

National Primary Health Care Development Agency (NPHCDA)

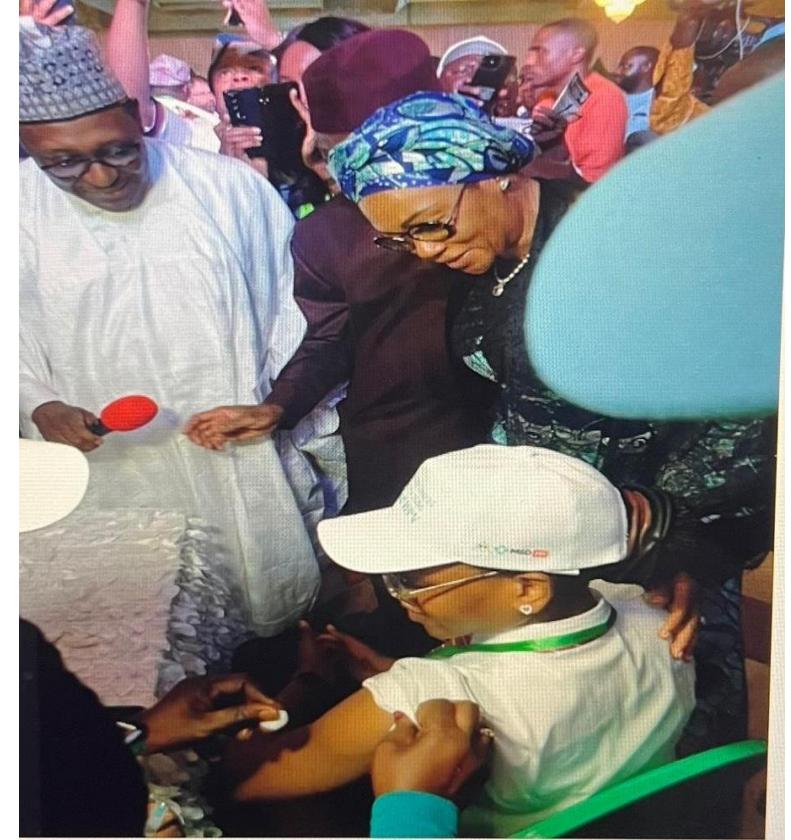
**Update on Nigeria's HPV vaccination
program**

**highlighting experiences in specific
areas of implementation.**



Background

- Nigeria with the support of Partners successfully introduced the HPV vaccine in two phases 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
- Based on the global guidance on single dose, and vaccine availability of Quadrivalent HPV vaccine Nigeria introduced the single dose using a phased approach
- The vaccine was officially launched into the Nigerian EPI schedule on the 24th October 2023 in sixteen phase 1 states and Flagged-up for twenty-one phase 2 states on May 27th, 2024
- As @ present, 36 states including the FCT have introduced the HPV vaccine with an estimate of more than 12,000,000 adolescent girls vaccinated during the MAC Campaigns in both phases
- This presentation informs on the country's current attainment in the HPV vaccination program, highlighting experiences in specific areas of implementation

