KANO STATE

Policy and Programmatic Recommendations for Sustained Human Papillomavirus (HPV) Vaccination Delivery

October 2025

Table of Contents

Abbreviations & Acronyms

ACSM	-	**Advocacy, Communication, and Social Mobilization**
AOPs	-	**Annual Operational Plans**
BHCPF	-	**Basic Health Care Provision Fund**
CBOs	-	**Community-Based Organizations**
CCEOP	-	**Cold Chain Equipment Optimization Platform**
CHEWs	-	**Community Health Extension Workers**
CRGs	-	**Community Resource Groups**
CSOs	-	**Civil Society Organizations**
DHIS2	-	**District Health Information Software, version 2**
FMoH	-	**Federal Ministry of Health**
FWG	-	**Financing Working Group**
GIS	-	**Geographic Information System**
HAPs	-	**Health Action Plans**
HPV	-	**Human Papillomavirus**
IEC	-	**Information, Education, and Communication (materials)**
KASECCOH	-	**Kano State Emirate Council Committee on Health and Nutrition**
LGAs	-	**Local Government Areas**
MoE	-	**Ministry of Education**
MoF	-	**Ministry of Finance**
MoH	-	**Ministry of Health**
MSH	-	**Management Sciences for Health**
MTEF	-	**Medium-Term Expenditure Framework**
MWACD	-	**Ministry of Women Affairs, Children and Disabled**
NPHCDA	-	**National Primary Health Care Development Agency**
NSHIP	-	**Nigeria State Health Investment Project**
PHC	-	**Primary Health Care**
PPP	-	**Public-Private-Partnerships**
RI	-	**Routine Immunization**
REW	-	**Reach Every Ward (microplan strategy)**
SBCC	-	**Social and Behavior Change Communication**
SCIDaR	-	**Solina Centre for International Development and Research**
SPHCMB	-	**State Primary Health Care Management Board**

TBAs - **Traditional Birth Attendants**

TWG - **Technical Working Group**

VDCs - **Village Development Committees**

WAVA - **Women Advocates for Vaccine Access**

WDCs - **Ward Development Committees**

WHO - **World Health Organization**

Executive Summary

Kano State is home to over 2.1 million girls aged 9 to 14 years, underscoring the critical need to ensure sustained delivery of the Human Papillomavirus (HPV) vaccination, especially to protect it's girls from cervical cancer, the second most deadliest cancer for women in Nigeria The average cost to immunize one girl is ₦14,169 ($9.45), a much smaller cost when compared to the cost of treating full blown cervical cancer.

In 2023, during the HPV vaccination rollout, Kano reached 94% of the target population, including in-school and out-of- school girls. Backed by a fatwa from Islamic authorities and outreach to schools and religious platforms, the campaign vaccinated more than 920,000 adolescent girls. However, momentum has since slowed: routine sessions are not optimally reaching the target, socially excluded groups (including girls with disabilities and nomadic populations) remain underserved, demand generation and program visibility has declined. Without deliberate efforts to strengthen routinization and sustain campaign gains, Kano risks losing coverage momentum and having more girls unprotected.

What's Working

- Strong political will and leadership for the HPV vaccination program
- High-level religious endorsement
- Well-aligned 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 and integrated campaigns, expanding reach

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.
- Private partnerships are not adequately leveraged to support HPV vaccine delivery

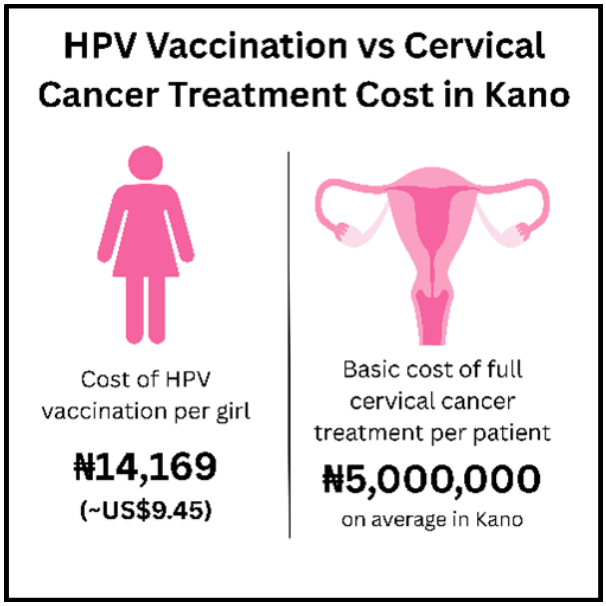
What Kano Needs to Do

Kano need to ensure consistent, equitable, and sustainable HPV vaccine delivery during routinization. To build on campaign gains and achieve continued suc-cess, the following integrated recommendations stand out:

