

A monthly Publication of Federal Ministry of Health and Social Welfare

ON @CALL

SYSTEM IN MOTION

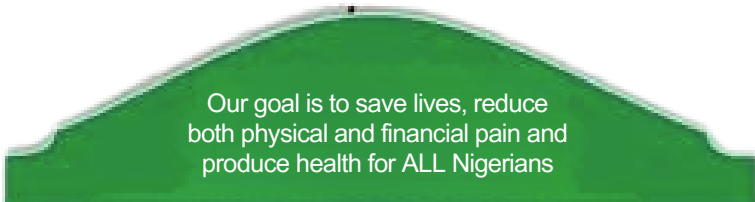
HEALTH & SOCIAL WELFARE UPDATE

Care In Motion - From Risk To
Response: How The System Is Saving
Mothers And Newborns

From The Coordinating Minister
- Leadership In Motion: From Reform
Design To Execution At Scale





REFORM AT SCALE

HEALTH SECTOR STRATEGIC BLUEPRINT 2023-2027



Our goal is to save lives, reduce both physical and financial pain and produce health for ALL Nigerians

Outcomes we want to achieve include improvement in mortality and morbidity rates, drop in out-of-pocket expenditure by patients and reduction in difference in health outcomes between different income quartiles

 Effective governance	 Efficient, equitable and quality health system	 unlocking value chains	 Health Security
<ul style="list-style-type: none"> • Strengthen oversight and effective implementation of the National Health Act • Increase accountability to and participation of relevant stakeholders and Nigerian citizens • Strengthen regulatory capacity to foster the highest standards of service provision • Improve cross-functional coordination & effective partnerships to drive delivery 	<ul style="list-style-type: none"> • Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition) • Strengthen prevention through primary health care and community health care • Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers • Improve equity and affordability of quality care for patients, expand insurance. • Revitalize the end-to-end (production to retention) healthcare workers pipeline 	<ul style="list-style-type: none"> • Promote clinical research and development • Stimulate local promotion of health products • Shape markets to ensure sustainable local demand • Strengthen supply chain 	<ul style="list-style-type: none"> • Improve the ability the ability to detect, prevent and respond to public health threats (eg. Cholera, Lassa) • Build climate resiliency for the health system in collaboration with all other sectors

Data & Digitization: Digitize the health system & have data backed decision making

Financing: Increase effectiveness of spend and alignment of spend with strategic priorities

Culture & Talent within MDAs: Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH

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Stronger Communities



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EDITOR'S NOTE

Daju Kachollom S. mni
Permanent Secretary

From Blueprint to Delivery

The first edition of *On Call* outlined the direction of reform. This issue reflects a system that has moved into execution.

Across Nigeria, the health sector is transitioning from design to delivery, where policy commitments are being translated into measurable action. This shift is not incidental. It is the result of deliberate coordination across financing, systems strengthening, service delivery, and community-level interventions, each reinforcing the other to produce a more responsive and reliable health system.

Recent milestones illustrate this transition clearly. The disbursement of the Basic Health Care Provision Fund is expanding the reach of primary healthcare services. System-wide alignment mechanisms are improving accountability and reducing fragmentation. Targeted programmes are scaling across states, while emergency response systems are strengthening the timeliness of care. Together, these efforts signal a system that is not only moving, but increasingly capable of sustaining that motion.

What distinguishes this phase of reform is the integration of its components. Financing alone does not deliver outcomes without systems that ensure accountability. Service delivery cannot be effective without a supported workforce and functioning

infrastructure. Community-level interventions extend the reach of formal systems, ensuring that care does not stop at the facility gate. The coherence of these elements is what transforms reform from a set of initiatives into a functioning system.

At the centre of this work remains a clear and unwavering mandate: **to save lives, reduce both physical and financial pain, and produce health for all Nigerians.** This mandate continues to guide priorities, shape investments, and define the standard against which progress is measured.

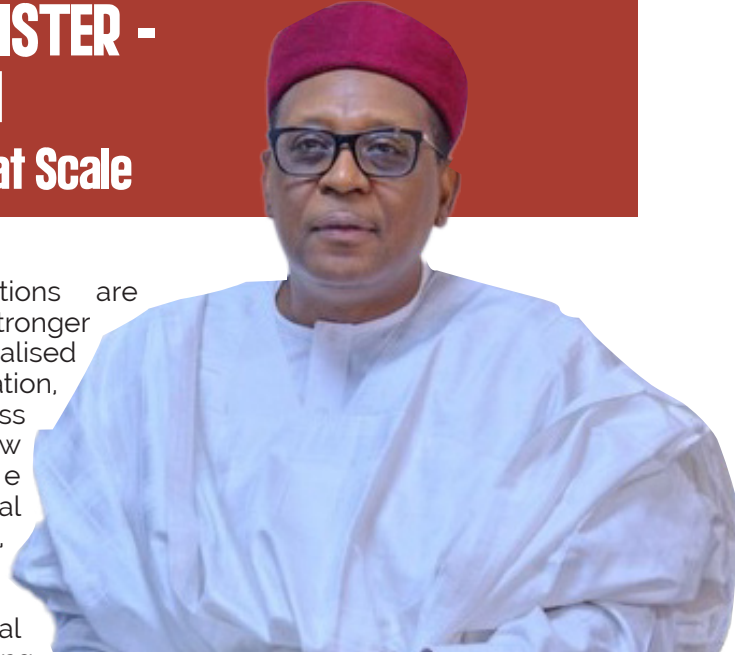
This edition of *On Call* brings into focus the scale, structure, and human impact of these efforts. It reflects a sector that is strengthening its foundations while expanding its reach, with growing emphasis on accountability, sustainability, and outcomes.

The progress recorded is significant, but it also reinforces the importance of consistency. Sustained delivery, continuous measurement, and adaptive coordination will determine the long-term impact of these reforms.

The system is no longer at rest. It is in motion, and the task ahead is to ensure that this motion translates into lasting improvements in health outcomes for all Nigerians.

FROM THE COORDINATING MINISTER - LEADERSHIP IN MOTION

From Reform Design to Execution at Scale



Nigeria's health sector transformation is increasingly being defined not only by reform ambition, but by execution at scale.

Across the country, efforts are underway to strengthen governance, expand access to care, improve workforce capacity, reinforce emergency preparedness, and deepen accountability across every level of the health system. These reforms are being implemented through the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and coordinated under the Sector-Wide Approach (SWAp), ensuring that national priorities are aligned across federal, state, and partner institutions.

This edition of *ON CALL* reflects a health system steadily moving from fragmentation toward coordination, from isolated interventions toward integrated delivery, and from planning toward measurable implementation.

In recent months, significant progress has continued across multiple fronts. Primary healthcare revitalisation efforts are advancing across states and local government areas, supported by expanded solar deployment, improved service readiness, and stronger referral systems. Emergency medical response systems are expanding their reach, helping more Nigerians access timely care during critical moments.

At the same time, investments in health workforce development are accelerating. Nigeria is expanding nursing and midwifery training capacity, strengthening frontline retraining programmes, supporting diaspora engagement, and contributing to global conversations on ethical workforce mobility and sustainable health system resilience.

Our tertiary institutions are also evolving into stronger centres for specialised care, research, innovation, and training. Across the country, new infrastructure projects, digital health investments, upgraded diagnostic capabilities, and strengthened clinical systems are improving both the quality and continuity of care available to Nigerians.

Beyond infrastructure, however, one of the most important shifts underway is coordination.

FOCUS

"The health sector can no longer function effectively through disconnected systems and parallel programmes."

Sustainable progress depends on alignment between government institutions, development partners, private sector actors, communities, traditional institutions, and healthcare workers themselves.

That is why the Federal Government continues to strengthen compact commitments with partners, reinforce shared accountability frameworks, and support more coordinated implementation across all levels of the system.

Equally important is the growing recognition that health reform must extend beyond federal institutions alone. Communities, states, traditional leadership structures, and non-state actors all have critical roles to play in strengthening service delivery and expanding access to care.

The emerging models of shared ownership and collaborative implementation seen across several initiatives represent an important direction for the future of healthcare delivery in Nigeria.

Nigeria is also increasingly engaging globally not from a position of dependency, but from a position of partnership, leadership, and shared responsibility. Whether through the Accra Reset Initiative, global workforce discussions, pandemic preparedness dialogue, or regional health security collaboration, our engagement is focused on securing practical national gains while contributing meaningfully to continental and global health priorities.

The work ahead remains substantial. Health system transformation is not achieved through isolated projects or short-term interventions. It requires sustained investment, institutional discipline, continuous learning, and collective responsibility. Yet the progress already visible across the sector demonstrates that meaningful reform is possible when policy, financing, leadership, and implementation move in the same direction.

A stronger health system is ultimately measured not only by strategies or infrastructure, but by the confidence of citizens that quality care will be available, accessible, affordable, and responsive when needed. That remains our collective commitment.

Prof. Muhammad Ali Pate, CON
Coordinating Minister of Health
and Social Welfare



SYSTEM IN MOTION: REFORM AT SCALE

Delivery has begun. Across financing, services, and communities, reform is now reaching Nigerians.

It begins with a moment that cannot wait.

In a primary healthcare centre serving a rural community, a woman arrives in labour. What begins as a routine delivery quickly shows signs of complication.

There is no time to negotiate cost. No time to search for alternatives. Care must begin immediately. What follows is not by chance. It is the result of a system that has been deliberately set in motion.

Where it starts: Financing that reaches the frontline

The Federal Government's approval of 32.8 billion under the Basic Health Care Provision Fund (BHCPF) marks a significant step in strengthening primary healthcare delivery across Nigeria. At the facility level, this is not experienced as a figure. It is experienced as:

- essential medicines on hand
- functional equipment
- reduced out-of-pocket costs
- and the ability of health workers to respond without delay

Under BHCPF 2.0, financing is no longer simply allocated. It is increasingly aligned with service delivery, performance, and measurable outcomes.

"Under the leadership of President

Bola Ahmed Tinubu, we are deliberately aligning financing with outcomes. BHCPF 2.0 ensures that resources translate into real improvements in service delivery, particularly at the primary healthcare level where most Nigerians access care." — Prof. Muhammad Ali Pate, In moments of urgency, that alignment is what makes access possible.

What holds it together: A system that works as one Financing alone does not deliver care.

Behind the scenes, reforms are strengthening coordination across the system, improving accountability, aligning partners,

and reducing fragmentation. Resources, data, and decision-making are becoming more connected.

"A system works when care no longer depends on chance." — Daju Kachollom S., mni,

The patient may never see this layer, but it is what ensures that care does not happen in isolation.

When minutes matter: Delivering care in real time

As the situation escalates, a referral becomes necessary. Here, preparedness and speed come together.

Targeted maternal health interventions are strengthening response capacity at the facility level, while the National Emergency Medical Services and Ambulance System (NEMSAS) ensures that distance is no longer a barrier to care.

Across the country, tens of thousands of emergency transports are already taking place, reducing delays and improving outcomes for mothers, children, and patients in critical need.

"This is about outcomes Nigerians can see and feel, safer deliveries, improved emergency response, and functional primary healthcare centres." — Dr. Iziq Adekunle Salako,

Time, often the deciding factor, is increasingly being protected.

Delivery has begun. Across financing, services, and communities, reform is now reaching Nigerians.

SYSTEM IN MOTION: REFORM AT SCALE

Keeping care continuous: Infrastructure that sustains delivery Care must not only begin. It must continue.

Investments in reliable power, including solar solutions across primary healthcare centres, are ensuring that services remain uninterrupted. Equipment functions. Facilities stay operational. Critical moments are not compromised. In a system in motion, continuity is as important as access.

