

European Public Health Alliance - Consultation response

[Cancer prevention - action to promote vaccination against cancer-causing viruses](#)

6 February 2023

The European Public Health Alliance, supported by its members, recommends for inclusion in the upcoming EU Council Recommendation on vaccine-preventable cancers, sections and commitments related to:

- 1) Accelerating the achievement of HPV cancer elimination through universal and gender-neutral vaccination.
- 2) Increasing coverage of HBV vaccination including for new-borns, children and risk-groups.
- 3) Ensuring a focus on inequalities throughout the recommendation with specific actions to reach excluded, marginalised, and discriminated groups.
- 4) Ensuring a stable supply environment for HPV and HBV vaccines across Europe so as to improve access.
- 5) Committing Member States to further facilitate access to vaccination and to implement coordinated vaccination catch-up programmes among the population.
- 6) Enhancing EU level action against misinformation and disinformation about vaccination on social media.
- 7) Actively tracking and monitoring progress towards the achievement of HPV and HBV cancers elimination goals.
- 8) Creating synergies between the European Commission and World Health Organisation in implementing policies and strategies for the elimination of all cancers and diseases caused by HPV and HBV.
- 9) Urging Member States to adopt public health strategies that include educational campaigns at a multi-stakeholders level.

The European Public Health Alliance (EPHA) welcomes this opportunity to contribute its recommendations to the European Commission to aid its preparation of a proposal for a Council Recommendation on vaccine-preventable cancers. This response has been a cooperation between EPHA's members most active on NCDs in general and Cancer in particular. These contributions of the science and evidence base provided by EPHA members, including the contribution from the European Cancer Organisation, thereby support this EPHA response.

EPHA emphasises the following points for inclusion in the upcoming Recommendation:

1) Accelerating the achievement of HPV cancer elimination through universal and gender-neutral vaccination.

Human Papillomavirus is one of the most widespread sexually transmitted infections worldwide and is commonly acquired soon after onset of sexual activity, in all genders.

Vaccination is key to the prevention of a range of cancers caused by HPV with vaccination of young girls against HPV types 16 and 18 known to have reduced the incidence of HPV infections and the incidence of cervical pre-cancer and cancer. It is expected that, in time, vaccination will also impact significantly on the incidence of cancers caused by HPV in other sites, including the vulva, vagina, anus, penis, head and neck. [Up to 30% of HPV-caused cancers in Europe are in males](#). Screening is capable of reducing cervical precancer and cancer but does nothing to address cancer in other organs for which no screening programmes are currently available.

However, vaccination rates in Europe, and elsewhere, currently vary widely. Data for the European region shows that only two countries achieved a 90% uptake of girls receiving all their vaccine doses. While several managed over 70% uptake, other countries had coverage rates of below 50% and at least two currently vaccinate fewer than 10% of girls.¹ There are also in-country variations in uptake linked to socio-economic status, ethnicity and religious beliefs. For instance, important data on inequalities show Dutch girls with parents born in Morocco are only half as likely to have received the HPV vaccine as those whose parents were born in the Netherlands.²

Europe's Beating Cancer Plan recommends eliminating cervical cancer and other cancers caused by human papillomavirus by vaccinating at least 90% of EU target population of girls, and to significantly increase the vaccination of boys by 2030. Moreover, the European Parliament 2022 Report on [Strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy](#) (BECA report) calls for a **gender-neutral and publicly financed HPV vaccination** programme to be implemented in all Member States in order to ensure the elimination of all HPV-related cancers.

In order to achieve this ambitious goal, the European Public Health Alliance stresses the **importance of increasing vaccination rates for all genders and recommends the adoption of a gender-neutral uptake target of 90%**. Gender-neutral vaccination protects everyone against all the cancers caused by HPV and also makes vaccination programmes more resilient against falls in uptake caused by events such as the COVID-19 pandemic or anti-vaccination campaigns based on misinformation and 'fake news'. The pandemic is estimated to have led to a [42% drop](#) in HPV vaccine coverage.

