



Advancing HPV Prevention and Control in Humanitarian Settings: CHAN's Experience in Nigeria

Cervical Cancer Prevention and Control Landscape in Displaced Populations

Authors | Nshe Muknaan David, Haruna G D, Oriaku A D, Ajibade A Y, Ishaya K A, Ovia S, I & ji D I

Organization's Role and Activities

Mission and Primary Areas of Work:

The Christian Health Association of Nigeria (CHAN) aims to provide equitable healthcare services to underserved and vulnerable populations across Nigeria, via its Member institutions and project delivery, focusing on maternal and child health, immunisation, and disease prevention.

Ongoing Projects:

- CHAN is implementing Gavi's 5.0 Humanitarian Partnerships award. 2022-2024, CHAN implemented the RAISE 4 Sahel (R4S) project, targeting zero-dose children, refugees, migrants, and internally displaced persons (IDPs) in humanitarian settings. The same is transitioned as REACH Nigeria with IRC as prime in 2025.
- The targeted intervention in humanitarian settings is a Zero-Dose Reduction strategy focused on conflict-affected areas where the conventional health system cannot operate safely or coordinate effectively. The ZIP integrated the Multi-Age Cohort (MAC) of HPV vaccination campaigns into contextualised sessions of routine immunisation efforts to prevent cervical cancer among adolescent girls aged 9-14.

Target Populations and Geographic Focus:

- Serves missed populations in Plateau, Kaduna, Borno, and Sokoto states, areas with significant displacement due to conflict and insecurity.
- Focuses on these regions due to the conflict, high burden of cervical cancer, low immunisation coverage, and barriers to healthcare access among displaced populations.
- >1.8 million doses of RI antigens(BCG – MCV) including *HPV and TD*
- Beyond the project, CHAN MIs located in HTR border communities continue to provide HPV vaccination to girls.

Funding

- *Gavi through bidding for RFPs*
- *Local funds from owners of the church and church denominations*

Month\States	Plateau State	Kaduna State	Borno State	Sokoto State	Total
May	862	1775	536	2115	5288
June	0	0	0	407	407
July	0	0	0	1864	1864
August	89	0	0	436	525
September	111	0	0	396	507
Total					8591

Barriers to Access and Implementation Among These Populations

Security Risks: Addressed through collaboration with community watch groups, and special interlocutors, leveraging the Indigenous health workforce and community leaders with support from humanitarian coordination platforms, like PLSO, INSO, and OCHA.

Cultural Beliefs and Vaccine Hesitancy: Mitigated via culturally sensitive messaging and engagement with community leaders and women leaders.

Logistical Challenges: Optimized resources from the ZIP to support LMD through traditional methods and using technology like zipline and indigo devices.

The Way Forward

Sustainability: Routinization of HPV vaccinations for 9-year-old girls as part of the EPI program.

Scaling Up: Expanding advocacy and educational programs to reach more underserved populations.

Collaboration: Strengthen partnerships with government agencies, NGOs, and local stakeholders to scale cervical cancer prevention efforts.

Funding of humanitarian Vaccination programs like the CHAN ZIP

Overview of Displaced Populations

- The ZIP project accessed 69 wards (sub-districts) in 10 LGAs (districts) within the humanitarian and conflict settings in Plateau, Kaduna, Borno, and Sokoto states.
- These communities face barriers like insecurity, poor health infrastructure, and cultural misconceptions.
- Engagement through community leaders (faith/religious leaders and traditional rulers), leveraging community watch groups and special interlocutors, ensuring accessibility and safety during vaccination campaigns.
- Engagement and access negotiation for teams through community leaders (faith/religious leaders and traditional rulers), leveraging community watch groups and special interlocutors, ensuring accessibility and safety during vaccination campaigns.
- Currently, detailed state-specific data on HPV and cervical cancer incidence in Nigeria is limited. However, cervical cancer remains a significant public health concern in Nigeria, ranking as the second most common cancer among women.

Cervical Cancer Prevention and Control

- HPV vaccination is offered mainly via outreaches and mobile sessions in door-to-door vaccination, quick in and quick out, sessions at designated locations, in farms, irrigation sites, etc
- Approaches within Nigeria for providing cervical cancer screening and treatment to displaced populations and those in hard-to-reach or conflict-affected areas?
 - Mobile Health Clinics: Mobile health teams are deployed to (IDP) camps and HTR communities to provide cervical cancer screening, such as Visual Inspection with Acetic Acid (VIA) and Pap smears. This is done in partnership with NGOs like MSF & UNICEF.
 - Integration with RI (aged 9–14 years) and MNCH Services: Gavi, WHO, UNICEF and CHAN
- Policies Ensuring Access to Cervical Cancer Screening for Vulnerable Populations in Nigeria
 - National Strategic Health Development Plan II (NSHDP II, 2018–2022): to improve equitable access to healthcare, including cancer prevention and control, for vulnerable populations.
 - National Cancer Control Plan (NCCP, 2018–2022): to reduce cancer mortality through prevention, early detection, and improved access to treatment.
 - The National Reproductive Health Policy was developed in 2001 and revised in 2021: To ensure access to reproductive health services, including cervical cancer prevention and treatment.

Corresponding Author Contact Email: mnshe@channigeria.org.ng, nshemuknaan@gmail.com.