



**Technical Meeting of
COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY (CHIC)**

24th June 2021

**HPV Vaccination: From Pre-
Introduction Planning to
Sustained Implementation.**

Lessons learnt from a HPV pilot demonstration project in Nigeria

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- **No Financial
Conflict of Interest**



Objective

- Overview of role of HPV Vaccination in Prevention of Cervical Cancer
- Review immunization terrain in Nigeria
- Experience on HPV vaccination in Nigeria
- Program considerations for sustainable HPV vaccination in Nigeria



HPV Vaccination and Cervical Cancer Prevention

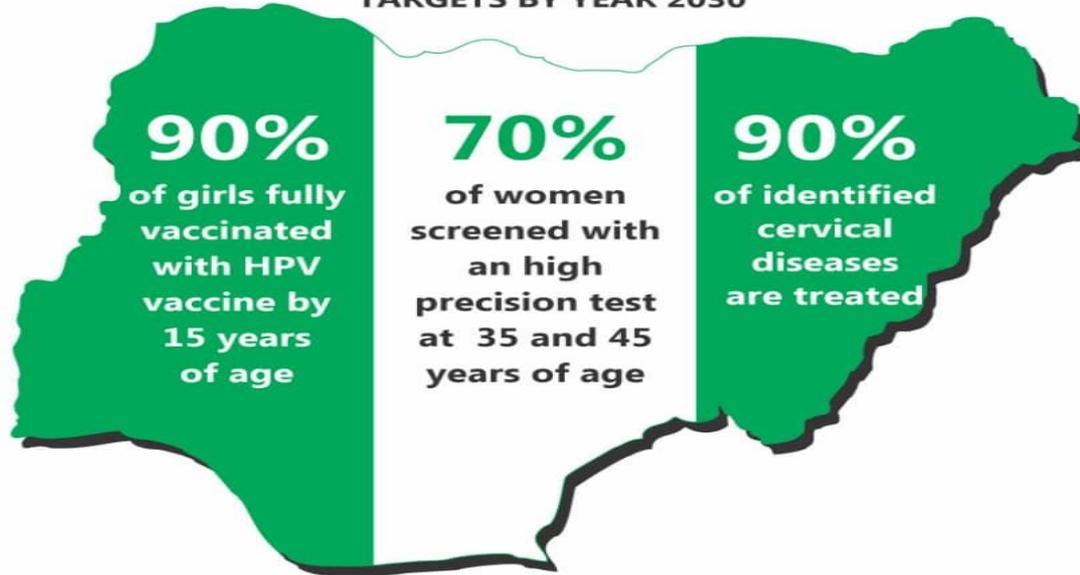
- HPV infection is a necessary but not sufficient cause of Cervical Cancer.
- Cervical Cancer is potentially eradicable disease mainly because of HPV vaccine.
- Cervical cancer disease burden represents unacceptable global inequality
- WHO called for global collaboration to eliminate cervical cancer- 90:70:90 targets

NIGERIA UNITING TO END CERVICAL CANCER

VISION: NIGERIA WITHOUT CERVICAL CANCER

THRESHOLD: NIGERIA REACHES <4 CASES PER 100,000 WOMEN YEAR

TARGETS BY YEAR 2030



Immunization Terrain in Nigeria

- Routine Immunization
 - 58% Coverage
- Eradication of Smallpox
- Polio Eradication
- Covid Vaccination

Nigeria



Total population (2019)	201,748,529
Birth cohort (2019)	7,516,000
Surviving Infants (surviving to 1 year per year, 2019)	7,085,914
Infant mortality rate (deaths < 1 year per 1000 births, 2015)	69/1000
Child mortality rate (deaths < 5 years per 1000 births, 2015)	109/1000
World Bank Index, IDA (2015)	3.41
Gross Nation Income (per capita US\$, 2015)	2,820
No. of districts/territories (2018)	774