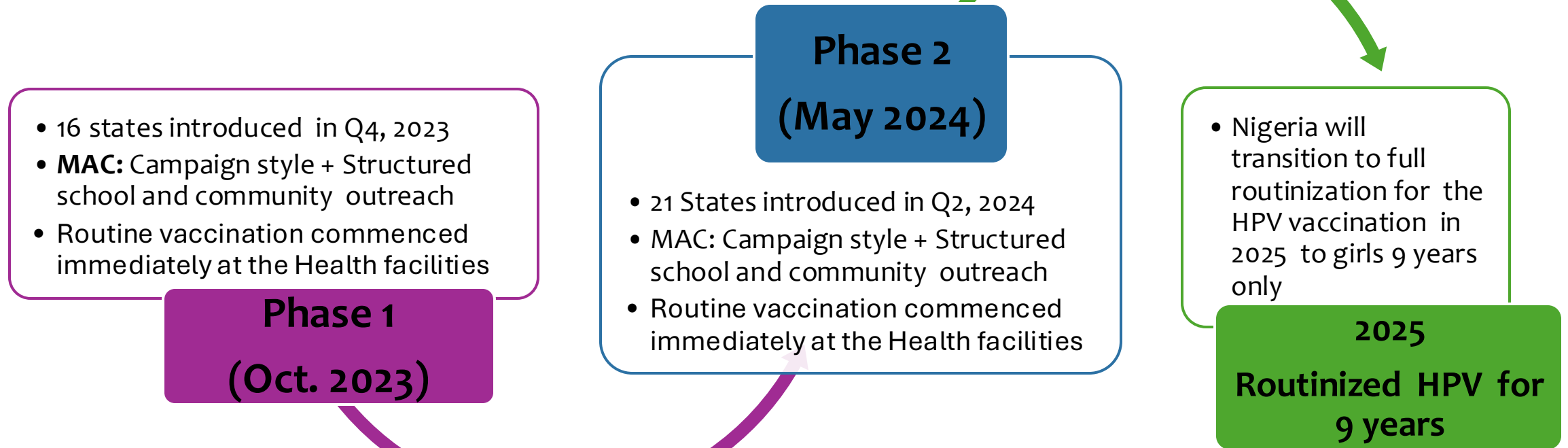




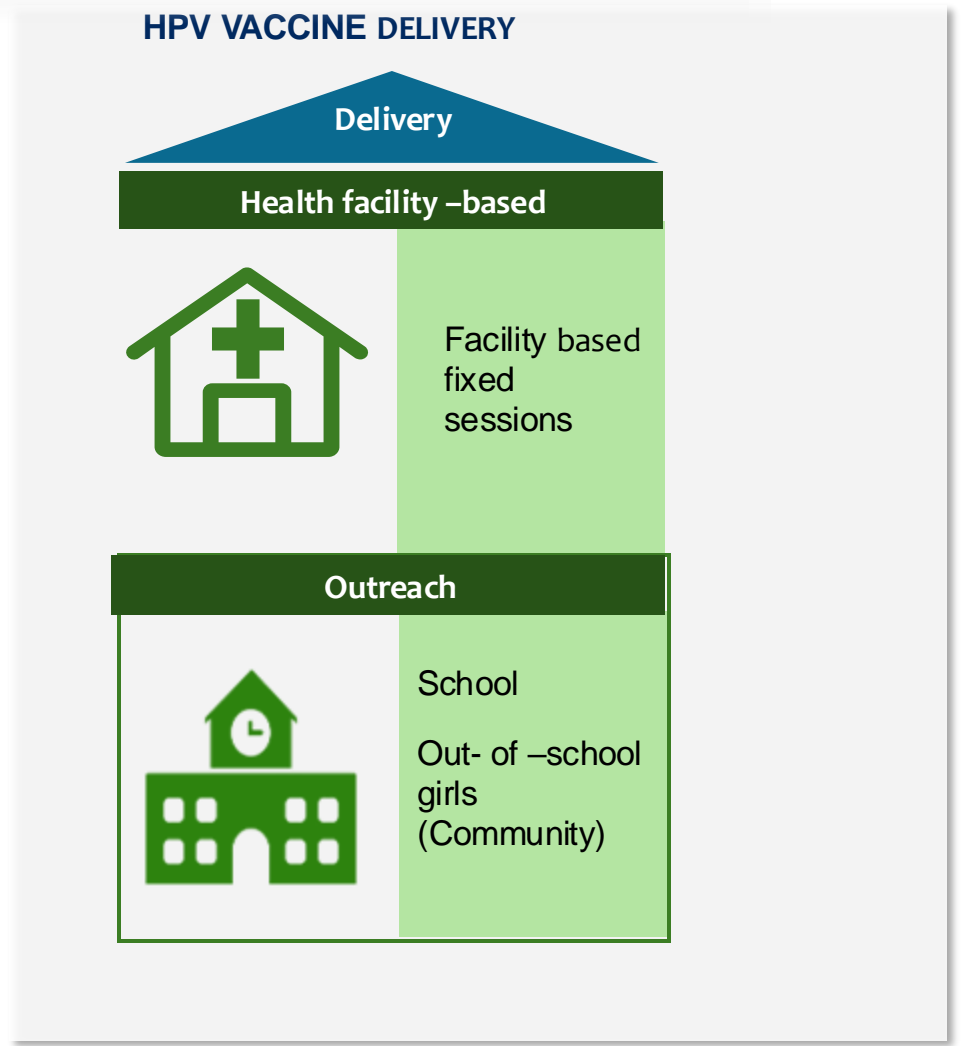
