Eliminating HPV-Caused Cancers: From Evidence to National Action

Bettina Maeschli & Suzanne Suggs

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The Swiss Society for Public Health

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SWISS SCHOOL OF PUBLIC HEALTH

Presented at the annual meeting of the SSPH+. 23-24 June 2026, Fribourg Switzerland

The case of Alcohol

Motion Würth on alcohol, adopted on June 16, 2026.
Demands a moratorium for new scientific evidence being included in recommendations for moderat alcohol consumption.

25.4153 MOTION

Marschhalt bei neuen Empfehlungen zum mässigen Alkoholkonsum

Eingereicht von:	 WÜRTH BENEDIKT Die Mitte-Fraktion. Die Mitte. EVP. Die Mitte
Berichterstattung:	GRABER MICHAEL, RODUIT BENJAMIN
Einreichungsdatum:	25.09.2025
Eingereicht im:	Ständerat
Stand der Beratungen:	Überwiesen an den Bundesrat

MEDIENMITTEILUNG

Bern, 15. Juni 2026

Nein zur Motion Würth: Wissenschaftliche Erkenntnisse zum Alkoholkonsum dürfen nicht unterdrückt werden

Eine breite Allianz von Gesundheitsorganisationen ruft den Nationalrat dazu auf, die Motion Würth «Marschhalt bei neuen Empfehlungen zum mässigen Alkoholkonsum» (25.4153) abzulehnen. Die Motion würde neue wissenschaftliche Erkenntnisse zum Alkoholkonsum bis mindestens 2028 von den gesundheitspolitischen Empfehlungen ausschliessen – ein falsches Signal mit weitreichenden Folgen für die Gesundheit der Bevölkerung.

Abstimmung - Vote

namentlich - nominatif: 25.4153/32691

Für Annahme der Motion ... 106 Stimmen

Dagegen ... 75 Stimmen

(11 Enthaltungen)

The case of Tobacco

25.4363 MOTION

Ratifizierung der WHO-Tabakkonvention

Eingereicht von:	 FEHLMANN RIELLE LAURENCE Sozialdemokratische Fraktion Sozialdemokratische Partei der Schweiz
Bekämpfer/in:	GLARNER ANDREAS
Einreichungsdatum:	26.09.2025
Eingereicht im:	Nationalrat
Stand der Beratungen:	Erledigt

ALLES ZUKLAPPEN

EINGEREICHTER TEXT

Der Bundesrat wird beauftragt, dem Parlament so rasch wie möglich die Botschaft zur Genehmigung des WHO-Rahmenübereinkommens zur Eindämmung des Tabakgebrauchs (Framework Convention on Tobacco Control; FCTC) zu unterbreiten.

Le président (Page Pierre-André, président): Le Conseil fédéral propose d'adopter la motion.

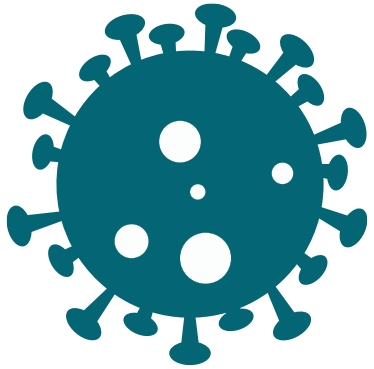
Abstimmung - Vote
namentlich - nominatif: 25.4363/32142
Für Annahme der Motion ... 72 Stimmen
Dagegen ... 107 Stimmen
(5 Enthaltungen)

Ratification of tobacco convention
Motion rejected by the national council on 18 March 2026

Parliamentarian path not successful for protection of youth:
Population vote

HPV

HPV-caused cancers can be eliminated!



HPV is responsible for 6 types of cancers

Cervical, vaginal, vulvar, penile, anal, and cancer of the oral cavity and pharynx

+

genital warts & precancerous lesions

Globally: 690,000 new HPV-related cancer cases / year

(WHO, 2024)

and >400,000 deaths/year

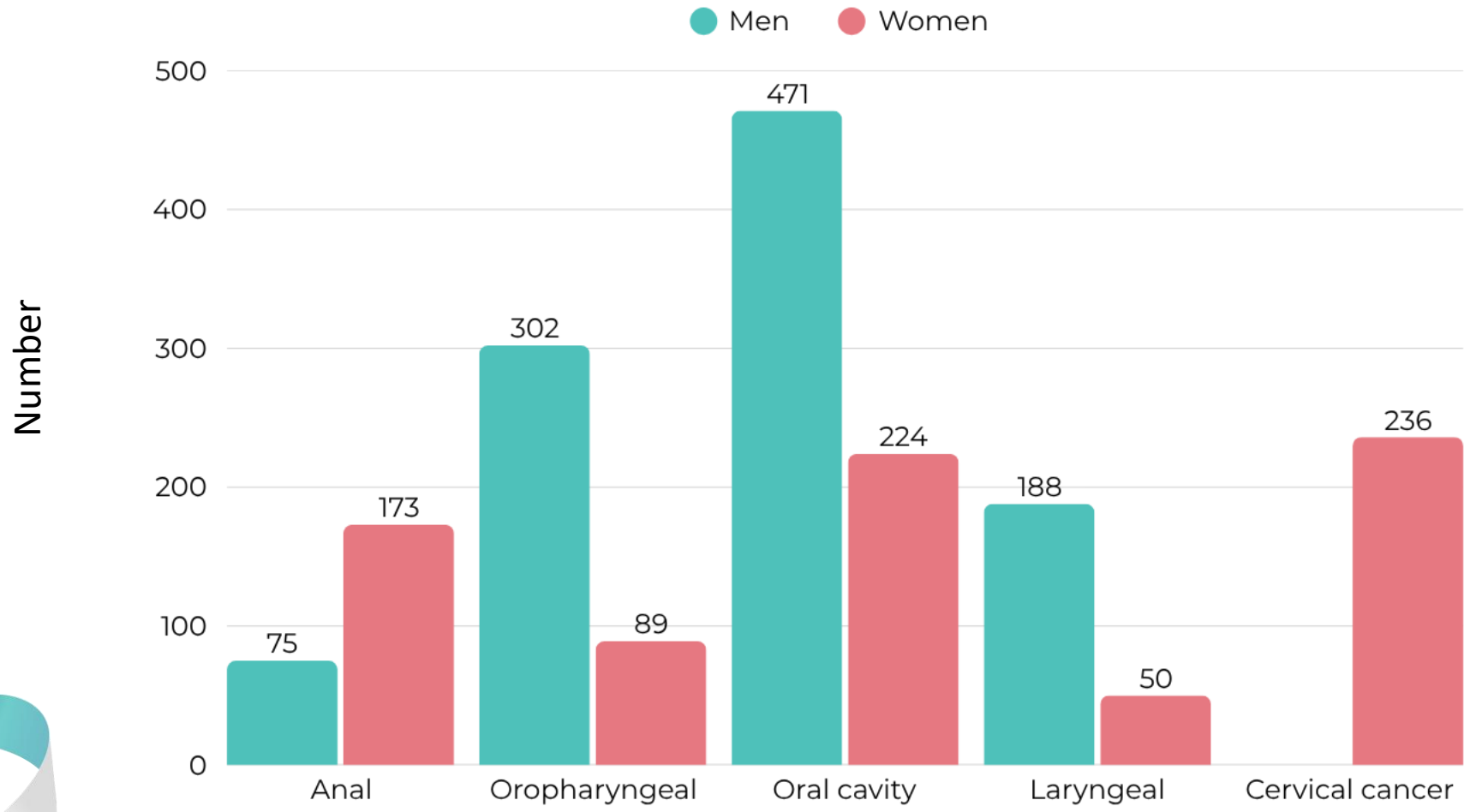
(Egawa, 2023)

Preventable by vaccination and screening

+

treatment or management

New HPV-related cancer cases in Switzerland in 2020



Source: Bruni, L., Albero, G., Serrano, B., Mena, M., Collado, J., Gómez, D., Muñoz, J., Bosch, F., & de Sanjosé, S. (2024). Human Papillomavirus and Related Diseases in Switzerland. Summary Report. ICO/IARC Information Centre on HPV and Cancer (HPV Information Centre).