Beyond the facility: Extending care into communities

Health does not begin or end within facility walls.

Community-level interventions are strengthening the link between healthcare services and households. Through integrated approaches that combine nutrition, social support, and primary care, recovery and prevention are being reinforced where people live.

This is how the system extends its reach beyond treatment, supporting long-term wellbeing.

From allocation to impact

The approval of 32.8 billion under BHCPF is more than a financing milestone.

It reflects a broader shift:

- financing that is predictable and aligned with outcomes
- systems that are coordinated and accountable
- services that are timely and increasingly accessible
- and interventions that extend from facilities into communities

Individually, each element addresses a gap. Together, they form a system capable of responding when it matters most.

This is what delivery looks like

Not a single programme. Not a single intervention.

But a connected system, working across levels, reaching further, and responding faster.

"32.8 billion is not just funding. It is access, time, and the ability to respond when it matters most." — Prof. Ali Pate

This is where reform moves beyond policy, and becomes something Nigerians can see, access, and experience.

SYSTEMS THAT DRIVE DELIVERY

LIQUIDITY FOR LIVES: The N32.8 Billion BHCPF Push

What it funds, how it flows, and what it delivers at the frontline

Why this matters now

The disbursement of 32.8 billion under the Basic Health Care Provision Fund (BHCPF) for Q1 2026 marks a decisive step in Nigeria's transition from health sector reform design to sustained execution.

More than a funding release, it signals a system that is becoming:

- more predictable
- more coordinated
- and more accountable for results

At its core, BHCPF is designed to reduce financial barriers to care while strengthening the capacity of primary healthcare facilities to deliver essential services.

What the funding supports

At the frontline, BHCPF resources are directed toward strengthening the core elements required for effective primary healthcare delivery:

- Essential medicines and

commodities

- Facility readiness and basic equipment
- Health workforce support
- Maternal, newborn, and child health services
- Public health preparedness and response

These are not isolated inputs. They are reinforcing components of a system designed to deliver consistent, quality care.

How the funds flow

A defining feature of BHCPF 2.0 is its structured and accountable financing pathway.

Funds are channelled through designated gateway agencies:

- the National Health Insurance Authority (NHIA)
- the National Primary Health Care Development Agency (NPHCDA)
- and the Nigeria Centre for Disease Control (NCDC)

Each plays a distinct role in ensuring that resources reach facilities, support service delivery, and strengthen public





health functions. This approach is aligned under the Sector-Wide Approach (SWAp), the government's "one plan, one budget, one report" framework guiding coordinated health sector delivery. The result is a financing system that is not only disbursing funds but actively enabling care.

IN SIMPLE TERMS

Funds move through national agencies to ensure three things happen at once:

- services are paid for
- facilities are supported
- and public health risks are managed

What changes at the facility level

From funding to outcomes The evolution to BHCPF 2.0 reflects a broader shift in approach. Financing is no longer viewed

as an input alone, but as a tool for achieving measurable outcomes. Through alignment with national priorities, resources are increasingly tied to performance, service delivery,

and impact. This disbursement is expected to expand access to lifesaving maternal, newborn, and primary healthcare services across all states, strengthening both routine care and emergency response.



Under the leadership of President Bola Ahmed Tinubu, we are deliberately aligning financing with outcomes. BHCPF 2.0 ensures that resources translate into real improvements in service delivery, particularly at the primary healthcare level where most Nigerians access care.

- Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

A system that can sustain delivery The significance of the 32.8 billion disbursement lies not only in what it delivers today, but in what it enables over time. Predictable financing strengthens planning. Coordinated allocation improves efficiency. Accountability reinforces trust. Together, these elements support the development of a health system that can deliver consistently, at scale.

WHAT CHANGES AT THE FACILITY LEVEL

For primary healthcare centres, the impact of BHCPF is practical and immediate.

<p>FACILITIES ARE INCREASINGLY ABLE TO:</p> <ul style="list-style-type: none"> Maintain consistent availability of essential medicines Reduce the financial burden on patients Respond more effectively to maternal and emergency cases Sustain a higher level of service readiness 	<ul style="list-style-type: none"> Fewer stock-outs and more reliable access to medicines. Lower cost of care and reduced out-of-pocket expenses. Stronger capacity to handle emergencies and save lives. Better equipped, better prepared, always ready.
<p>FOR PATIENTS, THIS MEANS:</p> <ul style="list-style-type: none"> Quicker access to care Lower out-of-pocket costs Greater confidence in the health system 	<ul style="list-style-type: none"> Less waiting, more timely care when it matters most. More affordable care for every household. Trust that care is available and reliable.



THE SYSTEM BEHIND THE SYSTEM: Preparing for GC8 Through Smarter Coordination



What Nigeria's transition from GC7 to GC8 reveals about how the system is working

A system taking stock before it scales

In March 2026, Nigeria's health sector reached a critical checkpoint.

At the first quarter meeting of the Resilient and Sustainable Systems for Health (RSSH) Steering Committee, stakeholders came together to assess progress, identify bottlenecks, and define the next phase of delivery.

Chaired by the Permanent Secretary, Daju Kachollom S. mni, the meeting marked a transition from Grant Cycle 7 (GC7), part of The Global Fund's funding cycles for strengthening health systems, to the design and execution of GC8.

This was not a routine review. It was a moment of alignment on how delivery will be strengthened going forward.

What the system is showing

The review of GC7 implementation revealed a system that is increasingly functioning with greater efficiency and coordination.

Across programmes, there has been:

- strong financial absorption and utilisation, with

funds reaching intended levels

- improved alignment between funding and service delivery
- greater coordination across implementing partners and government structures

These gains signal a shift away from fragmented implementation toward more structured delivery. But they also reveal where the system must now improve.

Priority fixes emerging from the field

Assessments across 108 facilities in 18 states point to the next set of priorities:

- Expanding health workforce capacity (HRH)
- Improving turnaround time in service delivery and reporting
- Strengthening oxygen availability at primary healthcare centres
- Upgrading supply chain and warehousing systems
- Improving referral tracking and coordination

These are not abstract gaps. They are practical system fixes that directly affect service delivery at the frontline.

What changes in the next phase

As Nigeria prepares its GC8 funding request for submission in June, the direction is clear: strengthen the system, not just expand programmes.

Key shifts include:

- Reinvesting savings from GC7 to strengthen priority areas and

close critical gaps

- Reprioritising interventions to reflect current system needs
 - Expanding beyond HIV, Tuberculosis, and Malaria to broader public health functions
 - Integrating Port Health Services to strengthen disease monitoring and entry point controls
 - Aligning implementation with national coordination reforms, including shifting Principal Recipient responsibilities
 - Strengthening government ownership across delivery and technical support
- "Savings generated under GC7 are being reinvested to strengthen priority areas, reinforcing a shift toward more efficient and accountable use of resources."

From programme delivery to system performance

The focus is shifting from how much is funded or implemented... to how well the system delivers. Emerging priorities for GC8



reflect this shift:

- stronger state-level implementation and ownership
 - integrated performance monitoring across programmes
 - closer alignment between funding, data, and outcomes
- The goal is no longer isolated outputs, but consistent system performance.

Why this matters for delivery
When systems are better aligned:

- resources move more efficiently
- services are delivered more consistently
- gaps are identified and addressed faster

Ultimately, a more coordinated system means that when a patient arrives at a primary healthcare centre, the essentials, from trained personnel to oxygen and critical supplies, are available when needed.

“Total ownership of interventions

is essential to ensuring that implementation remains effective, accountable, and aligned with national priorities.”

Building forward

The transition from GC7 to GC8 is not a reset. It is a progression. A system that has learned, adjusted, and is now positioning itself to deliver more consistently, more efficiently, and at greater scale.



— Daju Kachollom S., mni,
Permanent Secretary

Total ownership of interventions is essential to ensuring that implementation remains effective, accountable, and aligned with national priorities

LEADERSHIP PIPELINE NHF Cohort II Expands Reform Delivery Capacity Nationwide

As Nigeria’s health sector reforms continue to scale, the Federal Government is also investing in the leadership capacity required to sustain delivery across all levels of the system.

In March 2026, the Federal Ministry of Health and Social Welfare onboarded a new cohort of National Health Fellows (NHF), following the graduation of the programme’s inaugural class in Abuja.

The National Health Fellows Programme is a flagship leadership and implementation initiative designed to build a pipeline of highly skilled, reform-oriented professionals capable of supporting health sector transformation efforts nationwide.

Speaking during the onboarding ceremony, the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, charged the fellows to apply innovation, leadership, and technical expertise toward strengthening healthcare delivery and advancing national development goals.

The programme forms part of broader efforts to institutionalise reform delivery capacity across federal, state, and community levels, ensuring that ongoing reforms are supported by a new generation of professionals equipped to drive implementation and accountability.

The onboarding of Cohort II follows its earlier introduction at the National Traditional and Religious Leaders Summit on Health in February 2026,

CONTINUED ON PAGE 11



NHF COHORT II**QUICK FACTS**

DEPLOYMENT FOCUS:
State and LGA-level reform delivery



CORE AREAS:
SWAp implementation, accountability, coordination, and performance support



CONNECTED TO:
Community engagement and health system strengthening



STRATEGIC GOAL:
Building implementation capacity for long-term health sector reform



Empowering a new generation of leaders. Strengthening systems. Delivering results.

CONTINUED FROM PAGE 10

where the initiative was positioned as a bridge between community engagement and health system strengthening.

According to the National Coordinator of the Sector-Wide Approach (SWAp), Dr. Muntaqa Umar-Sadiq, the programme is designed to translate policy into measurable impact through structured mentorship, deployment, and engagement across priority reform areas.

The fellows are also being deployed to support reform coordination, implementation structures, and accountability systems tied to broader health sector priorities, including RSSH and GC8 implementation planning.

With onboarding now extending across multiple states, the fellows are increasingly serving as on-the-ground support for translating national reform priorities into measurable delivery outcomes across facilities, communities, and sub-national systems.



MEASURING MOTION: The Health Sector Survey

Why Performance Is Being Tracked, What Is Being Measured, And How Data Is Guiding Decisions



You can't improve what you can't see. As Nigeria's health system moves from reform to delivery, one question becomes unavoidable: Is it working?

The answer does not come from assumptions. It comes from data.

The National Health Facility Survey (NHFS) 2025 provides one of the clearest pictures of the system at the point where it matters most, the health facility. Conducted across 3,330 facilities nationwide, it examines what services are available, how prepared facilities are, and how well care can be delivered.

This is how motion is measured.

What is being measured

The survey focuses on the fundamentals of care, the things that determine whether a patient is treated effectively or turned away.

It looks at:

- availability of essential services
- facility readiness and equipment
- capacity to deliver maternal, child, and primary healthcare services
- availability of vaccines, medicines, and basic interventions

In simple terms, it answers:

When a patient arrives, can the system respond?

What the data is showing

Across the country, the findings reflect a system that is expanding its reach.

Essential services are increasingly available,

AT A GLANCE

WHAT THE DATA SHOWS

The National Health Facility Survey 2025 assessed the readiness and service availability of health facilities across Nigeria.



3,330

Facilities assessed nationwide

COVERAGE: ALL STATES



80%+

Offer antenatal care

WIDELY AVAILABLE



7 in 10

Provide delivery services

STRONG MATERNAL CARE COVERAGE



Majority

Offer child growth monitoring

SUPPORTING CHILD HEALTH OUTCOMES



Widespread

Access to family planning services

EMPOWERING CHOICES. BETTER OUTCOMES.



