



LAGOS STATE

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

September 2025



Table of Contents

ABBREVIATIONS AND ACRONYMS	01
EXECUTIVE SUMMARY	02
METHODOLOGY	03
INSIGHTS INTO THE LAGOS STATE HPV VACCINATION LANDSCAPE	04
WHATS WORKING IN LAGOS	06
COSTING AND SUSTAINABLE FINANCING FOR HPV VACCINE DELIVERY	07
WHY WE MUST DO THIS NOW	08
THE SMART PLAY FOR LAGOS	10
WHAT YOU CAN DO NOW	12
IN CLOSING	14
ACKNOWLEDGEMENTS	15

Abbreviations & Acronyms

ACSM	-	Advocacy, Communication, and Social Mobilization
BHCPF	-	Basic Health Care Provision Fund
CSOs	-	Civil Society Organizations
CSR	-	Corporate Social Responsibility
DHIS2	-	District Health Information Software, version 2
DPRS	-	Department of Research and Statistics
FAQs	-	Frequently Asked Questions
HPV	-	Human Papillomavirus
IGR	-	Internally Generated Revenue
LGAs	-	Local Government Areas
LSPHCB	-	Lagos State Primary Health Care Board
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MTSS	-	Medium-Term Sector Strategy
MTEF	-	Medium-Term Expenditure Framework
MWAPA	-	Ministry of Women Affairs and Poverty Alleviation
NPHCDA	-	National Primary Health Care Development Agency
ODK	-	Open Data Kit
PBB	-	Program-Based Budgeting
PHC	-	Primary Health Care
PHCUOR	-	Primary Health Care Under One Roof
PPP	-	Public-Private-Partnership
RI	-	Routine Immunization
ROI	-	Return on Investment
SBCC	-	Social and Behaviour Change Communication
SERICC	-	State Emergency Routine Immunization Coordination Centre
SMOH	-	State Ministry of Health
SCIDaR	-	Solina Centre for International Development and Research
SRH	-	Sexual and Reproductive Health
TWG	-	Technical Working Group
UNICEF	-	United Nations Children’s Fund
WHO	-	World Health Organization
WAVA	-	Women Advocates for Vaccine Access

Executive Summary

With over 2 million girls aged 9–14, including over 1,000,000 girls aged nine-year-olds (pre-adolescent population), Lagos holds one of Nigeria’s largest adolescent cohort and is pivotal to the national Human Papillomavirus (HPV) vaccination success. Ensuring it’s pre-adolescent group is systematically reached each year will determine whether HPV vaccination delivery becomes sustainably routinized in Lagos. As an urban, economically advanced state with mixed public–private health delivery, Lagos offers both the scale and systems maturity to lead a model pre-adolescent immunization program. But that potential remains underleveraged.

The 2023 phased HPV vaccine rollout marked a major shift as it was adolescent- focused and school-linked. A multi-sectoral and inter-ministerial coordination drive was initiated in Lagos State; nevertheless, the absence of an immunization policy inclusive of adolescent health reduced the operational flexibility and strategic reach of the programme.

What’s Working

- An established and highly functional primary health care sector with immunization as its bedrock and overseen by the board
- Thorough strategic planning, mapping and monitoring pre, during and post implementation at the Lagos State Primary Health Care Board (LSPHCB) and Local Government Area (LGA) levels
- Strong collaboration across multiple levels of governance, ministries and partners.
- Strategic health education, promotion, sensitization and awareness within communities and target driven engagements
- Extensive data management, monitoring and evaluation system
- Highly dedicated primary health care workforce
- Well-monitored state logistics and cold chain system both at the state and national levels
- Inclusion of digital software and tools for easier accountability and monitoring

Where the Gaps Are

- No dedicated budget line for routine immunization including HPV vaccination
- Lack of widespread mass media health sensitization, education and awareness.
- Opportunities to create a robust tracking of parental or primary caregivers awareness and consent
- Strategic recruitment of personnel specialized in immunization, school health and adolescent care
- Opportunities to further develop and support the community volunteer network
- Support for a more intensified community/school engagement system to ensure buy-in and feedback
- Strengthen the transition to fully digital and automated data tracking and monitoring of activities

What Lagos Needs to Do

To meet its ₦8.8 billion five-year HPV vaccine financing need and scale efficiently, Lagos must anchor adolescent vaccination within existing Primary Health Care (PHC) systems and unlock blended financing. Four strategic shifts are essential:

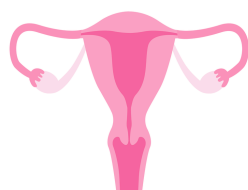
- Institutionalize a multi-year immunization budget line including, HPV vaccination embedded in the Medium-Term Sector Strategy (MTSS) and Basic Health Care Provision Fund (BHCPF)-aligned
- Institute supportive policies for HPV vaccination for adolescent health delivery
- Conduct annual data update for 9-year-olds, both in school and out-of-school
- Establish a coordinated Parent-Teacher forum at state and LGA levels
- Integrate HPV vaccination delivery into routine PHC and school health service planning
- Leverage Public-Private-Partnerships to mobilize private sector and Corporate Social Responsibility (CSR) co-financing
- Establish a structured dashboard to track financing commitments and LGA performance

HPV Vaccination vs Cervical Cancer Treatment Cost in Lagos



Cost of HPV vaccination per girl

N9,381
(~US\$6.25)



Basic cost of full cervical cancer treatment per patient

N7,500,000
on average in Lagos

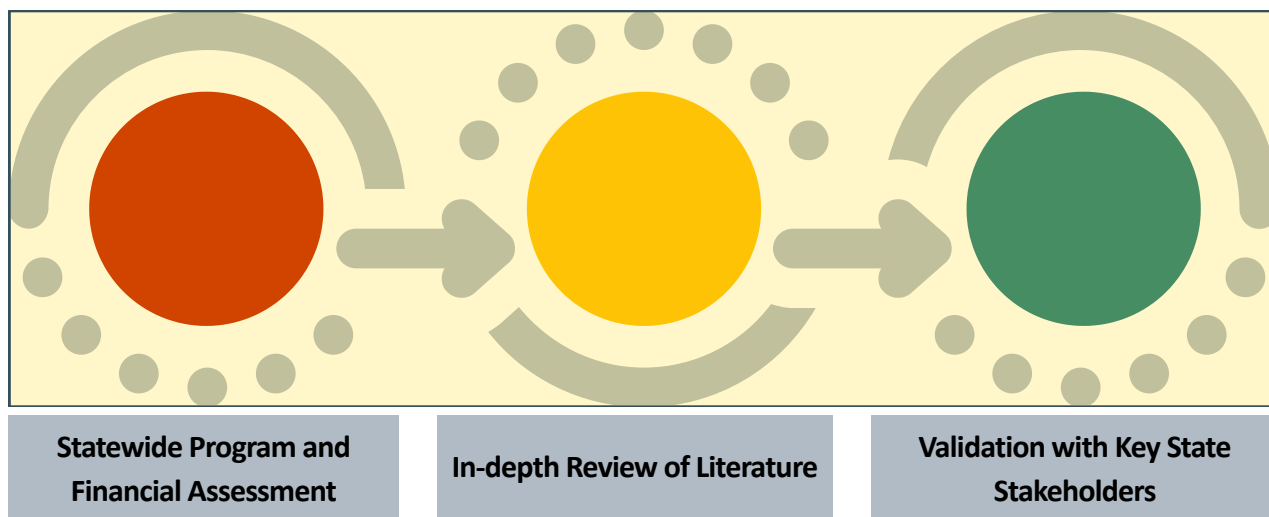
Why it Matters

Lagos is uniquely positioned to demonstrate how private sector engagement and digital innovation can converge to deliver high-impact pre-adolescent and adolescent health services. Its success is not just a state achievement. It is a sign that statewide immunization for all relevant ages can be sustained with efficiency and equity as a state priority.

Lagos has the numbers, the infrastructure, and the leadership. What it needs now is prioritization, dedicated financing, and follow-through.

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.



First, a statewide program and financial assessment of the 2023 HPV vaccination rollout was conducted across key thematic areas by the Solina Centre for International Development and Research (SCIDaR) to identify operational strengths and gaps. This was followed by an 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 Lagos State Ministry of Health (MoH), Lagos State Primary Health Care Board (LSPHCB), Department of Research and Statistics (DPRS), Ministry of Education, Ministry of Basic and Secondary Education, State Universal Basic Education Board (SUBEB), Ministry of Women Affairs and Poverty Alleviation (MWAPA), Civil Society Organizations, and youth. Together, these steps ensure that recommendations are evidence-based, context-specific, and aligned with state and national priorities.