~670 Cancer cases / year are estimated to be caused by HPV infections

⟶ based on data from National Cancer Registry (NKRS) on cancer incidence, combined with international evidence on HPV-attributable

(Alemany et al., 2014, 2015, 2016; Buttmann-Schweiger et al., 2017; Castellsagué et al., 2016; de Sanjosé et al., 2013; Federal Statistics Office, 2025).

Genital warts burden?

No data in Switzerland!

⟶ Only international estimates:

170–290 cases per 100,000 people/year, with higher incidence among women

(Patel et al., 2013)

HPV burden and prevention in Switzerland

HPV Vaccination (2023)	Screening coverage (2019)	Cervical cancer incidence (2020)
Girls: **70%**	**26-65** years: **76%** screened in the last 3 years, **85%** in the last 5 year	**5.9** per 100,000 women
Boys: **54%**		
Delivery setting: Pediatricians/GPs, school-based in some cantons	Screening is **opportunistic** and **cytology-based**	

Sources:

1. VCR: WHO. (n.d.). WHO Immunization Data Portal. Immunization Data. Retrieved January 26, 2025, from https://immunizationdata.who.int/global/wiise-detail-page
2. Screening coverage: HPV Information Centre. (2023). Switzerland: Human Papillomavirus and Related Cancers, Fact Sheet 2023. ICO/IARC Information Centre on HPV and Cancer.
3. CC incidence rate: WHO. (2021). Cervical cancer profiles. https://www.who.int/teams/noncommunicable-diseases/surveillance/data/cervical-cancer-profiles

WHO targets

→ Elimination for cervical cancer set at <4 cases per 100,000 women

WHO. (2020). Global Strategy to Accelerate the Elimination of Cervical Cancer As a Public Health Problem (1st ed). World Health Organization. https://www.who.int/publications/i/item/9789240014107

THE LANCET

This journal Journals Publish Clinical Global health Multimedia Events About

ARTICLES · Online first, June 17, 2026 · *Open Access*

Cervical cancer mortality trends following HPV vaccination in England, 2001–24: an analysis of population-based mortality data

Prof Peter Sasieni, PhD · Milena Falcaro, PhD

Affiliations & Notes Article Info Linked Articles (1)

The Guardian Eur

Anna Bawden *Health and social affairs correspondent*

Thu 18 Jun 2026 00.30 CEST

HPV jabs cut risk of dying from cervical cancer before 30 to almost zero

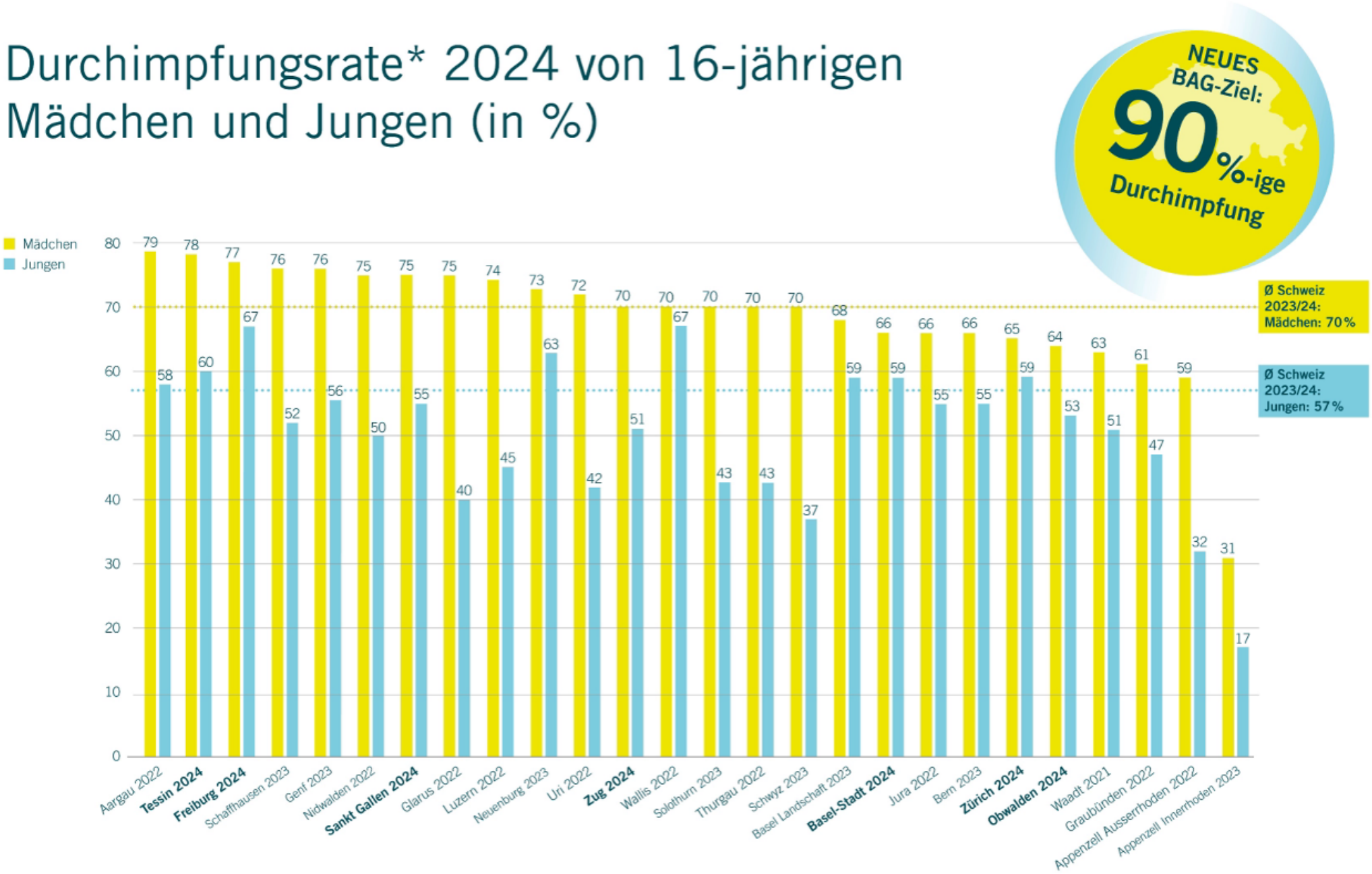
Study reveals positive news, but experts say deaths and cases may rise again as fewer teenagers get vaccinated