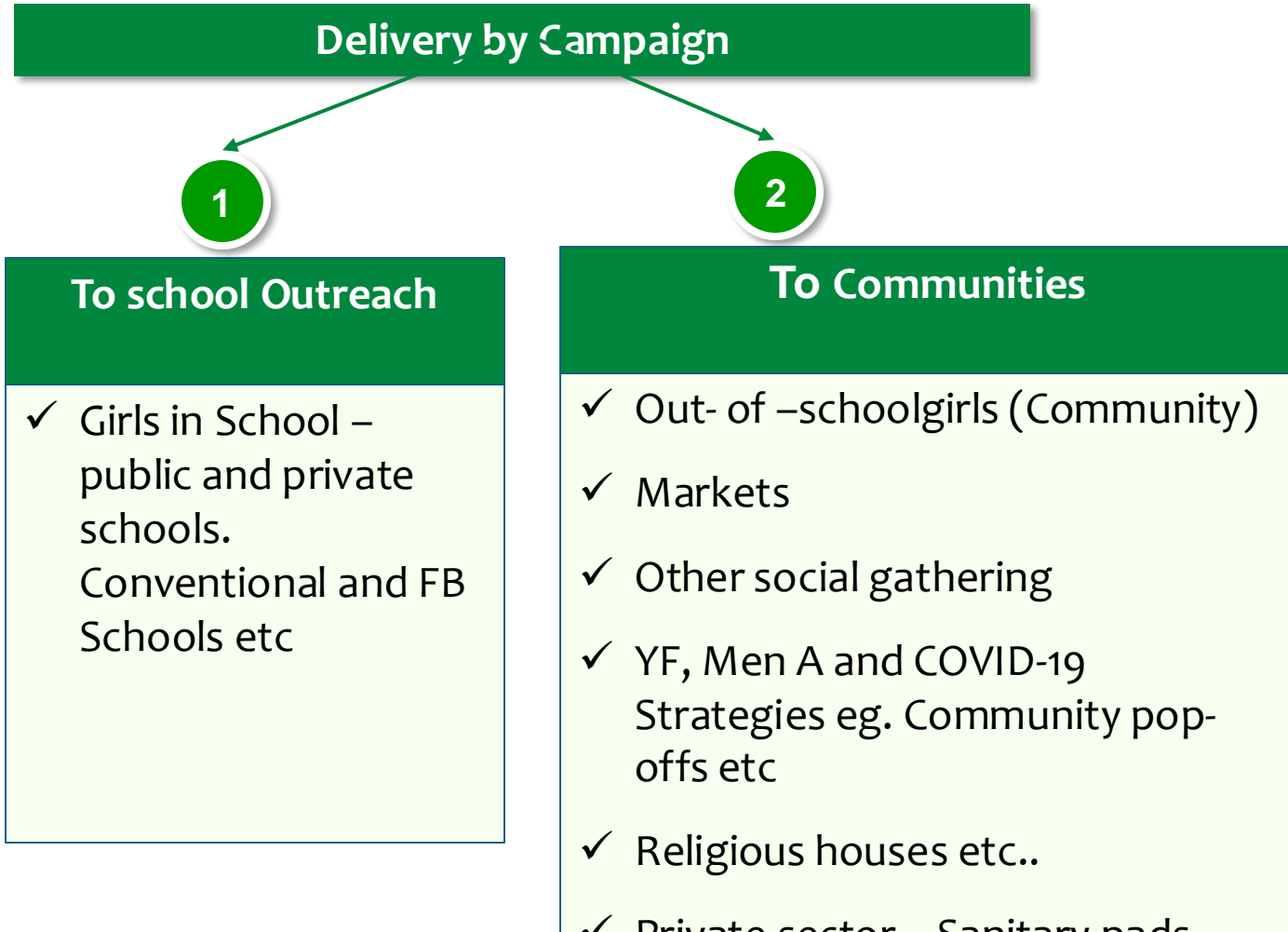
Nigeria HPV Vaccine Rollout



