

Scaling up human papilloma virus vaccination in Pakistan

Sara Asif[†]

[†]Department of Medicine, PAF Hospital, Islamabad, Pakistan (Correspondence to Sara Asif: saara.asif007@gmail.com).

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Dear Editor,

Cervical cancer is the third most prevalent cancer among women in Pakistan, with over 5000 new cases and nearly 3200 deaths annually (1), yet our national response to human papilloma virus (HPV) prevention has been alarmingly slow. There is a strong link between persistent HPV infection and cervical cancer, and research studies have shown that HPV vaccines are safe and effective for preventing HPV-related diseases (2).

Recently, Pakistan took a crucial first step by launching its first HPV vaccination drive, which aims to immunise 13 million girls and train nearly 49 000 health workers to ensure smooth implementation (3). Encouragingly, the 12-day introductory campaign in September 2025 reached over 9 million girls across Punjab, Sindh, Azad Jammu and Kashmir (AJK), and Islamabad. Despite initial resistance fuelled by misinformation and social media rumours, trust-building efforts through community engagement, religious endorsements and visible government advocacy significantly improved acceptance. The health minister publicly vaccinated his own daughter during the campaign. National coverage exceeded 70%, indicating that with persistence and clear communication, parental hesitancy can be overcome (4).

To sustain this momentum, the initiative must be expanded beyond major cities into rural and underserved communities, ensuring inclusion of out-of-school girls

and marginalised populations. High-coverage, school-based national HPV vaccination programmes have catalysed significant reductions in infection and disease burden in countries like Rwanda and Bhutan (5). These successful models in low- and middle-income countries provide strong and compelling proof of the efficacy and scalability of the vaccine.

The nationwide campaign marks an encouraging start, however, sustaining progress will require continued efforts to address cultural and social barriers against vaccination. Vaccine uptake remains hindered by misconceptions, particularly the belief that HPV vaccination encourages promiscuity. Reframing the vaccine as a tool for cancer prevention rather than, or in addition to, the prevention of sexually transmitted infections can help counter such myths. Equally important are sustained awareness drives and accessible screening programmes to ensure that the gains from this initiative translate into long-term cervical cancer prevention across Pakistan (6).

Policymakers, medical experts and the civil society should unite and prioritise HPV vaccination. The cost of inaction is reflected not only in numbers, but also in women who lose their lives to a disease that is largely preventable.

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