



Mission  
**HPV Cancer Free**



# 2022-2023 HPV Vaccination Impact Report

Released August 2023

[cancer.org/hpv](https://cancer.org/hpv)

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**The American Cancer Society has a vision to end cancer as we know it, for everyone.**

**HPV vaccination is cancer prevention starting at age 9.**

**VACCINATION SEASON:** Summer is go-time for vaccination as families gear up for going back-to-school with annual well child visits. The American Cancer Society (ACS) wants all children ages 9-12 years to receive protection from six cancers through the HPV vaccine. Inviting patients in to catch up on missed vaccines has never been more important.

**THE CHALLENGE:** The COVID-19 pandemic caused significant disruption to childhood vaccination: 8.4 million fewer HPV doses were delivered between 2020 and January 2023 according to industry data. This leaves many of today's children unprotected from future HPV cancers. If swift action is not taken, academic models show it could take 3-10 years to catch up on missed doses. New disparities also emerged for children receiving publicly-provided vaccines, while existing rural disparities staunchly remain. Health care systems need to look deeply at HPV coverage rates and performance metrics to address lost ground and drive up age 9 initiation.

**ACS GUIDELINES:** In 2020, ACS updated [HPV vaccination guidelines](#) to clearly state vaccination can begin at age 9. This aligns with [AAP's 2018 guideline](#). Parents, providers and the public need to learn about these updates overshadowed by the pandemic. We must protect adolescent population health by catching up on missed HPV vaccines.

**MISSION HPV CANCER FREE:** ACS partners with health systems, health plans, coalitions, and public health leaders to increase HPV vaccination rates for all adolescents, whether they have public or private insurance and no matter where they live. Our Vaccinate Adolescents against Cancers (VACs) program is that commitment in action in the U.S., and our [Global HPV Cancer Free](#) program partners with key stakeholders in countries and organizations where we can make significant impact. The ACS [HPV Vaccination Roundtable](#) and the [Cervical Cancer Roundtable](#) convene national organizations to drive progress and embody the call to action of the [Cancer Moonshot](#).

**Together we can prevent millions of HPV infections and over 37,000 HPV cancers each year!**



# 2022 EXECUTIVE SUMMARY

## GROWING PARTNERSHIPS



- **HEALTH SYSTEMS:** ACS engaged 81 partners including 456 clinics in national HPV quality improvement (QI) projects, the largest number of partnerships in the seven years of QI projects.
- **PAYORS:** ACS launched a new national health plan HPV learning collaborative with 27 partners in 19 states.
- **HEALTH CARE PROFESSIONALS:** 103 ACS staff reported working with 372 total partners of all types on HPV initiatives. ACS staff reported educating 38,625 providers, clinical support staff and public health professionals.

## GROWING PATIENT REACH



- 335,303 children ages 9–13 and another 260,000 13-year-olds were reached through ACS's quality improvement work in health systems and health plans in 2022.
- 947,477 children ages 9–13 have been touched by ACS's HPV QI work since 2019.

## GROWING HPV VACCINATION IMPACT



- ACS is driving progress to advance HPV vaccination guideline implementation.
- Health systems in the national cohort achieved a 4.7% increase in age 9 initiation, and a 3.3% increase in completion by age 13.
- Every 9 year old should be protected with the HPV cancer prevention vaccine!

## ADVANCING CERVICAL CANCER ELIMINATION



- ACS is working toward the World Health Organization's 90/70/90 goals, domestically with the launch of the National Cervical Cancer Roundtable, and through our Global HPV Cancer Free partnerships in Colombia, India and Kenya featured in this report.



## **ACS HPV Guidelines**

ACS recommends that children get the HPV vaccine between the ages of 9 and 12. Teens and young adults through age 26 who are not already vaccinated should get the HPV vaccine as soon as possible. Teens who start the series late may need 3 shots instead of 2.

### **Why this work matters to partners**

“ One of our moms recently brought her 9-year-old to be vaccinated, as she had just been notified of her positive cervical cancer screening and her need for further intervention. She commented that she just would never want her daughter to have to experience something that was preventable. ”

**ACS Community Health Center Partner**

“ We have been providing HPV vaccines through our federal VFC program since 2007; however, it has not been a vaccine that we have ever focused specifically on since it is not required for school enrollment. This grant compelled us to look at our own practices and perhaps biases. We were surprised by the eagerness of our families to welcome the vaccine for our younger populations. The materials provided by ACS have made it much easier for us to educate our families and encourage them to consider this vaccine for their children....the grant prompted our clinicians to probe deeper and have richer discussions with our families through bringing more awareness of the diseases this vaccine prevents. As a result, we have established stronger patient relationships, which aligns well with our mission of becoming the medical home of school-aged children that otherwise would have no or limited access to healthcare. We will continue to see increases in our 9-10 year old populations. It should also be noted that many of our families were unaware that this vaccine was available for boys. We are grateful for the impact the ACS grant has had on students in advancing their health and wellbeing. ”

**ACS Health System Partner in Texas**

“ Spare the children the pain of cancer. ”

