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ON CALL

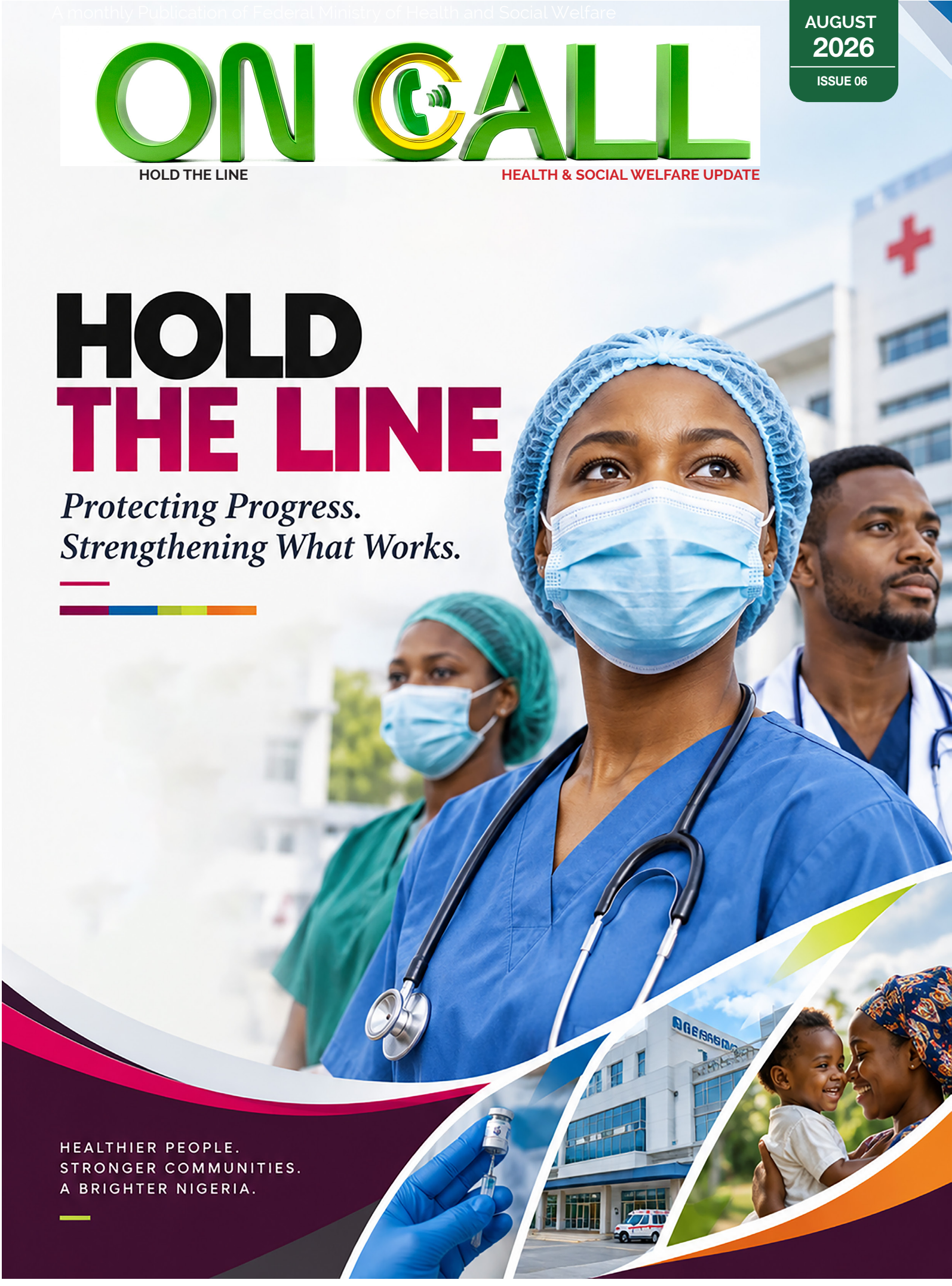
HOLD THE LINE

HEALTH & SOCIAL WELFARE UPDATE

AUGUST
2026
ISSUE 06

HOLD THE LINE

Protecting Progress.
Strengthening What Works.