- **Findings:**
  - **In women aged 20–24 years between 2020 and 2024, in whom vaccination coverage was around 88–90% at age 12–13 years, no deaths occurred**, compared with 23·1 expected deaths based on historical rates, **corresponding to a mortality reduction of 100% (95% CI 84–100).**
  - In earlier birth cohorts, who were offered vaccination up to age 18 years with coverage of around 63–87%, mortality reductions of 80% (51–94) in women aged 20–24 years in 2015–19, and 69% (55–79) in women aged 25–29 years in 2020–24 were observed. **The relative risk reduction in vaccinated women was estimated from population-level data to be 100% (95% CI 81 to 100) in women aged 20–24 years, 100% (89 to 100) in those aged 25–29 years, and 63% (–13 to 100) in those aged 30–34 years.**

- **Interpretation: These findings support the achievability of the WHO goal of eliminating cervical cancer as a public health problem**

Sasieni P, Falcaro M (2026). Cervical cancer mortality trends following HPV vaccination in England, 2001–24: an analysis of population-based mortality data. The Lancet

Durchimpfungsrate* 2024 von 16-jährigen Mädchen und Jungen (in %)



* 2 Dosen.
Adaptiert nach dem 18. Kantonalen Durchimpfungsmonitoring Schweiz, Bundesamt für Gesundheit (BAG).

HPV prevention milestones in Switzerland

2007

HPV vaccine introduced in the National Immunization Program

2015

Boys eligible for **reimbursement**

HPVAlliance

Schweiz I Suisse I Svizzera I Svizra

2021

HPV Alliance Switzerland proposes a national strategy to **eliminate HPV-associated cancers by 2030**

Programme national (NAPS)

Stop au VIH, aux virus des hépatites B et C et aux infections sexuellement transmissibles

2024

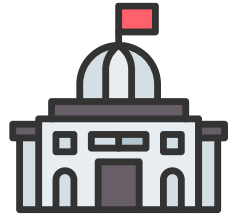
FOPH launches the **National Programme on HIV, hepatitis B/C and STIs (NAPS),** including reduction in HPV incidence

Recent Progress in Switzerland

2024
Males vaccination included among **basic recommendations**

2025
HPV vaccination target raised from 80% to **90%** for both genders

2025
Stakeholder dialogue and **workshops** to integrate HPV elimination strategy **into NAPS**



2025 +2026
Parliamentary **motion** for elimination **submitted**

Actions

Knowledge:
Comparative review & expert interviews

Engagement:
Multi-sector stakeholder dialogue and committment

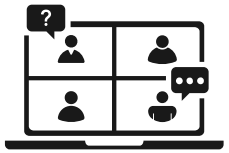
Action:
Working group formed & support for parliamentary vote

Literature review and expert interviews

September 2024 - February 2025

Stakeholder Dialogue

Zurich
February 20, 2025



Workshops

April 7, 2025
June 3, 2025
July 11, 2025
July 24, 2025

Working Group

April 2025 - present

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krebsliga schweiz
ligue suisse contre le cancer
lega svizzera contro il cancro

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Department Public & Global Health

HPVAlliance
Schweiz | Suisse | Svizzera | Svizra

Findings

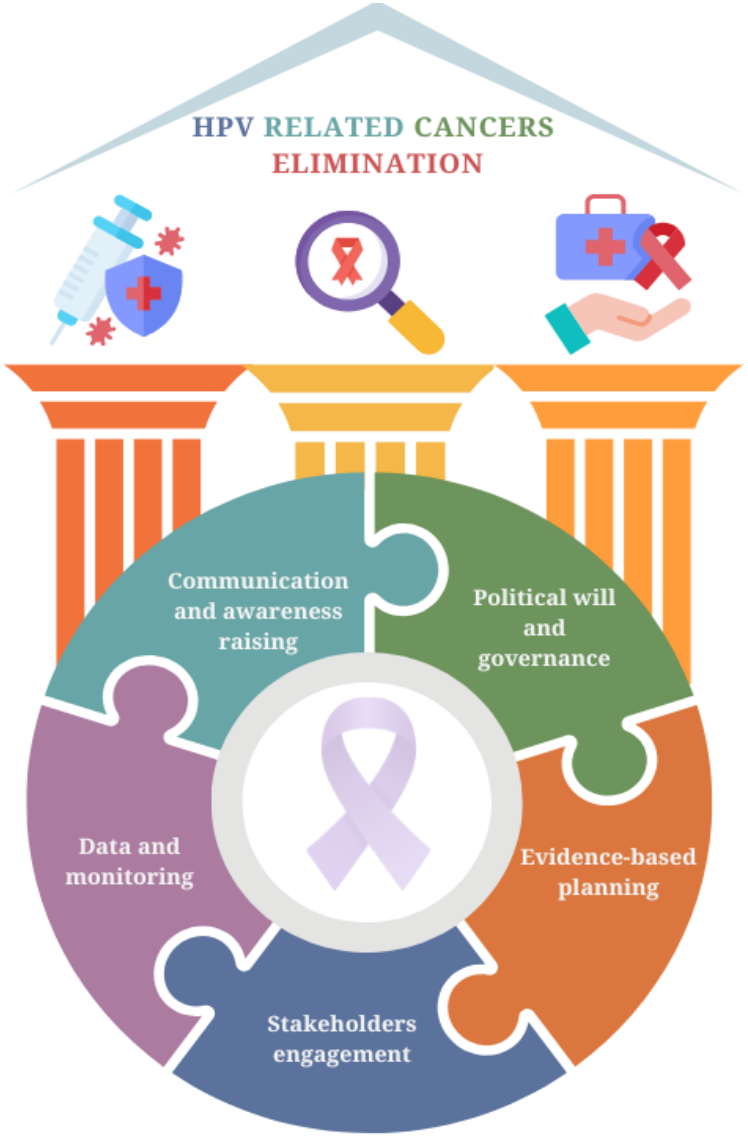
Vaccination, Detection, Treatment (and Equity)

Key Drivers:

1. Political will and governance
2. Evidence-based planning
3. Data and monitoring
4. Stakeholder engagement
5. Communication and awareness raising

Challenges:

1. Lack of political support
2. Regional inequalities
3. Healthcare system issues
4. Economic and resource constraints
5. Program implementation
6. COVID-19 impact
7. Data gaps
8. Misinformation and hesitancy



Stakeholders Dialogue - Feb 20, 2025

Driving question:

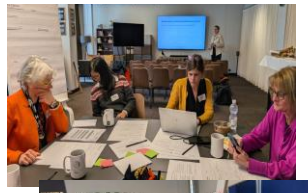
How can Switzerland reduce the burden of HPV-related cancers?