- Institute a multi-year immunization budget line, including HPV vaccination, embedded into the state and LGA budgets.
- Institute supportive policies for HPV vaccination and adolescent health delivery, providing clear delineation of responsibilities and resources for all parties involved
- Establish a coordinated financing platform to track, align, and transparently manage resources
- Conduct refresher trainings for immunization service providers and recruit more workforce in the long term
- Leverage religious and traditional networks to mobilize communities and deepen trust. Reinforce demand generation
- Engage Civil Society Organizations (CSOs) and Community-Based Organizations to support Advocacy, Communication, and Social Mobilization (ACSM) and demand generation activities
- Establish initiatives including monthly or quarterly updates specifically to track HPV vaccination coverage for decision-making
- Identify and leverage state Public- Private-Partnerships (PPPs) to improve domestic resource mobilization

Why it Matters

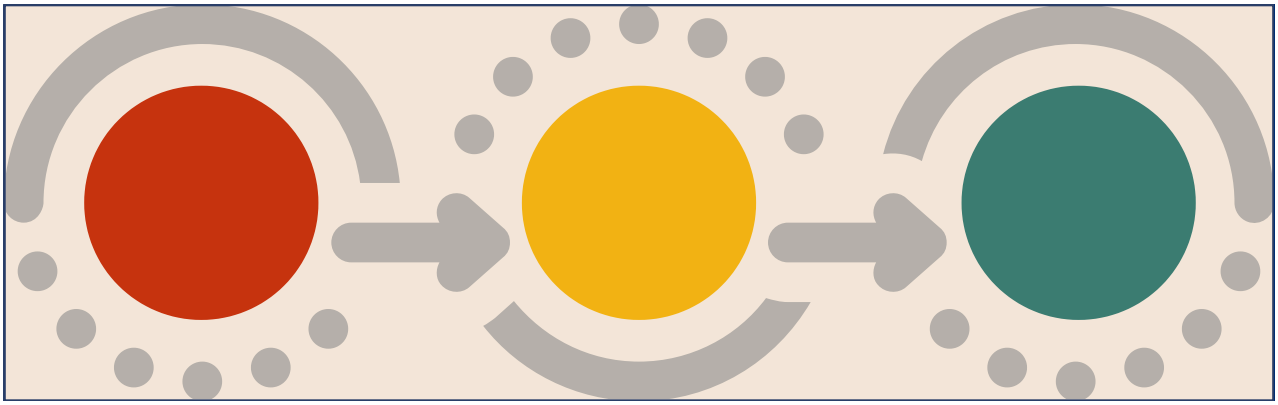
Kano needs to protect its women and girls from preventable disease and deaths. The vaccine delivery cost per-girl is nearly insignificant when compared to the compounded cost of treatment.



This is about building a system that works to protect Kano's women and girls

Methodology

This project is led by Management Sciences for Health under the Nigeria Policy and Advocacy for Sustained HPV Vaccination project, funded by the Gates Foundation and conducted in Kaduna, Kano, and Lagos states. These policy and programmatic recommendations were prepared by the Women Advocates for Vaccine Access (WAVA) and developed through a mixed-method approach.



Statewide Program and Financial Assessment

In-depth Review of Literature

Validation with Key State Stakeholders

First, a statewide program and costing assessment of the 2023/2024 HPV vaccination rollout across key thematic areas was conducted by the Solina Centre for International Development and Research (SCIDaR) to identify operational strengths, gaps and costing projections for sustained HPV vaccine delivery from 2025-2029. We complemented these insights with in-depth review of academic and grey literature to situate findings within broader national and global evidence. Finally, insights were validated and refined through consultations with a multi-sectoral state core group including representatives from the Kano State Ministry of Health (MoH), Kano State Primary Health Care Management Board (KSPHCMB), Ministry of Women Affairs, Children and Disabled (MCWAD), Ministry of Education (MoE), Civil Society Organization (CSO) and youth representatives. Together, these steps ensure that recommendations are evidence-based, context-specific, and aligned with state and national priorities.

Insights into the Kano state HPV vaccination landscape

Kano State is Nigeria's most populous state, with over 14 million people, including more than 2 million girls aged 9-14; the pre-adolescent and adolescent target cohort for HPV vaccination.[1] As one of the country's most influential states, both demographically and politically, Kano plays an outsized role in Nigeria's broader immunization and public health outcomes. Consequently, its participation and performance are critical to Nigeria's cervical cancer elimination targets,[2] in line with the World Health Organization's global strategy for cervical cancer elimination, which has set a target of achieving 90% HPV vaccination coverage among girls by age 15.

