

# Beyond Our Backyard: Global Trends In HPV Vaccination



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Authored by **Dr. Vivien Brown** MDCM, CCFP, FCFP, MSCP and **Dr. Christine Palmay**, HBArtSci, MD, CCFP, FCFP



## Statement of Support:

“The CMA supports public awareness campaigns to help patients understand the benefits of HPV vaccines. The CMA recognizes vaccination as a key aspect of overall health care.”

As we begin a new year, Canada faces an ongoing crisis related to our battle against HPV. We are still working to recover vaccination rates that dramatically dropped during the COVID pandemic. Access to primary care continues to dwindle across the country, negatively impacting HPV vaccination uptake. Most alarmingly, for the first time in thirty years, cervical cancer rates that were previously on the decline are now increasing.

At the very least, the pandemic showed us the value of global cooperation and information dissemination. Canada often looked beyond our borders to learn from vaccination and trends from other countries. Additionally, March 4th marks International HPV Awareness Day. In recognition of this, we have compiled a summary of a few HPV campaigns and strategies that other countries have undertaken.

## 1 Scotland

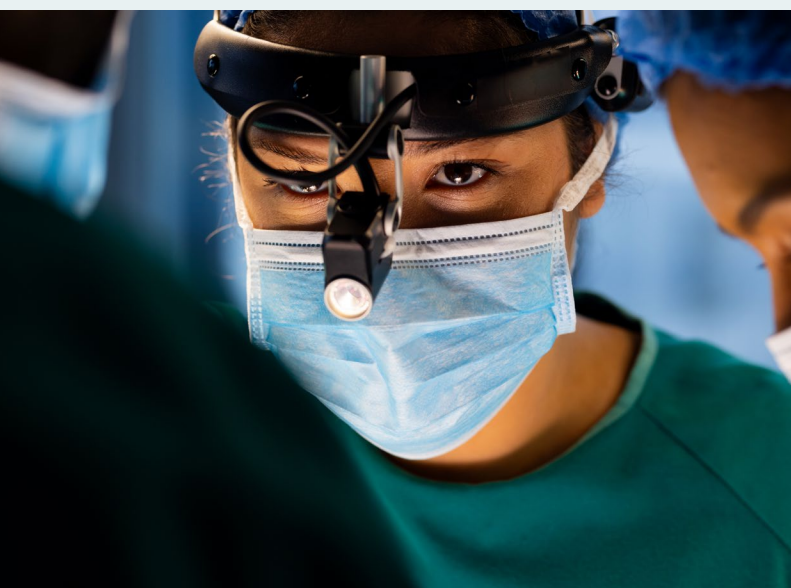
Scotland introduced its HPV vaccination program for females aged 12 and 13 years of age in 2008, with a three-year catch-up program for those up to 18 years old. Vaccination rates have consistently been close to 80% of eligible candidates. A recently published article in *The Lancet* (March 2024) indicated that no cervical cancer cases had been detected in any of the females who received the vaccine at ages 12 or 13. Scotland is well on its way to eliminating cervical cancer in young women. Regardless of overall impressive uptake, Scotland continues to strive for even higher vaccination rates by targeting areas of low socioeconomic status, where access to care and health education has historically been limited. Additionally, with a robust registry to track vaccination and cervical cancer cases, Scotland has access to data and trends. In contrast, Canada still struggles with basic vaccination tracking. This supports our urgent recommendation that Canada must aggressively develop a national vaccination registry to address gaps in care and follow uptake. Without robust data, we are incapacitated.

## 2 India

India has a massive patient population, with many individuals living in rural areas and considered to be of extremely low socioeconomic status. Nonetheless, India has initiated a national three-step targeted action plan as detailed below:

### Step 1: Alert Physicians

Regular announcements and HPV information letters are disseminated to members of their medical societies. Print, radio, social media, television modalities are utilized to raise awareness. Beyond simply sharing statistics, these information “blasts” regularly remind health care personnel of their vital role in educating, leading to whether a patient agrees to vaccination or not. While it may seem trivial, this simple fact holds true globally. As India has realized, this message needs to be consistently and continually repeated.