Insights into the Lagos state HPV vaccination landscape

Lagos State, home to over 20 million people, has one of Nigeria's strongest immunization records. With a robust PHC system and history of innovation, it has consistently outperformed national averages.¹ In 2018, full immunization coverage in Lagos was over 70%², compared to 31%³ nationally, driven by effective PHC governance, data-informed microplanning⁴, and moderate local government financing.⁵ Lagos has over 2 million girls aged 9–14, one of Nigeria's largest adolescent populations, including over one million nine-year-olds. This makes Lagos critical for the national HPV vaccination program success.

The 2023 HPV vaccine rollout in Lagos was bold and mobilized strong political support⁶. Driven through PHCs, schools and communities, it marked a critical first step, but uptake fell short with high levels of rejections revealing cracks in communication and trust in the immunization system. Poor awareness among educators, and misconceptions contributing to vaccine refusals from the urban population led to low uptake during the campaign.⁷

Additionally, the precipitated systemic and structural immunization issues, such as cold chain shortages in underserved areas, limited health workers for outreaches, weak data reporting mechanisms, and other logistical barriers, contributed to the campaign setbacks. While Lagos has consistently benefitted from strong partner support, these issues were further amplified by the funding gaps for the HPV vaccination.

As Nigeria's most populous and fiscally autonomous state⁸, it has the infrastructure, fiscal power, and policy autonomy to lead nationally and set the standard for adolescent and pre-adolescent health delivery. Lagos benefits from strong governance, a dense health facility network⁹. However, the HPV vaccine introduction brought new variables into the system, requiring closer coordination with the education sector, targeted demand generation for adolescents, and a more inclusive financing approach that accommodates both in-and out-of-school populations.

[1] Mak, Joshua & Odihi, Deborah & Wonodi, Chizoba & Ali, Daniel & de Broucker, Gatien & Sriudomporn, Salin & Patenaude, Bryan. (2023). Multivariate Assessment of Vaccine Equity in Nigeria: A VERSE Tool Case Study using Demographic and Health Survey 2018. *Vaccine*: X. 14. 100281. 10.1016/j.jvax.2023.100281.

[2] National Population Commission (NPC) & ICF International. (2019). Nigeria Demographic and Health Survey 2018 (p. BASIC VACCINATION COVERAGE table). Retrieved from <https://dhsprogram.com/pubs/pdf/SR264/SR264.pdf>

[3] Olufadewa, I., Adesina, M., Oladele, R. et al. Trends and predictors of full immunization coverage in Nigeria. *Discov Public Health* 21, 151 (2024). <https://doi.org/10.1186/s12982-024-00283-x>

[4] eHealth Africa. (2025). Digital microplanning in Lagos: transforming primary health care with Planfeld (in partnership with LSPHCB and UNICEF). Retrieved from <https://ehealthafrica.org/digital-microplanning-in-lagos-transforming-primary-health-care-with-planfeld/>

[5] Ihebuzor C, Oteri AJ, Bawa S, Kolawole AO, Dieng B, et al. (2022) "Campaign Staggering" a Way to Bridge Resources Gaps in Supplemental Immunization Activities-Lagos State 2018 Measles Vaccination Campaign's Experience. *J Community Med Public Health* 6: 270. DOI: <https://doi.org/10.29011/2577-2228.100270>

[6] Evans. (2024, November). Achieving 71% HPV Vaccination Coverage in Nigeria. University of Washington Evans School of Public Policy & Governance. Retrieved from <https://evans.uw.edu/achieving-71-hpv-vaccination-coverage-in-nigeria/>

[7] Gavi, the Vaccine Alliance. (2024, August 6). Lagos aims to reach one million girls with cancer-blocking HPV shot by year's end.

[8] StopHPV Consortium. (2024). Nigeria's HPV Vaccination Experience (Phase 1 evaluation, outreach gaps noted). Retrieved from https://stophpv.org/wp-content/uploads/2024/01/23AB1606-Nigeria-Elizabeth-Hassan_FINAL-TO-SHARE.pdf

[9] Lagos State Subnational Health Accounts (2023) Retrieved from https://health.lagosstate.gov.ng/assets/Final-Report_Lagos-State-Health-Accounts-2020-2021-1v-Ubong-6-Oct-2023-MpB9yk2s.pdf

The following paragraphs provide a concise synthesis of key thematic areas essential to HPV vaccine integration, drawing on insights from both primary data and desk review.

