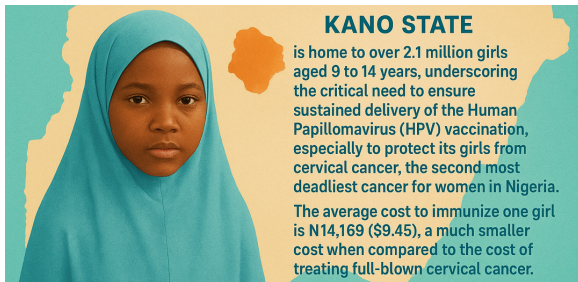


Protecting Every Girl. Sustaining the Gains. Financing the Future.

Why Kano Matters



What's Working

- ✔ Strong political will and leadership for the HPV vaccination program
- ✔ High-level religious endorsement
- ✔ Cohesive inter-sectoral coordination to strengthen the HPV vaccination program post campaign
- ✔ Local influencers, e.g., teachers, imams, Traditional Birth Attendants (TBAs) contributed to social mobilization
- ✔ Dedicated health workforce for service delivery
- ✔ HPV vaccination is embedded into other health interventions

Where the Gaps Are

- ⚠ No dedicated budget line for routine immunization including HPV vaccination.
- ⚠ State co-financing obligation of 1% internally generated revenue (IGR) for health is not consistently met
- ⚠ Reduced demand generation activities for HPV vaccination at the community level.
- ⚠ Limited health workforce capacity requiring continuous training and support.
- ⚠ Manual (non-digital) data systems causing delayed or incomplete HPV vaccination reporting, hindering real-time decision-making.

Why We Must Do This Now

Cost of Inaction - HPV Vaccination in Kano



Human Toll

~500 - 550 preventable deaths in Kano annually



Household Burden

Families face ₦5 million+ in treatment bills, plus transport and lost income



Health System Strain

Oncology centers in Kano overstretched with limited chemo/radiotherapy slots



Productivity Loss

Women in their 30s-50s lost during prime working and caregiving years



Missed Savings

Skipping a ₦14,169 vaccine today = millions in future treatment costs

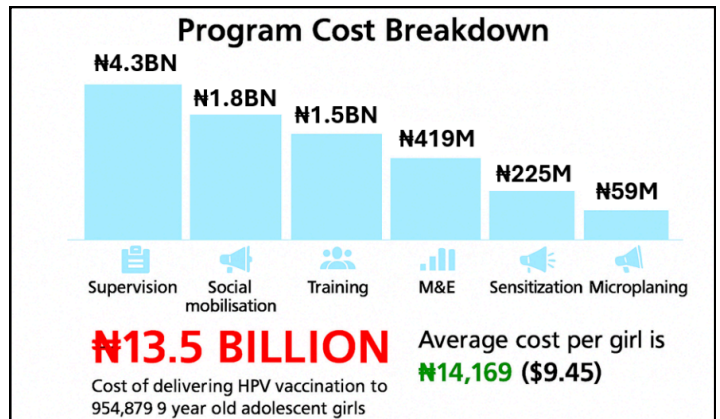


Lifetime Risk

Girls who miss HPV vaccination face a 20-30x higher lifetime risk of cervical cancer

Mu kare 'ya'yanmu!

HPV Vaccination Costing Analysis (2025 - 2029)



The projected 5-year operational cost to vaccinate the target population of 954,879 9-year-old girls is **₦13.5 billion** with an average cost of **₦14,169 per girl**. This cost excludes vaccine procurement which is currently handled solely at the national level. For 2025, estimated delivery cost is ₦4.4 billion, representing 0.04% of the ₦109 billion approved state health budget.

Kano requires a steady increase in health expenditure to vaccinate 954,879 girls against HPV by 2029. To meet her target population, the state must pair sustained budget allocations with innovative resource mobilization to close the HPV financing gap and protect future generations of women and girls from cervical cancer.

What Stakeholders Can Do

- 🏛️ **State Policymakers & Legislators:** Create and protect a dedicated HPV budget line under MTSS and drive pro-vaccine messaging.
- 🏥 **Ministry of Health & KSPHCMB:** Launch an HPV dashboard for real-time coverage and financing data. Institute program modifications to reach underserved girls equitably.
- 🎓 **Education & School Authorities:** Embed HPV in school calendars, train teachers, and ensure PHC access.
- 🤝 **Development Partners & NGOs:** Align support with the ₦13.5BN framework, fund digital tools, and outreach.
- 💼 **Private Sector & Philanthropies:** Co-finance logistics and amplify HPV messaging through CSR platforms.
- 🕌 **Religious Leaders & Mobilizers:** Use grassroots channels to mobilize, counter misinformation, and secure consent.
- 🗣️ **Civil Society & Grassroots Networks:** Track refusals, dispel myths, and ensure hard-to-reach girls are included.

