



# Programmes de vaccination contre le HPV

Préparation, Introduction, Revitalisation et Pérennité.

## Social Mobilization, Communication and Training of Health Care Practitioners: Nigeria's HPV vaccine introduction Experience

National Primary Healthcare Development  
Agency (NPHCDA)

Nigeria



COALITION to STRENGTHEN  
the HPV IMMUNIZATION  
COMMUNITY

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# Outline

- Introduction\Background
- Results from Nigeria's Phase 1 HPV Multi-Age-Cohort campaign
- Nigeria's HPV vaccine introduction Experience
  - Social Mobilization and Communication
  - Training of Health Care Practitioners
- Lessons Learned
- Recommendations

# Introduction

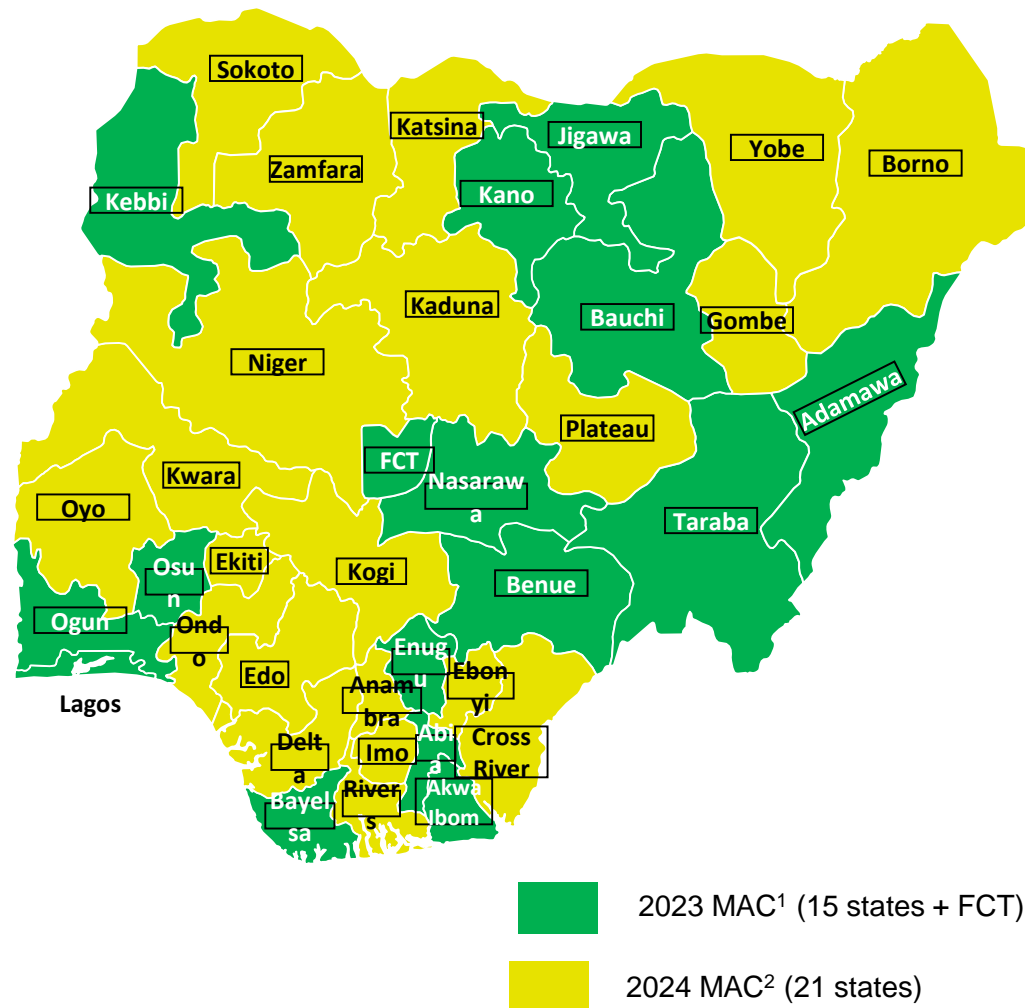
With the support of Gavi, Nigeria on October 24<sup>th</sup>, 2023, introduced the HPV vaccine using a phased approach to sustain the country's focus on reducing morbidity and mortality due to the high burden of cervical cancer and the weak secondary and tertiary platforms to manage and treat cases

## Key information

1. Total population: 140 million (2006 Census figures)
2. Target population for HPV: 7,743,028 (9-14 years old girls)
3. Target population for Phase 1 HPV MAC campaign 5,649,510