HPV vaccine introduction was phased to ensure equitable access based Key Criteria which include Level of risk to cervical cancer disease, Cold chain capacity sufficiency and Penta3 coverage for admin and survey



- ❖ The first year's coverage of 80%-, and second-year's coverage of 96% surpassed the NSIPSS projected target of 69% & 73% respectively
- ❖ Girls aged 9-14 years missed during the campaigns will be eligible to get the vaccines from the health facilities closest to them
- ❖ Only 9 years old girls will be targeted in the fixed health facilities from 2025 a year following introduction



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

Lessons learnt



Planning and coordination



Setting up and operationalizing a HPV TWG proved instrumental in prioritizing support for introduction planning



Leveraging the readiness dashboard to track implementation and readiness across thematic areas was critical for determining progress and preparedness across all levels



Leveraging existing structures such as RIWG, SERICCs, Nigeria Governors Wives Forum, MDAs, and other programs for HPV helped to move HPV activities forward despite resource constraints



Mapping and engaging stakeholders (EPI and non-EPI) stakeholders at national and state levels was critical for proper coordination, ownership and successful introduction



Partners coordination meeting is important to ensure alignment of plans, collaboration and judicious utilization of resources



Advocacy, communication and social mobilization



Early engagement of National and state-based media houses is key for raising awareness about the vaccine



Early (and robust) mapping and engagement of non-EPI stakeholders in phase 2 states is crucial for securing buy-in, acceptance and achieving better demand for the vaccine



Prioritizing school stakeholder engagement is key to successful school-based HPV vaccine campaigns



Engaging key influences such as strong traditional rulers, first ladies etc. helped to improve trust and acceptance for the vaccines



Intentional implementation of the Risk communication strategies is key for early rumor management



Prompt community feedback, rumor management are critical to allaying the fears of caregivers



Prioritizing and increasing the level of funding for ACSM is important to ensure early commencement of ACSM activities



Partners coordination meeting is important to ensure alignment of plans, collaboration and judicious utilization of resources





Logistics



Forecasting of vaccine and quantification of vaccines was done inline with State micro plans and not necessarily NPoPC target population estimates.



Distribution of vaccines was adequately bundled with all necessary devices to prevent challenges with vaccine devices inadequacies at the last mile



Data Management



Early finalization and domestication of call-in data template for campaigns reduced delays in reporting



Training HCWs on entering data for routine delivery helped in mitigating the reporting delays and quality



Setting up and orientation of daily ops-room during MAC campaign was a useful tool



Having comprehensive predefined KPIs such as timeliness and quality of reporting, is useful for defining success criteria

Profile and the achieved Milestones

In line with the government commitment on HPV introduction, the country's immunization programme from 2018 to date was able to achieve the following key Milestones.