Immunization Performance and Trends (2016-2023)

Lagos consistently leads in routine immunization coverage. In 2018, it recorded 80.8% full immunization among children aged 12–23 months, well above the 31% national average¹⁰, with a low zero-dose rate below 5%.¹¹ However, access gaps remain in informal settlements and hard-to-reach areas, where additional costs of service delivery and mistrust limit uptake.¹² The 2023 HPV vaccine introduction shifted focus to adolescent girls aged 9–14.¹³ Early results showed <50% coverage during the campaign.

Policy and Governance Environment

Lagos aligns with national reforms such as Primary Health Care Under One Roof (PHCUOR) and Basic Healthcare Provision Fund (BHCPF)¹⁴, and houses a consolidated PHC governance structure.¹⁵ However, HPV vaccination lacks policy codification. There's no state roadmap, statutory budget line, or focused provision for adolescents.

Financing and Resource Mobilization

Despite Lagos' high Internally Generated Revenue (IGR)¹⁶ and considerable government contributions, HPV vaccine delivery remains heavily reliant on donor funding, creating a vulnerability to funding cuts post-campaign and underscoring the urgent need for sustainable domestic financing. Facility managers report limited operational funds for pre-adolescent outreach. BHCPF support prioritizes maternal and child health, offering little for pre-adolescent and adolescent services.

Service Delivery and Operational Capacity

HPV vaccines were delivered through school-based and out-of-school models. Although eligible girls in informal work, alternative learning spaces, or out-of-school entirely were not adequately reached with information to facilitate vaccine uptake. Lagos lacks institutionalized adolescent and pre-adolescent-friendly services such as school health corners or community outreach. Integration into routine PHC services is optimal while demand is minimal.

Data Systems and Performance Monitoring

While Lagos uses District Health Information Software version 2 (DHIS2) for routine data, HPV-specific indicators were not fully integrated in 2023. Data entry delays and reliance on paper-based tally sheets undermined real-time monitoring. To institutionalize HPV vaccine delivery, Lagos must embed adolescent-specific metrics in DHIS2 and digitize tracking systems.

Social Mobilization, Misinformation, and Community Perceptions

Lagos' media-rich environment boosted initial demand via radio, social media, and faith-based outreach.¹⁷ But misinformation, especially around fertility, spread rapidly on social media, especially WhatsApp and Facebook, making Lagos one of UNICEF's high-risk misinformation states. The assessment revealed that many teachers were ill-equipped to counter this. Ministry of Women Affairs and Poverty Alleviation (MWAPA), Ministry of Education (MOE), and community stakeholders helped, but a more structured, pre-adolescent and adolescent-focused communication model is needed.

[10] Olaniyan et al (2021). The Socioecological Model as a framework for exploring factors influencing childhood immunization uptake in Lagos state, Nigeria. May 2021BMC Public Health 21(1). DOI:10.1186/s12889-021-10922-6

[11] Lawal, T. V., Atoloye, K. A., Adebowale, A. S., & Fagbamigbe, A. F. (2023). Spatio-temporal analysis of childhood vaccine uptake in Nigeria: a hierarchical Bayesian Zero-inflated Poisson approach. BMC pediatrics, 23(1), 493. <https://doi.org/10.1186/s12887-023-04300-x>

[12] Gavi Zero-Dose Learning Hub & NPHCDA. (2023). Nigeria Zero-Dose Situation Analysis. Retrieved from https://zdlh.gavi.org/sites/default/files/2023-12/ZDLH_Nigeria_Situation_Analysis_2023.pdf

[13] CHAI (2022). Case study: Strengthening data quality for diagnosis, decision-making and implementation in Lagos state, Nigeria. Retrieved from <https://www.clintonhealthaccess.org/case-study/case-study-strengthening-data-quality-for-diagnosis-decision-making-and-implementation-in-lagos-state>

[14] Wright K.O. et al. (2024). Implementation of Primary Health Care in Lagos, Nigeria: An assessment of governance and service availability. Journal of Community Medicine and Primary Health Care, 36(2), 1–18. <https://doi.org/10.4314/jcmphc.v36i2.1>

[15] Lagos State Ministry of Health. (2025). Lagos expands oversight on BHCPF implementation. Retrieved from <https://lagosministryofhealth.org/lagos-expands-oversight-on-basic-healthcare-fund-implementation>

