

HUMAN PAPILLOMAVIRUS (HPV) & OROPHARYNGEAL CANCER

What every **policymaker** should know

KEY FACTS



A LEADING HPV-ASSOCIATED CANCER
HPV-associated oropharyngeal cancer is rising globally and has overtaken cervical cancer as the leading HPV-associated cancer in several countries



AN UNTAPPED WORKFORCE
Oral health professionals (OHPs) have **regular contact** with vaccine-eligible populations



TRUSTED VOICES
Healthcare provider recommendation strongly influences vaccine uptake

KEY STATISTICS

+22% HPV-associated non-cervical cancers have **increased by 22% since 2018**



Men are at greater risk than women to develop HPV-associated throat cancer



Up to 90%
of HPV-associated cancers are preventable through vaccination

THE POLICY GAP



ORAL HEALTH INTEGRATION

Oral health remains **largely absent** from national HPV strategies

HPV-ASSOCIATED CANCER IN MEN

Many vaccination programmes do not adequately address **HPV-associated cancers in men**

HOW OHPs CAN HELP



REACH children, adolescents, and young adults through regular contact

PREVENT HPV through promoting evidence-based prevention and vaccination messages

RECOMMEND vaccination at age 9-12 years and before exposure to HPV

DETECT suspicious signs during routine oral and neck examinations

REFER patients to vaccination services or specialist care, when appropriate

WHAT POLICYMAKERS CAN DO

POLICY ACTIONS



INTEGRATE

oral health into HPV prevention plans



EDUCATE

oral health workforce in HPV prevention and early detection



ENABLE

referral and vaccination pathways



STRENGTHEN

cross-sector collaboration



INVEST

in implementation and pilots



MEASURE

outcomes and track oral health integration

EXPECTED IMPACT

↑ Vaccine uptake

↑ Early detection

↑ Health system efficiency

↑ Health outcomes

↓ Cancer burden



A MISSED OPPORTUNITY IN CANCER PREVENTION

Integrating oral health into HPV prevention **strengthens cancer prevention**, improves equity, and supports universal health coverage

