EVIDENCE SUMMARY

# Leveraging Traditional and Religious Leaders in HPV Vaccination

Evidence from low- and middle-income countries | Living systematic review, baseline findings

## Background

HPV vaccination can prevent cervical cancer, but uptake in many low- and middle-income countries remains constrained by access barriers, misinformation and vaccine hesitancy. Traditional and religious leaders can shape community trust and acceptance, yet their specific contribution to vaccination outcomes is uncertain.

## What this review examined

The review assessed whether engaging traditional and religious leaders in HPV vaccine delivery and demand generation improves uptake, completion, acceptance and equity, and explored barriers and facilitators. We systematically searched academic and grey literature and narratively synthesised eight eligible studies.

## What we found

- **Coverage**: Studies were conducted in Cameroon, Nigeria, Ethiopia, South Africa and Bhutan, covering five low- and middle-income countries.
- **Evidence base**: The included studies examined HPV vaccination programmes involving traditional, community and religious leaders across low- and middle-income settings. The evidence comprised quantitative programme outcomes and qualitative implementation findings.
- **Leader types and roles:** The programmes engaged traditional and community leaders, religious leaders and, in some settings, royal or customary authorities as part of multicomponent interventions. Reported roles included endorsement and approval, community mobilisation, consultation, vaccine messaging and health education, building trust, facilitating access, and providing practical support for vaccination activities. Crucially, no included study used a leader-specific counterfactual comparison to isolate the effect of engaging leaders from other programme components.
- **Outcomes reported**: Studies reported HPV vaccination awareness and knowledge, perceptions of vaccine safety and importance, acceptance, intention to vaccinate, vaccine uptake and coverage, and completion of vaccination schedules. Evidence on equity-related outcomes was limited.
- **Positive programme findings:** Some programmes involving leaders reported more favourable vaccine awareness, perceived importance and safety, acceptance, intentions to vaccinate and vaccine uptake. Other programmes reported encouraging coverage and completion. These are programme-level findings, not effects attributable specifically to leader engagement.
- **Implementation barriers and facilitators**: Trusted communication, leader support, and community authorisation and mobilisation facilitated delivery; while leader opposition, misinformation, vaccine-safety concerns, and access restrictions could hinder it.

## Key conclusions

Some HPV vaccination programmes involving traditional and religious leaders reported favourable findings across awareness, attitudes, intentions, uptake and completion. Nevertheless, the lack of studies using appropriate counterfactuals means there is no basis for establishing a causal effect of leader engagement on these outcomes or on equity. Leader involvement appears potentially valuable for implementation, but stronger comparative studies are needed to establish its independent effectiveness.

## Review overview

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| **Evidence** | 8 included studies; 7 quantitative and 3 qualitative contributions (2 studies contributed to both) |
| **Coverage** | 5 LMICs: Cameroon, Nigeria, Ethiopia, South Africa and Bhutan |
| **Approach** | Systematic review; narrative synthesis |
| **Support** | Gates Foundation (INV-075762) |
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