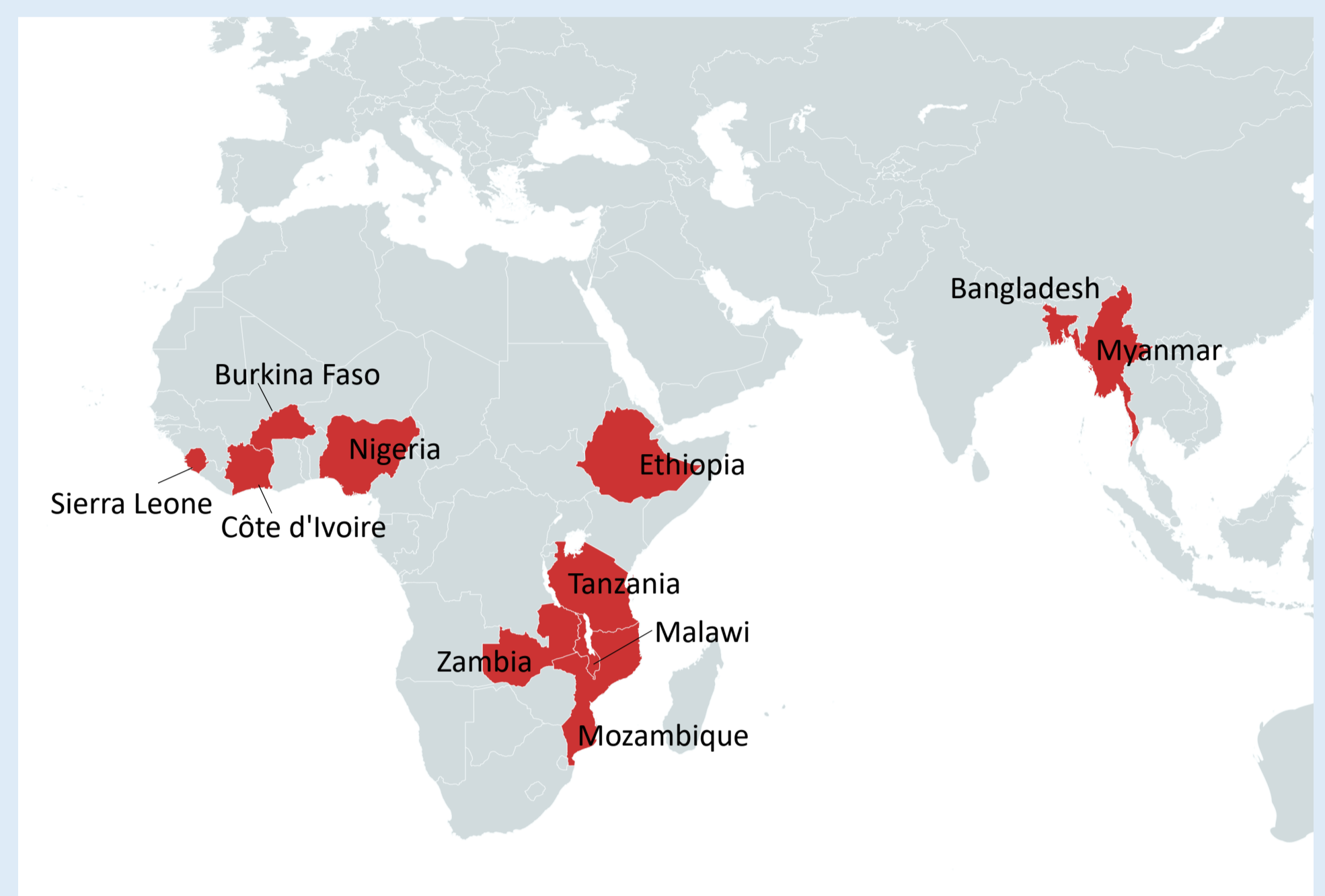


Figure 1. Countries from which stakeholders were recruited

RESULTS

Feasibility and Opportunities

Of the 22 stakeholders, slightly more reported that reaching older girls was more of priority than reaching young boys. Countries with prior experience vaccinating older girls noted that additional sensitization efforts targeting older girls accelerated awareness of the HPV vaccine and cervical cancer within the general population, facilitating program success. Stakeholders emphasized the equity benefits of vaccinating boys—protecting them from HPV-related cancers and reducing HPV transmission to women.

Challenges and Barriers

Challenges to reaching older girls included identifying optimal delivery venues for older girls and adapting communication strategies to address the vaccine's effectiveness after the initiation of sexual activity. Meanwhile, key barriers to reaching boys included internal and external financial constraints and limited local epidemiological evidence on HPV-related cancers among boys and men.