Participants:

from public health, healthcare, cantonal authorities, EKIF, civil society, and academia

Output:

Stakeholder-Informed Roadmap to Reduce the Burden of HPV-Related Cancers in Switzerland. (Mantwill et al., 2025)



→ Fields of Action

Political Will & Governance

Build cross-level **political support**; integrate HPV elimination into national cancer and prevention strategies

Evidence-based Planning

Conduct national **cost-effectiveness** and **impact modeling, benchmark** against leading countries, and integrate research into strategy

Data & Surveillance

Establish a **central vaccination and screening registry**, harmonize cantonal data, and link with cancer registries for **full national tracking**

Stakeholder engagement

Empower the HPV Alliance as coordination hub; formalize public-private partnerships (with Krebsliga, pharma, insurers)

Communication & Awareness

Expand **school-based vaccination and education**, use unified messaging, **human stories**, and professional training (teachers, pharmacists, GPs)

How things work in Switzerland

Political advocacy & lobbying in Parliament

Parliamentary Procedural Requests

Simple Question

Request for information, answered in writing – no chamber debate; concluded once answered

Question Time (NC)

Brief oral question with a follow-up – National Council only, not available in the Council of States

Interpellation

Request for information on important federal events or matters – a debate on the response is possible

Postulate

Asks the Federal Council to examine and report whether a measure or draft bill is needed – only one chamber needs to approve

Motion

Instructs the Federal Council to take a measure or submit a draft bill – requires approval from both chambers

Background

A successful motion

>1

person is diagnosed with HPV-related cancer in Switzerland every day

1/3

days: the interval at which a person dies from HPV-related cancer

3x

in favor: the Federal Council, National Council and Council of States all support the motion

Broad support: backed by Swiss HPV Alliance, the Swiss Cancer League, the Swiss Society for Public Health, and across party lines

1 Parliamentary Motion – 4 March 2025

DEMAND

The Federal Council should take measures to eliminate HPV-related cancers

25.3041 MOTION

Vers l'élimination des cancers dus aux HPV en Suisse

Submitted by:	 LOHR CHRISTIAN Le Groupe du Centre. Le Centre. PEV. Le Centre
Opponent:	DE COURTEN THOMAS
Submission date:	04/03/2025
Submitted:	Conseil national
State of deliberations:	L'avis relatif à l'intervention est disponible

- Calls for a national HPV-related cancers elimination strategy & coordination of HPV prevention measures (vaccination, early screening)

How a motion becomes a decision

1. First chamber: National Council – deliberation on the motion

2. Federal Council response – recommends acceptance or rejection
Usually by the start of the next ordinary session

→ If rejected: concluded

3. Preliminary committee (SGK-S) – recommendation to the Council of States

4. Second chamber: Council of States – deliberation on the motion

→ If rejected: concluded

5. Referral to the Federal Council

6. Implementation by the Federal Council
Within 2 years – then written off by the chambers

Message to policymakers:
Elimination by 2030 is realistic – but only with national coordination

Factsheet for policymakers
Complex evidence distilled into a few clear key messages

Conversations with key figures
Personal dialogue with relevant stakeholders ahead of the deliberation

Timing
Sent to the preliminary committee, then to all Council of States members shortly before the deliberation

Accompanying media work
Public visibility built up alongside the parliamentary process

Comprehensive strategy
Underpins the political demand – not just a concern, but a path to a solution

Principle: Integration, not a parallel structure
Existing national programs and strategies under development:
STOPP HIV, Hepatitis B/C, and the National STI Action Plan (NAPS)
Linking to the national cancer plan

Elimination of HPV-caused Cancers in Switzerland

Lohr, Christian - christian.lohr@parl.ch

HPV-caused cancers; the cancers that can be and should be eliminated

In contrast to most other cancers, Human Papillomaviruses (HPV)-caused cancers can be prevented through vaccination and screening. Detected HPV cancers can be treated or managed in a strong health system like Switzerland's. Eliminating HPV-caused cancers is highly cost beneficial.

Switzerland urgently needs a concrete, comprehensive, and coordinated nationwide plan and roadmap to eliminate HPV caused cancers that defines clear goals, ensures equal access to prevention and care, and raises public awareness. This can be done by complementing the existing NAPS (National Programme to Stop HIV, Hepatitis B Virus, Hepatitis C Virus, and Sexually Transmitted Infections) and strongly embedding HPV elimination into the Cancer Plan, without a heavy burden on existing organizations or finances. This must be complemented by a strong political commitment.

HPV affects people of all backgrounds and knows no boundaries

HPV is highly infectious and causes genital warts, pre-cancerous lesions, and *six cancers*: Cervical cancer, Vaginal cancer, Vulvar cancer, Penile cancer, Anal cancer, and Cancer of the oral cavity and pharynx.

In Switzerland every year, there are approximately:

- 670 HPV-caused cancer cases, and this is expected to rise
- 200 deaths due to HPV-caused cancers
- 2'400 high-grade precancerous lesion of the cervix, which increases the risk for reduced fertility and miscarriage

Testimonials from two persons affected by HPV in Switzerland

Maja, 40 years-old, cervical cancer:
"I could have spared myself a lot if I had been vaccinated. Instead of spending time in the hospital undergoing therapies and surgeries, I would have been at home with my family, continuing with my everyday life. I want my daughter and my son to be protected—not by chance, but through a national strategy and clear responsibility."

Bernd, 37 years-old, precancerous lesions:
"After the surgical procedure with anal mapping, a very difficult phase began for me. The days afterwards were extremely challenging: for about ten days, I experienced severe pain after every bowel movement, lasting around one hour each time, as the 22 wounds reopened again and again. This was both physically and mentally exhausting. The following sessions, during which the affected areas were treated in three stages of 15 minutes each with –200 °C, were unpleasant but not painful. In the end, I felt extremely relieved that the treatment was completed and that the "bad" cells had finally been removed."

Targets for Switzerland

Many countries have set higher targets than The World Health Organization's Global Strategy to Accelerate the Elimination of Cervical Cancer in 2020.

Switzerland should aim to eliminate *HPV-caused cancers* with the following goals by 2030:

- **90%** of girls and boys are fully vaccinated against HPV by age 15.
- **90%** of women screened for cervical cancer with a high-performance test by ages 35 and 45.
- **97%** of people with genital warts, pre-cancerous lesions, and HPV-caused cancers receive the necessary treatment and management.

Reaching these targets in 2030, will put Switzerland on track to eliminate cervical cancer by 2040, and other HPV-caused cancers in the future.

Three actions for elimination

1. Vaccination

Studies in Switzerland show a 59% significant reduction in high-risk HPV prevalence among vaccinated individuals compared to unvaccinated groups (Jacot-Guillarmod et al., 2017; Jeannot et al., 2018). In 2022, the overall final dose at age 16 years reached 71% for girls and 49% for boys (FOPH, 2024). Among adults 18-45 years, 43% of females and 12% of males are fully vaccinated (Zens et al., 2025). HPV vaccination coverage varies across cantons due to differences in funding, implementation, and access.

- ***A coordinated national approach with a target of 90% of eligible people fully immunized will ensure equitable access and strengthen public health impact of HPV vaccination programmes across Switzerland.***

2. Screening

Most Swiss cantons offer organized breast and colorectal cancer screening, but there is no equivalent programme for cervical cancer. Most women arrange their own testing, leading to unequal access, inconsistent follow-up, and a lack of quality assurance. The more sensitive HPV test, now widely used internationally as the primary screening method for women aged 30 and above, is not yet reimbursed by Swiss basic insurance, though a request is under review by the Federal Office of Public Health.

- ***A coherent, organized national HPV screening programme, with an HPV test, complemented in the NAPS and strongly embedded in the Cancer Plan could improve equity, participation, and cost-effectiveness. HPV self-sampling tests (already adopted in many countries), in combination with a screening programme, will increase screening coverage so that the target of 90% of women are screened by age 35 and 45.***

3. Treatment and management

Individuals diagnosed with HPV-caused cancers and precancerous lesions generally have access to appropriate diagnostic and therapeutic services through the national mandatory health insurance system. However, there is currently no national coordination or registry (such as a simple act of adding a "HPV-caused" tick box to national cancer registry) to systematically monitor patient pathways. Follow-up processes vary across cantons and providers—raising concerns about whether all patients receive timely and appropriate management. The Swiss Health System is prepared to manage HPV-caused cancers and provide treatment pathways aligned with international guidelines, and to ensure access to high-quality care.

