



Nigeria Federal Ministry of Health (FMoH)

National Primary Health Care Development Agency (NPHCDA)
National Cancer Control program



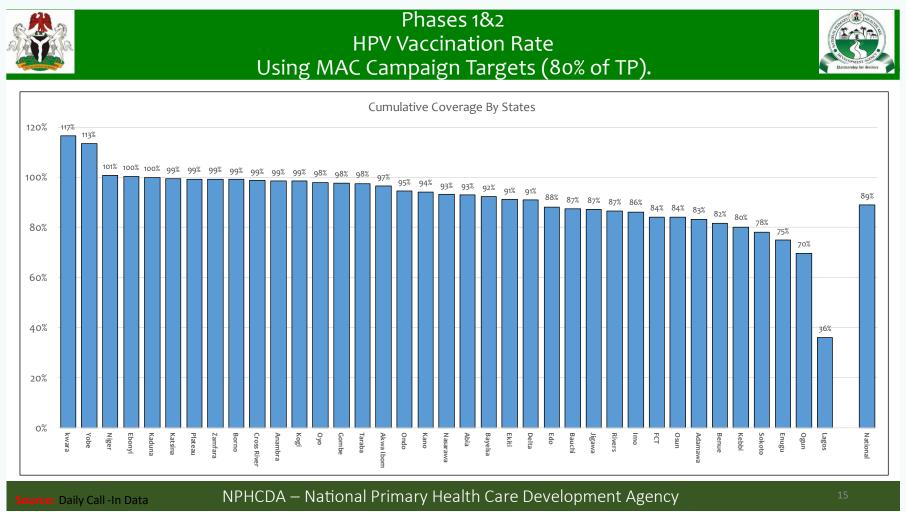
Cervical Cancer Prevention and Control Landscape in Displaced Populations

Authors

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Organization's Role and Activities

- The NPHCDA a parastatal under the FMoH, overall mission is to provide technical and programmatic support to states, LGAs, and other stakeholders in the functioning, planning, implementation, supervision and monitoring of PHC services in Nigeria. The NPHCDA is also responsible for immunization programme including HPV vaccination. While the National Cancer Control Programme of the Federal Ministry of Health is responsible for development of policies and guidelines for cancer control and prevention in Nigeria. It arms also include: the National Institute for Cancer Research and Treatment is responsible for cancer research, assist with the implementation of the policies and priorities of the Ministry/government. It is being guided by the following documents: the National NCD policy, National Strategic Cancer Control Plan and a National Strategic Plan for elimination of cancer of the cervix.
- The HPV vaccination rolled out across the country, targets adolescent girls 9-14 years in Q4 2023-Q2 2024. Now that the vaccine has been routinized, the target population from 2025 is for girls 9 years only. The introduction was phased into 2 based on certain criterial such as: disease burden, prevalence of STDs etc. The focus now is on low performing districts, Hard-to-reach communities and IDPs to improve coverage.
- The Nigeria HPV vaccination program have vaccinated more than 12,000,000 million adolescent girls of 9-14 years in 2024 alone. Although overall nation-wide outcomes studies have not yet conducted, data exist from many partners working with the Nigerian government that indicate continuous impact in vaccination coverage.



• Current projects exist funded by government and Partners.

Overview of Displaced Populations

- According to the Nigerian-displacement report of 2023, the exact number of displaced people in Nigeria is around 2.4 million, with 2,375,661 Internally Displaced Persons (IDPs) identified in 483,467 households and about 2.1 million returnees who returned to their displaced homes.
- Most are situated in the Northwest, Northeast and Southeast geopolitical zones of Nigeria.
- Epidemiological data for now is not available on HPV infection rates and HPV-related diseases among displaced populations in Nigeria.

Cervical Cancer Prevention and Control

- HPV vaccination services is being offered to eligible these population through weekly outreaches services conducted by the nearest heal facilities or by targeted outreaches services through Partner support. The services are offered to eligible girls in IDPs camps, conventional and non-conventional schools, markets places, in front of traditional rulers' residence and in places of worship
- There is an approach in Nigeria for providing cervical cancer screening and treatment to displaced populations and those in hard-to-reach or conflictaffected areas but not specific for displaced populations.
- The policies are not specific for displaced populations. We have a National Strategic Plan for prevention of Cancer of the Cervix. But no specific program for displaced persons.
- We are also implementing integrated services in the health facilities. Although also not specific for displaced populations.

Barriers to Access and Implementation Among These Populations

• The major barriers to accessing and implementing health services for vulnerable populations in Nigeria are basically logistical issues and inadequate poor funding. Through the renewed commitment of the Nigerian government and the support of Partners, these barriers can be overcome.

The Way Forward

- Improve government funding for the implementing of health services for vulnerable populations in Nigeria for sustainability to avoid over dependence of partners fundings
- Partners mapping and alignment of plans to ensure better coordination and avoidance of duplication of efforts and scare resources

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