HEALTHIER PEOPLE.
STRONGER COMMUNITIES.
A BRIGHTER NIGERIA.

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 diference in health outcomes between different income quartiles

Effective governance

- 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

Efficient, equitable and quality health system

- 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 quatermary) 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

unlocking value chains

- Promote clinical research and development
- Stimulate local promotion of health products
- Shape markets to ensure sustainable local demand
- Strengthen supply chain

Health Security

- 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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ON CALL
HEALTH & SOCIAL WELFARE UPDATE

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EDITOR'S NOTE

Daju Kachollom S. mni
Permanent Secretary

Closing the Distance Between Reform and Results

Reform is often easiest to see at the beginning. There is the announcement. The new policy. The approval. The investment. The launch. The photograph of people gathered around a table, the speeches, the handshakes, the promise of what comes next. But beginnings are not the real test.

The harder question is what happens afterwards. **Can the system hold?** Can an investment continue to deliver long after the ribbon is cut? Can a health worker do their job safely? Can a hospital depend on the electricity needed to keep an operating theatre running, vaccines cold and oxygen flowing? Can the resources committed to healthcare be traced from the treasury to the facility, and from the facility to the patient? Can new equipment be matched with the people, maintenance and expertise required to make it useful? And when a child is threatened by an outbreak, can the health system move quickly enough to protect them?

These are not separate questions. Together, they are the difference between **reform that is announced and reform that lasts.** This is why August feels particularly important.
Across the health sector, the work has increasingly moved beyond declaring what should change to building the structures that make change endure. Infrastructure is being paired with long-term management, not just installed. Health-worker protection is being treated as a condition for care, not an afterthought. Cancer investment comes with training and maintenance attached, not machines alone. Financing is being placed under stronger verification, so resources reach the people they were meant for. And partnerships are increasingly judged by the capacity they leave behind, not simply the agreements they produce. Even the response to an outbreak is, in the end, a test of what was built before the emergency arrived.

This is the work of holding the line. It is not about standing still. It is about protecting hard-won gains while strengthening the foundations beneath them, making sure progress does not depend on a single announcement, institution or moment of attention.

Ultimately, this work is not about systems for their own sake. It is about what those systems make possible for people. A functioning operating theatre can mean a life saved. Reliable power can keep essential services running. A trained health worker can make the difference between timely treatment and a missed opportunity to intervene. Stronger cancer infrastructure can bring treatment closer to home. Better-protected health investments mean resources reaching the facilities, workers and patients they were intended to serve.

This is the measure that matters most: **whether reform translates into better health and less suffering for Nigerians.**
To save lives.
To reduce the physical and financial pain
To produce health for all Nigerians.
Protecting progress matters because healthcare reform cannot live forever in the future tense. **It has to work now. And it has to keep working, long after the ribbon-cutting is forgotten.**
Welcome to the August edition of **ON CALL**.

FROM THE COORDINATING MINISTER OF HEALTH AND SOCIAL WELFARE

Making Reform Hold

President Bola Ahmed Tinubu's Renewed Hope Agenda is driving a health sector renewal built on **stronger systems, greater national ownership and measurable results.**

In the first half of 2026, **774 National Health Fellows** were deployed across all Local Government Areas, and Nigeria completed its inaugural Mini-DHS. The results are showing where it matters most: in priority LGAs accounting for more than half of Nigeria's maternal deaths, functional BEmONC coverage rose from **76%** to **94%,** while emergency transport coverage increased from **62% to 79% nationwide.** Government-led procurement also coordinated US$25 million in family planning commodities.

We are strengthening how the system works, not simply adding more programmes.

In August, that meant advancing partnerships that build domestic capacity, through expanded training, professional development, digital health and local manufacturing in our engagement with Canada. It meant launching a high-level inter-ministerial platform to bring family planning, health, human capital and national development into one coordinated agenda, with a clear expectation: **results, not meetings**. And it meant strengthening accountability. Through the Joint Task Team with ICPC, **774 Performance and Financial Management Officers** are now positioned across the country to verify the receipt and utilisation of BHCPF funds, supported by digital systems and beneficiary authentication.

