



**66TH NATIONAL COUNCIL ON HEALTH (NCH) HELD AT CALABAR INTERNATIONAL
CONVENTION CENTER, CALABAR, CROSS RIVERS STATE FROM 17TH – 21ST
NOVEMBER, 2025**

COUNCIL COMMUNIQUE

OPENING

1. The 66th Regular Session of the National Council on Health (NCH) was held at Calabar International Convention Centre, Calabar, Cross Rivers State from 17th – 21st November 2025. The National Council on Health, as provided for in the National Health Act (2014), is the highest policy-making body on matters relating to health in Nigeria. It comprises the State Commissioners for Health of the 36 States, the Human Services and Environment Secretariat of the Federal Capital Territory, Honourable Minister of State for Health and the Coordinating Minister of Health who is the Chairman of the Council. The 66th National Council on Health was chaired by the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate CON.

2. The theme for the 66th NCH is **"My Health, My Right: Accelerating Universal Health Coverage through Equity, Resilience, and Innovation"** with the following sub-themes:

- a. Sustainable Health Financing and Domestic Resource Mobilization; and
- b. Health Workforce Development and Retention Strategies.

3. A total of 1,243 delegates participated from the Ministries, Departments and Agencies of the Federal Ministry of Health, State Ministries of Health and Human Services and Environment Secretariat of the Federal Capital Territory Administration, Abuja. Others in attendance were State House of Assembly members, Development Partners drawn from WHO, UNICEF, UNFPA, USAID (put their names in full before the acronym), World Bank and Civil Society Organisations. There were also delegates from the Health Regulatory Bodies, Professional Associations, the Nigerian Military, Medical Services of the Nigeria Police Force, Department of State Services, Federal Road Safety Corps and other Para-Military Medical Corps amongst others.

TECHNICAL SESSION

4. The 66th NCH was preceded by a two-day Technical Session under the chairmanship of the Permanent Secretary of the Federal Ministry of Health and Social Welfare, Daju, Kachollom S. mni. The Technical Sessions held from 17th – 18th November, 2025, and considered 92 memoranda (47 from the Coordinating Minister of Health and Social Welfare, 44 from the State Commissioners for Health, and FCT Mandate Secretary of Human Services and Environment and 1 from the Department of State Services (DSS). During the Technical Session, two presentations were made, titled "The Critical Missing Link in Crashing Maternal and Neonatal Mortality in Nigeria: A UNFPA Perspective" and "High Burden of Health and Nutrition" by UNICEF.

COUNCIL SESSION

5. The Council Session commenced on 20th November, 2025, with an opening ceremony. Goodwill messages were delivered by the World Health Organization (WHO) Representative, Dr. Pavel Ursu; Fatima Hussaini Zanna, Co-chair of the Health Development Partner Group (DPG), on behalf of DPG; UNFPA Representative Francis Koessan; and Dr. Gafar Alawode (HERFON), representative of the Civil Society Organizations.

6. The Honourable Commissioner for Health, Cross River State, Dr. Henry Egbe Ayuk gave the welcome address. This was followed by the opening remarks delivered by the Honourable Minister of State for Health and Social Welfare, Dr. Iziaq Adekunle Salako.

7. The Keynote address for the 66th NCH was delivered by the Coordinating Minister of Health and Social Welfare, Prof Muhammad Ali Pate.

8. Following his speech, the 66th National Council on Health was formally declared open by the Deputy Governor of Cross River State, Rt. Hon. Peter Odey, Ph.D., who represented the Executive Governor of the State.

9. The Permanent Secretary of the Federal Ministry of Health and Social Welfare, Daju, Kachollom S. mni gave the Vote of Thanks.

10. The opening ceremony ended with the presentation of vehicles and medical equipment to the Cross River State Government by WHO. This was followed by a tour of the exhibition stand and finally, the departure of guests.

