National Primary Healthcare Development Agency

Strengthening HPV data systems in Nigeria and their linkage with HIV records

5th August 2026

Programmatic update and coverage progress

- The introduction of the HPV vaccine in Nigeria marked a significant step toward reducing cervical cancer and is committed to reaching the 2030 WHO Cervical Cancer global elimination target exploring every possible means to ensure every eligible girl is reach
- So far, the country has vaccinated a total **of 17,909,023** girls through the introduction MAC campaigns in phase 1 and 2, routine system and integration with different campaigns and programs
- Innovative approaches and learning from other countries have contributed to the steady progress reported so far

2023	**2024**	**2025**		**Vaccinated through Routine system, integration with campaigns and other programs**	**Vaccinated Through (MAC)**	**Total (MAC+ RI+ integration)**
9-14 years	**9-14 years**	**10-14 yrs**	**9 years**			
14,307	1,015,936	702,809	2,594,244	5,563,451	12,345,572	**17,909,023**

Main take-away from CHIC 2025 Nairobi meeting and how it relates with strengthening data and their linkage with HIV records

- **The main take away for the country was from the session on Health Information Systems and Data Challenges**
- The country is improving its data systems for the HPV Program performance and monitoring by responding to data-related challenges with innovations approaches
- One of this is the collaboration with the Aids Control Agency at the national and subnational levels to link HIV records and track immuno-compromised girls who needed a second dose, 6 months after the first

Areas	Challenges
Programme Implementation	● Delayed submission of CALHIV line-lists by several states, slowing onboarding into the digital platform ● Variation in implementation progress across states, with only a subset having commenced HPV vaccination ● Limited follow-through after state-level training, delaying transition from planning to implementation
Data management	● Vaccination records are not being routinely entered into the digital platform by implementing states ● Incomplete and delayed reporting limits real-time monitoring of HPV vaccination uptake ● Data quality checks and routine validation processes are yet to be institutionalized ● DHIS2 currently does not support routine capture of the second HPV dose for CALHIV ● Limited interoperability between HIV and immunization reporting systems
Monitoring & Accountability	● Limited visibility of state-level implementation progress due to incomplete reporting ● Difficulty tracking completion of the two-dose vaccination schedule for eligible CALHIV

The following targeted interventions are currently being explored to strengthen the linkage with HIV records and improve programme performance

1. Strengthen national monitoring systems by integrating HPV indicators, including Dose 1 and Dose 2 for CALHIV, into DHIS2 and aligning programme reporting

2. Institutionalize regular joint HIV–RI review meetings at national and subnational levels to monitor implementation progress, resolve bottlenecks, and track agreed action points

3. Institutionalize HPV vaccination within ART clinics by embedding routine line-listing, vaccination, and caregiver education into standard HIV service delivery

SOURCE: Team analysis

Current efforts to strengthening HPV data

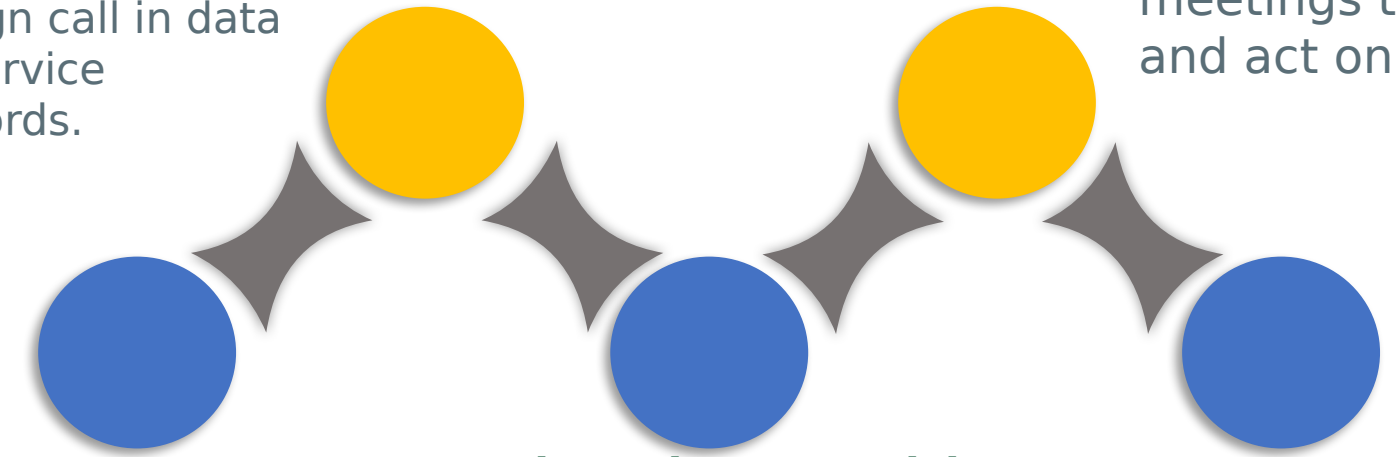
- Nigeria is also making a **concerted, multi-pronged push** to move from fragmented hospital-based Cancer data to a **comprehensive national cancer surveillance system** with population-based registries, electronic reporting, AI integration, and public transparency — all aimed at enabling evidence-based cancer control and securing the funding needed to tackle the growing burden
- Other priorities for the country to strengthen RI and HPV data are as follows:

Unify campaign & routine reporting

Establish tracking measures to reconcile campaign call in data against routine service delivery data records.

Grow a data-use culture

Conduct monthly LGA/state review meetings that triangulate sources and act on anomalies at source



Address denominator discrepancies

Build eligible-girl targets from census data and school enrollment, not modelled projections.

Close the supervision loop

- Ensure RI supportive supervision to poor performing LGAs to verify tally-register-DHIS2 concordance, not just tick attendance
- Analyse DHIS2 HPV vaccine stock

Apply a behavioural lens

Treat over-reporting as an accountability problem — address the incentives, not only the number.


Thank
you