More data. Better decisions. Stronger health outcomes.

The NHFS 2025 provides the evidence needed to improve services, close gaps, and ensure every Nigerian gets the care they need.

CONTINUED FROM PAGE 11

particularly through primary healthcare centres, which remain the first point of contact for most Nigerians.

These findings are not isolated. They are already shaping action. For example, continued gaps in maternal service readiness have informed the expansion of targeted maternal health interventions across 32 states, ensuring that improvements are not just measured, but delivered.

Why this matters for decision-making

The real value of the survey is not just what it shows, but what it enables.

By providing nationally representative, facility-level data, the NHFS allows decision-makers to:

- identify where services are strong
- pinpoint where gaps remain
- prioritise investments more effectively
- and track progress over time

This means resources are no longer allocated based on assumptions, but on evidence.

From data to accountability

Measurement is not just about information. It is about accountability.

When performance is tracked:

- gaps cannot be ignored
- progress can be verified
- and interventions can be adjusted in real time

Where gaps in facility readiness, including power and equipment reliability, are identified, targeted interventions, such as the rollout of solar-powered primary healthcare centres, are already addressing

these constraints.

In a system in motion, data does not sit still. It drives action.

What this means for Nigerians

For citizens, this shift is simple but important.

It means that:

- services are being monitored
 - facilities are being assessed
 - and improvements are being guided by real evidence
- Over time, this translates into care that is more consistent, more reliable, and better aligned with real needs.



A system that measures itself is a system that can improve itself

—Dr. Kamil Shoretire, Director, Health Planning Research and Statistics

“A system that measures itself is a system that can improve itself.” — Dr. Kamil Shoretire, Director, Health Planning Research and Statistics

Seeing the system clearly

The National Health Facility Survey 2025 reflects a system that is becoming more visible to itself.

More facilities are providing essential services.

More data is guiding decisions.

And more action is being taken in response.

This is how progress becomes measurable.

And how a system in motion stays on course.



COORDINATING FOR IMPACT

Strengthening Alignment with Development Partners

As Nigeria's health sector reforms continue to expand, coordination is increasingly becoming as important as financing, infrastructure, and service delivery itself.

Across the health system, the Federal Government is pushing to reduce fragmentation, strengthen accountability, and ensure that investments from development partners align more directly with national priorities and measurable outcomes.

That effort took centre stage at the 2026 Health Development Partners Retreat, where government institutions, development partners, and sector stakeholders met to reinforce commitments under the National Health Sector Compact and strengthen implementation coordination across the system. Speaking at the retreat, the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, emphasised that stronger collaboration, transparency, and alignment

remain essential to sustaining reform momentum and improving healthcare delivery nationwide.

The discussions reflected a growing recognition that health sector transformation cannot succeed through isolated programmes or parallel implementation structures. Instead, reforms increasingly depend on:

- coordinated planning
- aligned financing
- shared accountability frameworks
- and stronger communication across all levels of government and partner institutions

A major focus of the retreat was reinforcing the Sector-Wide Approach (SWAp) as the central coordination platform for health sector reform.

Stakeholders identified Technical Working Groups and broader SWAp governance structures as critical tools for improving cross-agency collaboration, reducing duplication, and ensuring that development partner investments support nationally defined

priorities.

Participants also highlighted the need for greater visibility of partner-supported investments and programmes to improve accountability and reduce overlap in implementation efforts.

Development partners, in turn, reaffirmed their commitment to

WHAT IS SWAp?



SWAp

(Sector-Wide Approach)

is a coordination model that aligns government, donor, and partner investments under one national health strategy.



THE GOAL IS SIMPLE:



Reduce duplication of efforts and resources



Improve accountability across all partners



Ensure resources work together toward shared national priorities



One Plan. One Budget. One Report.
Stronger coordination. Greater impact.
Better health outcomes for all Nigerians.

COORDINATING FOR IMPACT Strengthening Alignment with Development Partners

improving coordination among themselves through existing collaboration platforms, including the Development Partners Group and SWAp Technical Working Groups.

This includes:

- aligning investments with national priorities
- improving information sharing
- avoiding duplication of efforts
- and strengthening support for system-wide reforms

The retreat also reinforced the importance of regular dialogue between:

- the Federal Ministry of Health and Social Welfare
- heads of health agencies
- state commissioners for health
- and development partners

The goal is to strengthen technical coordination across institutions and improve the operationalisation of reforms at national and sub-national levels.

Increasingly, the emphasis is also shifting toward ensuring that partner-supported interventions align not only at federal level, but across states, LGAs, and community delivery structures supporting implementation nationwide.

As reforms scale across the country, participants acknowledged that sustaining momentum will also require stronger systems for tracking performance and measuring results.



Particular emphasis was placed on expanding the use of the Results Monitoring, Evaluation and Tracking (RMET) platform to improve implementation visibility and support evidence-based decision-making.

Stakeholders also discussed the proposed establishment of a Technical Assistance Pooled Fund aimed at strengthening government ownership of technical priorities while improving coordination around external support and expertise.

Other priority areas identified during the retreat included:

- expanding health insurance coverage
- leveraging private sector participation
- strengthening state-level alignment
- and improving sustainability of reform financing

The discussions reflected a broader shift underway across the sector: from fragmented interventions toward coordinated system-wide delivery.

Increasingly, the objective is not simply to attract partner support, but to ensure that investments, technical assistance, and implementation structures reinforce:

One Plan. One Budget. One Report. This principle is becoming increasingly central to coordination under the Sector-Wide Approach, helping align partners, government institutions, and implementation structures around shared national priorities and measurable outcomes.

According to the National Coordinator of the Sector-Wide Approach (SWAp), Dr. Muntaqa Umar-Sadiq, stronger coordination structures are helping move the sector away from fragmented implementation toward a more integrated system where investments, reporting, and delivery mechanisms increasingly reinforce shared national priorities.

The meeting concluded with renewed commitments from both government and development partners to deepen collaboration, strengthen accountability, and sustain alignment under the Sector-Wide Approach.

For Nigeria's evolving health reform agenda, the message was clear: coordination is no longer peripheral to reform delivery.

It is becoming one of the system's central engines for scale, accountability, and long-term sustainability.



CARE IN MOTION

FROM RISK TO RESPONSE: How the System Is Saving Mothers and Newborns

From early care to emergency response, a coordinated system is reducing delays and saving lives across Nigeria

It starts before the emergency. For many women, the journey to safe delivery begins long before labour. Antenatal visits. Routine checks. Early identification of risks.

Across Nigeria, this first layer of care is expanding. More women are entering the system earlier, supported by targeted maternal health interventions designed to identify complications before they become emergencies.

At the centre of this effort is the Maternal and Neonatal Mortality Reduction Innovation and Initiative (MAMII), now operational in 32 states.

What began as a targeted programme is now scaling into a structured, data-driven approach to maternal and newborn care.

Its focus is clear:

- identify high-risk pregnancies early
 - strengthen service readiness at facilities
 - ensure that when complications arise, the system is ready to respond
- Because in maternal health, preparation determines outcome.

When risk becomes urgency

Not all complications can be prevented.

Some escalate quickly.

Some require immediate intervention.

This is where the system is increasingly being tested, and increasingly responding.

Through the National Emergency Medical

Services and Ambulance System (NEMSAS), Nigeria's coordinated emergency response platform, care is now being activated in real time.

Across 136 MAMII-supported LGAs, supported by over 600 ambulances deployed nationwide, referral is no longer left to chance.

To date, nearly 79,000 emergency transports have



A system that measures itself is a system that can improve itself

—Dr. Kamil Shoretire, Director, Health Planning Research and Statistics

been carried out, with pregnant women accounting for about 60 per cent of cases.

This is what it means to protect the golden hour, the critical window where timely medical intervention can mean the difference between life and loss:

- delays are reduced
- decisions are faster
- survival becomes more likely

Closing the gap between access and quality

Access to care is only part of the equation.

Quality, timeliness, and continuity determine outcomes.

Recent efforts are addressing this directly:

- expansion of Comprehensive Emergency Obstetric and Newborn Care services
- updated clinical protocols and antenatal guidelines
- nationwide life-saving skills training for health workers

At the same time, the system is bringing more women into care.

• A 20% increase in antenatal attendance has been recorded in programme areas

• Over 166,000 previously unregistered pregnant women have been identified and linked to care

• More than 32,000 women and 1,700 newborns have already benefited from expanded services

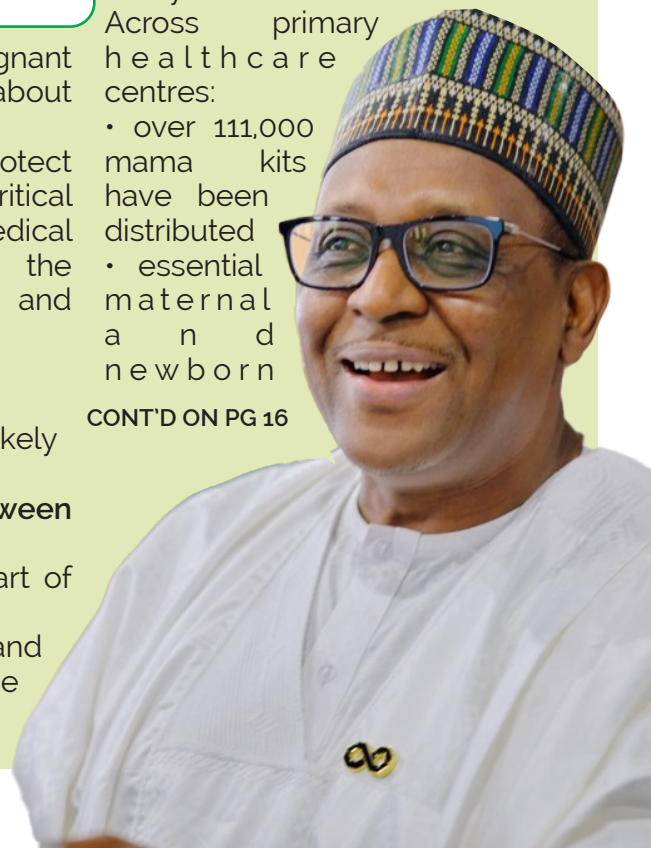
These are not isolated numbers. They reflect a system reaching further and responding better.

Supporting care at the frontline. Behind every successful intervention is a facility that is ready.

Across primary health care centres:

- over 111,000 mama kits have been distributed
- essential maternal and newborn

CONT'D ON PG 16



CARE IN MOTION

FROM RISK TO RESPONSE: How the System Is Saving Mothers and Newborns



While we have made measurable progress in expanding access to maternal health services, gaps remain — particularly in ensuring that every woman receives timely, high-quality, and respectful care when and where she needs it.”

— Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

CONTINUED FROM PG 15

commodities have reached 968 facilities

- more than 5,000 health workers have been recruited
- critical equipment and reproductive health supplies have been deployed nationwide

Together, these investments are strengthening the capacity of frontline services to deliver consistent, quality care.

What this means in practice

When these elements come together, the impact is immediate.

- The system identifies women early and brings them into care
- Health workers detect complications before they become fatal
- An ambulance is deployed when it is needed
- The receiving facility is

prepared to respond

- Care is delivered without delay

This is not a single intervention. It is a system working across time, from prevention to response to recovery.

A system that responds when it matters most

Nigeria's maternal health efforts are shifting from isolated interventions to coordinated delivery.

From:

- coverage to quality
- access to responsiveness
- effort to outcomes

“While we have made measurable progress in expanding access to maternal health services, gaps remain — particularly in ensuring that every woman receives timely, high-quality, and respectful care when and where she

needs it.”

— Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

This shift reflects a growing focus not just on access, but on how effectively the system responds at critical moments. That is where lives are saved.

Saving lives, one system at a time

The expansion of MAMII and the scale of emergency response now being delivered across the country signal a clear shift.

The system is no longer only expanding.

It is responding.

And in those moments, when risk becomes urgency, and urgency demands action, that response is what makes the difference between life and loss.

POWERING CARE: Energy as the Backbone of Service Delivery

Solar-powered primary healthcare centres are helping keep essential services running across underserved communities



Care does not stop when the sun goes down

A woman arrives at a primary healthcare centre late at night in active labour.

The lights stay on.

Essential equipment functions.

Health workers continue care without interruption.

In many communities, this has not always been guaranteed.

For years, unreliable electricity has remained one of the quiet barriers to effective healthcare delivery, affecting everything from emergency response and vaccine storage to maternal care and routine consultations. Without power, even the best-equipped facility can struggle to function.

That is now changing.

Powering the frontline

In March 2026, the Federal Government flagged off

the distribution of 371 solar-powered energy systems to primary healthcare centres across 17 states and the Federal Capital Territory, strengthening efforts to improve frontline service delivery and expand access to essential healthcare.

The intervention, launched at the Apo Primary Healthcare Centre



Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

With reliable power supply in our primary healthcare centres, vaccines remain potent, medicines are properly stored, and health workers are better supported to deliver services to mothers, children and families who rely on these facilities every day

in Abuja by the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, forms part of broader national efforts to revitalise primary healthcare facilities and strengthen community-level care.

The solar-powered systems, delivered through collaboration with global health partners and implemented through the National Primary Health Care Development Agency (NPHCDA), are supporting facilities where uninterrupted power is essential for daily operations.

Why reliable power matters

Reliable electricity directly affects the quality, safety, and continuity of care.

It powers:

- vaccine cold-chain systems
- storage of essential medicines
- electronic medical records and digital health reporting systems

States Receiving Solar-Powered Systems

Adamawa • Bauchi • Benue • Borno • Cross River • Ebonyi • Gombe • Jigawa • Kaduna • Kano • Katsina • Kebbi • Nasarawa • Niger • Sokoto • Taraba • Yobe • FCT

- diagnostic equipment
- and emergency response services

In a tropical climate where vaccine storage conditions are critical, reliable energy becomes essential to preserving potency, protecting supply chains, and sustaining immunisation efforts.

"With reliable power supply in our primary healthcare centres, vaccines remain potent, medicines are properly stored, and health workers are better supported to deliver services to mothers, children and families who rely on these facilities every day."

— Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

This is particularly critical in maternal and newborn health, where timely intervention can determine outcomes.

Supporting a system in motion
The expansion of solar-powered PHCs aligns with wider reforms under the Nigeria Health Sector Renewal Investment Initiative (NHSRII), which prioritises strengthening primary healthcare systems and expanding access to quality care nationwide.

As maternal health programmes scale, emergency transport systems expand, and facility readiness improves, energy becomes the backbone connecting these interventions together.

A referral system cannot function effectively if the receiving facility loses power.

Emergency care cannot scale if equipment cannot run reliably. Digital reporting systems cannot function consistently during outages.



Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

This intervention demonstrates how partnerships, when aligned with national leadership and implemented through our institutions, can deliver real improvements in healthcare services where it matters most, at the frontline."

Vaccines cannot protect communities without proper storage.

Energy is no longer being treated as separate from healthcare delivery. It is healthcare delivery infrastructure.

Bringing services closer to communities

The intervention also reflects growing investment in frontline care nationwide. According to the Coordinating Minister, more than 4,000 primary healthcare centres have already been revitalised across the country, improving access to immunisation, maternal care, disease prevention, and referral services.

For underserved communities, solar-powered PHCs are helping facilities remain operational beyond daylight hours, improving continuity of care and strengthening confidence in the health system. For patients, this means:

- fewer disruptions in care
- more reliable services
- and greater assurance that facilities can function when needed most

Partnerships aligned with national priorities

The initiative also reflects a broader shift in how partnerships are supporting healthcare delivery in Nigeria. Implemented through national institutions and aligned with government priorities, the intervention demonstrates how coordinated collaboration can strengthen frontline systems and deliver measurable impact at community level.

"This intervention demonstrates how partnerships, when aligned with national leadership and implemented through our institutions, can deliver real improvements in healthcare services where it matters most, at the frontline."

— Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

Keeping the system running

Healthcare delivery depends on more than medicines, personnel, and financing. It also depends on whether facilities can remain operational every hour of the day.

Without power:

- systems slow down
- services are interrupted
- and emergencies become harder to manage

Without power, there is no motion.

Keeping care alive after dark

The expansion of solar-powered primary healthcare centres reflects a broader shift in how health system strengthening is being understood. Not as isolated interventions, but as interconnected systems where infrastructure, service delivery, and patient outcomes are directly linked. Because sometimes, saving lives begins with something as simple, and as critical, as keeping the lights on.

STANDARDISING CARE: One System, One Standard



New tools, stronger accountability, and unified standards are reshaping how care is delivered across Nigeria

From variation to consistency

A health system cannot deliver at scale if care depends on location, provider, or programme.

For years, variations in protocols, fragmented service delivery, and reliance on external funding created gaps in how care was accessed and delivered.

That is now changing.

Across Nigeria, efforts are underway to standardise care, ensuring that whether a patient presents in a rural primary healthcare centre or an urban facility, the quality, protocols, and response are increasingly consistent.

A shift toward national ownership

At the centre of this transformation is a clear policy direction: Nigeria will increasingly define, finance, and deliver its own health priorities.

With approximately \$346 million in additional domestic co-financing for 2026, the Federal Government is reinforcing its commitment to reducing dependency and strengthening system-wide accountability.

"The responsibility for delivering health outcomes must rest with us. By aligning resources across all levels of government

and working with partners in a coordinated manner, we are building a system that is efficient, effective, and capable of ending TB and HIV."

— Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

This shift is not only about funding.

It is about control, coordination, and consistency.

Strengthening accountability and performance

Standardising care is not only about tools. It is about ensuring that commitments translate into results.

The introduction of the Multisectoral Accountability Framework for TB (MAF-TB), ensuring that health, finance, and community sectors share responsibility for ending TB, provides a structured approach to tracking performance, aligning stakeholders, and ensuring that progress is measurable across all levels.

This is already contributing to improved outcomes:

- TB case detection has increased significantly
- treatment success rates remain high
- diagnostic capacity continues

to expand

"These gains show what is possible with coordinated action. However, thousands remain undiagnosed. We must expand access, strengthen systems, and sustain financing to reach every Nigerian in need."

— Dr. Izaq Adekunle Salako, Honourable Minister of State for Health and Social Welfare

Progress is evident, but the next phase demands scale and consistency.

A system designed to work at scale

Behind these efforts is a broader shift toward integration.

HIV, TB, maternal health, and primary healthcare services are increasingly being delivered within a unified system, rather than as separate programmes.

This integration allows:

- resources to be used more efficiently
- services to be delivered more consistently
- and outcomes to be sustained over time

"This is not only about new tools or increased financing, but about building a system that works for our people consistently, sustainably, and at scale."

— Daju Kachollom S., mni,



Permanent Secretary

Building consistency into care delivery

Standardisation is also happening at the clinical level.

Updated antenatal care guidelines, new clinical protocols, and expanded training packages are being rolled out nationwide to ensure that care is delivered consistently, regardless of location.

These efforts are strengthening:

- quality of care
- provider readiness
- and patient safety

“Standardising clinical protocols ensures that quality care is not dependent on location, but guaranteed across the system.”

— Director of Public Health

This is how systems move from variation to reliability.

A breakthrough in prevention

One of the most significant developments in this new phase is the rollout of Lenacapavir (LEN), a long-acting injectable for HIV prevention.

Administered twice yearly, LEN offers a practical alternative to daily oral medication, particularly for high-risk populations.

LEN AT A GLANCE

Nigeria is among a select group of countries globally to introduce this innovation, with implementation already underway across multiple states. “The introduction of long-

acting prevention tools like LEN represents a major step forward in expanding access and improving adherence, particularly for populations most at risk.”

— National Coordinator, National AIDS and STDs Control Programme (NASCP)

By reducing the burden of daily medication, the system is not only expanding access, it is making prevention more practical and effective.

What this means for Nigerians

For patients, this shift is clear.

It means:

- access to newer, more effective prevention tools
- more consistent quality of care
- no more “wrong doors”: a system where facilities follow the same standards and patients receive care without being redirected

unnecessarily

- and a system that is increasingly responsive to national needs

Setting the standard for delivery Nigeria’s approach is evolving.

From:

- donor-driven interventions nationally owned systems
- fragmented services integrated delivery
- variable protocols consistent care

Standardising care is not about uniformity for its own sake.

It is about ensuring that every Nigerian, regardless of location, receives care that is reliable, effective, and aligned with national priorities.

LEN AT A GLANCE



A breakthrough in HIV prevention. Protection that fits real life.



TYPE:
Long-acting HIV prevention injectable.



DOSE:
Once every 6 months.



IMPACT:
Reduces the burden of daily medication.

i Lenacapavir (LEN) is part of Nigeria’s efforts to expand prevention choices and make HIV prevention more accessible, effective, and people-centred.

ON THE FRONTLINE: A Doctor's Perspective on a System in Motion

A frontline reflection on women's health, system reform, and the future of healthcare delivery in Nigeria

For Dr. Ladi-Akinyemi Babatunde Oladipupo, medicine has always been rooted in something practical and deeply human.

As a medical student at Ogun State University, now Olabisi Onabanjo University, he found himself drawn early to Obstetrics and Gynaecology, fascinated by what he describes as the clear relationship between the physiology, psychology, and realities of women's health.

Nearly three decades later, that fascination has evolved into a career spanning clinical medicine, HIV programming, health systems strengthening, and public sector reform.

Today, as Special Adviser on Health System Strengthening to the Honourable Minister of State for Health and Technical Adviser

to the Nigerian Sustainability HIV/AIDS Project (NSHIP) at NASCP, he works at the intersection of patient care and policy implementation, where national reforms must ultimately translate into real outcomes for people and communities.

Yet despite the scale of systems work, it is still the direct impact on patients that continues to drive him.

"Each time I succeed with the care of a woman, whether supporting contraceptive choices, seeing through a pregnancy, treating an infection, or helping achieve cancer remission, the sense of fulfilment never diminishes."

That connection between policy and people shapes how he sees the current transformation underway in Nigeria's health

sector.

Inside the Machinery of Reform Having worked both as a clinician and within health system administration, Dr. Ladi-Akinyemi believes some of the most important reforms are addressing structural barriers that have historically limited healthcare delivery in Nigeria.

Not simply the availability of hospitals or personnel, but the broader questions of:

- access
- coverage
- and equity

According to him, these factors often determine whether healthcare systems truly work for citizens, even when resources exist.

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“Even in the presence of enough money, enough hospitals, and enough healthcare workers, service utilisation can still be limited by the triple restrictions of access, coverage, and equity.”
— Dr. Ladi-Akinyemi Babatunde Oladipupo

He points to initiatives such as the Nigeria Health Sector Renewal Investment Initiative (NHSRII) as examples of reforms designed to standardise healthcare delivery and improve consistency nationwide.

The expansion of the Basic Healthcare Provision Fund (BHCPF), increased health insurance coverage, and targeted support for vulnerable groups are also helping reduce the financial pressures that prevent many Nigerians from seeking care early.