¹ European Cancer Organisation (2021), *Improving HPV Vaccine Uptake in Children, Adolescents, and Young Adults*. Available at: <https://www.europecancer.org/resources/255:hpv-vaccine-uptake.html>.

² EuroHealthNet (2023), *Improving Vaccine Equity, Addressing barriers and building capacity to improve equitable vaccine uptake across Europe*. Available at: https://eurohealthnet.eu/wp-content/uploads/publications/2023/2301_pp_vaccineequity.pdf.

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- Include a renewed shared commitment by EU Member States to achieving together the goal of HPV cancer elimination, as contained in Europe's Beating Cancer Plan and the WHO Cervical Cancer elimination strategy.
- Indicate clearly that the goal of HPV cancer elimination should be achieved by policies of gender-neutral vaccination, including surpassing the Europe's Beating Cancer Plan objective of 90% vaccination coverage for both girls and boys.
- Recommend EU Member States implement best practices on HPV vaccination uptake, including through the implementation of the forthcoming recommendations from the Joint Action PERCH (PartnERship to Contrast HPV), and the EU co-founded project PROTECT-EUROPE coordinated by EPHA member the European Cancer Organisation.

2) Increasing coverage of HBV vaccination including for new-borns, children and excluded, marginalised, or discriminated groups, as well as at risk-groups.

Viral hepatitis is an infection causing inflammation of the liver. It can be caused by different viruses, including hepatitis B virus (HBV) and hepatitis C virus (HCV). Both HBV and HCV can lead to acute and chronic infections and are leading causes of liver cirrhosis and hepatocellular carcinoma.

The hepatitis B vaccine is an important tool for hepatitis B prevention, but only 50% of EU/EEA countries with universal childhood vaccination have reached the target of 95% hepatitis B vaccination coverage.³

Providing free HBV vaccination policies is crucial. This should include coverage of key adult populations, migrants, people who inject drugs (PWID), people in prisons, people living with HIV, men who have sex with men (MSM), trans people, and healthcare workers addressing the inequities in access.

However, a particular focus should be given to increase coverage of HBV vaccination for new-borns and children, especially given the concerning declines in vaccine coverage observed in some countries in recent years. Ensuring the new-borns and children of parents from groups such as Roma, migrant or people experiencing homelessness and those otherwise excluded or discriminated against will need additional efforts.

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- Recommend that all EU member states provide free HBV vaccination.
- Encourage EU Member State to implement strategies to increase HBV vaccination coverage for new-borns, children, especially for those from marginalised, excluded or discriminated groups such as Roma and migrants, as well as at risk-groups.
- Target HBV vaccination to ensure also key adult populations receive coverage, including migrants, PWID, people in prisons, people living with HIV, gay, bisexual, and other men who have sex with men, trans people, and healthcare workers.

³ ECDC (2022), *Prevention of hepatitis B and C in the EU/EEA*, Available at: <https://www.ecdc.europa.eu/sites/default/files/documents/Evidence%20brief%20hepatitis%20B%20and%20C.pdf>

3) Ensuring a focus on inequalities throughout the recommendation with specific actions to reach excluded, marginalised, and discriminated groups.

The EU Council Recommendation on vaccines-preventable cancers provide a major opportunity for the development of a comprehensive set of recommendations to, and support for, Member States that aim to address inequalities in HPV and HBV vaccination between and within EU countries.

Data show that almost all (85-90%) of sexually active women and men will acquire HPV at some point in their lives. There are around 200 different types of HPV. 12 of these HPV types are associated with a high risk of cancer. In some European countries, the prevalence of high-risk HPV infection exceeds 15% in women. One study of oncogenic HPV types in men found a prevalence rate of 12%. In men who have sex with men (MSM) specifically, the prevalence rate of HPV types 16 or 18 could be as high as 20%.¹⁰ High-risk oral HPV infection specifically has been found to be much more prevalent in men than women.⁴

[Data also show](#) a high prevalence of HPV infection (particularly with high-risk types) in female sex workers (FSWs) who have a great susceptibility to the development of cervical and vaginal cancers. Furthermore, FSWs may transmit their infection to their clients, which may result in a high prevalence of HPV and the incidence of HPV-associated malignancies among the general population.