**Mother, 31, and cervical cancer survivor, who explained why she vaccinated her three children with the HPV vaccine**

# Quality Improvement with Health Systems



Partnering with pediatric and primary care systems on a national scale

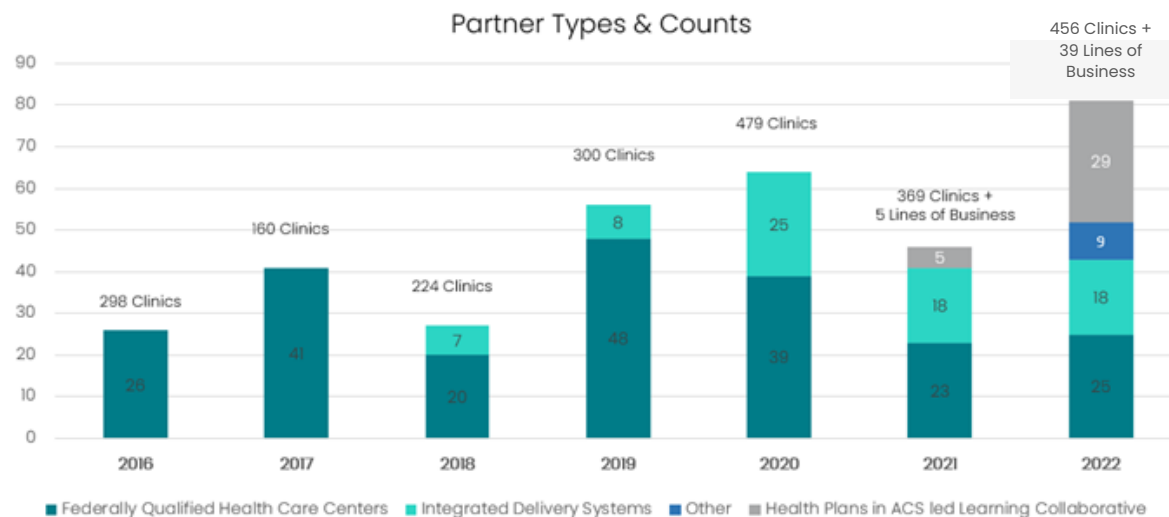
## National HPV Quality Improvement Cohort :

2022 marked the 7th year of ACS leading quality improvement (QI) projects with health system partners. Partnership is a 12-month commitment to implement evidence-based/informed practices to improve HPV rates.

ACS grew relationships to expand to a variety of partners. In 2022, 52 pediatric systems and 28 family medicine specialties participated. There was a mix of rural (n=19, 36.5%), urban (n=35, 67.3%), and suburban (n=20, 38.5%) clinic locations.

Partners had the opportunity to join webinars, utilize ACS resources and toolkits, co-brand materials, benefit from technical assistance, receive data tracking guidance and learn from peer organizations.

## HPV Quality Improvement Partnerships



**456**  
clinics in 52 health systems

**335,303**  
active patients ages 9-13

**21**  
states represented

**7,866**  
clinic staff trained in cohort

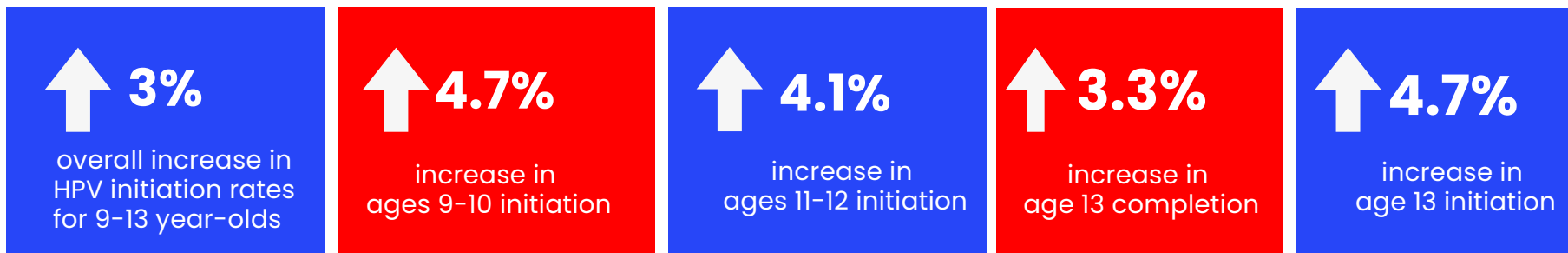
**1,461**  
providers trained in cohort

**280**  
interventions implemented

# IMPACT: Health Systems



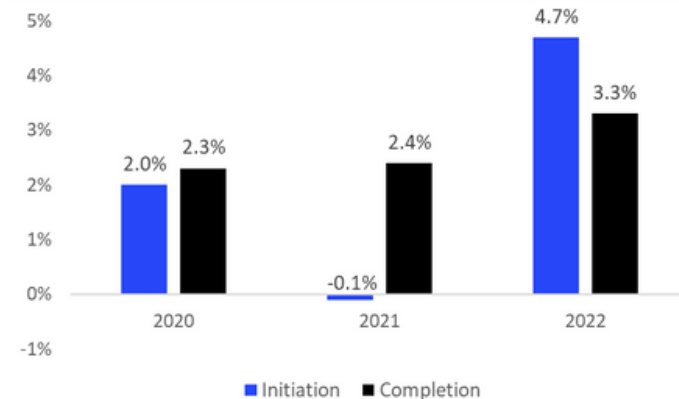
Driving up HPV vaccination initiation & completion rates in the 2022 National HPV Vaccination QI Cohort