Through his work with the Nigerian Sustainability HIV/AIDS Project (NSHIP), he has also seen the growing emphasis on strengthening nationally owned systems capable of sustaining healthcare delivery beyond donor-supported models.

For patients and families, these changes are beginning to reshape the healthcare experience itself:

- improving affordability
- expanding access
- and reducing the risk of catastrophic health spending

Defining Motion in Real Terms

For Dr. Ladi-Akinyemi, the idea of

a “system in motion” is not simply about activity.

It is about intentional improvement.

He describes it through the lens of the Plan-Do-Study-Act (PDSA) model for quality improvement, an approach focused on deliberate planning, measurable implementation, continuous evaluation, and rapid adaptation.

In practical terms, this means:

- designing interventions with clear outcomes in mind
- setting measurable benchmarks
- identifying what is working
- and adjusting quickly where gaps remain

He sees this reflected in programmes such as:

- the Maternal and Neonatal Mortality Reduction Innovation

Initiative (MAMII)

- BHCPF performance-linked disbursements
- and other reforms focused on accountability and measurable results

For him, progress must be measurable, responsive, and sustained.

Women’s Health in Transition

Across clinical practice, Dr. Ladi-Akinyemi believes some of the most significant shifts are happening in women’s health and preventive care.

He points to:

- improved treatment options
- stronger protections for women and girls
- increased investment in women’s health
- and expanding access to care and support services

These changes, he notes, are not only improving health outcomes, but also strengthening the broader social and economic participation of women.

Women who might previously have been forced out of education, work, or daily life because of untreated illness are increasingly able to remain active, productive, and supported.

At the same time, advances in diagnostics, drugs, medical devices, and healthcare technologies continue to reshape what is possible in care delivery.

For frontline providers, this means healthcare is becoming not only more effective, but more precise.

Even in the presence of enough money, enough hospitals, and enough healthcare workers, service utilisation can still be limited by the triple restrictions of access, coverage, and equity

— Dr. Ladi-Akinyemi Babatunde Oladipupo

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SPECIAL FEATURE

WHERE HEALTH MEETS HOME



How the National Community Food Bank Programme is linking nutrition, social protection, and primary healthcare to strengthen vulnerable households across Nigeria

Sometimes the first medicine is food

Before the clinic visit.
Before the diagnosis.
Before emergency care becomes necessary.
There is the household.

A mother deciding whether to feed herself or her child first.
A family struggling to maintain proper nutrition during difficult economic conditions.
A child whose health outcome may be determined long before reaching a healthcare facility.

This is where the National Community Food Bank Programme begins. Not only as a food intervention, but as part of a broader effort to strengthen community health, reduce vulnerability, and connect social protection directly to healthcare delivery.

From food security to health security
Launched by the First Lady of Nigeria, Senator Oluremi Tinubu, the National Community Food Bank Programme is designed to support vulnerable households,

strengthen nutrition systems, and improve community-level resilience across the country. The programme aims to reach 500,000 households in its first year, with implementation planned across all 774 Local Government Areas.

At its core is a simple recognition: nutrition is not separate from health. Malnutrition remains a major contributor to under-five mortality, weakened immunity, poor maternal outcomes, and long-term vulnerability.

“Nutrition is both a national and moral imperative.”
— Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

By linking food support to community systems and primary healthcare structures, the programme is positioning nutrition as part of preventive healthcare itself. Families reached through the programme are also expected to strengthen their connection to primary healthcare services, including routine immunisation, maternal care, nutrition screening, and community health follow-up. This creates a stronger bridge between household support and preventive healthcare delivery at the community level.

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Why the Future Feels Different

Despite longstanding challenges within the sector, Dr. Ladi-Akinyemi remains optimistic about the future of healthcare in Nigeria.

What gives him confidence is not one single intervention, but the growing alignment across multiple parts of the system:

- increased investment in infrastructure
- expansion of the health workforce
- digitisation of services
- improved supply chains and commodity management
- stronger private sector participation
- and more evidence-based implementation

He also sees encouraging signs in the growing return of Nigerian health professionals from abroad, describing the shift from “brain drain” to “brain gain” as an important signal for the future of the sector.

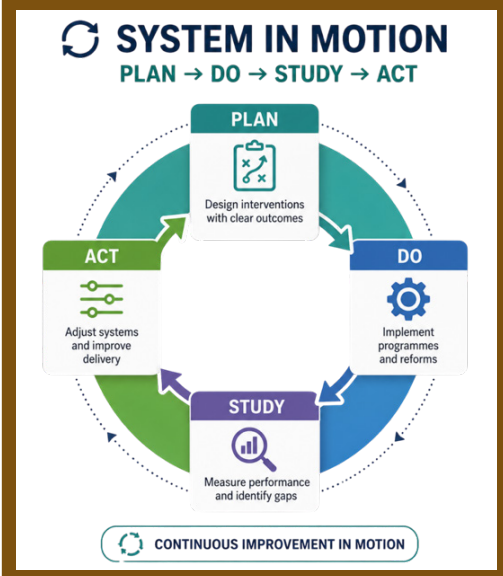
Most importantly, he believes reforms are increasingly moving beyond policy announcements toward implementation that citizens can actually experience.

Changing Outcomes, Not Just Conversations

For those working within the system, progress is measured not only by policies introduced, but by whether ordinary Nigerians are ultimately able to access quality healthcare when they need it.

And according to Dr. Ladi-Akinyemi, that requires deliberate and sustained action.

That is what the frontline increasingly looks like in a system in motion. Not only emergency response or clinical intervention. But the continuous work of building systems that function better, respond faster, and serve people more consistently over time.



WHERE HEALTH MEETS HOME

PROGRAMME SCALE

500,000

Target households in Year One

774

Local Government Areas nationwide



A system built beyond one sector

What distinguishes the initiative is its structure.

Rather than operating as a standalone welfare programme, the Food Bank is being implemented through a coordinated, multisectoral framework involving:

- the Federal Ministry of Health and Social Welfare
- the Federal Ministry of Agriculture and Food Security
- the Federal Ministry of Women Affairs
- the Federal Ministry of Humanitarian Affairs and Poverty Alleviation
- the National Primary Health Care Development Agency (NPHCDA)
- and local government structures nationwide

This whole-of-government approach reflects a growing recognition that health outcomes are shaped far beyond the walls of hospitals and clinics.

Food security, maternal wellbeing, child nutrition, and household stability are increasingly being treated as interconnected parts of one system.

Moving from sympathy to structure

The programme is designed not as a temporary response, but as a structured pathway connecting vulnerable households to longer-term nutrition and health support systems.

To support implementation, the Federal Government has activated a high-level Steering Committee chaired by the Coordinating Minister of Health and Social Welfare, with responsibility for oversight, coordination, performance tracking, and accountability.

"This Committee must ensure that implementation is not only coordinated, but effective. This is not about meetings, but about results that improve the lives of Nigerians."

— Prof. Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare

The Committee is expected to guide implementation, support resource mobilisation, and ensure that the programme remains transparent and responsive as it scales nationwide.

"Effective coordination and accountability will be critical to ensuring that the programme delivers measurable impact for vulnerable households across the country."

— Daju Kachollom S., mni, Permanent Secretary

Partnerships supporting national priorities

The initiative has also drawn support from public institutions, private sector organisations, development partners, and philanthropic foundations.

Contributors include:

- the Federal Government
- the Nigeria Governors' Forum
- NNPC Limited
- the Aliko Dangote Foundation
- the Sir Emeka Ofor Foundation
- and other supporting partners

These contributions are supporting a Trust Fund structure designed to ensure transparency, operational safeguards, and long-term sustainability.

The programme is being implemented through national systems, with oversight mechanisms that include verification processes, structured reporting, and strategic governance.

What this means for communities

For vulnerable households, the impact is intended to be immediate and practical.

It means:

- improved access to nutritional support
- stronger linkage to primary healthcare services
- community-level support systems that reach families earlier
- and reduced vulnerability for mothers and children

It also means that prevention is moving closer to where people actually live.

Restoring dignity through community systems

The National Community Food Bank Programme reflects an evolving understanding of healthcare delivery in Nigeria.

That stronger outcomes do not come only from hospitals, medicines, or emergency response.

They also come from:

- nutrition
- household stability
- community support
- and systems that protect people before crisis occurs

This is where health meets home. And where prevention begins long before illness.



Citizen Charter: Your Health, Your Right

What a system in motion should mean for every Nigerian



A system in motion means healthcare should be more accessible, more responsive, more affordable, and more respectful of patients and communities.



1

ACCESS TO PRIMARY HEALTHCARE

Care closer to communities



Primary healthcare centres remain the first point of care for millions of Nigerians.

Investments in PHC revitalisation, workforce strengthening, essential medicines and solar-powered facilities are bringing healthcare closer to communities.

For Citizens, This Means:

- Shorter distances to care
- More functional facilities
- Improved maternal and child health services
- Greater continuity of care



2

EMERGENCY CARE WHEN IT MATTERS

Every second counts



In emergencies, delays can cost lives. Under the Patients' Bill of Rights, every Nigerian has the right to urgent and immediate medical attention in emergency situations.

No patient facing a life-threatening emergency should be denied immediate stabilisation because of inability to pay upfront.

Reforms are expanding:

- Emergency transport systems
 - Ambulance networks
 - Referral coordination
 - Emergency obstetric care services
- With nearly 79,000 emergency transports already recorded nationwide.

(See "The Golden Hour" feature for more on emergency transport and referral systems.)



3

AFFORDABLE CARE & FINANCIAL PROTECTION

Health should not mean financial ruin



The cost of healthcare has historically delayed treatment or pushed households into financial hardship.

Reforms are reducing those pressures through the Basic Healthcare Provision Fund (BHCPF), expanded health insurance coverage, and vulnerable group funding.

You have the right to:

- Transparent billing
- Clear information about costs
- Fair access to services
- Protection from financial hardship



4

ACCESS TO ACCURATE HEALTH INFORMATION

Information is part of care



Patients have the right to clear, accurate, and understandable health information.

This includes understanding diagnoses and treatment options, receiving information in accessible language, and making informed decisions about care.

This helps you to:

- Understand your health condition
- Make informed decisions
- Ask questions
- Feel confident about your care



5

SAFE, RESPECTFUL & QUALITY CARE

Dignity is not optional



Every Nigerian deserves to be treated with dignity, professionalism, privacy, and respect.

The Patients' Bill of Rights emphasises confidentiality, respectful treatment, safe clinical environments, and protection from discrimination or abuse.

Reforms to standardise clinical protocols, improve workforce training, and strengthen accountability systems are improving consistency in care delivery nationwide.

You have the right to:

- Privacy and confidentiality
- Respectful treatment
- Safe clinical environments
- Protection from discrimination or abuse



Raise concerns about care received through SERVICOM desks, patient relations units, or facility management structures where available.



6

A SYSTEM THAT WORKS FOR PEOPLE

Beyond policies. Beyond programmes



A system in motion means healthcare should increasingly feel connected, responsive, accountable, and human-centred.

This means:

- Fewer interruptions in care
- Stronger referral systems
- Better facility readiness
- Services that work consistently over time



KNOW YOUR RIGHTS

Under the Patients' Bill of Rights, Nigerians are entitled to:

- ✓ Access emergency care when needed
- ✓ Receive respectful and non-discriminatory treatment
- ✓ Access accurate information about their health
- ✓ Expect privacy and confidentiality
- ✓ Receive transparent billing information
- ✓ Make informed decisions about treatment
- ✓ Express concerns or complaints about care received

COMING SOON



A national conversation on health awareness, patient rights, prevention, and informed healthcare choices.