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## Step 2: Cultivate Champions

Local public health units identify early adopters and regular immunizers, against HPV. These individuals or organizations are recognized as advocates and celebrated accordingly. They remain in constant communication with medical societies and are actively engaged in medical education, social media and local campaigns. They emphasize the importance of check-ins to ensure that advocates are well supported.

## Step 3: Recognize Success

Certificates are granted to the aforementioned individuals and advocates, and a yearly national award is announced at an annual medical conference. Additionally, successful campaigns and high-volume vaccinators are highlighted in regular publications. In summary, good deeds are recognized, celebrated, and shared as a source of inspiration for others. Furthermore, India has truly embraced the concept of multidisciplinary intervention strategies. The Indian Academy of Pediatrics, the Federation of Obstetrics and Gynecological Societies of India, and Cancer Foundation of India have and streamlined coordinated efforts for public education, physician engagement and ongoing medical education. Multiple voices are channelled into one cohesive message, thereby adding credibility and ensuring consistency in messages.

See: <https://preventglobalhpvcancers.org/take-action/medical-societies/#actions>

## 3 Other Initiatives

Embracing the concept that medical recommendations matter, several other countries have adopted a direct-to-parent approach.

Colombia has truly embraced a modern approach to HPV vaccination. Medical advocacy societies, in partnership with the Ministry of Health and La Liga Colombiana, send text messages motivating parents to vaccinate their daughters for free.

Kenya, similar to India, has also outlined a 3-step approach, most notably focusing on the importance of integrated research and feedback. The first stream addresses education to medical personnel. The second stream focuses on studying parental involvement/communication and education. The final stream focuses on community engagement. While separate in execution, all streams feed back to one main hub to consolidate efforts, identify deficits and as a result, improve programs. Integrated efforts are a key success point for Kenya's vaccination uptake.

Whilst not exhaustive, this list of valiant efforts and successes can provide a source of inspiration for our health care system. Understandably, medical system structure, geography and patient demographics vary from country to country and as such, programs may not be fully transferrable considering these nuances. Regardless of nuances, three clear trends exist:

1. Education and communication with the public is essential
2. Endorsement and continual recommendation from health care providers across all medical fields make a difference in HPV vaccination uptake
3. Multidisciplinary co-operation and co-support including government, public health, community programs and medical institutions are essential

If these key messages remain consistent across the campaigns, regardless of differences in culture, location and medical organization, it may be a "Small World After All."

Interested in more information? Refer to these wonderful websites:

1. Prevent Global HPV Cancers  
<https://preventglobalhpvcancers.org>
2. WHO – Global Cervical Cancer Elimination Forum  
<https://www.who.int/initiatives/cervical-cancer-elimination-initiative/cervical-cancer-forum/global-opportunity-and-challenge>

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*Cancer  
won't  
wait*

Help Prevent HPV and  
Cervical Cancer Now



## Hot off the Press

[Canada's strategy to combat HPV-related consequences and eliminate cervical cancer](#)



## Back In Time

In 1928, Dr. George Nicholas Papanicolaou (1883–1962) reported that uterine cancer could be diagnosed by means of a vaginal smear. The importance of his work was not recognized at that time, and it wasn't until 1943, when he published a book in collaboration with Dr. Herbert Traut (1894–1963), titled "Diagnosis of Uterine Cancer by the Vaginal Smear" that this landmark publication had a global impact and the Pap smear, or Pap test, became the gold standard in screening for cervical cancers. [George Papanicolaou \(1883–1962\): Discoverer of the Pap smear](#)



## Did you Know?

Eleven years after the introduction of HPV vaccination in Germany, a drop in the incidence of cervical cancer was observable at the population level in the birth cohorts eligible for vaccination. [Initial Evidence of a Possible Effect of HPV Vaccination on Cancer Incidence in Germany—Focus on Cervical Cancer](#)



## Resource of the Month

[HPV Vaccine Program Near Me](#)



## Around the Globe

[Is elimination of cervical cancer in sight in England?](#)

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Volume 191, February 2025, 108218



## Join the Movement

[Join the Cancer Won't Wait newsletter and webinar series](#)

“Wherever the art of  
Medicine is loved, there is  
also a love of Humanity”

Hippocrates