Moreover, given the prevalence of ongoing transmission and HBV infection in high-risk adult population groups, careful consideration of targeted HBV vaccination strategy is required in respect of pregnant women, men who have sex with men, trans people, persons who inject drugs, prisoners, and migrant populations, healthcare workers, diabetics, people on haemodialysis, and people with chronic liver disease. For instance, the [EASL-Lancet Commission](#) document recommends that all European countries implement universal childhood HBV vaccination and monitor its compliance, particularly in neonates of marginalised populations, migrants, refugees, and asylum seekers.

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- Develop a comprehensive set of recommendations to, and support for, Member States that aim to address inequalities in HPV and HBV vaccination between EU countries. This should include urging all EU Member States to provide a strategic HPV and HBV plan to address inequalities in vaccination in order to protect all the population against these preventable cancers.
- Address the need for targeted interventions to tackle infections in specific high-risk groups, including MSM, trans people, and sex workers.

⁴ European Cancer Organisation (2020), *Viral Protection: Achieving the Possible. A Four Step Plan for Eliminating HPV Cancers in Europe*, Available at: <https://www.europeancancer.org/resources/159:viral-protection-achieving-the-possible-a-four-step-plan-for-eliminating-hpv-cancers-in-europe.html>

4) Ensuring a stable supply environment for HPV and HBV vaccines across Europe so as to improve access.

EPHA encourages the European Commission to support Member States' vaccines forecasting, and the achievement of further supply chain transparency, in order to improve inconsistencies in access and demand of HPV vaccines across Europe. Vaccines are highly complex biological products with lengthy manufacturing, control and release processes and volatility of vaccine demand can depend on a variety of factors. Therefore, EPHA underlines the importance of creating a stable environment able to meet needs and demands of Member States. Additionally, transparency at all levels (including transparency of supply chains, prices and costs) would ensure the vaccines and any future innovations are accessible for all (to all groups in need and across EU MS) and improve affordability.

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- Acknowledge the need for actions to provide a stable environment for vaccine supply in Europe.
- Achieve EU Member State commitment towards enhanced transparency of the vaccine supply chain prices and costs.

5) Committing Member States to facilitate access to vaccination and to implement coordinated HPV vaccination catch-up programmes among the population.

Catch-up vaccination programmes are crucial to reduce the incidence of HPV and HBV cancers. EPHA recommends countries be provided with additional guidance on effective delivery systems to achieve improved uptake of HPV vaccination across Europe. This would include a focus on effective planning and data management as well as close collaboration between commissioners, service providers and vaccinators and data system managers. It is particularly important for service providers and vaccinators to be able to take a pro-active approach, especially to engaging 'hard-to-reach' groups, and to have the information and confidence to respond to concerns about vaccine safety and other issues.

Generally, the highest take-up is achieved by school-based systems, although Portugal has achieved [over 90% with a clinic-based system](#). Also, it is important to consider the [lessons-learned](#) from the COVID-19 pandemic in respect to COVID-19 vaccination coverage in Europe which have included the development of innovative delivery systems.

Moreover, it is crucial to invest in catch-up programmes for everyone up to age 26. This is particularly important post-COVID when so many people missed out. It's also important that catch-up includes boys/men who weren't eligible at the routine vaccination age – this will help to protect the large number of males affected by the delayed extension of vaccination programmes to boys.