Your health. your right. your responsibility.



A stronger health system is not only measured by infrastructure or investment, but by whether people feel safer, respected, informed, and cared for when they seek help.

TOGETHER, WE MOVE HEALTH FORWARD

GLOBAL IMPACT & PARTNERSHIPS



SYSTEM WITHOUT BORDERS:

Securing National Gains Through Global Health Leadership

How Nigeria is using international partnerships, policy leadership, and health diplomacy to strengthen systems at home

Health systems are no longer shaped only within national borders.

From pandemic preparedness and workforce mobility to financing, manufacturing, and disease surveillance, global decisions increasingly influence how countries protect their populations and sustain healthcare delivery.

For Nigeria, international engagement is becoming more deliberate, more strategic, and more closely aligned with domestic reform priorities.

Across multiple global

platforms this year, Nigeria advanced a clear position: stronger national systems require stronger international cooperation, but that cooperation must be equitable, sustainable, and driven by country priorities.

From the Accra Reset Initiative to high-level pandemic preparedness dialogues, workforce mobility conversations, and continental health security coordination, Nigeria is increasingly positioning itself not only as a participant in global health discussions, but as a contributor to shaping their direction.



Nigeria is increasingly positioning itself not only as a participant in global health discussions, but as a contributor to shaping their direction.

RESETTING GLOBAL HEALTH GOVERNANCE



Nigeria and the Accra Reset Initiative

In April 2026, Nigeria joined the High-Level Panel of the Accra Reset Initiative, an Africa-led effort to reshape global health governance and rebalance how decisions affecting low- and

middle-income countries are made.

Led by the President of Ghana, John Dramani Mahama, the initiative reflects growing calls for a more inclusive global

health architecture, one where countries across Africa and the Global South play a stronger role in defining priorities, financing approaches, and accountability systems.

WHAT IS THE ACCRA RESET?

An Africa-led initiative working to reshape global health governance by ensuring countries across Africa and the Global South have greater influence in how health priorities are funded, managed, and coordinated globally.

Nigeria's participation aligns closely with the country's ongoing health sector reforms under the Nigeria Health Sector Renewal Investment Initiative (NHSRII), which prioritises stronger governance, improved health outcomes, sustainable financing, healthcare value chains, and health security.

Speaking on the significance of the initiative, the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, noted:

"The Accra Reset signals a necessary evolution in global health governance, one that recognises the leadership, agency, and lived realities of countries across Africa and the Global South."

The initiative also reinforces a broader shift already visible within Nigeria's reform trajectory: moving from fragmented and dependency-driven systems toward greater national ownership, coordinated financing, and long-term sustainability.

For Nigeria, the conversation is no longer only about participating in global systems but helping shape them.



Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, noted:

The Accra Reset signals a necessary evolution in global health governance, one that recognises the leadership, agency, and lived realities of countries across Africa and the Global South

PREPARING FOR THE NEXT HEALTH THREAT



Lessons from the Nigeria–China Pandemic Preparedness Dialogue

As countries continue to reflect on the lessons of COVID-19 and other emerging outbreaks, Nigeria is increasingly positioning health security as a core component of national resilience.

At the high-level Nigeria–China Dialogue on Pandemic Preparedness and Response held in Abuja, policymakers, researchers, and global health experts examined what future preparedness must look like in an increasingly interconnected world.

The dialogue moved beyond retrospective reflections on COVID-19 to focus on practical system priorities that can strengthen Nigeria's ability to detect, respond to, and withstand future health threats.

Among the key lessons highlighted was the importance of early detection and integrated surveillance systems.

As Prof. Pate observed during the dialogue:

"Pandemics do not emerge suddenly; they evolve from

small, often undetected outbreaks."

The discussions reinforced the need to strengthen:

- real-time surveillance systems
- laboratory and pathogen detection capacity
- One Health coordination linking human, animal, and environmental health
- and faster information-sharing mechanisms across institutions and borders

Participants also emphasised that preparedness must become a standing national capability rather than a reactive emergency response.

This includes:

- institutionalising Emergency Operations Centres (EOCs)
- maintaining trained and ready response teams
- strengthening risk communication
- and ensuring sustainable financing for preparedness systems.

Another major focus of the dialogue was local manufacturing capacity. The COVID-19 pandemic exposed the vulnerability of relying heavily on global supply chains

during crises. Stakeholders stressed the need for Nigeria to expand domestic production of vaccines, diagnostics, therapeutics, and medical supplies while strengthening research ecosystems and technology transfer partnerships.

These priorities also align with the Presidential Initiative on Unlocking the Healthcare Value Chain, which aims to expand local manufacturing capacity and strengthen Nigeria's healthcare industrial base.

The Honourable Minister of State for Health and Social Welfare, Dr. Izaq Adekunle Salako, also highlighted the importance of public trust during outbreaks and emergency responses.

"Without trust, even the best systems will underperform."

The dialogue reinforced a broader understanding that preparedness is no longer defined only by infrastructure or equipment, but by the speed, coordination, and credibility of system-wide response.

STRATEGIC PRIORITIES FOR HEALTH SECURITY



SECURING THE FUTURE HEALTH WORKFORCE

Nigeria's Call for a Global Compact on Workforce Mobility

Beyond preparedness and governance, Nigeria is also contributing to a growing global conversation on healthcare workforce sustainability. Speaking at the 2026 United Kingdom Global Health Summit in London, the Honourable Minister of State for Health and Social Welfare, Dr. Iziq Adekunle Salako, called for a new global compact on health workforce mobility and stronger international collaboration to address growing workforce shortages worldwide.

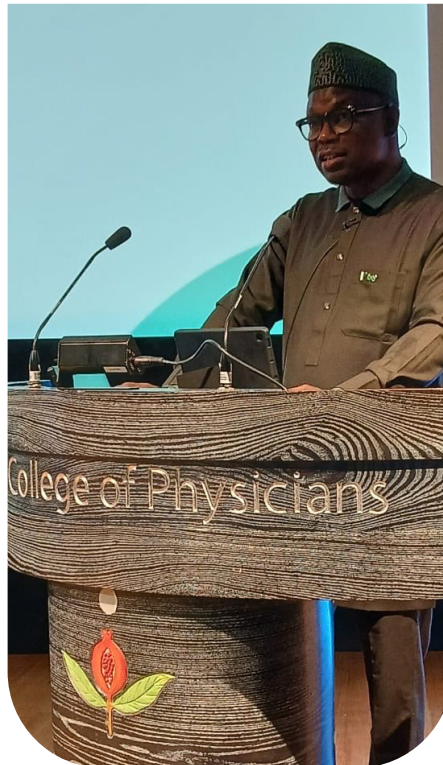
The Minister noted that while health worker migration is a global reality, the burden of workforce shortages falls disproportionately on low- and middle-income countries, particularly across Africa. According to the World Health Organization, the global health workforce is projected to face a shortfall of 10 million workers by 2030.

Nigeria's response, he explained, is focused on expanding training capacity, improving workforce development, strengthening conditions of service, and supporting long-term system resilience. As part of these efforts, the Federal Government has significantly expanded nursing and midwifery training capacity nationwide, increasing annual admission capacity from 28,000 in 2023 to more than 110,000 in the 2024–2025 academic cycle.

The expansion forms part of broader workforce reforms under the Nigeria Health Sector Renewal Investment Initiative (NHSRII), which prioritises workforce development, improved governance, and expanded access to quality healthcare.

Additional reforms include:

- retraining more than 70,000



frontline health workers nationwide

- recruiting over 20,000 health professionals into federal health institutions within the last 24 months

- and strengthening coordination across federal, state, and local levels through the Sector-Wide Approach (SWAp)

Nigeria has also introduced the Best Practice Spotlight Organization (BPSO) model in partnership with the Registered Nurses' Association of Ontario to improve standards of care, particularly in maternal and newborn health.

A National Strategic Plan for Nursing and Midwifery has also been developed to strengthen:

- training quality
- leadership development
- workforce sustainability
- and long-term service delivery capacity

At the same time, the country is increasingly leveraging the

expertise of Nigerian health professionals in the diaspora through structured partnerships and coordinated medical missions involving professionals across the United Kingdom, United States, Canada, Germany, Australia, and South Africa.

The growing emphasis on diaspora engagement also reflects a broader "brain gain" outlook increasingly visible across the sector, where Nigerian professionals abroad are contributing to skills transfer, training, and institutional strengthening back home. The Minister also urged destination countries to fully implement the WHO Global Code of Practice on the International Recruitment of Health Personnel, advocating ethical recruitment frameworks that support:

- joint training programmes
- technology transfer
- and investments in workforce development within source countries

Emphasising the interconnected nature of global health security, Dr. Salako stated: "Investing in resilient health systems across Africa is therefore not charity, but enlightened global self-interest."

The message reflects a growing recognition that workforce sustainability is not only a national issue, but a shared global responsibility.

For Nigeria, the direction is increasingly clear: strengthening the health workforce will depend not only on retaining talent, but on expanding training capacity, improving professional support systems, and building partnerships that allow healthcare workers to thrive within a more resilient national system.

LEADING THE NEXT CONTINENTAL HEALTH SECURITY CONVERSATION



AMR, Africa CDC, and Nigeria's Expanding Leadership Role

Nigeria's expanding role in global health leadership is also becoming increasingly visible through continental coordination on health security and antimicrobial resistance (AMR).

In April 2026, senior officials of the Federal Ministry of Health and Social Welfare held strategic engagements with both the Kingdom of Saudi Arabia and the Africa Centres for Disease Control and Prevention (Africa CDC) as preparations intensified for the 5th Global High-Level Ministerial Conference on Antimicrobial Resistance scheduled to hold in Abuja in June.

The conference will mark the first time the global AMR ministerial meeting is hosted on African soil, positioning Nigeria at the centre of one of the world's most urgent public health conversations.

Discussions with Saudi Arabian officials focused on:

- One Health collaboration
- ethical and managed health workforce mobility
- AMR coordination
- and broader health security partnerships

The engagements also reinforced the importance of linking workforce mobility with investments in domestic capacity building and training.

At a separate strategic meeting with Africa CDC, discussions

centred on strengthening epidemic preparedness, disease surveillance, emergency response systems, and institutional coordination across the region.

The Permanent Secretary, Daju Kachollom S. mni, reaffirmed Nigeria's commitment to deepening regional collaboration and strengthening health security systems capable of responding to emerging threats.

The Africa CDC delegation also acknowledged Nigeria's growing role as a key catalyst for public health advancement across West Africa and the continent more broadly.

The meetings came amid continued emphasis on surveillance and response systems following the confirmation of a COVID-19 case in Cross River State, reinforcing the importance of sustained vigilance and coordinated institutional response.

As Nigeria prepares to host the first Global High-Level Ministerial Conference on Antimicrobial Resistance ever held in Africa, the country's role in global health conversations is becoming increasingly defined not only by participation, but by coordination, convening power, and strategic leadership.

POSITIONING GLOBAL ENGAGEMENT FOR NATIONAL IMPACT

Across these engagements, a clear pattern is emerging. Nigeria's international health diplomacy is increasingly being tied directly to domestic reform priorities: strengthening preparedness, expanding local capacity, improving coordination, protecting the health workforce, and building more resilient systems overall. The objective is not global visibility for its own sake. It is ensuring that international partnerships, policy conversations, and global cooperation translate into stronger systems at home and better outcomes for Nigerians.