Between 2016 and 2023, Kano benefited from major national and global investments in immunization strengthening. Programs like the Nigeria State Health Investment Project (NSHIP), the Basic Health Care Provision Fund (BHCPF)[5], and the Cold Chain Equipment Optimization Platform (CCEOP)[6], improved vaccine availability, cold chain, supportive supervision, and microplanning quality.[7] These gains, however, were largely in childhood routine immunization. [8]Adolescent vaccination did not begin until 2023, when Nigeria introduced the HPV vaccine.

Routine Immunization Capacity and EPI Performance

While Kano state's immunization system has improved over the years, routine immunization coverage is still below national target at less than 40%. This subpar performance is due to gaps in workforce capacity, cultural barriers, and service delivery barriers in hard-to-reach areas. The 2023 HPV multi-age cohort (MAC) campaign was a high point, re-

[1] City Population (2022) Kano State in Nigeria. https://citypopulation.de/en/nigeria/admin/NGA020__kano/
[2] This Day (2023) Nigeria, Gavi to Launch HPV Vaccine for Cervical Cancer Tuesday. https://www.thisdaylive.com/2023/10/16/nigeria-gavi-to-launch-hpv-vaccine-for-cervical-cancer-tuesday/
[3] WHO (2020). Global strategy to accelerate the elimination of cervical cancer as a public health problem. https://www.who.int/publications/i/item/9789240014107
[4] Ghinaia, I., Willotta, C.. Dadari, I. et al. Listening to the rumours: What the northern Nigeria polio vaccineboycott can tell us ten years on. Global Public Health, (2013) Vol. 8, No. 10, 1138–1150, http://dx.doi.org/10.1080/17441692.2013.859720
[5] Okagbue, H.I., Erekosima, G., Sampson, S. et al. Predictors of willingness of HPV vaccine uptake across Eight States in Nigeria. BMC Public Health 25, 745 (2025). https://doi.org/10.1186/s12889-025-22000-2
[6] Igbokwe, Uchenna et al. "Evaluating the implementation of the National Primary Health Care Development Agency (NPHCDA) gateway for the Basic Healthcare Provision Fund (BHCPF) across six Northern states in Nigeria." BMC health services research vol. 24,1 1404. 14 Nov. 2024, doi:10.1186/s12913-024-11867-3
[7] Sabin Vaccine Institute (2025). Applying Design Thinking to Improve Microplanning Processes for Zero-Dose Children and Missed Communities in Nigeria https://www.sabin.org/resources/applying-design-thinking-to-improve-microplanning-processes-for-zero-dose-children-and-missed-communities-in-nigeria/
[8] WHO (2023, October 24). Nigeria to vaccinate 7.7 million girls against leading cause of cervical cancer. https://www.afro.who.int/countries/nigeria/news/nigeria-vaccinate-77-million-girls-against-leading-cause-cervical-cancer

reaching 94%[9] coverage across the 44 LGAs (with over 920,000 girls vaccinated). However, these numbers have seen a huge decline since the campaign. This sharp drop highlights the difference between campaign-style mobilization and slower routine delivery.

Policy and Governance Environment

Kano aligns with national reforms such as Primary Health Care Under One Roof (PHCUOR) and BHCPF and houses a consolidated PHC governance structure. However, HPV vaccination lacks a state-specific policy, with no statutory budget line for routine immunization. The HPV TWG exists but requires stronger collaboration with the Ministries of Education and Women Affairs to bridge school–facility linkages and community outreach.

Service Delivery and Operational Capacity

During the HPV vaccination campaign, the vaccine was delivered through outreaches, fixed posts, and in schools. However, challenges around equitable access for girls in informal and consequential settings (with only about 35% of pre-adolescent and adolescent girls appropriately enrolled into formal education), insufficiently trained service providers, and sociocultural factors such as early marriage, male-led household decisions also limit access.

Data Systems and Performance Monitoring

Kano uses DHIS2 for RI data, but HPV-specific indicators are not fully embedded. Facilities still rely on paper tally sheets, causing reporting delays and discrepancies. Data quality spot checks show inconsistencies between source registers and DHIS2, reducing confidence in coverage figures. Better data integration and routine performance reviews are essential for accountability.