### Cancer Burden:

- The 3<sup>rd</sup> most common and 2<sup>nd</sup> frequent cause of Cancer related deaths for women between 15-44 years
- 12,000 cases reported with 8,000 deaths in 2020

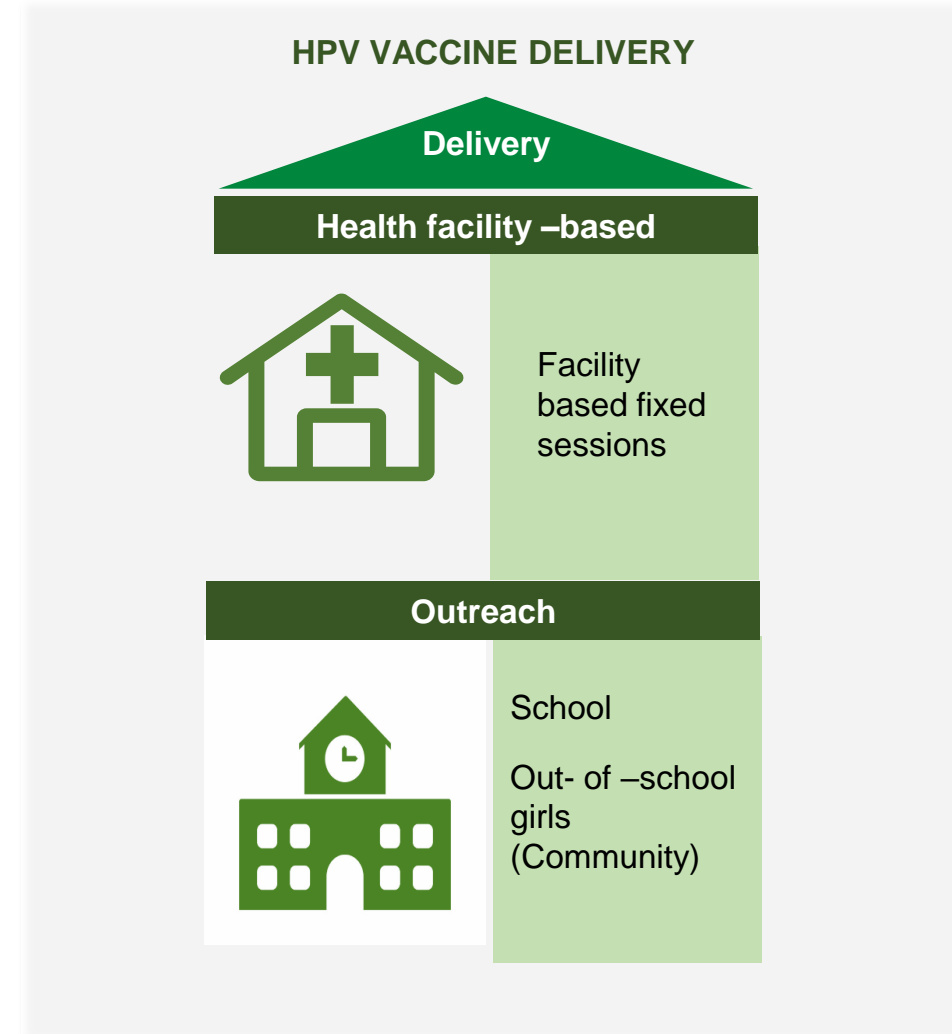
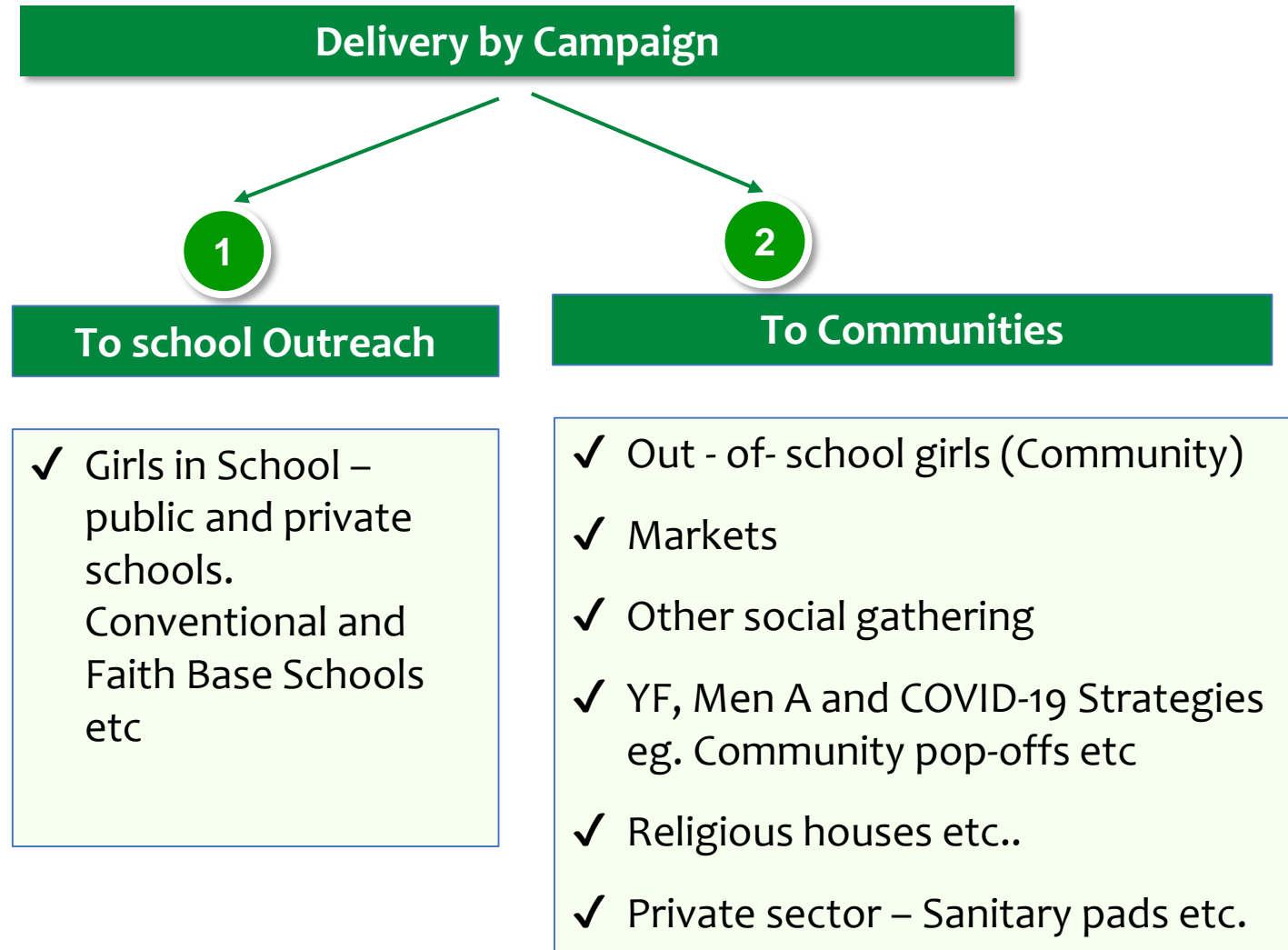


