HPV vaccination for boys: how the case was won

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On 24 July 2018, public health minister Steve Brine took fewer than 30 seconds to inform the House of Commons that boys would now be covered by the national HPV vaccination programme. His short statement marked the culmination of a five-year campaign led by HPV Action. Peter Baker describes how this hard-fought battle was won.

HPV Action was launched in 2013 with the aim of achieving gender-neutral human papillomavirus (HPV) vaccination in the UK. It was the brainchild of two organisations in particular: the Throat Cancer Foundation and the HPV and Anal Cancer Foundation. Together, these two charities contributed the funds needed to launch the campaign, appointed a campaign director and helped to sustain it over the next five years. The initially small group of members set about establishing the group’s essential infrastructure, chiefly a website, recruiting further members, developing a media profile and starting to make the case for change.

HPV Action’s main target over the next five years was the UK government’s vaccination advisory group (the Joint Committee on Vaccination and Immunisation [JCVI]) which, in 2013, had begun an assessment of whether boys should be vaccinated against HPV. At that time, the JCVI was expected to make a decision in 2015. This was then postponed to 2017, before finally being made this year.

Now that HPV Action has achieved its goal, it is worth reflecting how it did so. Victories such as this are not common in the public/men’s health field and there may be useful lessons for similar future campaigns. It is worth pausing to note, however, that HPV Action and its members could not be confident of a successful outcome at any stage in the campaign, even in its final weeks, and what now appear to be the ingredients of success could just as easily have turned out to be those of failure.

Independent campaign

It was important that HPV Action’s advocacy work was almost entirely funded by its own members and that no funding came from the vaccine manufacturers or any other organisation with a commercial interest. This meant that money was tight – the entire five-year campaign was delivered for around £60,000, probably around £75,000 if pro bono contributions are also costed and included – but there could be no accusations of a conflict of interest. In 2017, MSD, one of the HPV vaccine manufacturers, did provide HPV Action with an educational grant for the development of online public information on vaccination for boys, but this grant was tightly ring-fenced and not used for any campaigning activity.

In the first few years especially, HPV Action set out to be inclusive and to reach out to as many potential members as possible. These included organisations with an interest in...
cancer, sexual health, men’s health, gay men’s health, public health and oral health. Its members also ranged from small local groups to large and influential national organisations, and included the British Association for Sexual Health and HIV, British Dental Association, British Association of Head and Neck Oncologists, British Association of Otolaryngologists, Faculty of Dental Surgery at the Royal College of Surgeons of England, Faculty of General Dental Practice (UK), Faculty of Public Health, Jo’s Cervical Cancer Trust, Men’s Health Forum (GB), Men’s Health Forum in Ireland, Primary Care Urology Society, Royal College of Obstetricians and Gynaecologists, Royal Society for Public Health, Terrence Higgins Trust and The Urology Foundation. There was a total of 51 members by 2018.

**Single goal**

HPV Action had a single and easily understood goal. It did not, therefore, become distracted by multiple aims or internal disagreements about priorities (Figure 1). Deciding to remain a loose association of organisations rather than a legally constituted entity, such as a charity, also meant that there were minimal overhead costs and few governance issues to resolve. HPV Action’s finances were managed by a member organisation, the Oral Health Foundation, and the campaign director was contracted on a freelance basis.

HPV Action’s tactics were equally straightforward and included making the case to opinion leaders in the field; for example, through journal articles and conference presentations, building support among politicians from all parties, lobbying ministers directly and engaging with the officials supporting the JCVI.

A large number of MPs supported the call for action following lobbying by HPV Action. Of particular importance were the endorsements by the chairs of several influential All Party Parliamentary Groups (APPGs), including John Baron from the Cancer APPG and Sir Paul Beresford from the Dentistry APPG. Early day motions and parliamentary questions were tabled and MPs briefed for debates in both the House of Commons and the House of Lords. The most recent debate, on 2 May 2018, was initiated by Sir Roger Gale and came at a critically important time, just a few weeks before the JCVI meeting when the decision on boys was made.