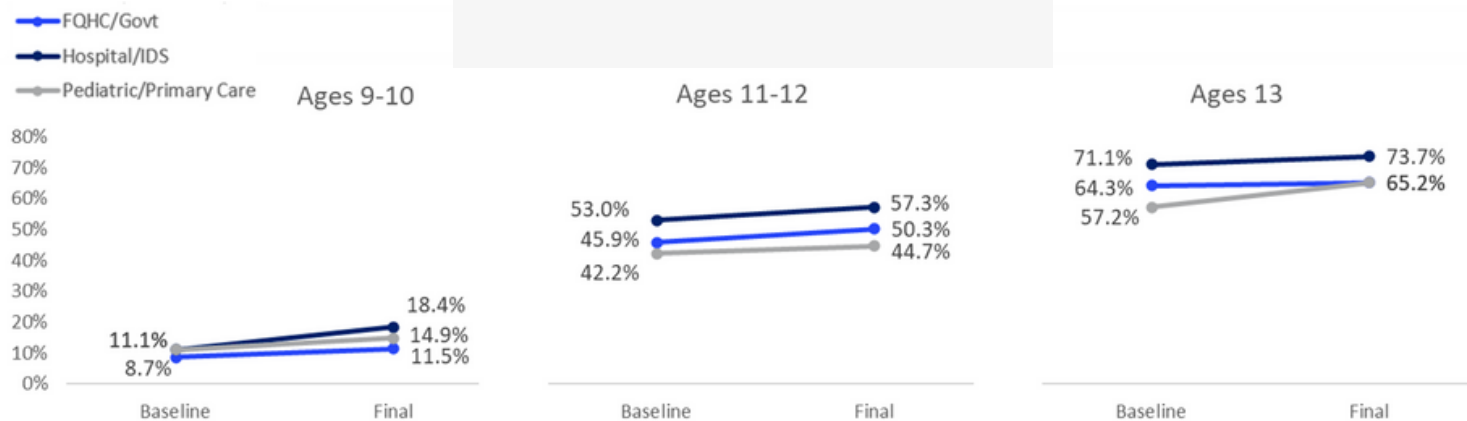
After two hard years of battling the COVID-19 pandemic, health system partners saw impressive success in improving their HPV vaccination rates in 2022.

All types of health systems saw meaningful improvement in initiation rates across all age groups, while improvements in completion rates were most pronounced among hospital systems as compared to federally qualified health centers or pediatric practices.

Age 13 Rate Change by Dose & Cohort Year 2020-2022



2022 Mean HPV Initiation Rates by Age & System Type



# Evidence-Based Interventions



## 89%

of systems started tracking rates at ages 9-10 for midyear and final data



### Patient-directed:

- alternate settings
- extended hours
- parent/patient education
- patient reminders



## How did health systems improve HPV vaccination in practice?

## 53%

of systems implemented age 9 recommendation as policy

### Systems-level:

- EHR modifications
- standing orders

## 77%

of systems implemented provider training on initiation at age 9

### Provider-directed:

- assessment & feedback
- prompts/reminders
- training on making effective HPV recommendation
- training on starting at age 9
- vaccination protocols

# Health Plan Learning Collaborative



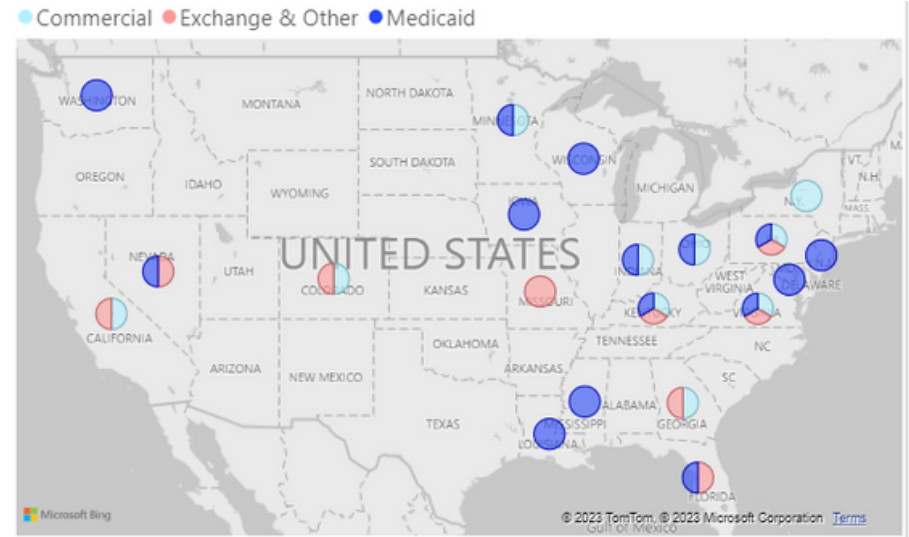
Reaching patients and providers through care networks

Twenty-seven health plans participated in a national learning collaborative, including 39 service/product lines in 19 states with a reach of 260,000 13-year-olds. Activities included bimonthly educational meetings with an average of 55 participants, technical assistance and best practice sharing. The majority of plans focused on Medicaid product lines.

All participating plans submitted three timepoints of data to ACS, set aim statements, and implemented targeted interventions in a quality improvement approach. Ten plans completed qualitative interviews to share lessons learned, impactful interventions, and future needs.