Community Engagement

Additionally, community engagement during the 2023 campaign benefited from strong backing by traditional and religious leaders. But misinformation remains widespread, especially myths about fertility. Uptake is tied to trust in the health system, culturally sensitive messaging, and visible involvement of female health workers. Teachers and volunteers often lack the tools to counter myths. Sustained mobilization is needed through school dialogues, women's groups, town halls, and local influencers.

The drop in coverage shows that without stronger policy backing, financing, service delivery integration, reliable data, and continuous community engagement, the sustainability of the state's HPV vaccination program is threatened.

[9] National Demographic Health Survey (NDHS) 2024. Retrieved from https://dhsprogram.com/pubs/pdf/PR157/PR157.pdf

What's Working in Kano

Kano has built critical momentum to achieve sustainable HPV vaccination

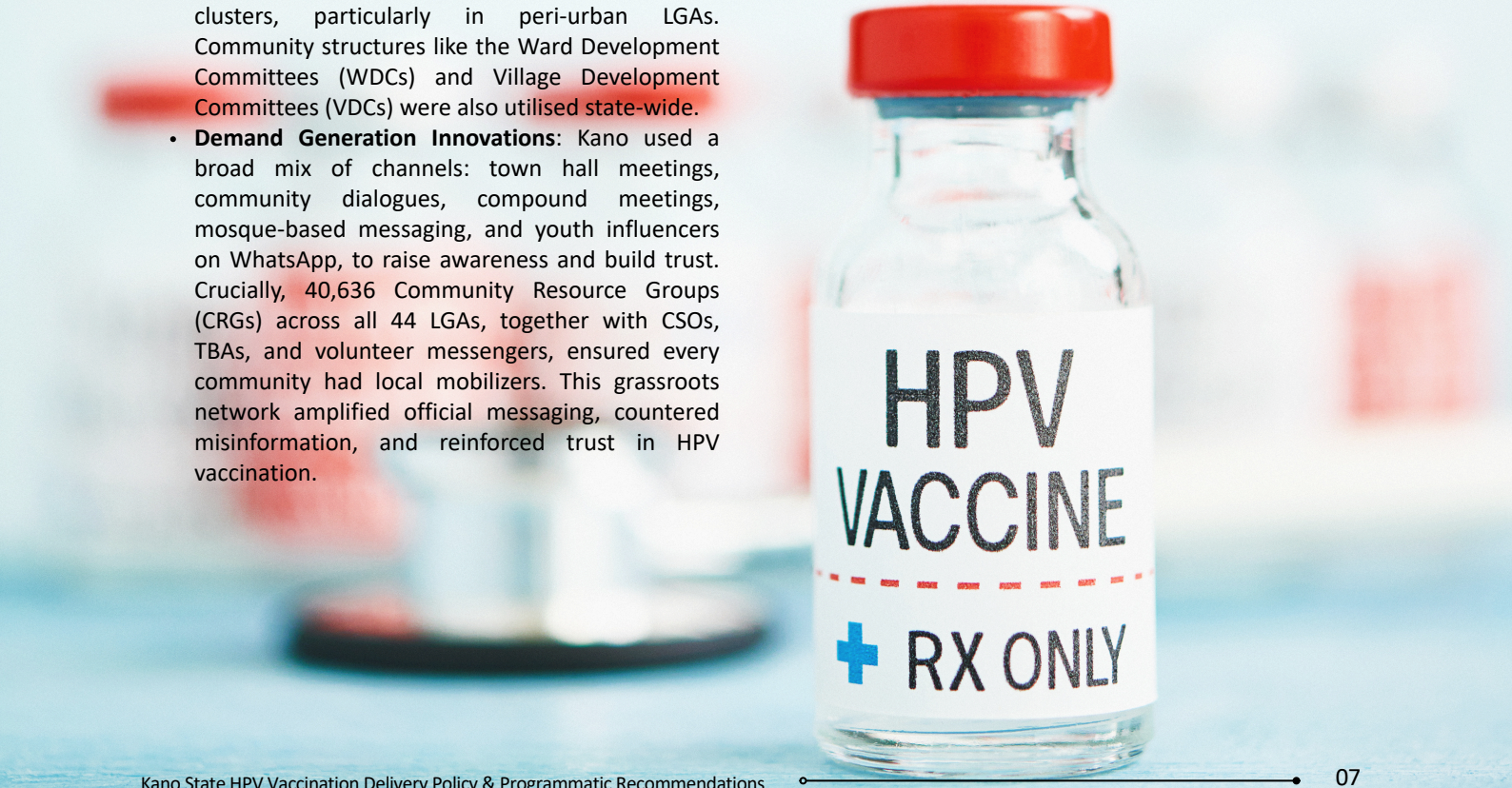
The 2024 HPV vaccination campaign in Kano offered a valuable snapshot operational capacity and system opportunities and gaps that must be strengthened or addressed for sustained success.