[16] World Bank. (2021). Nigeria Immunization Financing Assessment: Sustaining Immunization Financing in the Decade of Vaccines. <https://documents1.worldbank.org/curated/en/955881615801705759/pdf/Nigeria-Immunization-Financing-Assessment.pdf>

[17] Lagos State Ministry of Youth & Social Development. (2023). LASG, UNICEF sensitise youths in LGAs on HPV vaccine. Retrieved from <https://lagospost.ng/lasg-unicef-sensitise-youths-in-local-government-areas-on-hpv-vaccine>

What's Working in Lagos

Strong start. But more needs to be done

Strengths

- **High-level political visibility:** The launch received strong political endorsement, particularly from the Office of the First Lady, which amplified media visibility and signalled high-level commitment to the HPV vaccine rollout, which helped drive public trust and cross-sector alignment during the campaign period.
- **Effective health-education coordination:** Functional collaboration between the Primary Health Care Board and Ministry of Education enabled seamless PHC-school linkages, particularly in public schools. Many LGAs coordinated session planning around academic calendars and school exam schedules, supporting efficient vaccine reach.
- **Cold chain readiness:** Most PHC facilities, especially in urban and peri-urban LGAs, were adequately equipped with cold chain infrastructure to store and transport the HPV vaccine. This operational strength minimized wastage and ensured temperature stability during the campaign.
- **Committed health workforce:** Health workers demonstrated high levels of dedication, often extending campaign hours and creatively adapting to field realities. In some cases, providers proactively organized outreach to special-needs schools and faith-based learning centres, enhancing inclusive coverage.
- **Community entry and support:** Early engagement of traditional rulers, religious leaders, and market association heads helped improve social acceptance, particularly in areas initially hesitant about adolescent vaccination. Where these leaders publicly endorsed the vaccine, uptake improved significantly across wards.
- **Coordination platforms strengthening:** The HPV vaccine Technical Working Group (TWG) is becoming a credible mechanism for multisectoral coordination, linking health, education, civil society, and development partners.
- **Digital and data innovations emerging:** Use of Open Data Kit (ODK), social media monitoring, and rumour-tracking tools are beginning to provide faster insights into coverage, misinformation, and demand generation.

Gaps

- **No dedicated state funding or budget line:** Despite strong political will, routine immunization, including HPV vaccination lacks a designated budget in Lagos State's health financing architecture. The program relies heavily on external partner support, leaving it vulnerable to funding shortfalls and donor withdrawal.
- **Weak tracking systems:** There is no unified platform to track or maintain registries specific to adolescents. This gap risks compromising long-term vaccine efficacy and undermining herd immunity.
- **Health workforce strain and attrition:** Many frontline workers are undercompensated and overextended, especially during campaign surges. Reports of staff resignations or redeployments were common, leading to inconsistencies in service quality and community trust.
- **Persistent misinformation and trust deficits:** Fertility-related myths and conspiracy theories about the HPV vaccine continue to spread rapidly, especially on WhatsApp, Facebook, and within some religious circles. Health educators and teachers remain under-equipped to counter these narratives with facts.
- **Hard-to-reach out-of-school girls:** Strengthen statewide mechanisms for identifying, mapping, or reaching out-of-school girls, particularly those in informal settlements, street trade, or alternative learning centres.

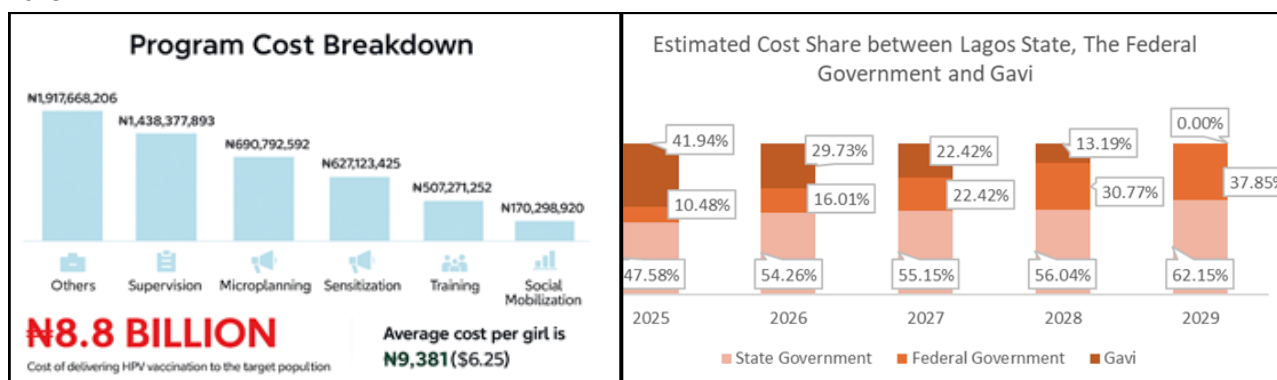
Lagos has the building blocks, but needs a blueprint, for long-term, equitable HPV vaccine delivery.