Overall, vaccination rate changes were moderate. These moderate impacts may be influenced still by COVID-19 as children who turned 13 in 2022 were 11 and 12 (prime HPV vaccination ages) during the height of the pandemic. Implementation challenges may have played a role, as well as the fact that the delay in impact may be due to the HEDIS IMA focusing on age 13 when most implementation efforts focused on ages 9-12. Further efforts in 2023 will explore acceptableness/appropriateness of program alterations in timeline or duration, as well as continued improvements in our ability to understand and measure programmatic impacts with health plans.

2022 Participating Plans



“ I think that this has opened up additional perspectives and has provided additional resources...[particularly] from different subject matter experts on these matters. And I mean, some of the information that we were receiving was really, really interesting. ”

*Learning Collaborative Health Plan Partner*

<b>27</b> health plans engaged	<b>260,000</b> active patients aged 13	<b>19</b> states represented	<b>39</b> product lines included	<b>1,336</b> providers trained	<b>693</b> plan staff trained	<b>125</b> interventions implemented
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# IMPACT: Health Plans

A tale of moderate, formative success in the 2022 National Health Plan Learning Collaborative

**IT WORKED:** ACS convened an engaged group of health plans for 12 month QI projects. ACS recruited 27 plans blowing past the goal of 10 plans, reaching 260,000 age 13 members.

**PLANS ARE EXCITED TO LEARN FROM ACS:** Learning collaborative calls were well attended and received positive feedback. At the wrap-up meeting, more than half of participating plans expressed an interest in continuing and 14 successfully submitted complete baseline submissions for 2023.

**HEALTH PLANS REPORTED DATA TO ACS:** Collection and reporting of data from participating plans, including non-HEDIS data on HPV initiation was a major accomplishment. Plans in the 2023 cohort will learn from prior experience shared by peers.

**VACCINATION IMPACT:** Moderate but positive vaccination rate change was achieved among participating product line members for both HPV initiation and completion. Small exchange and other product lines saw the greatest increases.

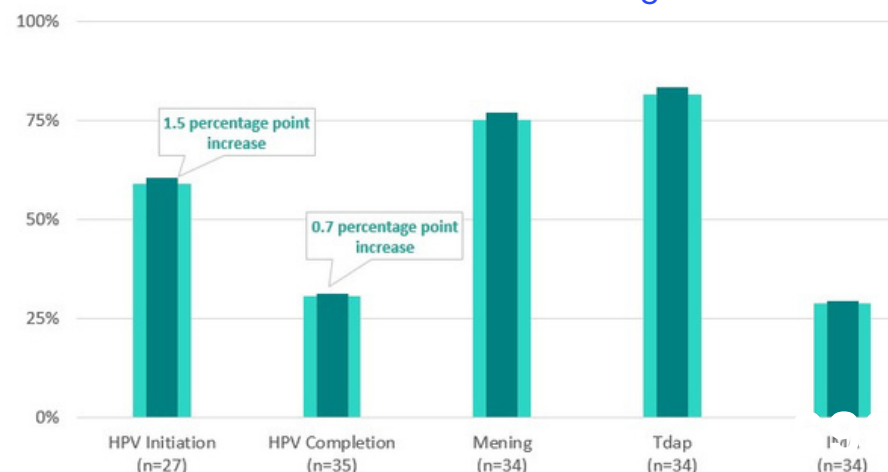
**PUBLICATION:** ACS staff authored a manuscript on health plan baseline data and implications titled *Engaging Health Plans to Prioritize HPV Vaccination and Initiate at Age 9*.

**PROMOTION OF STARTING AT 9:** Plans worked hard to integrate vaccination starting at age 9 into educational projects such as webinars, provider letters, toolkits, and mailers.

## Vaccination Provided



## Adolescent Vaccination Rate Changes: 2021-2022



# Lessons Learned: Health Plans

Key takeaways from the 2022 National Health Plan Learning Collaborative



**MORE TIME NEEDED:** Plans may need more than 12 months to successfully roll out interventions due to complex organizational structures.

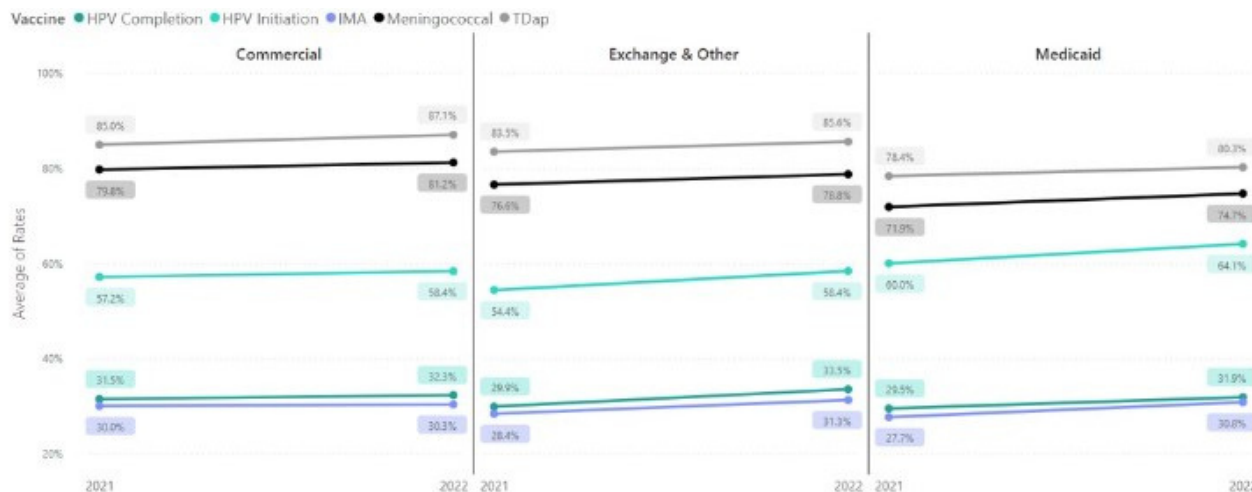
**SUPPORT CREATING STRONGER TEAMS:** Health plans are large, complex, and often feature siloed business functions. Interviews revealed instances of a quality improvement staffer working alone to implement the project and efforts. ACS has a role to play in supporting plan QI staff to develop stronger, cross-departmental teams for broader, deeper impact.