Strengths

- **Political, Traditional and Religious Buy-in**: High-level political involvement and government support from the State Ministry of Health and SPHCMB. Religious leaders publicly proclaimed strong visible support of the HPV vaccine, helping tackle vaccine hesitancy and misinformation. Additionally, traditional rulers and community gatekeepers broadly endorsed the vaccine.
- **Strong School-based Access**: The rollout leveraged existing school structures, particularly in public and private schools. Teachers were trained as mobilizers, helping build trust with parents and students. The SPHCMB also established HPV vaccine champions in schools and communities. These champions were engaged to mobilize their peers and colleagues for vaccination, amplifying outreach and normalizing participation. In addition, Kano employed fixed posts and school-linked PHC sessions in across all LGAs, further strengthening the school-PHC delivery link.
- **Partner Coordination and Microplanning**: An HPV Technical Working Group was convened across agencies and partners. Pre-campaign microplanning helped identify priority schools and clusters, particularly in peri-urban LGAs. Community structures like the Ward Development Committees (WDCs) and Village Development Committees (VDCs) were also utilised state-wide.
- **Demand Generation Innovations**: Kano used a broad mix of channels: town hall meetings, community dialogues, compound meetings, mosque-based messaging, and youth influencers on WhatsApp, to raise awareness and build trust. Crucially, 40,636 Community Resource Groups (CRGs) across all 44 LGAs, together with CSOs, TBAs, and volunteer messengers, ensured every community had local mobilizers. This grassroots network amplified official messaging, countered misinformation, and reinforced trust in HPV vaccination.

Gaps

- **Girls in Informal Settings are Underserved**: Kano's HPV vaccination is now routinized, but equity gaps remain. Out-of-school girls, nomadic populations, girls with disabilities, and those in mobile or hard-to-reach LGAs are still missed. These subgroups represent thousands of vulnerable girls who will be unprotected if not adequately reached. Routine outreach and settlement-level micro plans must deliberately track and prioritize these populations.
- **Limited health workforce**: Kano faces general human resource shortages. Reports from LGAs highlight low staff motivation, limited knowledge, and sub-optimal adolescent service delivery. Additionally, health workers require periodic refresher trainings, with a clearly defined plan and resources dedicated to supportive supervision.
- **Suboptimal Data Availability and Use**: Manual data collection systems result in the delayed access to Timely and accurate HPV vaccine coverage for real-time, responsive planning. This also leads to discrepancies that undermine reliance on available data.

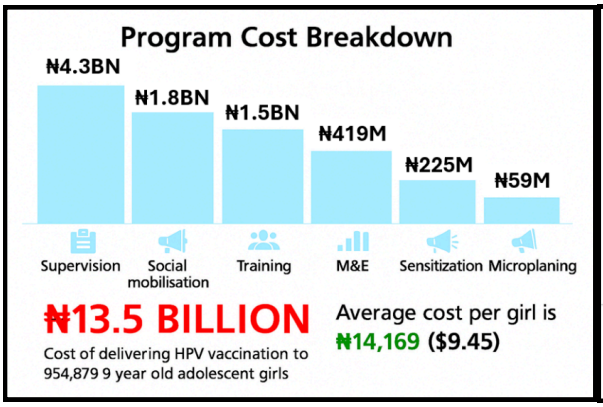


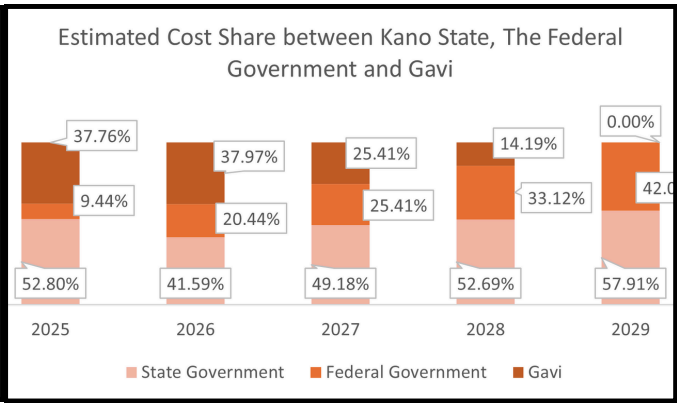
Costing and Sustainable Financing for HPV Vaccine Delivery (2025–2029)

To support strategic decision-making, a comprehensive financial assessment was conducted to estimate the cost of delivering HPV vaccines to eligible adolescent girls across Kano State between 2025 and 2029. The projected 5-year cost to vaccinate the target population of 954,879 9-year-old girls is ₦13.5 billion. This cost excluded 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.