The NVSTT working with other stakeholders was able to achieved the following key milestones

April 2018

National planning and costing for HPV in the 2018-2028 Nigerian Strategy for Immunization and PHC System Strengthening (NSIPSS)

April 2019

NGITA made a recommendation to introduce Quadrivalent HPV recombinant vaccine (Quadrivalent) as the overall most effective and available vaccine

July 2020

The first HPV application and budget for Gavi support submitted to Gavi

Sept 2020

Gavi communicated feedback on the application including updates on supply constraints on Quadrivalent HPV vaccine until 2023 and EPI initial consideration for product switch

May 2022

Commitment from MERCK to provide Nigeria with 8mil doses of Quadrivalent HPV vaccine for 2023 and additional doses in 2024 for a MAC approach

June 2022

NVSTT reviewed and submitted application to GAVI in June 2022

Oct 2023

HPV introduction in 15 Phase one states and FCT

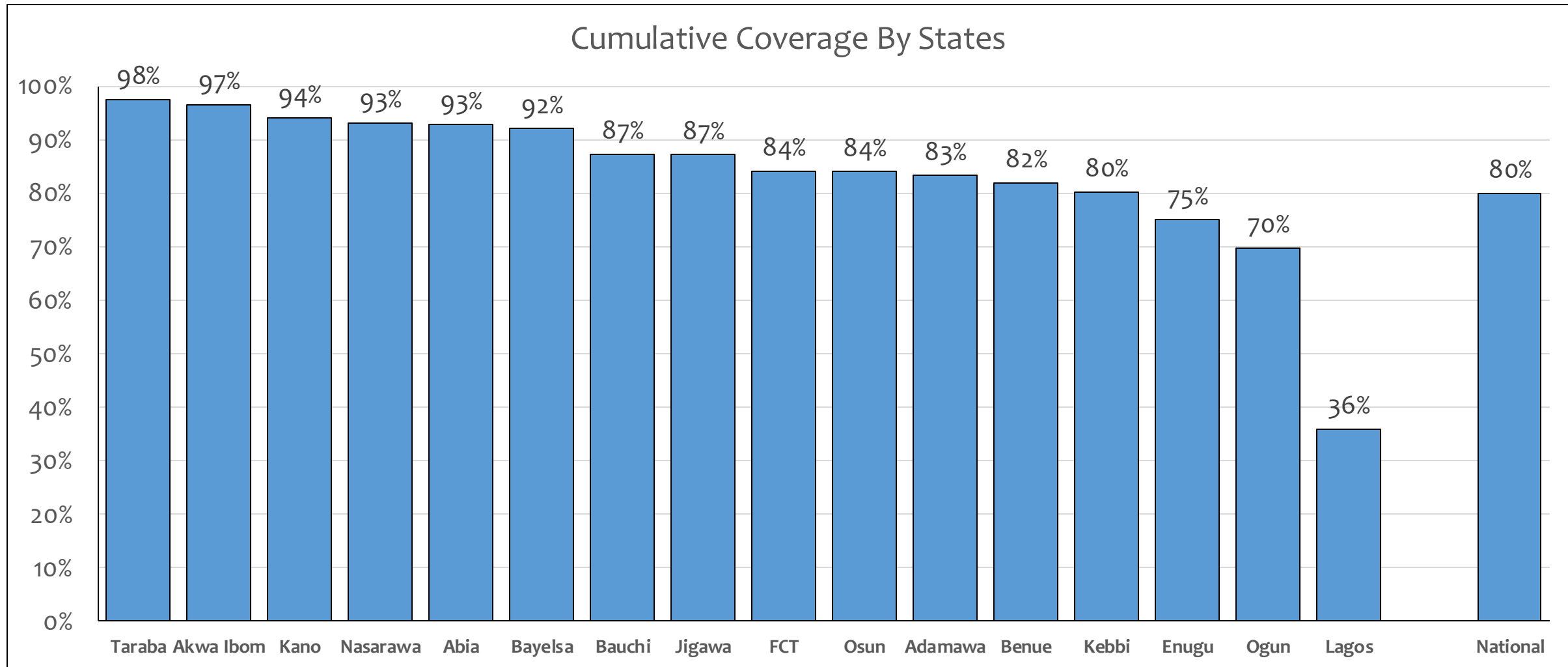
May 2024

HPV introduction in 21 Phase two states

HPV Milestones



Phase 1 achievement (MAC Campaign coverage across the 15 States plus FCT)