**PROGRAMMING TIMELINE FIT:** Annual HEDIS reporting interrupted project efforts from April to June, resulting in delayed implementation and moderated impact.

**PROVIDER BUY IN:** Some plans experienced pushback from providers or provider groups on starting at age 9 and efforts to influence clinic-level standing orders.

**ORGANIZATIONAL BUY IN OR MOTIVATION:** Participating QI staff reported that internal organizational buy in can help push work forward or keep HPV vaccination efforts a priority.

**DATA DATA DATA:** Health plans focus on data for only children that turned 13, missing the efforts and impacts of any interventions directed at ages 9-12. Data on younger ages needs to be better explored.



Vaccination rate change by product line

Product Line	n	HPV Initiation	HPV Completion	Meningococcal	Tdap	IMA
Commercial	10	-0.8%	0.6%	4.1%	3.3%	-0.8%
Exchange & Other	9	3.7%	2.2%	-0.1%	2.3%	1.8%
Medicaid	16	2.0%	-0.2%	1.5%	0.4%	0.3%
<b>Total</b>	<b>35</b>	<b>1.5%</b>	<b>0.7%</b>	<b>1.8%</b>	<b>1.8%</b>	<b>0.6%</b>

Average Adolescent Vaccination Rates Pre-Intervention to Post-Intervention by Product Type

# Global HPV Cancer Prevention



Partnering to reduce suffering from HPV infections and cervical cancer mortality

The goal of the Global HPV Cancer Free program is to create a world free of HPV cancers, starting with cervical cancer. To achieve this, the program focuses on normalizing the HPV vaccine as cancer prevention so that:

- physicians recommend the HPV vaccine confidently and routinely
- parents demand their daughters be vaccinated
- community members advocate for its access and uptake
- policymakers include and fund the HPV vaccine in national and sub-national programs

ACS partners with cancer nonprofits, government, and academic stakeholders to eliminate HPV-preventable cancers through high impact initiatives, particularly in lower-resourced communities around the world.

## Global Cervical Cancer



## 2022 Global Cancer Prevention Report



## 2023 New Website & Resource Launch



# Global HPV Cancer Free

Engaging health care professionals and public health partners across the world



ACS convenes stakeholders, builds strategic relationships, and invests in in-country partners to catalyze research, education, communications, and advocacy to prompt evidence-based action. ACS employs a two-pronged approach:

## Global: Convening, Partnerships & Messaging

Cervical Cancer Action for Elimination (CCA) is a network of organizations working together to accelerate global progress towards a world free from cervical cancer. ACS co-chairs CCA with Cancer Research UK.

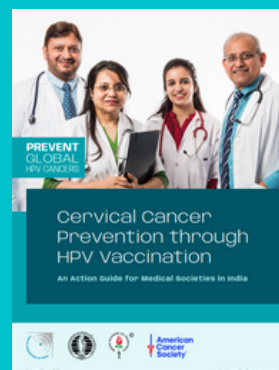


Recent events included:

- [2022 World Cancer Congress session in Geneva, Switzerland](#)
- [2022 single dose survey](#)
- [2023 network priorities plan](#)
- [2023 webinar series](#)

## In-Country: Implementing Behavior Change Interventions

ACS's work in select lower-resourced countries focuses on co-developing and implementing interventions with local ministries of health, medical societies, insurance companies, and cancer organizations to increase the uptake of cervical cancer prevention, starting with the HPV vaccine.



Current in-country work is focused in Colombia, India, and Kenya. New action guides were released in 2023 for medical societies in India and for civil society organizations in Kenya.



# National Leadership/Roundtables

Communicating, convening & catalyzing national partners

## National HPV Vaccination Roundtable

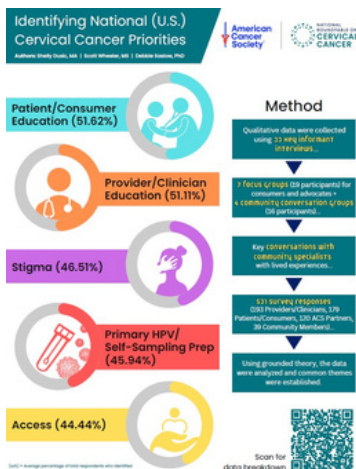


The National HPV Vaccination Roundtable is a coalition of 70+ organizations working at the intersection of immunization and cancer control to prevent HPV cancers and work towards the elimination of HPV disease as a public health problem.



