



From Barriers to Access: Tackling HPV Vaccination Inequities in Nigeria

The National Dialogue on Transforming Gender Norms for Adolescent Health and Wellbeing



P O L I C Y I N N O V A T I O N C E N T R E



Context Setting

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Panelists

- » Dr. Chito Nwana, Obstetrician and Gynecologist, CEO/MD Tabitha Medical Center
- » Prof. Amos Bassi, Public Health Specialist, Professor and Deputy Provost, Nile University.
- » Abisola Akindolire, Clinton Health Access Initiative (CHAI), Nigeria.
- » Dr. Kemi DaSilva-Ibru, Founder, Women At Risk International Foundation (WARIF)

Moderator

Dr. Ishak Lawal, Consultant Obstetrician and Gynaecologist, FMC Birnin Kebbi

Background

Nigeria's commitment to eliminate cervical cancer, outlined in its National Gender Policy (2021–2026) and National Cancer Control Plan, is currently undermined by pervasive resistance. The moderator, Dr. Ishak Lawal, noted that the HPV vaccine's distinction (targeting adolescents for adult cancer prevention) creates unique challenges, as families often fail to perceive the necessary urgency. The entire dialogue, informed by initial state-level findings and refined by expert testimony, revealed interconnected cultural, structural, and financial obstacles that require a multi-level response.

New Insights from the Panel Session

The comprehensive dialogue, which incorporated foundational data and expert commentary, yielded critical insights into the pervasive barriers to HPV vaccination and the necessary strategic interventions.



Diagnosis of Core Barriers

Insights confirmed that vaccination uptake is suppressed by mutually reinforcing normative and non-normative drivers.

Normative Drivers

- 01. Culture of silence around sexuality:** Taboos prevent open discussions. As one of the panelists noted: “Nobody wants to talk about it, nobody wants to listen to it, and nobody wants to accept that these issues are critical.”
- 02. Restricted girls’ agency:** Girls cannot access the vaccine without parental consent. One speaker explained: “parents don’t give consent, and even when girls want to take up the vaccine, they also do not do that because they need parental consent.”
- 03. Myths and Misconceptions:** The most powerful myth is the persistent fear that the vaccine causes infertility. Dr. Chito Nwana emphasized: “even the most educated mom... when they come to our facility, that’s the one [myth] they talk about most.”
- 04. Moral framing of the vaccine:** The vaccine is misrepresented as encouraging promiscuity, with one panelist noting: “It is just as good as sharing condoms and lubricants... people think you are encouraging young girls to go out there and do.”
- 05. Economic prioritization:** In contexts of scarcity, prevention is deprioritized. A panelist observed: “of all things worrying them, all they’re thinking is HPV. Nobody will take the extra money to pay for a vaccine they don’t know about.”

Non-Normative Drivers

- 01. Systemic weaknesses in service delivery:** : Inconsistent vaccine availability and inadequate training of health workers compromise uptake. One panelist explained: “some health workers want to administer the vaccine, but they are not well knowledgeable about it.”
- 02. Exclusion of out-of-school adolescents:** The school-based rollout systematically excludes out-of-school girls (particularly in Northern Nigeria) structurally widening inequities in coverage.
- 03. Data and evidence gaps:** Official data is flawed because the private sector is poorly engaged and its contributions are underreported. According to Professor Amos Bassi, Nigeria is only about 6-65% accurate with data. In addition, only very few private hospitals are currently distributing the vaccine. Dr. Nwana, a private practitioner, stressed: “The private health sector covers at least 60% of people in Nigeria yet they are not included in the numbers.” These reporting gaps distort planning and resource allocation.hey talk about most.”
- 04. Financing and the public-private divide:** Affordability is a critical barrier, with a private dose costing up to ₦15,000. Panelists warned: “any policy being formed for HPV that’s not going to engage the private health sector in a right way will not be implemented.”

Survivor Testimony: The Urgency of Action

Mercy, a cancer survivor powerfully reinforced the economic dimension of the crisis: “If you go to the villages, you see most people suffering from cervical cancer, but because they don’t have the resources, they are dying.” However, one of the panelist also added that “most people that don’t access care is mainly because they don’t have the money. Nobody wants to die...The testimony of the survivor reinforced that poverty often drives people toward denial, traditional healers, or religious alternatives:

Key Recommendations from the Panelists

The panel session unanimously agreed that effective strategies must move beyond technical fixes, requiring a multi-level approach combining behavioural, structural, and normative change

- * **Reframing HPV vaccination as routine preventive care:** Dr. Chito Nwana advocated for normalizing the vaccine by fully integrating HPV into Nigeria's regular immunization schedule. This move is essential to neutralize sexual and moral stigma and ensure consistent delivery
- * **Expanding eligibility and integrating into routine programs:** Panelists called for broader age eligibility beyond the current nine-year-old target to secure better parental buy-in and a higher overall response rate. Full integration into routine programs is also necessary to reach all adolescents.
- * **Educating and empowering health workers:** Regular training and supportive supervision are crucial. This ensures health workers become knowledgeable and trusted messengers, capable of providing accurate information and confidently countering community myths.
- * **Engaging gatekeepers to shift norms:** Recognizing the influence of community figures, participants stressed the need to target religious leaders, traditional rulers, and mothers-in-law. By working through these leaders, awareness can spread effectively, helping to legitimize the intervention and reduce cultural resistance.
- * **Strengthening public-private collaboration:** Partnerships between the public and private sectors are non-negotiable to expand affordable access, close critical data gaps, and increase the number of distribution points nationwide
- * **Securing sustainable financing:** Professor Amos Paul Bassi emphasized the long-term view, asserting that the nation cannot rely on donor donations to control diseases. Increased domestic funding is therefore vital to ensure sustained vaccine availability and strategically prioritize prevention in national budgets.

Conclusion

The side session provided a clear and comprehensive look at the complex, multi-layered constraints restricting HPV vaccine access for Nigerian adolescent girls, where coverage alarmingly remains below 20%. The core challenge transcends mere logistics or technical deficiency, residing instead in the intersection of entrenched social norms, systemic weaknesses, and severe financing constraints. The dialogue confirmed that the primary barrier is rooted in community-based normative resistance, driven by deep-seated myths, such as the belief that the vaccine promotes infidelity or serves as a tool for population control. This pervasive misinformation, coupled with existing gendered stigma, reinforces silence around adolescent reproductive health, transforming HPV vaccination from a straightforward medical priority into a critical social norms challenge.

Panelists were quick to emphasize that despite these obstacles, effective solutions are readily achievable. Success, they argued, hinges on a dual strategic approach that tackles both behavioral and systemic factors. On the behavioral front, the immediate imperative is to shift norms by actively reframing HPV vaccination as routine preventive care, thereby neutralizing the moral and sexual stigma currently attached to it. This requires legitimization from the highest-trust figures, including religious and community leaders, coupled with empowering health workers to become effective communicators who can confidently dismantle myths. Crucially, amplifying the voices of cervical cancer survivors is essential to illustrate the devastating human cost of inaction and galvanize community support.

Key recommendations focused on structural reforms, including integrating HPV into routine immunization programs to ensure reliable and consistent national coverage. Furthermore, panelists stressed the necessity of strengthening public-private partnerships to expand access points, improve data reporting accuracy, and provide sustainable delivery beyond government facilities. Finally, securing sustainable domestic financing is paramount, as the nation cannot rely on donor donations indefinitely.