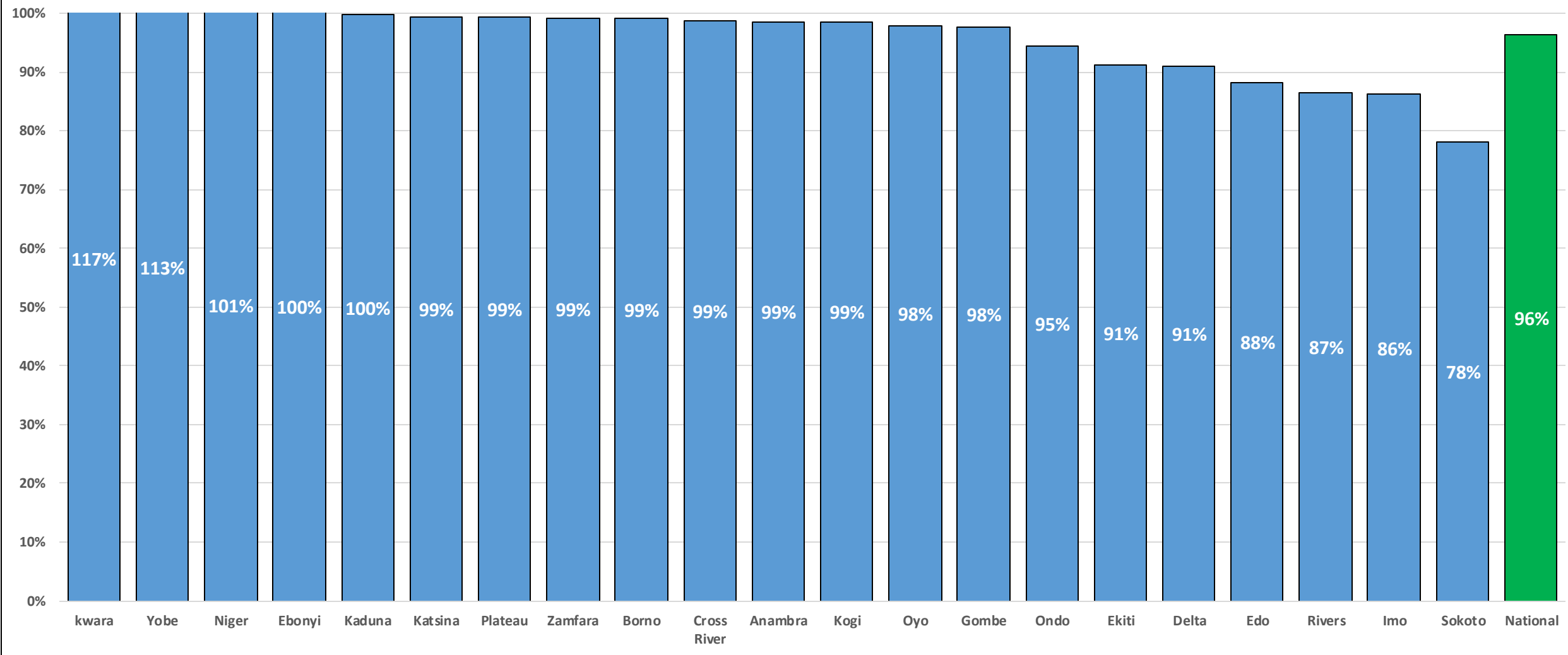
4.9 million adolescent girls were vaccinated during the MAC Campaign across 15 phase 1 states and the FCT

Source: Daily Call-In Data



Phase 2 achievement (MAC Campaign coverage across the 21 states)