For instance, [in December 2022](#), the Irish Minister for Health Stephen Donnelly announced the opening *Laura Brennan HPV Vaccination Catch-Up Programme*. The programme provided eligible

people with the possibility to schedule an appointment for a free vaccine which will be administered through vaccination clinics and schools. Moreover, the programme offers free HPV vaccines to all boys and girls in second-level education who were previously eligible to receive the vaccine and who have not yet received it, and it is also open to young women up to the age of 25 who have left secondary school and did not previously receive the vaccine.

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- Urge EU Member States to consider different options of vaccination sites for HPV and HBV.
- Invite EU Member States to implement catch-up HPV vaccination programmes for all the population up to the age of 26. This will help protect the large number of population affected by the delayed extension of vaccination programmes to boys, and due to the disruption caused by the COVID-19 pandemic.

6) Actively tracking and monitoring progress towards the achievement of HPV and HBV cancers elimination goals.

The achievement of an ambitious goal in any domain requires monitoring of progress.

For this reason, EPHA calls for the establishment of an [HPV Vaccine Tracker](#) to be hosted by the European Centre for Disease Prevention and Control (ECDC). This monitoring system would help to monitor progress towards the Beating Cancer Plan's goals, flag up where progress is slower and where additional support may be required, and help to encourage Member States to adopt best practice and maintain momentum. The Tracker would map the recovery of programmes from the COVID-19 pandemic and also show how the EU as a whole is contributing to the global effort to eliminate the cancers caused by HPV.

Moreover, the ECDC recently highlighted the presence of gaps in the available data on hepatitis prevention activities across the EU/EEA, mentioning the need for countries to prioritise the collection of more complete monitoring data to properly assess progress towards the elimination targets.⁵

Therefore, EPHA proposes a stronger collaboration between the European Commission and Member States to gather and monitor data through national registries for HPV and HBV vaccination, with the development of key indicators regarding coverage.

Timely data monitoring on vaccination can therefore allow National and European authorities to take immediate action towards elimination of vaccines-preventable cancers.

⁵ ECDC (2022), *Prevention of hepatitis B and C in the EU/EEA*, Available at: <https://www.ecdc.europa.eu/sites/default/files/documents/Evidence%20brief%20hepatitis%20B%20and%20C.pdf>

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- An agreement by EU Member States to mandate the European Centre for Disease Prevention and Control to put in place a monitoring system for HPV vaccine uptake across the EU.
- Recommendations to EU Member States in respect of achieving commonality in national registry systems to support such monitoring and tracking.
- A commitment to annual EU level reporting on the progress towards the HPV and HBV cancers elimination targets.
- Recommended common indicators for such reporting.

7) Enhancing EU level action against misinformation and disinformation about vaccination on social media.

The fight against misinformation and disinformation is a joint effort involving all European Member States and it can save millions of lives.

The Council Recommendation on vaccine-preventable cancers would be remiss if they did not include measures to stimulate further European level policy action against vaccine misinformation and disinformation.

In this respect, we congratulate the European Commission on the activities conducted on this topic so far including the 2022 publication of [Guidance on Strengthening the Code of Practice on Disinformation](#).

Ongoing monitoring of the implementation and impact of both the Guidance, and the Code of Practice, should be conducted, including reflections on social media platforms that have so far not signed up to the Code. An open mind should be retained towards any need to evolve the Code further towards a regulatory solution in future.

Moreover, EPHA highlights the importance of sharing of good practice on tackling falls in HPV vaccine coverage due to the amount of anti-vaccine information taking place online and offline. For instance, in the case of Denmark, the HPV vaccine was well received by the Danish population and during the first years, vaccine uptake was more than 90% for at least 1 vaccine dose in the childhood vaccination program and 75–85% in the catch-up birth cohorts. However, in 2013, after a series of HPV anti-vaccination media coverage and social media messaging, the vaccination uptake dramatically decreased. Denmark rebuilt confidence among the population through extraordinary efforts, such as establishing the Danish Cancer Society telephone hotline, where parents could call with questions regarding HPV vaccination, and an information campaign “*Stop HPV - stop cervical cancer*”. In addition, an effort was made to communicate the scientific results related to the effect of HPV vaccination, where Denmark was one of the first countries to report a decreased risk of high-grade cervical lesions among vaccinated women.⁶