Learn about 2022 accomplishments and 2023 activities [here](#) and visit the full website at [hpvroundtable.org](http://hpvroundtable.org).

## National Roundtable on Cervical Cancer



The National Roundtable on Cervical Cancer (NRTCC) launched in 2022 in response to the Cancer Moonshot initiative. This national coalition is dedicated to tackling disparities in cervical cancer prevention, screening, and treatment through collective action in order to eliminate cervical cancer and reduce the harms caused by the disease.



By engaging key organizations to institute policy and systems change, the ACS NRTCC is working to increase cervical cancer screening with a special focus on self-sampling as a method for reaching rarely or never-screened people. Learn more at [cervicalroundtable.org](http://cervicalroundtable.org).

# State & Coalition Engagement



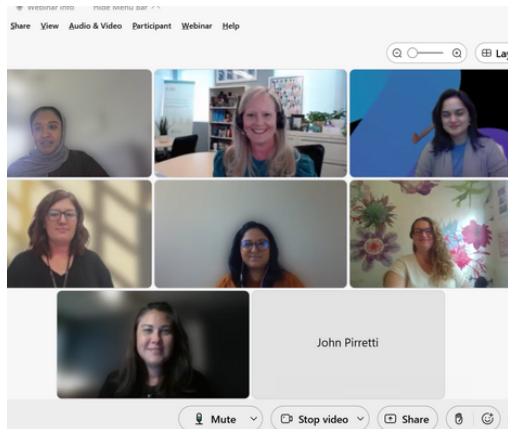
# 33

states have  
**rural community  
partnerships**  
in place with ACS  
focused on HPV  
vaccination



## Leadership activation

- 70 coalition leaders from 8 NW states convened in 2022
- >700 state attendees to ACS/St. Jude joint webinar series on data sources, best practice sharing and program monitoring
- 12 states engaging in regional HPV Roundtable of SE webinar series in 2023



## How is ACS influencing HPV activities with state partners?

# 42

ACS community impact  
staff reported  
**having a leadership role**  
in state HPV/cancer/  
immunization coalition  
in 2022

## Population Impact:

- 12 states with largest adolescent populations focus of ACS strategy
- 7 states with age 9 IIS alerts engaged

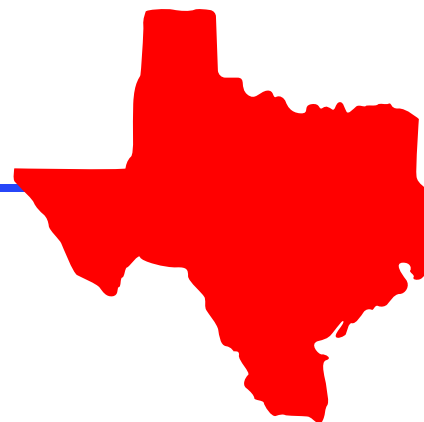


## Training & Technical Support:

- 60 staff trained in virtual facilitation in 2023
- 27 TA/training activities with coalitions implemented
- 50 state HPV Landscape Dashboard updated

# Geographic Disparities:

## Mission HPV Cancer Free Texas (HPVCFT)

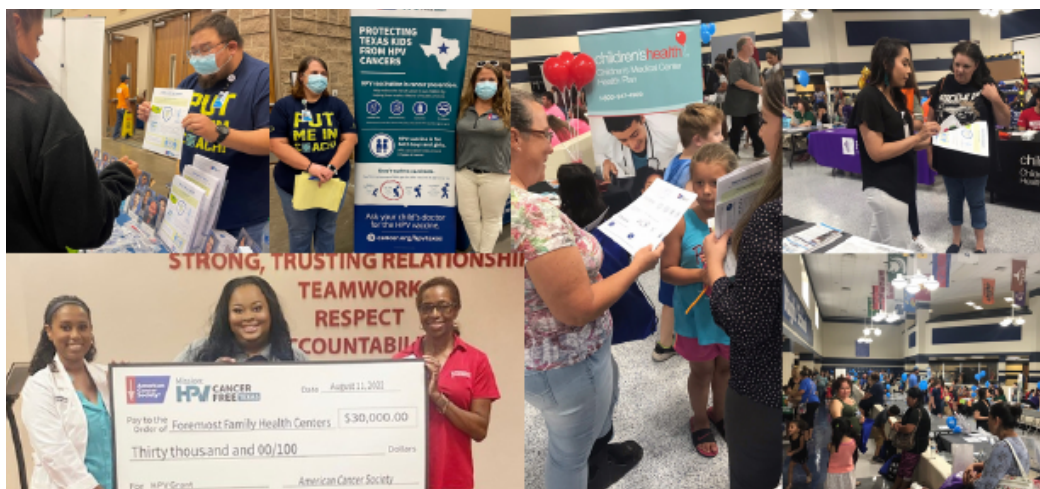


ACS works with a variety of Texas partners to increase HPV vaccine series completion from 40% to 80% by 2026 using three core strategies: provider and system change, communities and coalitions, and public awareness. Review the full [HPV Cancer Free Texas 2022 Impact Report to Lyda Hill Philanthropies](#).