Key Indicator	Value
Target Population (Girls Aged 9)	954,879
Total 5-Year Cost (2025–2029)	₦13.5 Billion ($9 Million)
Average Cost per Girl	₦14,169 ($9.45)
Main Cost Drivers	Service delivery, supervision, social mobilisation, training, M&E

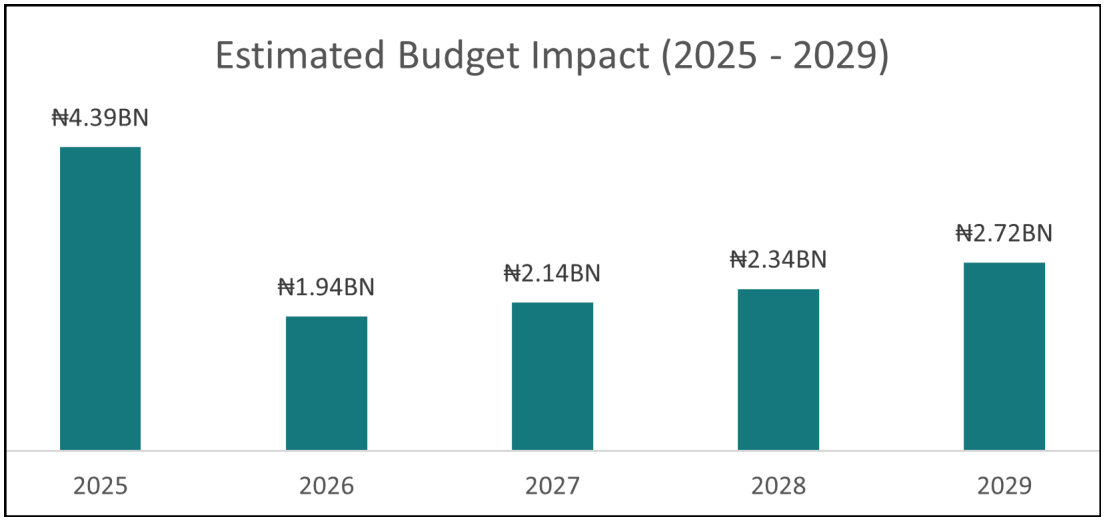
Excluding vaccine and injection supply costs, supervision and cold chain expansion are the most significant expenses on the HPV program for the state. Service delivery, which includes the on-the-ground administration of the vaccine, accounts for 8.56% of the total cost. The remaining costs are allocated to administrative and operational components. Vaccine delivery costs are jointly funded by the federal and state governments, along with partners such as Gavi, which provides the vaccines. While vaccine procurement is handled solely at the national level, total vaccine delivery in Kano State (including procurement) amounts to ₦23 billion for 2025–2029. States, however, are primarily responsible for covering operational costs excluding procurement which sums to ₦13.5 billion. Additionally, given the changing donor financing landscape, Kano needs to incrementally increase funding for vaccines and create a structured plan to account for Gavi's planned (2028) transition from Nigeria.





Budget Impact

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.



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

The Smart Play for Kano

Build local trust. Scale routine systems. Reach every girl

Policy Moves That Anchor the Future

Create a Kano Adolescent Immunization Blueprint

Kano needs a clear, state-owned roadmap to make adolescent vaccination part of its core health agenda. This should outline annual coverage targets, strategies for mapping and reaching out-of-school girls, and a school–PHC linkage mechanism for every LGA.

- **What to do now:** Convene a multisectoral task force (including the state HPV Technical Working Group, Ministries of Health, Education, Information, Religious Affairs, Women Affairs, Local Government; and Kano Emirate Council Committee on Health and Nutrition - KASECCOH) to draft and launch the Kano Adolescent Immunization Strategic Framework (2025 2029), backed by an executive policy memo and a costed plan.

Fund it, Separately

Kano has no dedicated routine immunization budget line, including HPV vaccination. Dedicated funding signals long-term commitment, allows for micro-forecasting and unlocks matching support from development partners.

- **What to do now:** Insert a specific routine immunization line item into the annual state health budget and Medium-Term Expenditure Framework (MTEF). Link it to program- based budgeting (PBB) outputs.

Improve Equity and Access

Kano has a good number of eligible girls part of vulnerable groups and informal settings. It is important to ensure equitable access for these groups. One critical first step is to strengthen pre-adolescent and adolescent mapping into community health outreach, using village health workers, school clubs, and women's groups.