⁶ HPV World, *HPV vaccination crisis and recovery: the Danish case*, Available at: <https://www.hpvworld.com/articles/hpv-vaccination-crisis-and-recovery-the-danish-case/>

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- Urge Member States to formally endorse and express shared support for the EU Code of Practice on Disinformation and commit together to long term support of its application, including funding for impact related research.
- Recommend EU Member States to keep working in close cooperation with online platforms to encourage them to promote authoritative sources, demote content that is fact-checked as false or misleading, and take down illegal content or content that could cause physical harm.
- Gather good practices at the EU Member States level, including activities and communications campaign to counter fight anti-vaccine infodemics taking place in the countries.

8) Creating synergies between the European Commission and World Health Organisation in implementing policies and strategies for the elimination of all cancers and diseases caused by HPV and HBV.

The 2020 World Health Organization (WHO) strategy for the global elimination of cervical cancer as a public health problem, together with the forthcoming Europe's Beating Cancer Plan, the EU Cancer Mission and the EU4Health Programme, create a unique opportunity for Europe to be an international regional leader in replicating what has already been achieved for another once-endemic virus, smallpox – the elimination of all the cancers and diseases caused by HPV. This goal is achievable through evidence-based steps in four key areas: vaccination, screening, treatment, and public awareness.

Moreover, In May 2022 the 75th World Health Assembly noted a new set of integrated global health sector strategies on viral hepatitis for the period of 2022–2030. Based on the new strategy, a broad range of Member States have developed comprehensive national hepatitis programmes and elimination strategies guided by the global health sector strategy.

EPHA proposes that the European Union and the wider WHO European region should create synergies and commit to the core goal of matching and exceeding the WHO Global Strategy for Cervical Cancer Elimination and implement policies and strategies for the elimination of all the cancers and diseases caused by HPV including through the implementation of gender-neutral HPV vaccination programmes.

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- State an explicit connection with WHO commitments in respect to vaccine preventable cancers and a commitment to joint work with WHO on the topics.
- Express commitment by EU Member States to provide support to neighbouring countries and developing countries in achieving shared goals in HPV cancer elimination.

9) Urging Member States to adopt public health strategies that include educational campaigns at a multi-stakeholders level.

Education and effective delivery of vaccination are key to an increase vaccine coverage across Europe.

A greater effort is needed to engage young people and parents in vaccination which can be supported by educational trainings and targeted campaigns across Member States.

Moreover, EPHA suggests implementation of workforce training focusing on improving communications skills to communicate on the topic of vaccination with patients. The 2022 [State of Vaccine Confidence](#) in the EU reveals that vaccine confidence among the public and healthcare professionals is high across most populations, with some exceptions and caveats. However, perceptions towards the HPV vaccine have undergone marked falls since 2020 (with no 2018 data for comparison).

As doctors and healthcare professionals are considered one of the [most trusted sources of information](#) when talking about vaccination, effective communication is an excellent way to address vaccine hesitancy and doubts expressed by patients.

As an example, the EU funded [PROTECT-EUROPE](#) project coordinated by EPHA member ECO aims to provide information and training on optimising one-to-one communication with young people and their parents/carers for the wide range of healthcare professionals involved in HPV vaccination. The training programmes will be delivered online and will be cascaded into Member States via a training-the-trainers approach.

The forthcoming proposal for a new EU Council Recommendation on Vaccine-Preventable Cancers should therefore:

- Express long-term support for pan-European awareness campaigns and projects to benefit all countries in the implementation of cancer prevention via vaccination.
- Commit all EU countries to improve training and education of relevant healthcare professionals and education stakeholders about the importance and nature of HPV vaccination.