In a world where disease threats, workforce shortages, and health emergencies increasingly cross borders, Nigeria's approach is clear: stronger global partnerships must ultimately deliver stronger national systems and better protection for citizens at home.



BEYOND FEDERAL WALLS

Expanding Healthcare Infrastructure Through Shared Leadership

Nigeria's approach to healthcare expansion is evolving.

For decades, the responsibility for building and sustaining major health institutions was viewed largely through a federal lens, with infrastructure growth driven primarily from the centre. Increasingly, however, a broader model is taking shape: one where communities, sub-national actors, traditional institutions, and collaborative financing systems are becoming active partners in expanding healthcare delivery.

Across recent reforms, the Federal Government has signalled a growing shift toward shared ownership, distributed implementation, and locally anchored infrastructure development.

This direction was reinforced in April 2026 as the Federal Government deepened efforts to broaden participation in healthcare expansion across multiple levels of the system.

At the centre of this approach is a recognition that resilient health systems cannot be sustained through federal institutions alone. Expansion must also be supported by states, communities, development structures, and local leadership capable of strengthening delivery closer to the people.

Speaking during a high-level engagement with the leadership of Udu Kingdom, Delta State, the Honourable Minister of State for Health



and Social Welfare, Dr. Iziak Adekunle Salako, described the expansion of tertiary healthcare infrastructure as increasingly dependent on stronger collaboration with local stakeholders and community systems.

The discussions focused

“ - Honourable Minister of State for Health & Social Welfare Dr. Iziak Adekunle Salako

...the Federal Government's role is not only to establish institutions, but to ensure they are integrated into a coordinated national system capable of sustaining quality, accountability, and long-term service delivery

on the establishment of the Federal Medical Centre (FMC), Oviyam, Udu Kingdom, one of several new tertiary institutions approved to improve access to specialised care across underserved areas.

The model reflects a growing departure from infrastructure expansion driven solely through federal construction and administration.

Instead, communities and sub-national actors are increasingly contributing through:

- land provision
- temporary site support
- local coordination
- strategic partnerships
- and long-term sustainability planning

In the case of FMC Oviyam, community contributions and support from partners, including the Oyeye Foundation, formed part of the structured take-off strategy for the facility.

According to Dr. Salako, the Federal Government's role is not only to establish institutions, but to ensure they are integrated into a coordinated national system capable of sustaining quality, accountability, and long-term

Expanding Healthcare Infrastructure Through Shared Leadership

service delivery.

To support this, the Ministry has directed the development of a structured five-year strategic plan covering:

- infrastructure development
- staffing
- budgeting
- digital integration
- and phased service expansion

The Permanent Secretary, Federal Ministry of Health and Social Welfare, Daju Kachollom S. mni, also emphasised the importance of institutional coordination and technical oversight in ensuring that expanding facilities remain aligned with national standards and health system priorities.

This collaborative model is now extending beyond tertiary institutions into broader community-led infrastructure and service delivery systems. In April 2026, President Bola Ahmed Tinubu approved the establishment of a Community-Based National Social Action Fund Taskforce to accelerate grassroots development across Nigeria's 8,804 wards.

Backed by a 17 billion ring-fenced

“ - Permanent Secretary, Federal Ministry of Health and Social Welfare, Daju Kachollom

the importance of institutional coordination and technical oversight in ensuring that expanding facilities remain aligned with national standards and health system priorities

intervention fund, the initiative strengthens the Federal Government's move toward decentralised implementation and locally driven development.

By ring-fencing the intervention fund, the

government is also seeking to ensure that implementation resources remain protected for direct community-level delivery, monitoring, communication, and accountability.

Under the framework, verified community-based organisations and local structures will identify and implement priority interventions based on local needs.

Health-related interventions are expected to include:

- community nutrition support
- therapeutic feeding and micronutrient distribution
- minor upgrades to health facilities
- sanitation improvements
- and support systems that strengthen frontline healthcare delivery

Speaking on the initiative, the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, noted:

“This approach places communities at the centre of development. By enabling each ward to identify and



Expanding Healthcare Infrastructure Through Shared Leadership

implement its priority needs, we are unlocking practical solutions that directly improve livelihoods and strengthen service delivery where it matters most.”

The implementation structure itself reflects this shared-governance model.

The Taskforce includes leadership from the health, finance, humanitarian affairs, procurement, budgetary, and anti-corruption sectors, while programme oversight will be coordinated through the Sector-Wide Approach (SWAp) Coordination Office of the Federal Ministry of Health and Social Welfare.

The philosophy behind distributed ownership is also shaping Nigeria’s broader public health preparedness agenda.

In a related development, President Tinubu approved the upgrade of the National Tuberculosis and Leprosy Training Centre (NTBLTC), Zaria, into the National Institute of Public Health and Infectious Diseases.

The institute is expected to serve as a multidisciplinary hub for:

- infectious disease research
- public health workforce development
- emergency preparedness
- surveillance systems
- and rapid response coordination

The transition significantly expands the institution’s role beyond disease-specific training into a broader national



platform for public health resilience and epidemic preparedness.

The upgrade also reinforces priorities discussed during the recent Nigeria–China Pandemic Preparedness Dialogue, particularly around surveillance systems, workforce readiness, institutional resilience, and rapid response coordination. Taken together, these developments point toward a wider transformation underway across the health sector.

From:
 • centrally managed expansion

shared implementation ownership

• isolated infrastructure
 integrated community systems

• federal-only delivery
 collaborative national participation

The direction is increasingly clear.

Healthcare infrastructure is no longer being viewed simply as buildings and equipment, but as a coordinated ecosystem of institutions, communities, financing systems, and shared leadership working together to strengthen healthcare delivery at scale.

INSTITUTION IN FOCUS:

NAUTH: What System Renewal Looks Like at Tertiary Level



At Nnamdi Azikiwe University Teaching Hospital, Newi, infrastructure expansion, specialist capacity, and digital innovation are reshaping tertiary healthcare delivery across the South-East.

For many patients across Nigeria's South-East, accessing highly specialised medical care once meant travelling long distances, enduring delayed referrals, or facing overwhelming financial and emotional strain in search of treatment outside the region.

At Nnamdi Azikiwe University Teaching Hospital (NAUTH), Newi, that reality is beginning to change.

Across its expanding permanent site, ongoing investments in infrastructure, specialist services, workforce development, and digital systems are transforming the institution into a more integrated and responsive tertiary healthcare centre, one increasingly positioned to deliver advanced care closer to the communities that need it.

The transformation reflects a broader national shift toward strengthening healthcare delivery not only through policy reform, but through institutional capacity that patients can

directly experience.

Building a Tertiary Care Ecosystem

A major milestone in NAUTH's ongoing transformation has been the rapid expansion and consolidation of services at its permanent site.

Today, the majority of clinical operations have transitioned to the new complex, enabling the hospital to integrate services more efficiently and expand patient capacity across multiple specialties.

The shift is helping improve:

- coordination of care
 - referral management
 - patient flow
 - and access to specialised services within a single ecosystem
- New and upgraded facilities now support:
- emergency and trauma care
 - neurosurgery
 - oncology services
 - renal and dialysis care
 - advanced neonatal services
 - laparoscopic surgery
 - fertility and reproductive healthcare
 - and expanded diagnostic capacity



...the majority of clinical operations have transitioned to the new complex, enabling the hospital to integrate services more efficiently and expand patient capacity across multiple specialties

The commissioning of a Magnetic Resonance Imaging (MRI) facility in January 2026 marked another important step in reducing dependence on external referrals for advanced imaging services.

For many patients, the difference is practical and immediate: faster diagnosis, reduced travel burden, and quicker access to specialist

Building a Tertiary Care Ecosystem



The multi-billion-naira South-East Regional Radio-diagnostic Centre at NAUTH. Following its inauguration by the Coordinating Minister, the facility reached a new peak in January 2026 with the full installation and activation of its state-of-the-art MRI unit.

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For many patients, the difference is practical and immediate: faster diagnosis, reduced travel burden, and quicker access to specialist intervention.

Keeping Critical Services Running Reliable infrastructure remains central to the hospital's expansion strategy.

To improve continuity of care and reduce disruptions linked to unstable power supply, NAUTH has deployed a solar-powered energy system supporting critical diagnostic and clinical operations.

The institution is also strengthening oxygen infrastructure and emergency

support systems as part of broader efforts to improve readiness for high-dependency and emergency cases.

These upgrades are helping ensure uninterrupted support for intensive care, neonatal, surgical, and diagnostic services where even short disruptions in power supply can directly affect patient survival and outcomes.

The investments reflect a growing recognition across the health sector that infrastructure reliability is not separate from healthcare delivery, but foundational to it.

When Digital Systems Improve Care

Alongside physical expansion, NAUTH is also accelerating the digitisation of hospital operations. Electronic Medical Records (EMR) systems, Picture Archiving and Communication Systems (PACS), and digital billing processes are helping modernise clinical workflows and improve operational efficiency across departments.

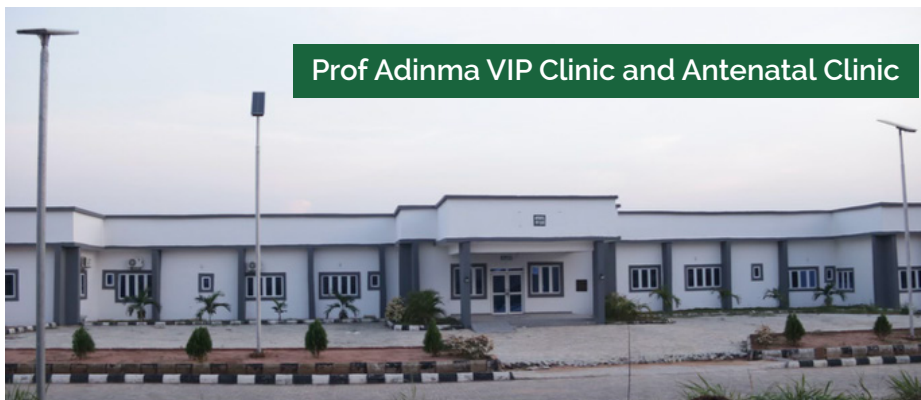
These systems are strengthening:

- patient record management
- diagnostic access
- transparency in billing
- service coordination
- and institutional accountability

Digitisation is also contributing to more efficient administrative processes and improved resource management, supporting long-term institutional sustainability.

Ongoing adoption of updated clinical protocols and training standards is also helping strengthen consistency, safety, and readiness across specialised units.

For patients and clinicians alike, the shift means shorter delays, improved information access, and more coordinated care delivery.



Prof Adinma VIP Clinic and Antenatal Clinic

Strengthening the Workforce Behind the System

At the centre of every functioning health institution is the workforce that sustains it.

NAUTH continues to expand investment in medical education, residency training, and professional development across multiple specialties.

The institution has recorded strong performance in postgraduate medical training and accreditation while also scaling workforce capacity through continuous training programmes for clinical and non-clinical staff.

These investments are helping strengthen:

- service delivery
- patient safety
- specialist capacity
- and readiness for evolving healthcare technologies and treatment standards

The institution's growing specialist and digital capacity is also helping strengthen retention, training quality, and the overall environment for advanced clinical practice within the region.

What System Renewal Means for Patients

Beyond infrastructure and statistics, the impact of institutional strengthening is increasingly visible in patient outcomes.

Hospital leadership points to cases where patients requiring highly specialised interventions, including neurosurgical procedures and advanced neonatal care, are now receiving treatment within the institution instead



— Prof. Joseph Ugboaja Chief Medical Director, Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi

Our goal is not simply to expand infrastructure, but to build an institution capable of delivering specialised, technology-driven, and patient-centred care consistently for the people who depend on us. The direction is clear: stronger systems, stronger services, and better outcomes closer to home.

of being referred outside the region.