DTP3 / immunisation coverage

DTP3 - WHO/UNICEF estimates (2018)	N/A
DTP3 - Official country estimates (2018)	58%
M:F sex ratio at birth (2019)	1.06
Household survey: DTP3 coverage for male (2012)	39.40%
Household survey: DTP3 coverage for female (2012)	37.00%
Household survey: Last DTP3 survey (2012)	38%
% districts achieving > 80% DTP3 coverage (2018)	75%
% districts achieving < 50% DTP3 coverage (2018)	2%
MCV WHO/UNICEF estimates (2018)	65%



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Uniqueness of HPV Vaccine

- *Target Age Group Different from the routine immunization*
- *Delivery models*
 - *On demand,*
 - *Out of school*
 - *School-based.*
 - *Fixed health facility*
 - *Outreaches*

Summary of HPV Vaccination Cost and Targets 2017-2021

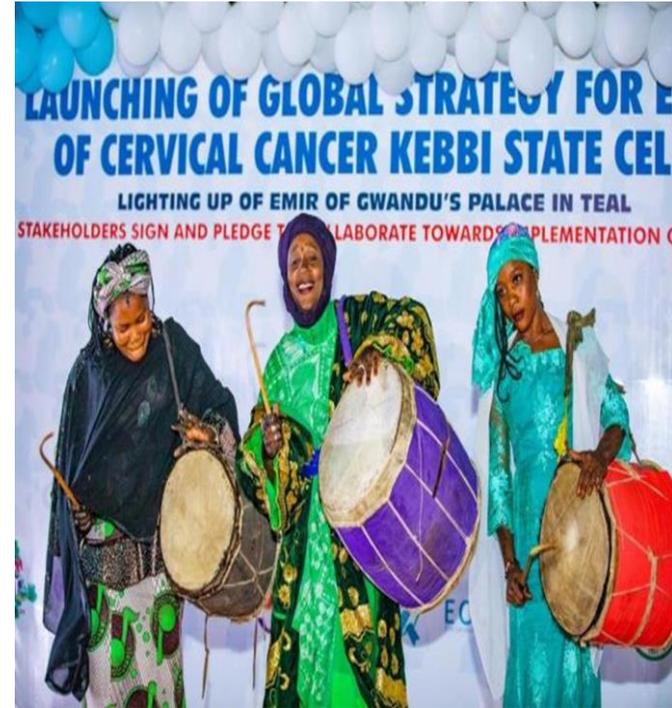
HPV VACCINATION	
Delivery strategy and interventions	<ul style="list-style-type: none">• Administration of a 2-dose vaccine to be delivered to 9 to 13-year-old girls in the first year and 9-year-old girls from the second year• 50% of girls to be vaccinated at schools in the first year, others to be vaccinated at outreaches or health facilities
Target coverage	78%
Number of FIGs	4,547,678
Cost per FIG (financial)	US\$ 3.98
Cost per FIG (economic)	US\$ 14.88
Total cost (financial)	US\$ 18,105,758 (including programme support activities costs)
Total cost (economic)	US\$ 67,681,025 (including programme support activities costs)

HPV Vaccination in Nigeria

- Currently no National Vaccination program
- Pilot programs
 - Kebbi State Pilot project(Concluded)
 - Rotary club vaccination of school girls in Lagos (Ongoing)
- On demand vaccination
- Outreaches

Lessons From Kebbi State Pilot project

- There is need for strong political goodwill at the federating units
- There is need for involvement of traditional rulers at the planning stage
- The girls are willing to take the vaccines, however decision can be influenced by peers
- Parents are willing to give consent but decision can be influenced by traditional and religious leaders



Conclusion

- The challenges are enormous but the rewards are equally great.
- A sustainable HPV vaccination is achievable despite the challenges but requires a coordinated collaborative efforts of International organizations, National and state governments
- There are limited resources for unlimited development.



Thank You

