

Identifying strategies to reach out-of-school girls and those in hard-to-reach areas for HPV vaccination in Nigeria



Key takeaways from multistakeholder consultation workshops

Background

Nigeria introduced the human papillomavirus (HPV) vaccine into its national immunization program in October 2023 to reduce the risk of HPV-associated cancers. Through the initiative, girls ages 9 to 14 had access to this lifesaving vaccine. The Ministry of Health achieved an initial uptake of 80 percent in targeted areas during the campaign weeks. However, gaps remain in reaching out-of-school (OOS) girls and girls living in hard-to-reach (HTR) areas.

In collaboration with the Ministry of Health, PATH led multistakeholder consultations in Abuja, Kano, and Lagos. These conversations helped to elaborate on strategies to identify and enumerate OOS/HTR girls eligible for HPV vaccination. Consultation deliverables will help shape approaches that broaden Nigeria's efforts to achieve equitable HPV vaccine coverage.



Participants engaged in discussion during a workshop in Nigeria. Photo: PATH.

Nigeria workshops:

- Abuja: August 26–27, 2025
- Kano: September 3–4, 2025
- Lagos: September 5–6, 2025

Characterizing OOS and HTR girls and barriers to identification and enumeration

Stakeholders identified several barriers to reaching adolescent OOS and HTR girls who are eligible for HPV vaccination and were unaccounted for through previous campaigns. Identification and enumeration challenges occur among:

- Girls living in informal settlements and rural communities
- Those engaged in household or industrial work
- Those residing in correctional centers or in foster care
- Migrant communities
- Girls living with disabilities

- Those experiencing homelessness or internal displacement
- Those living in areas affected by insecurity

Further, girls attending semi-formal institutions, such as religious or vocational schools, may be missed if these are not considered “formal institutions” by the government.

House-to-house enumeration is frequently used to provide more realistic data on the population eligible for HPV vaccination. However, it provides only aggregated data for eligible girls, without distinguishing sociodemographic characteristics to help guide outreach activities. Due to budget constraints, microplanning for the house-to-house approach is often done as a desk-based review, which can compromise data quality. There is a need to improve microplanning through digital tools and ensure enough human resources are available for the house-to-house approach.

Existing resources

The stakeholders identified several existing assets that can be better integrated to improve resource use and data accuracy:

- **Education system information.** Data from the Universal Basic Education Commission and State Universal Basic Education Boards are underused, despite their value in estimating the proportion of OOS girls.
- **Health system data.** The District Health Information Software data currently in use lack indicators to identify and enumerate OOS/HTR girls.
- **Population-level data.** National Population Commission data and microplanning data were the most commonly available sources. However, these data sources have inherent limitations that make them unreliable for planning purposes.

Participants noted that the cited data sources, as well as human and financial resources, could be strengthened to support HPV vaccination efforts. Key gaps include limited coordination among partners, inadequate government budget allocation for the HPV vaccination program, bureaucratic processes that delay the release of available funds, limited data interoperability, and weak multisectoral collaboration to leverage existing resources.

Enumeration strategies

Consultant participants recommended:

- Strengthening coordination platforms.
- Lobbying government policymakers for increased funding.
- Mobilizing resources from nongovernmental sources to support the program.
- Improving coordination with relevant governmental and nongovernmental sectors and institutions, with the Nigerian State Primary Health Care Development Agency/Board leading the process.
- Strengthening existing data systems to improve interoperability.

Stakeholders further recommended underused approaches to improve HPV vaccination equity, as shown in the following table.

Table 1. Innovative or practical solutions.

Recommendations	Feasibility	Cost	Advantages	Ranking (based on cost and feasibility)
Strengthen the human resource system	Integrates training into the existing training and monitoring system	Low cost, as it uses existing channels	Promotes ownership and sustainability	1
Mobilize domestic resources	Uses and adapts existing mobilization channels	Low cost, as it uses the existing channel	Facilitates the availability of resources to advance data quality and outreach activities	2
Strengthen data management and integration processes	Leverages existing equipment and connectivity	High initial cost	Improves data integration; provides continuous monitoring	3
Strengthen multisectoral coordination	Extends existing planning and mobilization tools	High cost and coordination requirements	Improves data accuracy, cross-checking, and instant data validation	4

Additional strategies discussed included:

- **Microplanning.** Using the “Reaching Every Ward” strategy, which involves a mini walk-through of households during the planning phase.
- **Technology-based mapping.** Incorporating geographic information system technology, satellite imagery, and mobile applications to identify settlements where vaccine-eligible girls may live.
- **Electronic enumeration.** Using the CommCare app for real-time house-to-house data collection.

Developing an action plan

At the end of the workshops, the stakeholders identified priority elements for an action plan, including key activities, resources needed, responsible stakeholders, and monitoring plans. The most frequently cited activities were:

- Mapping institutional and non-institutional data sources to improve data availability.
- Initiating coordination with relevant ministries, departments, and agencies, including the Ministry of Education, National Bureau of Statistics, National Population Commission, National Identity Management Commission, and National Orientation Agency, to strengthen multisectoral collaboration.
- Updating existing tools to include line listing for eligible girls.

- Strengthening partner coordination platforms and including partners who are outside of routine immunization initiatives.
- Conducting advocacy visits to targeted stakeholders for resource mobilization.
- Leveraging the Reaching Every Ward (REW) microplan platform to collect updated information on the eligible population.

Conclusion and next steps

Strengthening multisectoral collaboration and data management across sectors is essential to generate a dynamic, disaggregate denominator for an inclusive HPV vaccination. By leveraging community-led enumeration, in which traditional or local leaders and school authorities cross-reference local registries, the health system can effectively identify and enumerate the invisible OOS and HTR girls who were missed by previous outreach efforts.