“We all know they're vulnerable when it comes to cervical cancer, and the girls are the primary target. A lot of significant progress has been made with the vaccine... The question is, what about those who have lost the opportunity? The vaccine can work for them if they are given... That is why [the multi-age cohort] is going to be implemented.” – Sierra Leone

“I think the barriers will be if we are still struggling with the resources when we are administering to 9 to 14 years. Then, if we are expanding, we also need a lot of logistics and resources. We need to have adequate vaccines, because we have been struggling even with 9 to 14 years. Now expanding, we shall need adequate vaccines, mobility, and we have to re-plan where to catch this.” – Malawi

Facilitators and Barriers for Expanding HPV Vaccination Programs to Older Girls and Young Boys

Older Girls

<p>Expanded benefits Increases vaccination coverage, raises cervical cancer and its screening awareness, and reduces morbidity and mortality</p>	<p>Delivery challenges The need to utilize different venues, such as secondary schools, pre-pregnancy clinics, etc</p>
<p>Ability to seek care independently Older adolescents can independently access healthcare facilities without parental consent</p>	<p>Out-of-school population Many older girls are not enrolled in school, limiting reach of school-based delivery</p>
<p>Continued effectiveness Vaccination remains beneficial even after sexual activity initiation, as many older girls have not yet been exposed to HPV infection</p>	<p>Initiation of sexual activity Concern about timing of sexual debut</p>
	<p>Communication gaps “Sexually naïve girls” framing creates mistrust when expanding eligibility to sexually active adolescents</p>

Young Boys

<p>Equity approach Direct protection from HPV-related diseases and helps interrupt disease transmission, providing a second lever to accelerate population-level impact</p>	<p>Absence of subsidy Current Gavi policy does not subsidize HPV vaccination for boys</p>
<p>Implementation feasibility Seamless integration into existing school-based vaccination program</p>	<p>Limited local evidence Lack of epidemiological data to support HPV vaccination for boys</p>
<p>Stigma reduction Universal vaccination reduces gender-specific stigma</p>	<p>Financial constraint Funding gap to expand vaccination for boys</p>
<p>Logistical advantage Utilizes established infrastructure, making it less resource-intensive and more efficient</p>	

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Étendre les programmes de vaccination HPV aux adolescentes plus âgées ou aux garçons : perspectives des parties prenantes dans 11 pays à revenu faible ou intermédiaire

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Résumé détaillé :

Le HPV est responsable de la quasi-totalité des cancers du col de l'utérus et contribue à d'autres cancers chez les deux sexes. La vaccination peut prévenir plus de 90 % de ces cancers. En novembre 2024, 58 % des pays à revenu faible ou intermédiaire avaient intégré le vaccin HPV dans leurs programmes nationaux, principalement pour les filles de 9–14 ans. Dans les contextes à ressources limitées, la question demeure de savoir quel groupe secondaire prioriser : les adolescentes de 15–18 ans, considérant la rentabilité, ou les garçons de 9–14 ans en profitant des plateformes existantes.

Entre mai et août 2025, les auteurs ont mené des entretiens semi-structurés avec 22 gestionnaires et conseillers de programmes nationaux de vaccination dans 11 pays afin d'identifier les facteurs facilitant ou entravant l'extension des programmes aux adolescentes plus âgées ou aux jeunes garçons. L'analyse thématique révèle que la moitié des répondants considèrent que cibler les filles plus âgées est prioritaire, notamment les pays ayant déjà vacciné ce groupe, car ces programmes ont permis d'accroître la sensibilisation au vaccin et au cancer du col dans la population. Cependant, vacciner les garçons est perçu comme équitable et bénéfique pour réduire la transmission du HPV, mais se heurte à des obstacles financiers (absence de subvention de Gavi pour les garçons, contraintes budgétaires) et à un manque de données épidémiologiques locales sur les cancers liés au HPV chez les hommes.

Atteindre les filles plus âgées pose des défis, notamment le choix des lieux de vaccination (lycées, cliniques prénatales) et l'adaptation des messages pour souligner l'efficacité du vaccin même après le début de l'activité sexuelle. Les intervenants ont évoqué la nécessité de surmonter les tabous et de trouver des stratégies pour les adolescentes non scolarisées. Parmi les arguments en faveur de vacciner les garçons figurent la réduction de la stigmatisation associée à un vaccin perçu comme réservé aux filles, l'utilisation de l'infrastructure scolaire existante et la protection directe contre les cancers liés au HPV. Les auteurs concluent que l'extension de la vaccination exige des ressources supplémentaires, une adaptation des stratégies de communication, l'intégration dans les programmes scolaires et la collecte de données pour étayer les décisions politiques.

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