- ***By explicitly embedding HPV elimination in the Cancer Plan and complementing NAPS, Switzerland can reach the target of 97% of people with genital warts, pre-cancerous lesions, and HPV-caused cancers receive the necessary treatment and management.***

Call to Action

Switzerland needs a coherent, coordinated national elimination strategy for HPV-caused cancers with the targets of 90%, 90%, 97%, implemented through the NAPS, strongly embedded in the Cancer Plan, and complemented by a strong political commitment to the elimination of HPV-caused cancers.

The Strategy and respective operational plans should be adopted and implemented at national and cantonal level and enforced through the relevant authorities. The strategy should include:

- Immediate national coordination and intervention packages that should be translated into action in all cantons
- Assigned roles and responsibilities of the cantonal health authorities and the national level
- A strong and appropriate surveillance system; one that defines and coordinates the minimal essential data in space and time to be collected
- The HPV test is classified as the primary HPV screening method, reimbursed by basic insurance
- A "HPV-caused cancer" tick box added to national cancer registry

Contact persons:

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Department Public & Global Health

References: 1. Jacot-Guillarmod et al., 2017: 10.1186/s12879-017-2867-x;2. Jeannot et al., 2018: 10.3390/ijerph15071447; 3. FOPH: OFSP-Bulletin 13/2024; 4. Zens et al., 2025: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5738366

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SALUTE PUBBLICA SVIZZERA
The Swiss Society for Public Health

HPVAlliance

Universität Zürich[UZH]

Department Public & Global Health

References: 1. Jacot-Guillarmod et al., 2017: 10.1186/s12879-017-2867-x;2. Jeannot et al., 2018: 10.3390/ijerph15071447; 3. FOPH: OFSP-Bulletin 13/2024; 4. Zens et al., 2025: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5738366

ROADMAP TO ELIMINATE HPV-CAUSED CANCERS

IN SWITZERLAND

December 2025

WHERE WE ARE

71% (2022)

49% (2022)

67.8%
of women 26-70 screened in the last 3 years (2022)

An incidence rate of cervical cancer
5.9 per 100'000 women (2020)

TARGETS FOR 2030

90%
of girls and boys are fully vaccinated against HPV by age 15

90%
of women screened for cervical cancer with a high-performance test by ages 35 and 45

97%
of people with genital warts, pre-cancerous lesions, and HPV-caused cancers treated and managed

TIMELINE

- **2025** Switzerland votes on motion to eliminate HPV-caused cancers
- **2025** Stakeholder dialogue and workshops focused on HPV elimination
- **2024** FOPH raised VCR targets from 80% to 90%
- **2024** HPV vaccine for boys recommended among basic vaccinations
- **2024** The National Programme on HIV, hepatitis B/C and STIs (NAPS), including HPV, launched
- **2021** HPV Alliance proposed national strategy to eliminate HPV-associated cancers by 2030
- **2015** HPV vaccine for boys is reimbursed
- **2007** HPV vaccine introduced in the National Vaccination Program

Accompanying media work

Public visibility built up alongside the parliamentary process

Visibility on social media

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ligue suisse contre le cancer

HPVAlliance

Communiqué de presse

Ensemble pour l'élimination des cancers liés aux HPV

Berne, le 4 mars 2025

Le 4 mars, la Journée internationale de sensibilisation aux HPV, est l'occasion d'attirer l'attention du monde entier sur les conséquences des papillomavirus humains (HPV) sur la santé. Les HPV sont l'infection sexuellement transmissible la plus fréquente et peuvent provoquer des cancers ainsi que des verrues génitales. En Suisse, plus d'une personne par jour est atteinte d'un cancer lié aux HPV et une personne en meurt tous les trois jours. **Afin de lutter contre cette souffrance évitable, le Conseiller national Christian Lohr a déposé une motion visant l'élimination des cancers liés aux HPV. Celle-ci demande au Conseil fédéral d'élaborer, en coordination avec les cantons et les partenaires de la santé, une stratégie avec des mesures ciblées pour l'élimination des cancers dus aux HPV. La motion est soutenue par HPVAlliance Suisse, la Ligue suisse contre le cancer et Santé publique Suisse.**

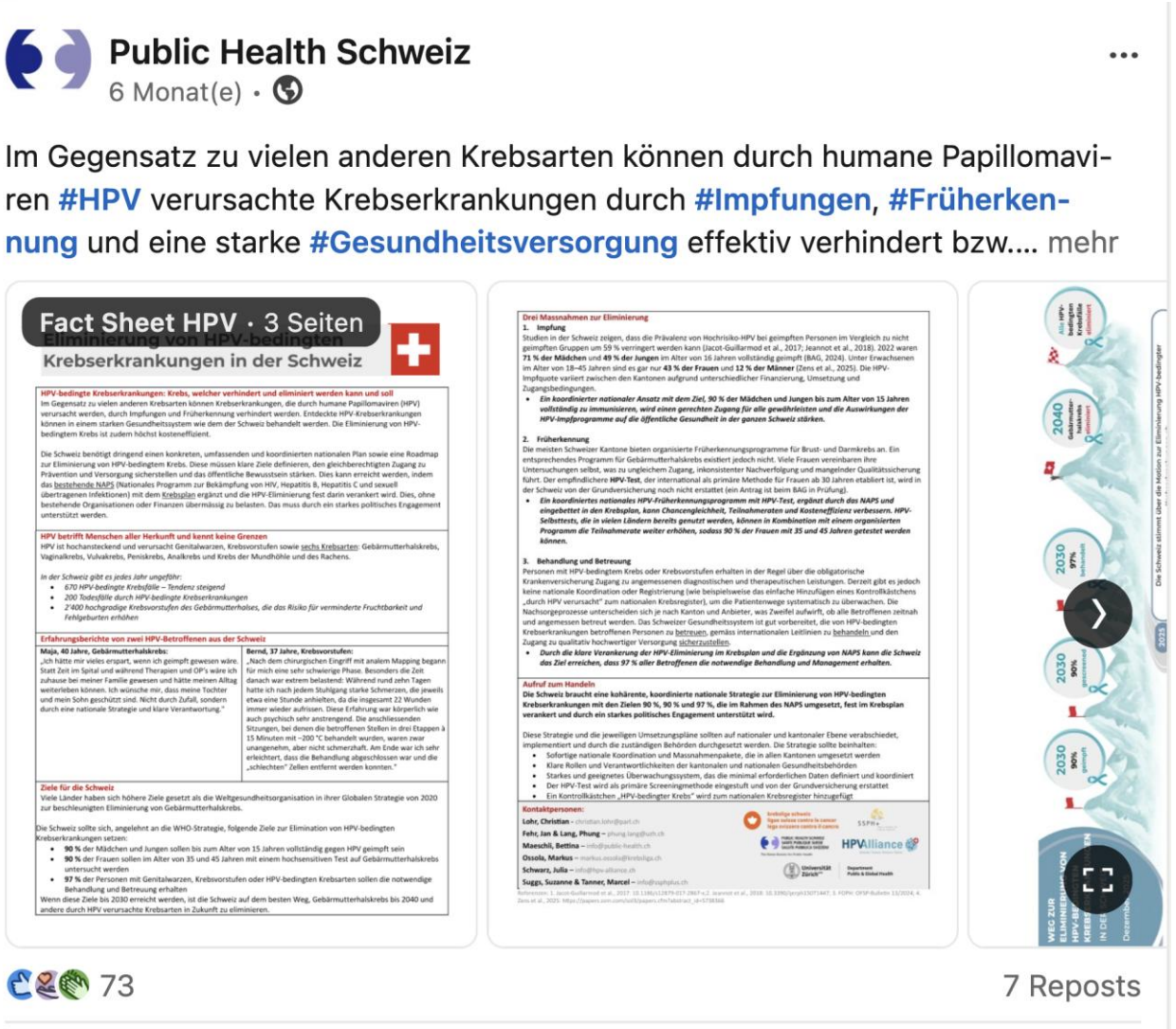
Un objectif politique clair est désormais nécessaire