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

To support strategic decision-making, a comprehensive financial assessment was conducted to estimate the full cost of delivering HPV vaccines to eligible pre-adolescent girls across Lagos State between 2025 and 2029. The financial impact of HPV vaccine delivery varies considerably across states influenced by factors such as population size, delivery strategy, and inflation assumptions. The projected 5-year cost to vaccinate the target population of 936,941 9-year-old girls is **₦8.8 billion**. For 2025, this cost is estimated at **₦1.39 billion**, representing **0.6% of the ₦221.4 billion approved state health budget**.

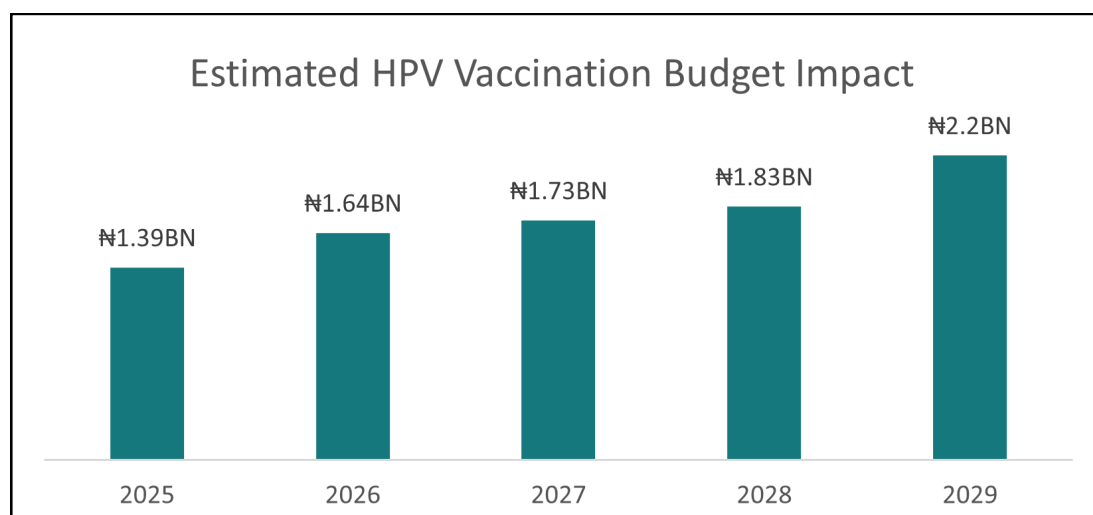
Key Indicator	Value
Target Population (Girls Aged 9)	936,941
Total 5-Year Cost (2025–2029)	₦8.8 Billion (\$5.9 Million)
Average Cost per Girl	₦9,381 (\$6.25)
Main Cost Drivers	Service delivery, supervision, cold chain, ACSM

Advocacy, Communication, and Social Mobilization (ACSM) is severely underfunded, despite being essential to sustaining demand and maintaining momentum for HPV vaccination. Vaccine delivery costs are majorly co-financed by the federal government, state governments, and donors, such as Gavi, who provides vaccines. While vaccine procurement is solely at the national level, these costs contribute to the total cost of vaccine delivery in Lagos state (₦18 Billion for 2025-2029). Additionally, given the dwindling donor financing landscape, Lagos needs to incrementally increase funding for vaccines and create a structured plan to account for Nigeria's Gavi-transition by 2028.