**Key Criteria for Phasing include:**

- **Level of risk to cervical cancer disease. The indicators are;**
  - Mean age at sexual contact
  - % teenage pregnancy
  - Mean number of sexual partners in a lifetime
  - STI prevalence in the last 12 months
  - % male circumcision and HIV prevalence.
- Cold chain capacity sufficiency
- Penta3 coverage for admin and survey (NDHS, 2018)

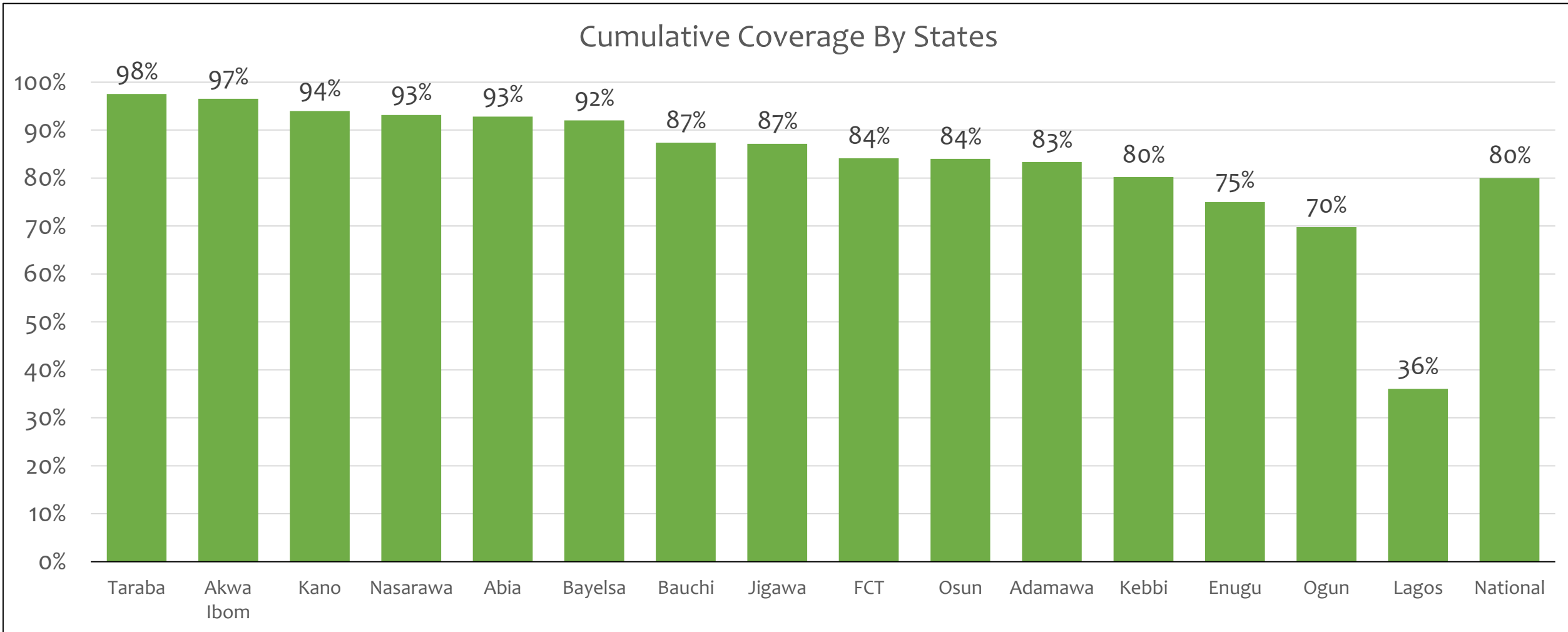
# HPV Vaccine Delivery Strategy

Nigeria introduced the HPV Vaccine using a Multi-Age Cohort (9- 14years) campaign in October 2023 and will subsequently routinize the vaccine using Fixed and structured outreach sessions



❖ Partnership with the private sector was leveraged for the integrated approach to be optimized..

# 4,631,159 (80%) 9-14 years were vaccinated during the phase 1 MAC campaign across 15 states



Source: MAC Daily Call-In Data as @ 28<sup>th</sup> Nov. 2023

# HPV vaccines will be integrated into Nigeria's RI schedule post campaign leveraging existing structures

1

Utilize **routine government funded outreach and mobile services** being provided by RI providing health facilities for the provision of HPV vaccination. Facilities should conduct school outreach at least once every quarter.

2

**Leveraging Fixed post vaccination** where RI is provided to provide HPV vaccination to both in-school girls and out of schoolgirls.

3

**Leveraging bi-annual Maternal and Child Week (MNCH-Week)** to provide HPV vaccination. Most of the states have taken the ownership of MNCH week by the wives of the Governors

4

**Integrating HPV During other Immunization Campaigns** – Following the HPV vaccination rollout in Nigeria, all scheduled campaigns will include administration of HPV vaccines to eligible girls to increase HPV vaccination coverage






The states will adapt the national routinization strategy to their specific context

# Nigeria's HPV Vaccination Experience: Social Mobilization and Communication





# To ensure effective social mobilization and demand generation for HPV vaccine, we conducted a number of priority activities

Key activities	Description
 <b>Development of strategic plans</b>	<ul style="list-style-type: none"><li>● Developed a comprehensive Social and Communication plan for HPV VI</li><li>● Developed Crisis , Communication and Rumor management plan</li></ul>
 <b>Stakeholder mapping and engagement</b>	<ul style="list-style-type: none"><li>● Map out all relevant stakeholders involved in ACSM including CSOs</li><li>● Trained CSOs on mobilization for HPV vaccine in the 16 phase 1 states</li><li>● Established linkages with education authorities and schools</li></ul>
 <b>Development of IEC materials</b>	<ul style="list-style-type: none"><li>● Conducted IEC Materials Development Workshop to develop social mobilization materials</li><li>● Developed and produced scripts for radio jingles and TV PSAs</li></ul>
 <b>Sensitization of key influencers and leaders</b>	<ul style="list-style-type: none"><li>● Conducted sensitization of HPV vaccine to traditional and religious leaders</li><li>● Engaged social media influencers and Celebrities on HPV vaccine sensitization</li><li>● Engagement with key state Media stations on HPV vaccine</li></ul>
 <b>Special media appearances</b>	<ul style="list-style-type: none"><li>● Appearances on radio Talk shows</li><li>● Conducted special media appearances on national, state TV stations to clarify myths and rumors</li><li>● Obtained endorsement clips and videos by trusted Nigerians</li></ul>