**PROVIDER & SYSTEMS CHANGE:** In 2022, 13 health systems with 95 implementing clinic sites (with 53% rural sites) participated in a year long QI project with ACS. Systems had a reach of 21,840 active 9 to 13-year-old patients. The average HPV series initiation at the start of 2022 was 32% and average completion was 15%. Final data showed series initiation increased 15.3 percentage points by year's end. In addition, 436 providers and staff were trained on HPV vaccination and making an effective recommendation.

**COMMUNITY HEALTH WORKERS:** ACS educated 272 Texas community health workers through 4 Project ECHO cohorts (Extension for Community Healthcare Outcomes). ECHO is a collaborative model of medical education for professionals to provide expert-level care education through didactic and case-presentation learning. Topics included: HPV 101, HPV myths, cultural humility and social determinants of health. Case presentations required participants to share opportunities to advocate within the community along with insight from personal experiences with the HPV vaccine, providers, and community members. The cohorts were in English and Spanish with each cohort including 8 sessions.

**COMMUNITY & COALITIONS:** To promote widespread success, strong partnerships, and stakeholder buy-in, HPVCFT convenes the Texas HPV coalition. The coalition has over 100 members. The coalition hosted virtual workgroup meetings, quarterly leadership calls and biannual member meetings. The virtual summit had 533 attendees. Topics covered included: data and policy, unique populations and non-traditional partners, age 9 initiation and parent hesitancy, and leveraging community partnerships to increase access.



# Geographic Disparities:

## Mountain West HPV Project

Since 2020, ACS has been leading work to reduce HPV geographic disparities in Idaho, Montana, Nevada, Utah, and Wyoming. These states are experiencing multiple disparities, notably geographic and gender gaps.

ACS uses a health equity lens to implement disparity-reducing interventions through a three-pronged strategy including:

**STATE CONSORTIUMS:** ACS convened 88 stakeholders in-person from across the 5 states in 2022. Stakeholders talked through best practices and learned more about current conditions surrounding HPV vaccination and HPV cancer prevention in their respective states. Attendees networked, shared current work, and action planned to spur progress.

**MOUNTAIN WEST LEARNING COLLABORATIVE:** In 2022, ACS recruited 7 health systems throughout the 5-state region which included more than 33,500 active 9–13-year-old patients. Partners implemented more than 65 evidence-based interventions which resulted in a 7% increase in the cohort's initiation rate in 9–10-year-olds. This increase out-performed the national cohort by more than 4%.

**PROFESSIONAL EDUCATION:** ACS partnered with 15 organizations across the 5-state region to provide HPV education to 765 unique participants. Attendees included clinical providers, medical students, and non-traditional vaccinators like pharmacists and dental professionals. Rural research shows the need for alternative access points outside the medical home to reduce missed opportunities.



“This was one of my favorite CE's I have ever done. I loved the variety of opinions and ideas and I feel like I can take a lot back to my work and this applied directly to me. I love the confidence this gave me in patient education.”

**Professional Education Participant**

“Prior to the ACS project, there were system lectures and webinars given on HPV risk and vaccination. As a result of the ACS partnership, we have added electronic health record (EHR) clinical decision support (CDS) that cues providers and parents to initiate vaccination at age nine and emphasizes the importance of equal vaccination for boys and girls.”

**Learning Collaborative Health System Partner**



# Public Awareness

Sharing the message of cancer prevention through ACS platforms

**CANCER.ORG/HPV:** In 2022, over 24,000 unique users accessed ACS's public education webpage resulting in over 12,600 downloads of the top-4 key resources.

**HEALTHCARE PROFESSIONALS:** Over 1,000 unique users downloaded over 600 of the top-6 key resources from ACS's professionals page.

**BACK-TO-SCHOOL SOCIAL MEDIA TOOLKITS:** ACS published digital toolkits for health systems and health plans in summer of 2022 & 2023. ACS also launched a 2022 summer back-to-school campaign for the general public with social posts, garnering over 6,900 Instagram impressions and over 8,400 Twitter impressions.

**QUALITY IMPROVEMENT RESOURCES:** ACS developed new resources including: an Evidence-Based Interventions Guide; 2023 recruitment guides; QI cohort certificates and digital seals; data guidance documents; and a QI mini-video series.

**TX MEDIA CAMPAIGN:** ACS conducted a targeted media push from June through August 2022 aimed to increase awareness and knowledge of HPV vaccination as well as increase intent to vaccinate preteens across 26 counties in North Texas (Dallas/ Ft Worth area) and 11 counties across Houston, Austin, and San Antonio. The campaign garnered 23,000 website views by 25,000 users and campaign content received over 18 million impressions.

## [2023 Summer Social Media Toolkit\\*](#)



Summer is the perfect time to schedule your child's yearly wellness visit.



Friendly Reminder: Come in this summer for the HPV vaccine.



Back-to-school visits and the HPV vaccine just make sense together.



Nine is the best time! Protect your child with the HPV vaccine now.



\* To access the toolkit, you will need to register with ACS's BrandToolkit to download.