Cumulative Coverage By State



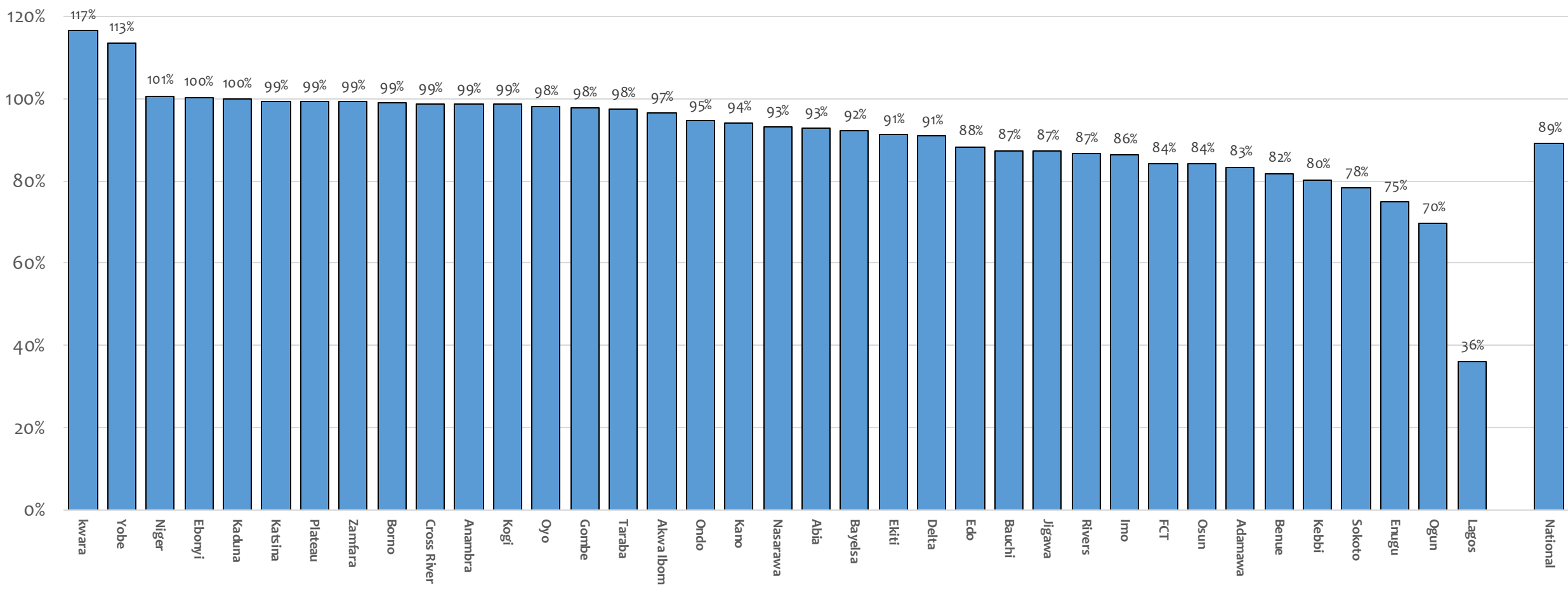
7.3 million adolescent girls were vaccinated during the MAC Campaign across the 21 phase 2 states



Phases 1&2: HPV Vaccination Rate Using MAC Campaign Targets (80% of TP).



Cumulative Coverage By States



Target for all states - 13,874,027 Total Vaccinated- 12,345,572 with a total national coverage of 89%



Way forward
(Routinization of HPV vaccine)



National HPV vaccine Routinization strategy



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.
states to provide regular support for outreach and mobile sessions as part of government policy.

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 – Nigeria will leverage Polio and NPSIAs for measles, MenA, Yellow Fever, CSM and Cholera to provide HPV vaccination.
Following the HPV vaccination rollout in Nigeria, all scheduled campaigns will include administration of HPV vaccines to eligible girls to increase HPV vaccination coverage

Despite the proposed mitigation approaches, states will still need to contextualize their routinization plans