La motion du conseiller national Christian Lohr s'inspire de la Stratégie mondiale pour l'élimination du cancer du col de l'utérus de l'Organisation mondiale de la santé (OMS) et du Plan européen contre le cancer. Son objectif: une meilleure coordination des mesures de prévention - notamment en ce qui concerne la vaccination contre le HPV et le dépistage précoce. «Bien que le HPV ait déjà été intégré dans des programmes nationaux et cantonaux, il manque, malgré son importance, une priorisation politique claire», souligne le motionnaire. Une stratégie nationale visant à éliminer le cancer lié à l'HPV permettrait non seulement de renforcer la santé publique, mais aussi de réduire considérablement les coûts de santé et les coûts économiques consécutifs à la maladie et à la perte de productivité.

Facteurs de réussite et connaissances internationales

Une analyse récente dirigée par le professeur Suzanne Suggs à l'Università della Svizzera italiana (USI) a examiné 13 pays avec et sans stratégie nationale d'élimination. Les résultats montrent que les pays disposant de plans établis réalisent des progrès significatifs vers la réalisation des objectifs de l'OMS pour 2030, tandis que les pays sans stratégies de ce type - à l'exception du Danemark - n'enregistrent que des évolutions limitées. Les facteurs de réussite sont la volonté politique, la planification fondée sur des données probantes, le suivi, l'implication des parties prenantes et la communication ciblée (El Maohub & Suggs, 2025).

La professeure Suzanne Suggs souligne que «puisque les cancers liés aux HPV peuvent être éliminés, ils devraient être éliminés. Une stratégie coordonnée - comme pour le VIH/sida et l'hépatite - pourrait réduire considérablement la charge de morbidité en Suisse».



Comprehensive strategy

Underpins the political demand – not just a concern, but a path to a solution

Principle: Integration, not a parallel structure

Existing national programs and strategies under development:
STOPP HIV, Hepatitis B/C, and the National STI Action Plan (NAPS)
Linking to the national cancer plan

Targets By 2030:

- **90%** of girls and boys **fully vaccinated** with HPV vaccine **by age 15**
- **90%** of women screened with a **high-performance test by ages 35 and 45**
- **97%** of people with **genital warts, pre-cancerous lesions, and HPV-caused cancers** receive the necessary **treatment** and **management**

To be **integrated** with **NAPS program**, a backbone to prevent HPV-related cancers

How a motion becomes a decision

1. First chamber: National Council – deliberation on the motion

2. Federal Council response – recommends acceptance or rejection
Usually by the start of the next ordinary session

→ If rejected: concluded

3. Preliminary committee (SGK-S) – recommendation to the Council of States

4. Second chamber: Council of States – deliberation on the motion

→ If rejected: concluded

5. Referral to the Federal Council

6. Implementation by the Federal Council
Within 2 years – then written off by the chambers

2

Although HPV has been included in various programmes (see **23.3727**), there are few concrete measures. Moreover, these programmes are poorly coordinated and their results are insufficient. A national target to eliminate HPV-related cancer could provide the necessary prioritisation. The Federal Council is instructed, in coordination with the cantons and health partners, to develop a strategy with targeted measures for the elimination of HPV-related cancers:

- Vaccination of 90% of girls and boys and improved access to vaccination (doctors' surgeries, pharmacies, schools).
- Switch to HPV testing for early detection in women aged 30 and over and implement the expert panel's recommendations based on the HTA.
-Improving public awareness and understanding of HPV.

These objectives and measures could be integrated into the NAPS programme, the National Cancer Plan and the cantonal vaccination

OPINION OF THE FEDERAL COUNCIL OF 14 May 2025

The Federal Council is requesting that the motion be adopted.

REQUEST BY THE FEDERAL COUNCIL OF 14 MAY 2025

- **Federal Council** proposes to **accept the motion**
- One parliamentary opponent ⟶ motion **under discussion**

3

3. Preliminary committee (SGK-S) -- outcome = recommendation to the Council of States

Health Commission

Elimination of HPV-caused Cancers in Switzerland

Lohr, Christian - christian.lohr@parl.ch

HPV-caused cancers; the cancers that can be and should be eliminated

In contrast to most other cancers, Human Papillomaviruses (HPV)-caused cancers can be prevented through vaccination and screening. Detected HPV cancers can be treated or managed in a strong health system like Switzerland's. Eliminating HPV-caused cancers is highly cost beneficial.

Switzerland urgently needs a concrete, comprehensive, and coordinated nationwide plan and roadmap to eliminate HPV caused cancers that defines clear goals, ensures equal access to prevention and care, and raises public awareness. This can be done by complementing the existing NAPS (National Programme to Stop HIV, Hepatitis B Virus, Hepatitis C Virus, and Sexually Transmitted Infections) and strongly embedding HPV elimination into the Cancer Plan, without a heavy burden on existing organizations or finances. This must be complemented by a strong political commitment.

HPV affects people of all backgrounds and knows no boundaries

HPV is highly infectious and causes genital warts, pre-cancerous lesions, and *six cancers*: Cervical cancer, Vaginal cancer, Vulvar cancer, Penile cancer, Anal cancer, and Cancer of the oral cavity and pharynx.

In Switzerland every year, there are approximately:

- 670 HPV-caused cancer cases, and this is expected to rise
- 200 deaths due to HPV-caused cancers
- 2'400 high-grade precancerous lesion of the cervix, which increases the risk for reduced fertility and miscarriage

Testimonials from two persons affected by HPV in Switzerland

Maja, 40 years-old, cervical cancer:
"I could have spared myself a lot if I had been vaccinated. Instead of spending time in the hospital undergoing therapies and surgeries, I would have been at home with my family, continuing with my everyday life. I want my daughter and my son to be protected—not by chance, but through a national strategy and clear responsibility."

Bernd, 37 years-old, precancerous lesions:
"After the surgical procedure with anal mapping, a very difficult phase began for me. The days afterwards were extremely challenging: for about ten days, I experienced severe pain after every bowel movement, lasting around one hour each time, as the 22 wounds reopened again and again. This was both physically and mentally exhausting. The following sessions, during which the affected areas were treated in three stages of 15 minutes each with –200 °C, were unpleasant but not painful. In the end, I felt extremely relieved that the treatment was completed and that the "bad" cells had finally been removed."

Targets for Switzerland

Many countries have set higher targets than The World Health Organization's Global Strategy to Accelerate the Elimination of Cervical Cancer in 2020.