11. The Council Session featured a Keynote Presentation titled "Building Resilience for Disease Outbreak at the Sub-National Level" by Lagos State Commissioner of Health, Prof. Akin Abayomi, followed by a presentation on "Nationwide Medical Outreach by MANSAG" delivered

by Dr. Jidefor Menakaya, and another presentation on "Clinical Governance and Effective Service Delivery" by Professor Joseph Ana.

12. Council Session commenced with the adoption of the agenda, introduction of members in Council and setting the procedure for the meeting by the Chairman in Council, Prof. Muhammad Ali Pate, Coordinating Minister for Health and Social Welfare.

13. A summary of the proceedings at the Technical Session was presented by the Permanent Secretary of Health and Social Welfare, Daju, Kachollom S. mni.

14. The Director, Health Planning, Research & Statistics, Dr. Kamil Shoretire presented the status of implementation of the 65th NCH Resolutions. Federal Capital Territory, Sokoto, Taraba, Ekiti, Delta, Anambra and Plateau States were adjudged the best performing states, with respect to implementation of the 65th NCH Resolutions in the North Central, North West, North East, South West, South South and South East geopolitical zones respectively.

15. Council noted the poor level of implementation of previous NCH Resolutions and challenges being faced in implementing them. Council further urged all stakeholders to commit to implementing resolutions through quarterly monitoring of implementation to be coordinated by a Desk Officer in the Federal Ministry of Health and Social Welfare (FMH&SW).

16. Council agreed to create fora for regular communication from FMH&SW on interministerial interaction based on NCH Resolutions, while the Coordinating Minister of Health and Social Welfare would share the resolutions of the 66th NCH to all State Governors in order to improve the implementation of resolutions.

17. The proceedings and the status of the implementation of the 65th NCH were adopted as amended by the Council. Members noted that the level of implementation of the resolutions of the previous NCH was below average and called on all Council members to ensure improved performance in implementing Council resolutions, going forward. This would lead to improved health outcomes for the population and increase the effectiveness and relevance of the National Council on Health.

18. National Population Commission disseminated the 2024 Nigeria Demographic and Health Survey (NDHS) while the Chairman in Council launched four Policy documents namely:

- i. Knowledge Management Strategy for the Nigerian Health Sector (2026-2030).
- ii. National Policy on Cosmetics Safety and Health and its Implementation Plan 2025.
- iii. Nigerian Health Workforce Profile -2024
- iv. Health Policy Research: Preliminary Report of An Assessment on the Implementation of the 2019-2023 National Council on Health Resolutions in Nigeria.

RESOLUTIONS

19. Following extensive deliberations on all 92 memoranda, Council approved 20, noted 37, stepped down 27, and 8 were withdrawn. At the end of the consideration of these memoranda, Council approved the following resolutions:

- i. The adoption of the Standard Guidelines for State Councils on Health as the national reference document and mandate all States and the FCT to align their operations and commence implementation within three (3) months of Council approval;
- ii. The adoption of the "Guidelines for the Regular National Council on Health (NCH) Meeting, Revised Edition 2024" as the official procedural document, taking immediate effect for the preparation and conduct of all subsequent regular meetings;
- iii. The adoption and nationwide implementation of the Guidelines for Cervical Cancer Screening in Nigeria (2025) as the national framework for prevention, early detection, and management of cervical cancer, requiring implementation within six (6) months with technical support from FMOH&SW, and a subsequent reportage of progress at the NCH meeting;
- iv. The adoption and implementation of the maiden edition of the National Policy on Cosmetics Safety and Health and its Implementation Plan (2025) at all levels;
- v. The adoption and implementation of the maiden edition of the National Guideline for Sodium Reduction in all the States and the FCT;
- vi. The adoption and implementation of the National Guideline for Food Handlers' Medical Test in all States of the Federation and the FCT;
- vii. The adoption and implementation of the National Chemical Events Surveillance in Nigeria (NGCES) and its Implementation Plan in all the States of the Federation and the FCT;
- viii. The adoption and adaptation by States of the menu of options to ensure Health Sector Accountability Plans (HSAPs) are implementable, better positioning states to unlock the incentives under DLI 10 of the HOPE-PHC through a standardized scoring system;
- ix. The lowering of the age for voluntary HIV/AIDS testing to 14 years, provided the testing adheres to age-appropriate guidelines, follows all necessary due process, includes adequate linkages to care for positive cases, and is implemented in full compliance with extant laws, in collaboration with the Attorney General of the Federation;
- x. The institutionalization and domestic funding of the National Clinical Mentorship Programme (NCMP) within the national and state health systems, and encourage State Ministries of Health (SMoH) to integrate clinical mentorship activities into their annual operational plans and budgets;
- xi. The implementation of the CEmONC-FTHIS program as a national strategy to reduce maternal and newborn death at the secondary health level, and encourage State Ministries of Health to domesticate and co-implement the initiative;