# Proper planning and effective engagement of key stakeholders are key in ensuring success of social mobilization activities

	Challenges	Lessons learnt	immediate next steps
Pre-Campaign	<ul style="list-style-type: none"><li>● Late engagement of National and state media group and late airing of jingles and PSAs</li><li>● inadequate sensitizations of schools and religious institutions</li></ul>	<ul style="list-style-type: none"><li>● Early engagement of National and state based media houses is key to better demand for the vaccine</li><li>● Prioritize visit to schools as great avenues for sensitization and involve adolescents in Health Clubs to promote HPV vaccination</li></ul>	<ul style="list-style-type: none"><li>● Intensify engagement with religious and educational authorities, schools Proprietors and Parent Teachers Association</li></ul>
Intra Campaign	<ul style="list-style-type: none"><li>● Rejections in some private and mission schools</li><li>● High level rumor mongering against HPV Vaccines</li><li>● Late arrival/inadequate IEC materials</li></ul>	<ul style="list-style-type: none"><li>● Intentional implementation of the Risk communication strategies is key in confronting HPV Vaccine Anti Vaxxers</li><li>● Prompt community feedback, rumor management are critical to allaying the fears of caregivers</li></ul>	<ul style="list-style-type: none"><li>● Leverage on existing program to increase awareness for the vaccine</li><li>● Continuous media sensitization to create demand and clear existing rumors</li><li>● Increase funding for ACSM activities at all levels</li></ul>

# Gallery



 **Lagos State**  
Primary Health Care Board 



**HEALTH DISTRICT VI AND ALL THE  
CHAIRMEN IN THE DISTRICT**  
*ANNOUNCES:*

**HUMAN PAPILLOMA VIRUS  
VACCINATION  
INTRODUCTION**

**IN LAGOS STATE**

Venue: All Primary Health Centres Schools, Churches,  
Mosques, Vocational Centres, Markets (ETC)  
Date: 25TH - 30TH September, 2023  
Time: 8am - 3pm daily

**Announcer:**  
**Dr. Mrs Mabogunje  
Abimola Cecilia**  
**Permanent Secretary  
Health District VI**

**LAGOS STATE PRIMARY HEALTH DISTRICT VI**

National launch of the HPV vaccine by the First lady of the FRoN and her counterpart in Lagos state



# Gallery



**Mobilization by a Christian Faith group**



**Sensitization of Islamic religious leaders**



**Sensitization of women group**



**Sensitization of Out of school girls in a rural community**



# Nigeria's HPV Vaccination Experience: Training of Front-line Health Care Practitioners



# Over 35,000 Personnel were trained for Microplan development and 21,000 Health care workers and program managers were trained during the implementation training in phase one states



Implementation training of Front line Health workers

- Training of health workers was essential in ensuring the successful introduction of the HPVV in Nigeria
- The training methodology adopted was **reading comprehension** to ensure maximum participation from all participants present
- The training was conducted at different levels of the health system, **cascading from the national level to the LGAs.**
- It included health workers from both **public and private sectors at different levels, Ministry of Education, teachers, as well as other non-EPI stakeholders**
- **Separate trainings were conducted both for microplanning and vaccine roll out**

# We outlined lessons and insights from the training in phase one to guide the phase two implementation

## Challenges

- Gross inadequacy in budgetary provision for number of invited participants from the states for the NToT
- Increment in the cost of refreshment and transportation due to inflation

## Lessons learnt

- Early development of training plan, materials and printing as planned
- Planning meetings before trainings enhanced better coordination
- Daily evaluation of the training, helped to facilitate feedback from the participants
- Holding of facilitators meeting after training helped to correct errors detected and leads to better performance.

## Next steps

- Allocate adequate funds for training at all levels
- Increase the number of participants to be trained for the MAC in phase 2

Thank  
you