Switzerland should aim to eliminate *HPV-caused cancers* with the following goals by 2030:

- **90%** of girls and boys are fully vaccinated against HPV by age 15.
- **90%** of women screened for cervical cancer with a high-performance test by ages 35 and 45.
- **97%** of people with genital warts, pre-cancerous lesions, and HPV-caused cancers receive the necessary treatment and management.

Reaching these targets in 2030, will put Switzerland on track to eliminate cervical cancer by 2040, and other HPV-caused cancers in the future.

Three actions for elimination

1. Vaccination

Studies in Switzerland show a 59% significant reduction in high-risk HPV prevalence among vaccinated individuals compared to unvaccinated groups (Jacot-Guillarmod et al., 2017; Jeannot et al., 2018). In 2022, the overall final dose at age 16 years reached 71% for girls and 49% for boys (FOPH, 2024). Among adults 18-45 years, 43% of females and 12% of males are fully vaccinated (Zens et al., 2025). HPV vaccination coverage varies across cantons due to differences in funding, implementation, and access.

- ***A coordinated national approach with a target of 90% of eligible people fully immunized will ensure equitable access and strengthen public health impact of HPV vaccination programmes across Switzerland.***

2. Screening

Most Swiss cantons offer organized breast and colorectal cancer screening, but there is no equivalent programme for cervical cancer. Most women arrange their own testing, leading to unequal access, inconsistent follow-up, and a lack of quality assurance. The more sensitive HPV test, now widely used internationally as the primary screening method for women aged 30 and above, is not yet reimbursed by Swiss basic insurance, though a request is under review by the Federal Office of Public Health.

- ***A coherent, organized national HPV screening programme, with an HPV test, complemented in the NAPS and strongly embedded in the Cancer Plan could improve equity, participation, and cost-effectiveness. HPV self-sampling tests (already adopted in many countries), in combination with a screening programme, will increase screening coverage so that the target of 90% of women are screened by age 35 and 45.***

3. Treatment and management

Individuals diagnosed with HPV-caused cancers and precancerous lesions generally have access to appropriate diagnostic and therapeutic services through the national mandatory health insurance system. However, there is currently no national coordination or registry (such as a simple act of adding a "HPV-caused" tick box to national cancer registry) to systematically monitor patient pathways. Follow-up processes vary across cantons and providers—raising concerns about whether all patients receive timely and appropriate management. The Swiss Health System is prepared to manage HPV-caused cancers and provide treatment pathways aligned with international guidelines, and to ensure access to high-quality care.

- ***By explicitly embedding HPV elimination in the Cancer Plan and complementing NAPS, Switzerland can reach the target of 97% of people with genital warts, pre-cancerous lesions, and HPV-caused cancers receive the necessary treatment and management.***

Call to Action

Switzerland needs a coherent, coordinated national elimination strategy for HPV-caused cancers with the targets of 90%, 90%, 97%, implemented through the NAPS, strongly embedded in the Cancer Plan, and complemented by a strong political commitment to the elimination of HPV-caused cancers.

The Strategy and respective operational plans should be adopted and implemented at national and cantonal level and enforced through the relevant authorities. The strategy should include:

- Immediate national coordination and intervention packages that should be translated into action in all cantons
- Assigned roles and responsibilities of the cantonal health authorities and the national level
- A strong and appropriate surveillance system; one that defines and coordinates the minimal essential data in space and time to be collected
- The HPV test is classified as the primary HPV screening method, reimbursed by basic insurance
- A "HPV-caused cancer" tick box added to national cancer registry

Contact persons:

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Schwarz, Julia – info@hpv-alliance.ch
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krebsliga schweiz
ligue suisse contre le cancer
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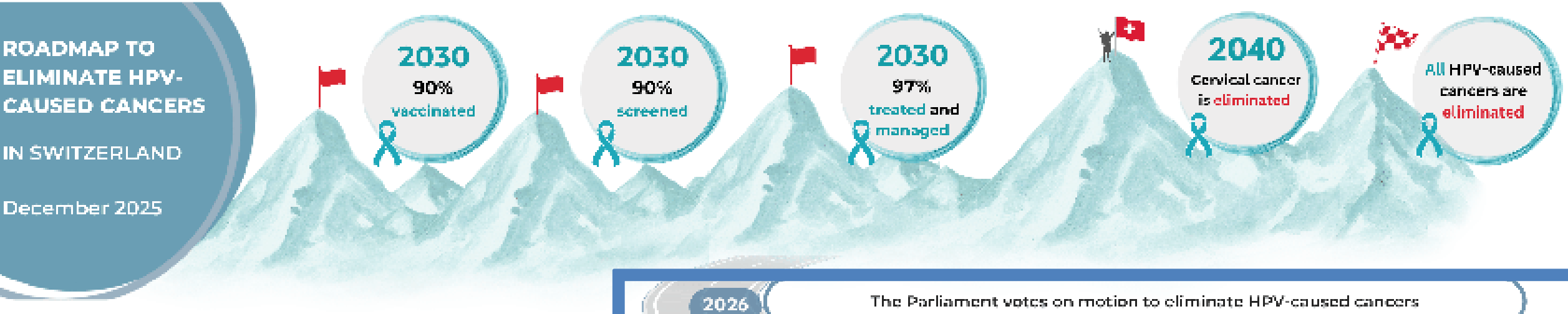
Updated roadmap

ROADMAP TO ELIMINATE HPV-CAUSED CANCERS

IN SWITZERLAND

December 2025



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Timeline

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3. Preliminary committee (SGK-S) -- outcome = recommendation to the Council of States

Health Commission voted:

A unanimous YES

4

4. Second chamber: Council of States – deliberation on the motion

In preparing for this step,
The working group deliberates and decides we need a solid economic argument

HPV Elimination in Switzerland: The Economic Case for Action

Intermediate report

28 May 2026

Authors:

Cisco, C[1].

On behalf of the working group: Fehr, J[2].; Lang, P. [2]; Maeschli, B.[3]; Schwarz, J.[4,5]; Suggs, L.S.[6]; & Tanner, M.[6]

With special acknowledgements to:

Occhipinti, J.[7]; Crosland, P.[7]; Canfell, C.[8]; and her team at the Cancer Elimination Collaboration[8]

HPV-related cancers impose a substantial and largely preventable burden at the international level, with interventions proven cost-effective across multiple European settings. At the Swiss level, we estimate that maintaining the current status quo, consisting of suboptimal vaccination coverage and no national screening programme, costs approximately CHF 611 million annually. Reaching the recommended 90% vaccination coverage would require an incremental investment of just CHF 10 million per year for incoming cohorts, and a one-time catch-up investment of approximately CHF 225 million for the currently under-vaccinated generation. These figures are consistent with independent Swiss and European analyses.

Taken together, the economic and public health evidence leaves no room for ambiguity: the cost of inaction substantially exceeds the cost of action. Switzerland has the tools, the evidence, and the comparators to act.

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Reaching these targets in 2030, will put Switzerland on track to eliminate cervical cancer by 2040, and other HPV-caused cancers in the future. The most recent analysis of Swiss data shows the annual total cost of maintaining the status quo is approximately CHF 611 million per year (of which 118M reflects direct healthcare expenditure and 493M reflects the societal value of health loss). The analysis also shows that eliminating HPV-related cancers is highly cost-beneficial, as achieving a 90% vaccination coverage rate could prevent the majority of these annual costs (Cisco et al, 2026).