- xii. The operationalization and scale-up of the National Strategic Health Regulatory Initiatives (NSHRII) Emergency Preparedness and Response (EPR) plan by States, including the development and roll-out of capacity-building programmes for State EPR program and personnel;
- xiii. To encourage the 36 States and FCT to continue the scale-up of Small Quantity Lipid-based Nutrient Supplements (SQ-LNS) interventions by allocating adequate budgetary resources for training at least 2 frontline officers per facility, using the SQ-LNS optimization tool for equitable allocation, and receive continuous technical support from the Nutrition Department of the FMOHSW and NPHCDA;
- xiv. Adopt and institutionalize mandatory capacity development (including recertification) on leadership, health systems strengthening and planning for mid-level managers at all levels of health, adopt a cost-efficient digital learning management platform for quality delivery, and integrate performance dialogues into monthly review platforms;
- xv. Note the significance of Sudden Cardiac Arrest and the proposed National Community CPR Initiative, and approve that States adopt and support its implementation, collaborate with partners to roll out CPR and BLS training, establish CPR response teams, promote AED installation in public spaces, and have the Federal Ministry of Health and Social Welfare designate a Desk Officer;
- xvi. The integration of medical oxygen gas piping system in the infrastructural architecture prerequisite for the establishment/construction of new hospitals, especially secondary and tertiary facilities;
- xvii. Encourage State Tertiary Health Institutions to actively embrace the planned Quality Improvement Programme in collaboration with NTHISC for national uniformity, and require all States and the FCT to fully support the timely registration and compliance of Organ and Tissue Transplant facilities with NTHISC guidelines;
- xviii. The formal adoption of Larval Source Management (LSM) as a key vector control strategy, approve the constitution of a Multisectoral LSM Technical Implementation Working Group, and a phased implementation plan including stakeholder engagement, a feasibility pilot, and the establishment of a robust Monitoring and Evaluation Framework;
- xix. The establishment of National Digital Health Architecture (NDHA) as the technical specification for the health information exchange and digital building blocks; approve the FMOHSW to establish a National Digital Health Transformation Office; and encourage all LGAs, States, and the FCT to participate in the health data ecosystem and develop digital health assessments and action plans aligned with the NDHA; and
- xx. Encourage States to conduct their State Council on Health (SCH) meetings regularly.

20. CONCLUSION

- i. Council noted that 35 Honourable Commissioners of Health and the representative of the Mandate Secretary of the FCT, were present at the 66th National Council meeting.
- ii. Council agreed that the 67th National Council on Health (NCH) will hold in Nasarawa State in 2026.

- iii. Following the presentation of the draft communique for the 66th National Council of Health, a motion for adjournment of the 66th NCH was moved by the Honourable Commissioner for Health, Rivers State and seconded by the Commissioner for Health, Nasarawa State.
- iv. The 66th Session of the National Council on Health was formally closed by the Chairman of the Council, following the vote of thanks by the Director, Health Planning, Research & Statistics, Federal Ministry of Health and Social Welfare, Dr. Kamil A. Shoretire.



Prof. Muhammad Ali Pate CON
Coordinating Minister
Chairman



Daju, Kachollom, S. mni.
Permanent Secretary
Secretary