Budget Impact

Lagos requires a steady increase in health expenditure to vaccinate 936,941 girls against HPV by 2029. To meet her target population, the state must pair sustained budget allocations with bold public-private partnerships and 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 Lagos



Human Toll

~800 - 1000 preventable deaths in Lagos annually



Household Burden

Families face ₦7.5 million+ in treatment bills, plus transport and lost income



Health System Strain

Oncology centers in Lagos overstretched with limited chemo/radiotherapy slots



Productivity Loss

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



Missed Savings

Skipping a ₦9,381 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 Lagos

Policy and programmatic recommendations that will improve HPV vaccine delivery

Policy Moves That Lock In Progress

Create a Lagos Adolescent Immunization Strategy

Lagos needs a clear, state-owned roadmap for pre-adolescent vaccination, beyond campaigns. This strategy should define age-specific targets, school–PHC linkage mechanisms, and annual coverage benchmarks. It must be actionable, costed, and adaptable across LGAs.

- **What to do now:** Convene a cross-sector technical team to draft and validate the strategy, anchored within the LSPHCB but co-owned by Education and Youth Ministries.

Fund it, Separately

Routine immunization including HPV vaccination, cannot continue as an unfunded line item. It needs a standalone allocation with program-specific visibility. 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.

Put it in the Law

Institutionalizing HPV vaccination requires legal anchoring. By integrating it into Lagos' School Health Policy and adolescent health frameworks, the state moves from temporary rollout to permanent policy. Legal backing also facilitates enforcement, financing, and curriculum integration.

- **What to do now:** Initiate a policy amendment process through the State House of Assembly or MOE to include HPV vaccination as a mandated service in school health programs.

Unlock Public-Private Partnerships

Lagos has one of Nigeria's most dynamic private sectors that can be harnessed to finance pre-adolescent immunization. Structured PPPs can expand service delivery, strengthen cold chain logistics, drive innovative demand creation, and share financing risks. Harnessing private sector expertise will also ensure sustainability and reduces reliance on donor-funding.

- **What to do now:** Establish a Lagos Routine Immunization PPP Framework, led by the LSPHCB, defining clear roles for financing, with measurable targets and accountability mechanisms.

Lock In the Money

Lagos needs ₦8.8 billion to vaccinate about 1 million 9-year-old girls between 2025–2029. Yet, funding remains fragmented and donor-dependent. Establish a dedicated, ring-fenced HPV vaccine budget line under the State Ministry of Health (SMOH), integrated into the Medium-Term Sector Strategy (MTSS) and aligned with Basic Healthcare Provision Fund (BHCPF) priorities. This enables multi-year planning, ensures predictable funding, and opens the door to strategic pooling of domestic and external funds. Effective adolescent immunization depends on more than just the health sector. Education, Youth, and Women Affairs must be decision-making stakeholders, not just operational collaborators.

- **What to do now:** Amend the state immunization financing framework to explicitly include adolescent vaccines, starting with HPV vaccine.

Build a Smart Coordination and Accountability Engine

Use costed projections to guide donor engagement and track progress. Lagos should establish a transparent coordination platform (possibly under the State Emergency Routine Immunization Coordination Centre (SERICC) or the LSPHCB) that tracks donor contributions, state allocations, and performance milestones against this target. This ensures better alignment, reduces duplication, and strengthens partner accountability.

- **What to do now:** Launch a shared financing dashboard and quarterly HPV vaccine review forum for cross-partner visibility and joint decision-making.

Program Fixes That Will Multiply Impact

Strengthen Monthly HPV Vaccine Days in All PHCs

HPV vaccination is now part of routine immunization, but as a relatively new vaccine, routinization needs to be reinforced. Every PHC could consider offering monthly HPV vaccination sessions aligned with school calendars and adolescent-friendly timings, while intensifying communication and demand generation to sustain momentum from the campaign. This means updating rosters, ensuring adequate vaccine supply, and strengthening awareness among parents, teachers, and community leaders.

- **What to do now:** Strengthen supervision by the LSPHCB to ensure clear vaccination of the HPV vaccine and optimal integration with RI service delivery.

Fund for Equity

Marginalized girls, out-of-school, displaced, or in informal settlements, don't come to the health system; it must go to them. Equity-focused funding should prioritize mobile outreach, adolescent-friendly corners, and incentives for hard-to-reach populations.

- **What to do now:** Allocate a targeted equity fund within the state's PHC budget, earmarked for adolescent outreach in low-access LGAs.