Three actions for elimination

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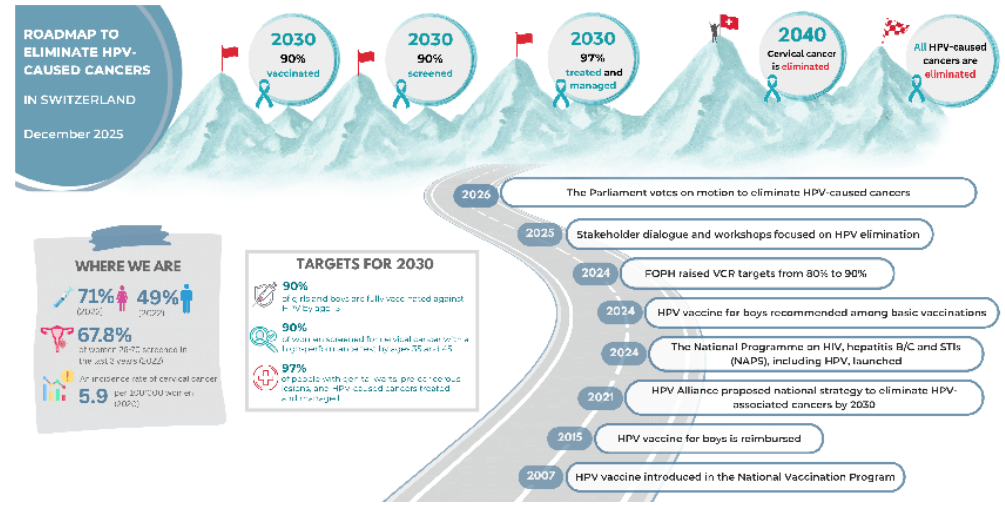

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25.3041

Motion Lohr Christian.
Vers l'élimination des cancers
dus aux HPV en Suisse

PRINT DEBATE
VIDEO OF DEBATE
ADDENDUM
HÄBERLI-KOLLER BRIGITTE (CE, TG)
BAUME-SCHNEIDER ELISABETH (CF)
ADDENDUM

4. Second chamber: Council of States – deliberation on the motion

CHRONOLOGY

CONSEIL NATIONAL 20/06/2025
CONSEIL NATIONAL 01/12/2025
CONSEIL DES ETATS 01/06/2026

Präsident (Engler Stefan, Präsident): Es liegt Ihnen ein schriftlicher Bericht der Kommission vor. Die Kommission und der Bundesrat beantragen die Annahme der Motion.

HÄBERLI-KOLLER BRIGITTE
Conseil des Etats
Thurgovie
Le Groupe du Centre. Le Centre. PEV. (M-E)

VIDEO OF SPEECH
PRINT SPEECH

Häberli-Koller Brigitte (M-E, TG), für die Kommission: Die SGK-S hat die vorliegende Motion, welche der Nationalrat am 1. Dezember 2025 mit 122 zu 60 Stimmen bei 6 Enthaltungen angenommen hat, an der Sitzung vom 30. März 2026 geprüft. Die Kommission beantragt Ihnen einstimmig, die Motion anzunehmen. Auch der Bundesrat beantragt die Annahme.
Der Bundesrat soll mit der Motion beauftragt werden, in Koordination mit den Kantonen und den Gesundheitspartnern Massnahmen auszuarbeiten, um HPV-bedingte Krebserkrankungen zu eliminieren. Das Anliegen dieser Motion ist unbestritten. Durch präventive Massnahmen, nämlich die HPV-Impfung, kann ein erheblicher Anteil dieser Erkrankungen verhindert werden; dies gilt auch für Vorstufen solcher Krebserkrankungen. Auch das BAG und die Eidgenössische Kommission für Impffragen empfehlen die HPV-Impfung, und dies generell, allen Jugendlichen im Alter von 11 bis 14 Jahren. Ebenso wird eine solche Impfung für 15- bis 26-Jährige empfohlen, dies als Nachholimpfung. Die bereits bestehenden Programme bilden eine gute Grundlage, um HPV-bedingte Krebserkrankungen zu vermeiden.
Mit der Annahme der vorliegenden Motion werden die Bestrebungen des Bundesrates unterstützt, die Massnahmen in diesem Bereich in Zusammenarbeit mit den Kantonen und den Fachpersonen zu stärken und weiterzuentwickeln. Dazu soll zum Beispiel die HPV-Impfung in nationale Massnahmen integriert werden.
Wie bereits erwähnt, beantragt Ihnen die Kommission einstimmig, die Motion anzunehmen.

Adopted
Angenommen - Adopté

5. Referral to the Federal Council

BAUME-SCHNEIDER ELISABETH
Conseil fédéral

VIDEO OF SPEECH
PRINT SPEECH

Baume-Schneider Elisabeth, conseillère fédérale: Le Conseil fédéral adhère également à l'objectif de l'auteur de la motion, qui est de lutter contre les cancers causés par les papillomavirus humains (HPV).
Le programme national de vaccination, le programme national "Stop au VIH, aux virus des hépatites B et C et aux infections sexuellement transmissibles (NAPS)" et les programmes cantonaux de vaccination sont des fondements solides pour lutter contre les cancers causés par les HPV. Leur mise en oeuvre relève de la compétence des cantons. Dans ce contexte, nous constatons que le taux de couverture vaccinale varie encore fortement d'un canton à l'autre. Um das nationale Ziel einer Durchimpfungsrate von 90 Prozent in allen Kantonen zu erreichen, ist es daher notwendig, gezielte, spezifische und an die lokalen Gegebenheiten angepasste Massnahmen zu ergreifen. Hierbei ist eine enge Zusammenarbeit mit den betroffenen Stakeholdern, insbesondere mit den Kantonen, massgeblich. Sie wird im Rahmen von Workshops, Expertengremien und runden Tischen angestrebt. Wichtige Massnahmen sind die zielgruppenspezifischen Informationen und die Kommunikation über das Virus, über die Krankheiten und die Schutzmöglichkeiten, insbesondere über die Impfung, das Impfen in Apotheken, die Überführung der Impfung in die Regelstruktur und die Reduktion der Dosierungsschemata sowie die Optimierung der Datenerhebung.
Il faut encore souligner que la prévention ne repose pas exclusivement sur la vaccination. Le frottis est une mesure essentielle de prévention secondaire qui permet de détecter suffisamment tôt des cellules modifiées et contribue dès lors au dépistage précoce du cancer du col de l'utérus.
La motion a été adoptée par le Conseil national en décembre dernier et approuvée, comme cela a été dit, à l'unanimité de votre commission en mars de cette année. Je vous remercie dès lors également de l'adopter, comme le propose le Conseil fédéral.

Lessons Learnt

Also confirmed by similar motions, e.g. on viral hepatitis

A Clear Goal
Unambiguous, measurable, and easy to communicate

Integration, not a parallel structure
Linking to existing programs rather than building new ones

Emphasizing cost-effectiveness
An argument that convinces across party lines

Timing is everything
The right moment in the parliamentary process is decisive

Identifying opinion leaders
Spotting key figures early and engaging them deliberately

Strong coordination within the group
A unified, coordinated public presence

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The Swiss Society for Public Health
Universität Zürich[UZH]
Department Public & Global Health

Eliminating HPV-Caused Cancers: From Evidence to National Action

Thank you!

Bettina Maeschli & Suzanne Suggs

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