

Gender-neutral HPV vaccination policies in the EU and the UK: a matter of equity, the role of LGBT permissive societies and advocacy.



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Introduction

In Europe, 2.5% of all cancers are HPV-related and men account for an estimated 20 to 30% of these (1). Men who have sex with men (MSM) have a disproportionate disease burden as they are considerably more at risk for anal cancer, linked to a higher risk for oncogenic HPV infections and an ongoing HIV epidemic in their communities (2). Additionally, the incidence of HPV-related head and neck cancer is rising, especially in men (3). Although HPV vaccination in men has shown a similar high efficacy as in the context of cervical cancer prevention, targeted HPV vaccination programmes for MSM have faced low uptake, especially in young men and ethnic minorities (4). A universal gender-neutral vaccination (GNV) against HPV in adolescents could be a partial answer to this inequity but its introduction has been widely varied in the context of the EU (+ UK).

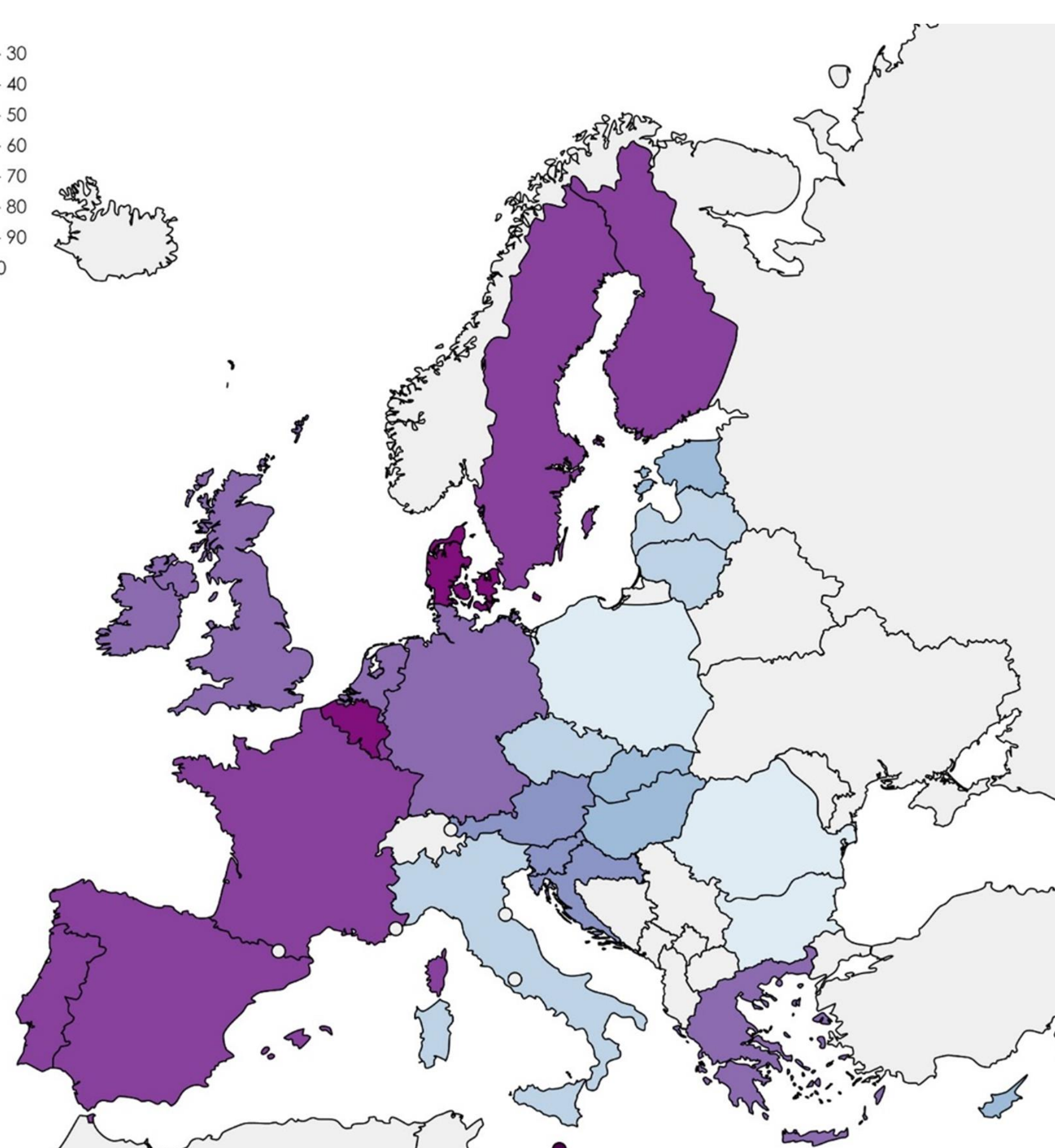
Methods

A country-level comparison was made between the HPV vaccination policy in adolescents (girls-only vs gender-neutral) and a country's ILGA rainbow score, an indicator of an LGBT friendly climate developed by the International Lesbian and Gay Association (ILGA, (5)), mainly based on LGBT friendly policies and granted opportunities for sexual minorities. An additional comparison with PrEP (pre-exposure prophylaxis) accessibility in the prevention of HIV infections for MSM was made, as another measure of available LGBT friendly health care access. Finally, two case study countries were selected, one with early (UK) and one with recent (Netherlands) adoption of GNV. From each country, stakeholders from policy-making and advocacy side were interviewed to get their country specific perspectives on the policy making process, perceived opportunities and barriers towards GNV.