For families, this often means:

- earlier intervention
- lower travel costs
- reduced treatment delays
- and improved continuity of care

In one instance, a critically ill neurosurgical patient requiring urgent intervention

was successfully managed within the hospital's expanding specialist system, avoiding what could previously have been a high-risk interstate referral.

In another, advanced neonatal support helped stabilise and sustain the care of a premature infant requiring specialised monitoring and intervention.

These moments represent more than isolated successes.

They reflect the growing capacity of institutions to deliver timely and advanced care within Nigeria's health system itself.

A System Taking Shape

For NAUTH, the current phase of transformation is not only about expansion.

It is about building a tertiary institution capable of delivering more coordinated, specialised, technology-driven, and patient-centred care at scale.

As Nigeria's broader health sector reforms continue to evolve, institutions like NAUTH increasingly demonstrate what system renewal looks like when policy, infrastructure, workforce development, and service delivery begin to move together. And for patients across the South-East and beyond, that motion is becoming increasingly visible where it matters most: at the point of care.



Cross-section of Ward Zone (Medical, Maternal and Child, Surgical Ward Complexes)



BY THE NUMBERS

SYSTEM IN MOTION: APRIL AT A GLANCE

A snapshot of progress across Nigeria's health sector reforms—driving impact, expanding access, and saving lives.



BHCPF INVESTMENT FOR IMPACT

₦32.8B

disbursed in April 2026 from the Basic Health Care Provision Fund (BHCPP) to states for primary healthcare delivery.

774 LGAs 8,804 WARDS 36 STATES + FCT



LIVES MOVED, LIVES SAVED

79,000+

emergency transports completed in April 2026 through the National Emergency Medical Transport System (NEMTS).

Faster response.
Better outcomes.
Stronger systems.



MATERNAL HEALTH GAINING GROUND

32 STATES

now implementing MAMII, accelerating access to quality maternal and newborn care nationwide.

Expanding coverage.
Protecting mothers.
Saving babies.

PRIMARY HEALTH CARE REVITALISATION



1,295

PHCs renovated, equipped, or upgraded in April 2026



15.7M+

Nigerians accessed PHC services in April 2026



2.9M+

children reached with routine immunisation services



1.3M+

pregnant women received ante-natal care services

POWERING PRIMARY HEALTH CARE



621

PHC FACILITIES now powered by solar energy

Clean energy. Reliable care.
Stronger communities.



TERTIARY HEALTHCARE EXPANSION

11

MAJOR PROJECTS

ongoing across federal tertiary hospitals, advancing infrastructure, equipment, and specialist care capacity.

Stronger institutions.
Better care. More specialists.



BUILDING THE HEALTH WORKFORCE

110,000+

nursing & midwifery training capacity (2024–2025 academic cycle)

70,000+

frontline health workers retrained

20,000+

health professionals recruited into federal health institutions (2024–2026)

A stronger workforce for a healthier Nigeria.



HEALTH COVERAGE EXPANDING

~22M NIGERIANS

now enrolled in health insurance (↑ from 16M)

More coverage.
More protection.
More peace of mind.



FROM THE EDITORIAL TEAM

Issue 02 of ON CALL reflects a health sector moving steadily from planning to performance, where reforms are increasingly measured not only by policy design, but by visible impact across communities, institutions, and frontline care.

As we look toward Issue 03, the conversation continues: sustaining momentum, strengthening accountability, and telling the stories of Nigerians whose lives are being transformed by a system in motion.

ON CALL

Issue 02 | April 2026

PHOTO NEWS

Key Engagement Highlights

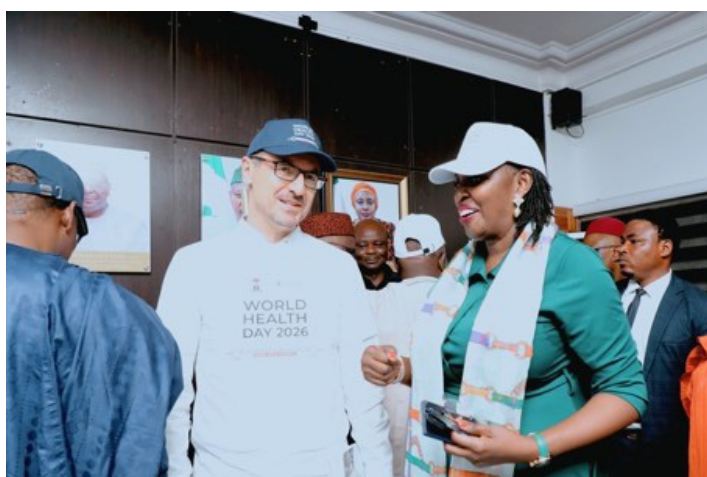


PHOTO NEWS

Key Engagement Highlights



PHOTO NEWS

Key Engagement Highlights



HEALTHY LIVING

The Power in Your Hands

CLEAN HANDS, STRONGER COMMUNITIES



By Dr. Susuti Yerima

Why Handwashing Still Matters More Than We Think

In an age of advanced diagnostics, artificial intelligence, and specialised medical care, one of the most effective tools for preventing disease still costs less than a bar of soap.

Handwashing remains one of the simplest and most powerful ways to reduce the spread of infections in homes, schools, hospitals, and communities. According to WHO and UNICEF, proper hand hygiene can reduce diarrhoeal diseases by up to 30% and respiratory infections by nearly 17%, helping save hundreds of thousands of lives every year.

As Nigeria strengthens disease surveillance, emergency preparedness, and primary healthcare systems, preventive behaviours such as hand hygiene remain one of the first lines of defence against infectious disease outbreaks.

HOW GERMS TRAVEL

Every day, our hands come into contact with countless

surfaces including phones, money, door handles, shopping carts, office files, public transport rails, and even other hands through simple greetings.

Through these contacts, microorganisms such as bacteria, viruses, and parasites are picked up and transferred from surface to surface and

person to person. When unwashed hands touch the eyes, nose, or mouth, these microorganisms can enter the body and cause illness. Hands can also contaminate food, drinks, household items, and commonly used surfaces, increasing the spread of infections within homes, workplaces, schools, and

THE 5 STEPS OF EFFECTIVE HANDWASHING

CLEAN HANDS BREAK THE CHAIN OF INFECTION.



Where running water is limited, simple handwashing devices such as pouring vessels or "tippy taps" can still support effective hand hygiene practices.



CLEAN HANDS SAVE LIVES. Make it a habit. Make it count.

healthcare settings.

Many infections spread not through extraordinary exposure, but through ordinary daily contact.

WHY SOAP WORKS

Handwashing with soap and clean running water helps remove microorganisms from the skin before they can spread.

Soap molecules attach to dirt, oils, and germs on the hands, loosening them from the skin so they can be rinsed away with water. While water alone may remove some visible dirt, soap significantly improves the effectiveness of handwashing by breaking down oils and lifting hidden contaminants.

The amount of time spent washing also matters. Proper scrubbing helps clean difficult areas such as fingertips, thumbs, and under the nails, where germs often remain.

The expansion of solar-powered systems across primary healthcare facilities is also helping improve hygiene standards by supporting access to clean water, lighting, and safer clinical environments, particularly in underserved communities.

WHEN SHOULD YOU WASH YOUR HANDS?

Before preparing or handling food

Before eating or feeding someone

After coughing, sneezing, or blowing your nose

After using the toilet

After changing diapers or cleaning a child

After handling dirty materials

Before and after caring for

someone who is ill

After touching animals or animal waste

After returning from public places

After touching frequently used surfaces

COMMON MISTAKES TO AVOID (Design note: it's the photo below can we put it on the sidebar of this piece)

CLEAN HANDS SAVE LIVES

Good hand hygiene is one of the easiest habits to adopt, yet one of the most effective ways to protect individuals, families, and communities from preventable diseases. In a stronger health system, prevention is not secondary. It is foundational.

Sometimes, saving lives begins with something as simple as turning on a tap.



COMMON MISTAKES TO AVOID



- 

1. WASHING HANDS WITHOUT SOAP

Soap lifts and removes germs. Water alone is not enough.
- 

2. RINSING TOO QUICKLY

Give your hands enough time. Scrub for at least 20 seconds.
- 

3. IGNORING FINGERTIPS AND THUMBS

Germs hide in these areas. Don't miss them.
- 

4. USING DIRTY TOWELS TO DRY HANDS

Dirty towels can reintroduce germs. Use clean towels or air dry.
- 

5. TOUCHING CONTAMINATED SURFACES IMMEDIATELY AFTER WASHING

Keep your hands clean—avoid recontamination.



SYSTEMS THAT SUPPORT HYGIENE



Stronger systems. Healthier communities.

 <p>RELIABLE POWER</p> <p>Solar-powered PHCs ensure running water, lighting, and cold chain functionality.</p>	 <p>CLEAN WATER ACCESS</p> <p>Sustainable water systems support hand hygiene in facilities and communities.</p>	 <p>SUPPLY AVAILABILITY</p> <p>Consistent availability of soap and hand hygiene supplies at all levels of care.</p>	 <p>BEHAVIOUR CHANGE COMMUNICATION</p> <p>Health education empowers individuals and communities to adopt and sustain good practices.</p>	 <p>CLEAN AND SAFE ENVIRONMENTS</p> <p>Proper waste management and clean facilities reduce the risk of infections.</p>
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STRONG SYSTEMS. CLEAN HANDS. HEALTHIER NIGERIA.
Together, we can break the chain of infection.

NEXT ON CALL

SUSTAINING THE MOMENTUM

Across the country, health sector reforms continue to move from policy into practice, shaping how care is delivered, coordinated, financed, and experienced by Nigerians every day.

Issue 03 of ON CALL will continue documenting the people, partnerships, policies, and frontline innovations shaping Nigeria's evolving health sector transformation.



*The work continues.
The future takes shape.*

COMING IN ISSUE 03



POWERING CARE

Tracking the first 100 days of solar-powered care—how uninterrupted power is changing night-shift outcomes.



VOICES FROM THE FRONTLINE

Inside the realities of healthcare workers delivering care in a system under transformation.



INNOVATION & LOCAL MANUFACTURING

Spotlight on the Presidential Initiative on Unlocking the Healthcare Value Chain (PVAC) and Nigeria's push for domestic production and supply resilience.



TRACKING THE RESULTS

How data, accountability systems, and performance monitoring—powered by the RMET platform—are driving evidence-based decisions and measurable impact.



HEALTH SECURITY & PREPAREDNESS

Strengthening surveillance, emergency response systems, and regional collaboration for future threats.



BEYOND FEDERAL WALLS

Deepening collaboration with states, communities, traditional leaders, and non-state actors to strengthen service delivery at the last mile.



HAVE A STORY FROM YOUR FACILITY?

Share your story ideas and frontline experiences with the Editorial Team at: press@health.gov.ng



Together, we are building a stronger, more resilient health system for all.

Thank you for being part of the journey.

4 - POINT AGENDA

of the Federal Ministry of Health and Social Welfare,
under **COORDINATING MINISTER PROF. MUHAMMED ALI PATE, CON**



RENEWED
HOPE

Improve Governance 01

Enhancing leadership, accountability, and transparency within the health system

Enhancing population health outcome 02

strengthening primary healthcare, reducing the disease burden

Unlocking the health value chain 03

Promoting local production of pharmaceuticals and medical consumables

Strengthening health security 04

Strengthening preparedness, surveillance, and response to public health emergencies.