Several meetings were held with the JCVI secretariat and Public Health England officials working with the JCVI. Detailed responses were made to JCVI consultations, including the Committee’s interim statement in July 2017 which concluded that vaccinating boys was not cost-effective. Throughout this, HPV Action highlighted concerns with the JCVI’s cost-effectiveness modelling – such as its underestimate of the proportion of oropharyngeal cancer cases caused by HPV and of the risk to men who have sex with women outside of the vaccinated UK ‘herd’ – and also raised wider ethical and equality issues that needed to be taken into account.

HPV Action also argued that the JCVI was over-confident about the impact of the HPV vaccination programme for men who have sex with men (MSM). Introduced on a pilot basis in England (and fully rolled out in Scotland, Wales and Northern Ireland) from 2016, this could not have reached a sufficient number of MSM before they had been infected with a high-risk HPV type because the average age of first attendance at a sexual health clinic by this group is 32 years. Clinics are also currently under huge pressure because of local authority funding cuts and may well struggle to offer an effective vaccination programme. HPV Action consistently argued that the best way of protecting MSM is to vaccinate all adolescent boys.

In early 2018, the Throat Cancer Foundation began its own legal proceedings against the JCVI and the Department of Health and Social Care on the grounds that not also vaccinating boys was sex discrimination. The decision was made to vaccinate boys before this came to court, but the threat of judicial review no doubt added to the pressure on officials and ministers.

Media coverage was sought wherever possible. Stories were developed which created new angles, such as a report on the views of Nobel Prize winner Professor Harald zur Hausen (the scientist who discovered the link between HPV and cervical cancer and who strongly supports boys’ vaccination) and a national survey of dentists and doctors. Organised with the help of the British Dental Association, Faculty of General Dental Practice and BMA, the survey found that 95% of respondents thought boys should be vaccinated. In the last six months of the campaign, the Mail on Sunday became a staunch supporter and ran a series of hard-hitting articles.

There were challenges for the campaign, of course. Limited funding was a continual concern and particularly hampered attempts to engage parents and encourage them to lobby their MPs. Some influential organisations in the cancer and medical field, whose support would have been more than helpful, chose not to support the call to vaccinate boys until the decision was actually announced. A small number of HPV Action members shouldered the main burden of funding the campaign, which at times caused some tension and the possibility of HPV Action
collapsing before its goal had been achieved. An online petition, begun in 2013, never came close to its target of 100 000 signatures and was effectively sidelined.

Many organisations and individuals not under the HPV Action umbrella also played an important role in the campaign. The BMA adopted a policy supporting HPV vaccination for boys in 2014. Professor Margaret Stanley of Cambridge University, now president-elect of the International Papillomavirus Society, was primus inter pares among the many individual and influential clinicians and academics who helped to make the case for gender-neutral vaccination. Their number also included Professor Giampiero Favato of Kingston University Business School, who comprehensively critiqued the JCVI’s approach to cost-effectiveness modelling.

The future
HPV Action is now turning its attention to ensuring that implementation of the boys’ programme is quick and effective. A UK-wide rollout in September 2019 is essential and it is also vital that boys and their parents receive appropriate educational information about the vaccine. The opportunity should be taken to tackle the major variations in vaccine uptake between local authority areas that currently exist in the girls’ programme. In England, the range in uptake is currently from 48% in Stockton-on-Tees to 95% in Swindon.

Consideration is also being given to taking the campaign into Europe (more widely than the EU). With several countries in Europe already offering, or planning to offer, HPV vaccination to boys (eg Austria, Croatia, Germany, Italy, Norway, Serbia, Switzerland, UK), there is now a good opportunity to persuade others to do the same. Ireland and Denmark may well be the next countries to announce a change to gender-neutral vaccination. A public consultation is currently taking place in Ireland, but the Taoiseach, Leo Varadkar, is already reported to have stated that he is in favour.

The vaccination of boys as well as girls will lead to a significant drop in the number of cancer cases, as well as impacting on the incidence of anogenital warts and recurrent respiratory papillomatosis. It is a major and relatively low-cost step forward in public health in the UK that will, over time, improve the health and wellbeing of tens of thousands of men as well as women.