Empower the Frontline

Health workers, teachers, and community influencers are the face of HPV vaccine delivery, hence they need continuous capacity strengthening and recognition. Equip them with an integrated social and behavioural change communication (SBCC) toolkit, clear Frequently Asked Questions (FAQs), and scripts to counter myths. Reward excellence through public recognition or stipends.

- **What to do now:** Roll out a joint training curriculum for teachers, health workers, youth ambassadors, and other community influencers.

Build Trust, Not Just Awareness

Mistrust, not ignorance, is often the real barrier. Local influencers, religious leaders, parents, youth, must be at the centre of tailored SBCC campaigns. Messaging should be community-specific, values-driven, and focused on long-term benefits like cancer prevention and dignity for girls.

- **What to do now:** Launch a storytelling-based SBCC campaign featuring testimonials from local fathers, vaccinated girls, and respected religious figures. Use short-form video, townhalls, and radio dramas.

Sell the Value, Mobilize the Market

At just ₦9,381 (\$6.25) per immunized girl, HPV vaccination is a high-impact, low-cost investment with massive economic and health returns. Framing HPV vaccination as a cancer prevention strategy opens the door to public-private partnerships through the Lagos State Health Compact.

- **What to do now:** Develop a Return on Investment (ROI)-backed private sector pitch deck and initiate engagement with Corporate Social Responsibility (CSR) teams from banks, telcos, and private health providers to co-finance outreach, digital tools, and logistics.

These are not expensive fixes. They're high-leverage moves that Lagos can own, scale, and sustain. This isn't about doing more, it's about doing smarter. Lagos already has the scale, the system, and the spotlight. What's needed now is strategic financing and follow through.



What You Can Do Now

Everyone has a role. And the time is now.

Sustaining the HPV vaccination program in Lagos 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 +)
<p>Policy makers and legislators:</p> <p><i>You have the power to turn political momentum into policy permanence.</i></p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Use your platform to drive pro-vaccine messaging and action. 	<ul style="list-style-type: none"> • Continue to leverage and increase Internally Generated Revenue (IGR) allocation for health to ensure sustainable HPV vaccination funding. • Facilitate the recruitment of new health workforce to strengthen HPV vaccine delivery and improve quality of care
<p>Ministry of Health and the Lagos State Primary Health Care Board</p>	<ul style="list-style-type: none"> • 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. 		
<p>Ministry of Education and School Authorities:</p> <p><i>You are central to reaching girls where they are</i></p>	<ul style="list-style-type: none"> • Embed HPV vaccination into the school health calendar • Ensure that both public and private schools are accessible to PHC outreach teams. 		<ul style="list-style-type: none"> • Train teachers and guidance counsellors to communicate clearly with parents and students, dispel misconceptions, and support mobilization.
<p>Development Partners and Non-Governmental Organizations (NGOs)</p>	<ul style="list-style-type: none"> • Align your resources and technical support with the costed plan to close gaps and avoid duplication. 	<ul style="list-style-type: none"> • 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. 	
<p>Private Sector and Philanthropies:</p> <p><i>HPV vaccination is a low-cost, high-impact investment in the health of future mothers, workers, and leaders</i></p>	<ul style="list-style-type: none"> • 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. 		

<p>Community Leaders and Mobilizers:</p> <p><i>Trust begins at the grassroots.</i></p>	<ul style="list-style-type: none"> • 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.
<p>Civil Society and Grassroots Networks:</p> <p><i>You are the bridge between policy and people.</i></p>	<ul style="list-style-type: none"> • Ensure parents, adolescents, and community leaders not only hear about HPV vaccination but understand its value. • Mobilize through household visits, 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

Turning momentum into structure

Lagos has the political capital, institutional strength, and financial capacity to lead Nigeria’s adolescent immunization agenda. Without intentional investments in delivery systems, thousands of girls will miss the opportunity, and future cohorts may be left behind. We must prioritize predictable financing and overall systems support. The opportunity is now. And it must not be missed.



Acknowledgments

Special appreciation goes to the Lagos State Government, the Lagos State Ministry of Health (LSMOH), and the Lagos State Primary Health Care Board (LSPHCB) 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 Ministry of Health, the Lagos State Primary Health Care Board (LSPHCB), the Department of Research and Statistics (DPRS), the Ministry of Women Affairs and Poverty Alleviation (MWAPA), Ministry of Education, Ministry of Basic and Secondary Education, State Universal Basic Education Board (SUBEB), Civil Society Organizations, 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)**