- **What to do now:** Deploy ward focal persons, ward community engagement focal persons, WDCs or village development committees (VDCs), and Volunteer Community Mobilizers to conduct biannual pre-adolescent and adolescent mapping exercises, feeding into the DHIS2 and informing targeted outreach microplans.

Position Faith and Community Networks as Demand Advocates

Faith-based platforms have reach and credibility. Kano should fund microgrants for religious leaders, traditional rulers, and CSOs to continuously conduct culturally sensitive HPV vaccination awareness campaigns.

- **What to do now:** Eaunch an annual Community Mobilization Challenge Fund to competitively award grants to groups that demonstrate measurable impact on acceptance and coverage rates.

Program Fixes That Will Multiply Impact

Reinforce Outreaches to Hard-to-Reach Areas

Consequential settings, including nomadic settlements, riverine areas, and insecure areas, need to be better accounted for. Kano needs a Geographic Information System (GIS)-based mapping layer that informs budget allocation and outreach planning, starting with LGAs that have the largest equity gaps.

- **What to do now:** Commission the SPHCMB data unit to produce the first phase of the Hard-to-Reach Map within 180 days, and mandate LGAs to earmark outreach funds for transport, security, and per diems for mobile vaccination teams in their annual budgets.

Use More Female Vaccinators, Everywhere

In conservative LGAs, male vaccinators limit access to adolescent girls. Increasing female health worker presence will unlock uptake and trust.

- **What to do now:** Prioritize female staff positioning in HPV outreach teams, fast-track targeted recruitment, and run an HPV vaccination-specific refresher for all female vaccinators by Q1 2026.

Create a Real-Time HPV Vaccination Dashboard

Monitoring HPV vaccination cannot remain paper-based if Kano is to sustain coverage. Other adolescent health programs like family planning already use digital dashboards to track performance; HPV vaccination should be no different. A dedicated HPV vaccination dashboard would enable real-time monitoring of doses administered, LGA-level coverage, and equity indicators (e.g., out-of-school girls). This visibility will improve accountability, support adaptive planning, and strengthen partner alignment.

- **What to do now:** Support the SPHCMB and DPRS units to institute a HPV vaccine dashboard within 6 months, integrating it with DHIS2 and linking school-PHC data. Pilot in 3 LGAs before scaling statewide, with quarterly public reports to drive transparency and system learning.

Run Hausa-First, Mosque-Based Campaigns

Generic media won't shift entrenched skepticism. Kano must take HPV vaccine literacy directly to religious platforms with Hausa-first, culturally grounded messages.

- **What to do now:** Train Friday Mosque imams and women's Islamic teachers as HPV vaccine advocates, embed HPV vaccine health messages in sermons, and run synchronized, periodic campaigns.

Connect PHCs with Islamic Schools and Youth Centers

Many adolescents girls, are outside the formal school system. PHC-youth space partnerships can reach them without stigma.

- **What to do now:** Sign LGA-level MoUs between PHCs and madrassa heads/youth centers to host periodic vaccination days and health talks, with PHC staff support and participation.

Lock HPV Vaccination Costs Into LGA and PHC Budgets

Local delivery, especially outreach, transport, and mobilization, is the single largest cost driver at ₦14,169 ($9.45) per immunized girl. LGAs and PHCs need to own these costs, for sustainability.

- **What to do now:** Direct LGAs to earmark HPV vaccination delivery costs in annual budgets and PHC workplans. Where possible/as appropriate, Use BHCPF Health Facility Financing to cover staff time, transport, and cold chain maintenance at facility level.

Fund Faith and Community Networks to Deliver

Faith-based and traditional leaders already drive HPV vaccine demand in Kano. Scaling them up can decentralize delivery, extend reach in conservative LGAs, and reduce system strain.

- **What to do now:** Launch a microgrant or results-based co-financing scheme for religious networks, women's groups, and CSOs engaged in HPV vaccination outreach. Prioritize actors in hard-to-reach wards and underserved LGAs, with clear coverage targets tied to funding.

Invest in Strategic Communication and Social Mobilization

Awareness drives demand, and Kano cannot sustain HPV vaccine uptake without continuous community engagement. The state should allocate more funding for ACSM activities, ensuring resources are routinized within PHC and LGA budgets. This should cover engaging celebrities and youth influencers, scaling social media campaigns tailored in Hausa and English, and producing/distributing more HPV vaccine-related Information Education and Communication (IEC) materials at community level.