# HPV Research

Investing in progress for HPV cancer prevention



**\$6.7  
Million**

invested in HPV  
research in 2022/23

**7  
HPV grants**

in investigation in  
2022/23

**65%  
reduction**

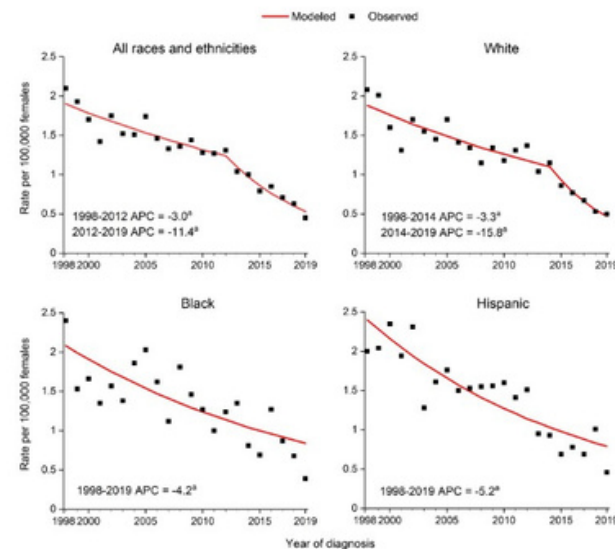
in cervical cancer  
incidence

ACS has helped make possible almost every major cancer breakthrough since 1946. Since then, we've invested more than \$5 billion in cancer research, making us the largest nonprofit funder of cancer research in the United States, outside of the federal government.

Between 2022–2023, seven HPV-related research projects have been funded by ACS. These grants have been instrumental in advancing research and innovation in the field of HPV prevention, detection, treatment, and survivorship.

ACS researchers announced in Cancer Facts & Figures 2023 an astounding 65% reduction in cervical cancer rates in women ages 20–24 from 2012 through 2019, in the wake of the introduction of the HPV vaccine. Although incidence rates were already declining because of screening, the HPV vaccine accelerated this progress. This is likely to foreshadow reduction of other HPV-associated cancers.

## Trends in cervical cancer incidence rates among women aged 20–24 years by race and ethnicity, United States, 1998–2019



**FIGURE 4** Trends in cervical cancer incidence rates among women aged 20–24 years by race and ethnicity, United States, 1998–2019. Rates are age adjusted to the 2000 US standard population and adjusted for reporting delays. White and Black race are exclusive of Hispanic ethnicity. \*The APC is statistically significant ( $p < .05$ ). APC indicates annual percent change.



# 2023 HPV PROGRAM GOALS

## GROWING PARTNERSHIPS



- **U.S. PARTNERSHIPS AIM:** Drive partnerships with states, health systems, health plans and professionals to increase HPV vaccination rates to pre- pandemic levels and move towards 2026 *Mission HPV Cancer Free* campaign benchmark of 80% completion.
- **GLOBAL PARTNERSHIPS AIM:** Drive partnerships to increase HPV vaccination rates to eliminate cervical cancer in lower-resourced, high-burden communities, starting with India, Kenya, and Colombia.

## GROWING PATIENT REACH



- Through the 2023 U.S. quality improvement projects, reach 310,000 patients via health system and plan partnerships.
- Commence HPV vaccination communication training of 20,000 clinicians in India and health workers in Kenya.

## GROWING HPV VACCINATION IMPACT



- ACS partners in the national HPV cohort or payor learning collaborative set their own performance improvement goals. Partners will be challenged to collectively raise rates across the board for initiation, with the goal of spurring much higher initiation at age 9.
- Health plans will be invited to a thought leadership summit on HPV prioritization in late August 2023.

## ADVANCING CERVICAL CANCER ELIMINATION



- ACS will host a joint national meeting of the National Cervical Cancer Roundtable, and the National HPV Vaccination Roundtable in October 2023.

## FUNDER ACKNOWLEDGEMENTS

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**Centers for Disease Control and Prevention:** The HPV VACs program is supported in part by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$890,000, with 100% funded by CDC/HHS. The report contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the US Government.

**Eccles Foundation:** George S. and Dolores Doré Eccles Foundation provided support for *Mission HPV Cancer Free Utah*.

**Global Relay for Life Partners:** Over 30 global partners generously fundraise to support global cancer prevention work.

**Greif:** Greif provides annual support for cervical cancer prevention projects in India.

**Lyda Hill Philanthropies:** *Mission: HPV Cancer Free Texas* is supported by Lyda Hill Philanthropies (LHP), an organization committed to catalytic, solution-oriented initiatives by empowering nonprofit organizations and improving local communities. ACS received a two-year project extension (2022-2023) from LHP to continue our multifaceted approach to increasing HPV vaccination uptake.

**Merck:** The Mountain West project was made possible by a grant from Merck for the purpose of *Mission: HPV Cancer Free Quality Improvement Initiative*. Additional funding supported the 2022 HPV health plan learning collaborative.

## ACKNOWLEDGEMENTS:

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**Partners:** To the 372 health care and public health partners who implemented HPV interventions and initiatives in 2022, thank you for your contributions to future HPV cancer prevention. Overseas, to our partners in Colombia, India, Kenya and the United Kingdom, thank you for your commitment to reaching the aspirational goal of cervical cancer elimination!

**ACS Staff:** To the hundreds of team members who represent our mission in action, thank you for your relentless commitment to a cancer-free world.

**Leadership:** To Dr. Marcie Fisher-Borne, thank you for your exemplary leadership of HPV VACs. Your contributions have helped reach nearly a million children over the past seven years.

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## FOR MORE INFORMATION:

Please contact the HPV program team via [interventions@cancer.org](mailto:interventions@cancer.org).

[cancer.org/hpv](https://cancer.org/hpv)