Results

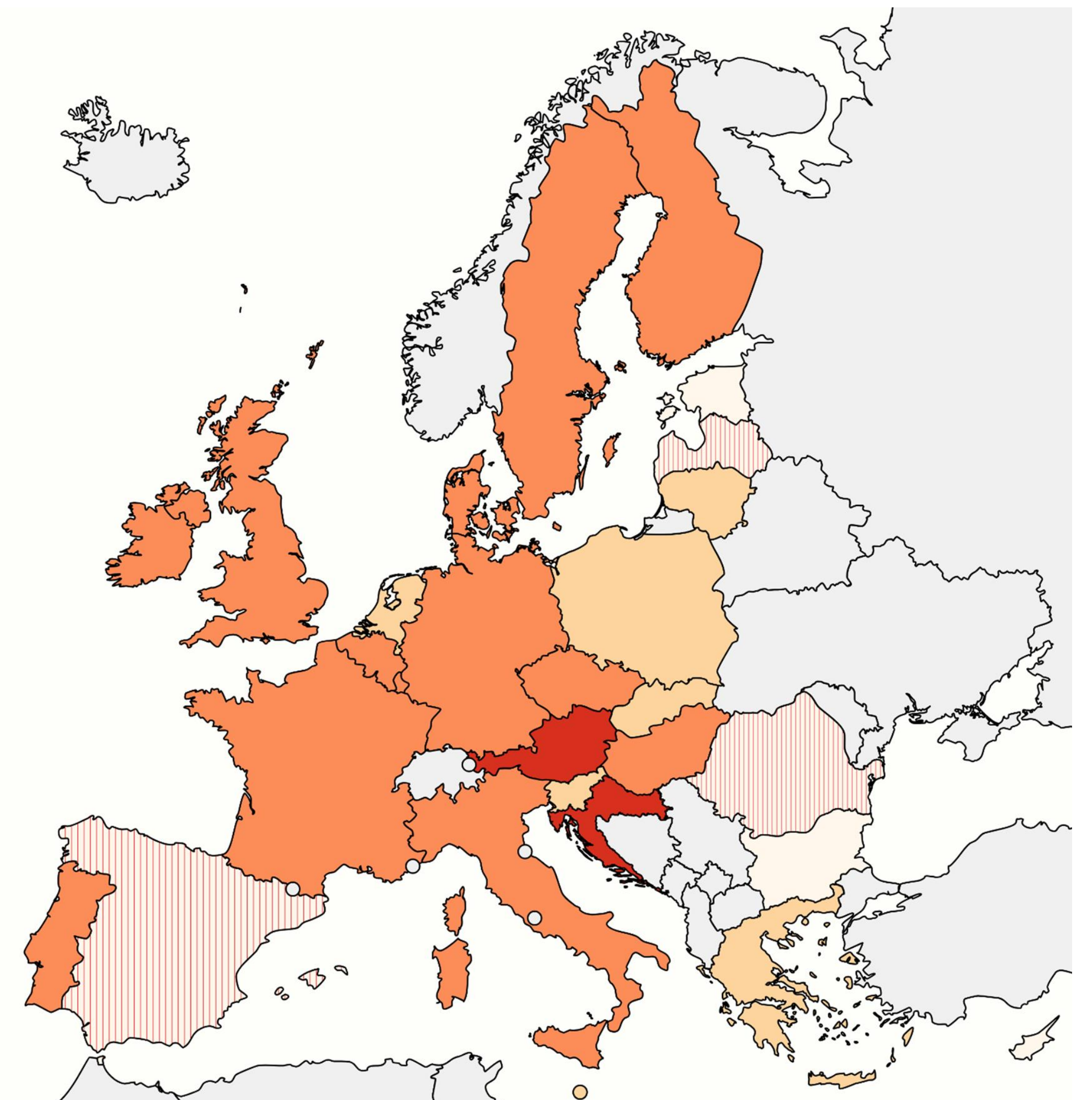
- Data from 27 EU countries and the United Kingdom collected.
- Correlation found between high ILGA rainbow scores, earlier implementation of GNV for HPV and access to PrEP, although some outliers were notable.
- Stakeholder interviews revealed the importance of LGBT advocacy in achieving GNV in both countries used as case studies (NL + UK).
- The fact that equity is typically not included in cost-effectiveness analysis was mentioned as main barrier, apart from the high cost of the vaccine, low awareness of non-cervical HPV related disease and reluctance to communicate about sex.
- Anti-vaccination lobbying was mentioned as specific barrier in the Netherlands, while coalition between anti-cancer organisations and sexual health organisations mentioned as opportunity in the UK context.

ILGA Rainbow score 20 - 30
 ILGA Rainbow score 30 - 40
 ILGA Rainbow score 40 - 50
 ILGA Rainbow score 50 - 60
 ILGA Rainbow score 60 - 70
 ILGA Rainbow score 70 - 80
 ILGA Rainbow score 80 - 90
 ILGA Rainbow score > 90



ILGA rainbow scores EU/UK region, 2023. A high rainbow score means a permissive society for LGBT minorities, based on country-level legislation and granted opportunities

