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Letter to the Editor
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Male HPV Vaccination in Pakistan: An Overlooked Preventive Strategy

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Dear Editor,

Human papillomavirus (HPV) vaccination has been a breakthrough in cancer prevention. In Pakistan, the recent introduction of HPV vaccination for girls is a great milestone in the fight against cervical cancer. However, limiting HPV immunization to females overlooks a critical matter: HPV also has a considerable disease burden in men, including oropharyngeal, anal, and penile cancers, as well as anogenital warts [1].

A gender specific approach risks spreading HPV transmission dynamics and leaves men unprotected against vaccine-preventable malignancies. Evidence from high-income countries demonstrates that male vaccination reduces precancerous lesions, and genital warts. Importantly, it accelerates herd protection and yields equal benefits across genders. Modeling studies suggest that including boys becomes particularly impactful in settings where female vaccine uptake is suboptimal—an unfortunately common challenge in low- and middle-income countries (LMICs) such as Pakistan [2].

Pakistan's epidemiological profile underscores the urgency of a broader strategy. HPV prevalence remains substantial, with emerging data suggesting growing burdens of head and neck cancers linked to high-risk HPV genotypes. Yet, the national Expanded Program on Immunization (EPI) currently excludes boys, effectively overlooking half the at-risk population. This omission not only delays the possibility of HPV elimination but also risks embedding gender inequities into public health policy [3].

Operational feasibility is not impossible. Pakistan has a robust immunization infrastructure and extensive experience from polio eradication campaigns in reaching children through community- and school-based delivery models. The involvement of religious and community leaders, who played fundamental roles in overcoming conflict during polio efforts, can similarly cause vaccine hesitancy for HPV. WHO's authorization of a single-dose HPV schedule further enhances cost-effectiveness and feasibility, making gender-neutral vaccination more within reach than ever [4,5].

Equity and ethics demand urgent action. Restricting HPV vaccination to girls inadvertently reinforces the misconception that HPV is a "women's disease." This framing both stigmatizes women and neglects men's right to protection. A gender-neutral program would normalize vaccination, reduce stigma, and better reflect the shared responsibility of preventing sexually transmitted infections [1,6].

Pakistan stands at a decisive moment. By expanding HPV vaccination to include boys, the country can not only safeguard male health but also accelerate the collective path toward HPV elimination. This shift would align national policy with global best practices, reduce long-term cancer burden, and signal a commitment

to equity in preventive healthcare. Policymakers, donors, and health authorities should urgently consider a phased inclusion of boys in the EPI, coupled with surveillance, public engagement, and locally tailored cost-effectiveness analyses.

In conclusion, Male HPV vaccination is not an optional luxury—it is a public health imperative. Delaying its adoption risks avoidable morbidity, mortality, and inequity. Pakistan's HPV strategy must be recalibrated now to protect all citizens equally and to move decisively toward a cancer-free future.

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