- **What to do now:** Direct LGAs to earmark ACSM funds in annual health plans, commission the State ACSM unit to update HPV vaccine communication materials every year, and expand partnerships with CSOs, media houses, and youth groups to counter misinformation and normalize adolescent vaccination.

What You Can Do Now

Everyone has a role. And the time is now.

Sustaining the HPV vaccination program in Kano will require deliberate, coordinated and fast action. Here's what each stakeholder group can do starting now:

Stakeholder Category	Short term (0-3 months)	Medium term (4-6 months)	Long-term (6 months +)
Policy makers and legislators: *You have the power to turn political momentum into policy permanence.*	• Prioritize a dedicated routine immunization budget line in the annual health appropriation. • Ring-fence HPV vaccination under the next Medium-Term Sector Strategy (MTSS) to enable predictable multi-year planning. • Become a HPV vaccine champion and sustain the advocacy movement.	• Use your platform to drive pro-vaccine messaging and action.	• Support the SPHCMB and DPRS units to institute a HPV vaccine dashboard for real-time coverage tracking.
LGA Authorities	• Integrate HPV vaccination activities and costs into their Health Action Plans (HAPs) to guarantee local ownership of delivery. • Earmark resources for reinforced, contextualized ACSM activities. • Coordinate with program managers to improve reach to girls in informal and consequential settings.		
Ministry of Health and the Kano State Primary Health Care Board	• Launch a public-facing HPV vaccination dashboard that tracks financing flows as well as school and PHC coverage in real time. • Generate real-time evidence and education for policy makers to enable them to understand the value of prioritizing routine immunization including HPV vaccination.		
Ministry of Education and School Authorities: *You are central to reaching girls where they are*	• Embed HPV vaccination into the school health calendar • Ensure that both public and private schools are accessible to PHC outreach teams.		• Train teachers and guidance counsellors to communicate clearly with parents and students, dispel misconceptions, and support mobilization.
Development Partners and Non-Governmental Organizations (NGOs)	• Align your resources and technical support with the costed plan to close gaps and avoid duplication.	• Invest in outreach, especially for out-of-school girls. • Support the deployment of digital tools for adolescent registries and rumour tracking. • Prioritize underserved LGAs where routine infrastructure needs a boost and civil society partnerships are essential for demand generation.	
Private Sector and Philanthropies: *HPV vaccination is a low-cost, high-impact investment in the health of future mothers, workers, and leaders.*	• Launch a public-facing HPV vaccination dashboard that tracks financing flows as well as school and PHC coverage in real time. • Generate real-time evidence and education for policy makers to enable them to understand the value of prioritizing routine immunization including HPV vaccination.		

Community Leaders and Mobilizers: *Trust begins at the grassroots.*	• Use your influence to organize town halls, sermons, and community forums that demystify the vaccine and encourage uptake, especially for out-of- school girls. • Help co-create locally resonant messaging, translate materials into indigenous languages, and debunk rumours swiftly. • Keep PHCs and local officials accountable to ensure that no LGA or community falls through the cracks.
Civil Society and Grassroots Networks: *You are the bridge between policy and people.*	• Ensure parents, adolescents, and community leaders not only hear about HPV vaccination but understand its value. • Mobilize through household visits, media outlets, market outreaches, town announcers, and peer networks, especially targeting out-of-school girls and hard-to-reach families. • Track refusals and dispel misinformation early.

In Closing

Kano has achieved campaign success, now it must institute sustainable systems

The rollout showed that when political will, partner coordination, and community trust align, even sensitive health interventions can gain traction. But success at launch is not the same as sustained impact. Kano needs to fully embed HPV vaccination into domestic financing and adolescent health systems and following up track progress. The time to act is now!

Mu kare 'ya'yanmu!

Acknowledgment

Special appreciation goes to the Kano State Government, the Kano State Ministry of Health (MoH), and the Kano State Primary Health Care Management Board (KSPHCMB) for their leadership and guidance throughout the development of this document.

We also acknowledge the contributions of the state core group, including representatives from the Kano State Ministry of Health (MoH), Kano State Primary Health Care Management Board, Ministry of Women Affairs, Children and Disabled (MCWAD), Ministry of Education (MoE), Civil Society Organization (CSO) and youth representatives whose expertise and perspectives ensured that the recommendations presented here are evidence-based, context-specific, and aligned with both state and national priorities.

SCAN ME

This document was prepared by
Women Advocates for Vaccine Access (WAVA) and Management Sciences for Health (MSH)

Women Advocates for Vaccine Access

@wavaorg

@wavaorg

Women Advocates for Vaccine Access