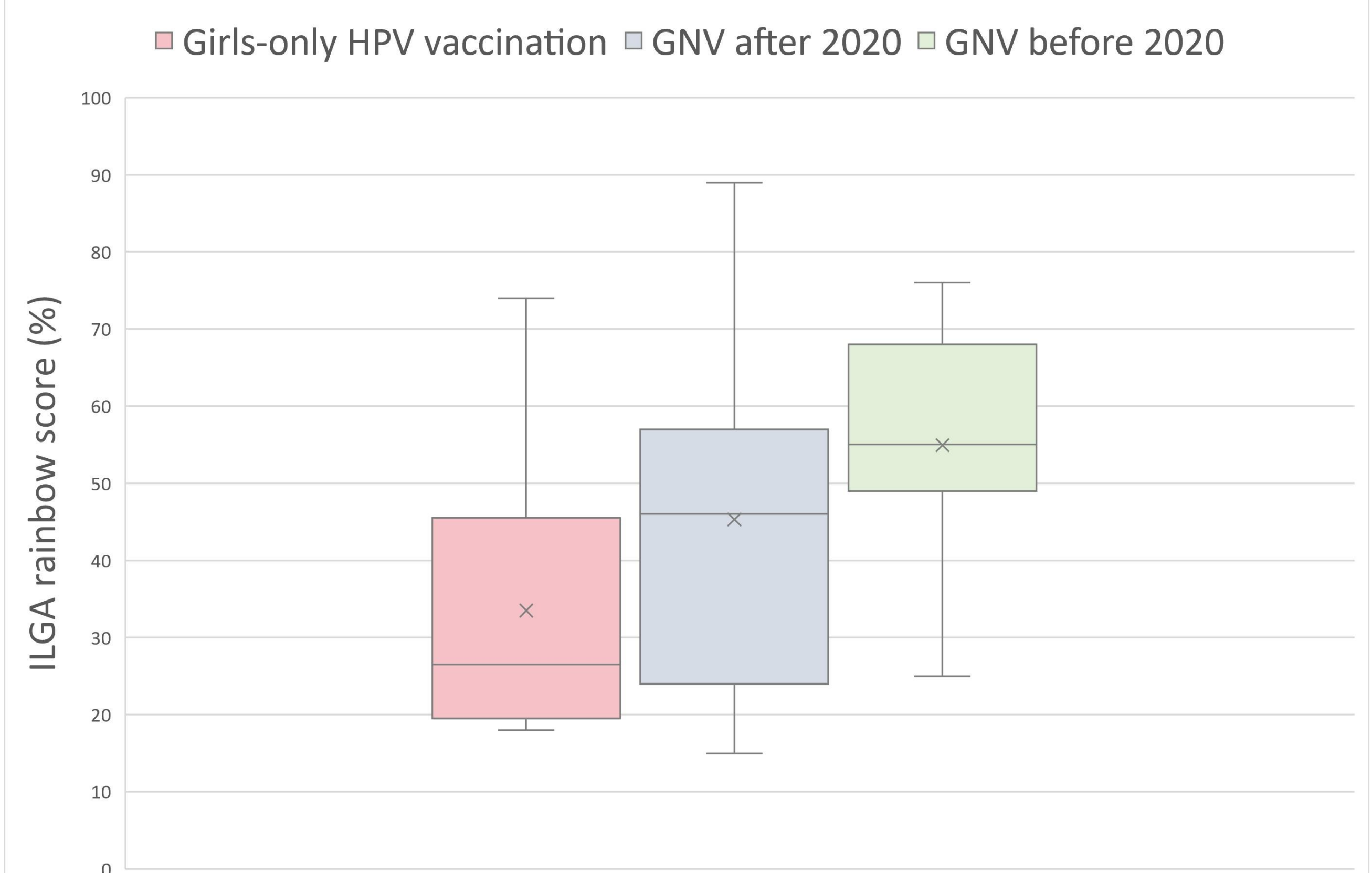
Gender-neutral HPV vaccination before 2018
 Gender-neutral HPV vaccination since 2018-2020
 Gender-neutral HPV vaccination after 2020
 Girls-only HPV vaccination
 Girls-only HPV vaccination but GNV to be implemented soon



created with mapchart.net

HPV vaccination policies in the EU/UK region, updated 10/2023. Local policies may apply according to region.

ILGA rainbow score and HPV vaccination policy



Correlation between HPV vaccination policies and ILGA rainbow scores, updated 10/2023

Conclusion

In Europe, LGBT-friendly countries are more likely to implement GNV policies, which may be supported by LGBT advocacy. Context specific barriers apply and might explain disproportionalities between high scores on LGBT friendly legislation and early implementation of gender-neutral HPV vaccination. Implementation of gender-neutral HPV vaccination could be considered as an important case study in the context of the road towards LGBT equity in cancer care.

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