A system that holds is also a system that can move when it must. When the diphtheria outbreak emerged in Katsina and Kano, we activated a multi-agency task force within days and deployed **500,000 vaccine doses**, alongside expanded treatment and referral capacity, because preparedness is only proven in the moment it is tested.

The direction is clear: **coordinate better, use evidence, strengthen accountability and ensure that every investment delivers greater value.**
That is how we make reform hold.

> **"A system that holds is also a system that can move when it must**

FROM THE MINISTER OF STATE FOR HEALTH AND SOCIAL WELFARE

The Systems Behind The Care

To hold the line is not to stand still. It is to make sure that what has been built does not depend on the moment it was announced, that a policy outlives its launch and an investment outlives its ribbon-cutting. **That conviction runs through the work this month.**

Take power. Electricity in a hospital is not a convenience. **It is a clinical input.** A hospital that cannot guarantee power cannot guarantee continuity of care. This is the thinking behind the Nigeria Power for Health Initiative and the push to treat health facilities as a distinct asset class within our national power architecture. **A hundred facilities now have solar hybrid systems; 400 more are next.** The number matters, but the principle matters more: reliable power should be something every facility can depend on.

The same principle sits behind our work on malaria prevention. A child's protection should not depend on where that child was born. Following strong pilot results, the malaria programme has begun the policy work towards wider adoption of **Perennial Malaria Chemoprevention**, extending protection to children in areas where malaria transmission is perennial.

Cancer care asks a harder question, because equipment alone cannot answer it. **Thirty-five additional linear accelerators** are being brought into the country, alongside the development of cancer centres. But machines without people are monuments. That is why our partnership with China is built around training and fellowships as much as technology, including a clinical training base in Nigeria and opportunities for oncologists and medical physicists to build expertise. **The goal is not simply to bring technology home, but capacity.**

None of this endures without trust. Trust is not something a ministry can announce into being; it has to be demonstrated. **More than 37,000 health workers** have been recruited into federal hospitals since 2024, while the Basic Health Care Provision Fund has grown from **131.5 billion to 299 billion.** These figures are not simply achievements to recite. They are a record of responsibility, and a standard to which government and the profession must hold one another.

Power, prevention, cancer care and professional accountability are not separate concerns. They are different expressions of one conviction: that the progress being made under the Renewed Hope Agenda of President Bola Ahmed Tinubu must reach every Nigerian.

And so, with peace and plenty, Nigeria shall be blessed.

MONTH AT A GLANCE

AUGUST, IN MOTION

Key developments that moved Nigeria's health agenda forward.

03 AUG

1,000 Days of Life

A national campaign puts the earliest days of life at the centre of health.

04 AUG

Power for Health

NPHI moves forward with stronger governance and delivery structures.

05 AUG

Protecting Health Workers

Measures advance to make healthcare facilities safer for those who work in them.

05 AUG

Nigeria × Canada

Health workforce development, training and domestic capacity take centre stage.

05 AUG

Malaria Beyond the Seasons

Strong PMC pilot results open the way for wider policy adoption.

07 AUG

Health, Population & Human Capital

A new inter-ministerial platform brings family planning into national development.

11 AUG

Cancer Care, Scaled

35 additional linear accelerators approved as Nigeria expands cancer treatment capacity.

15 AUG

Building Radiotherapy Capacity

Nigeria and China deepen cooperation on technology, training and technical expertise.

17 AUG

Protecting Health Investments

FMoHSW and ICPC establish a joint task team to strengthen accountability and traceability.

23 AUG

Robotic Surgery Comes Home

Diaspora expertise and private investment open another pathway to advanced care in Nigeria.

27 AUG

Trust & Accountability

NMA engagement puts professional responsibility and clinical governance in focus.

27 AUG

Power, Beyond Installation

REA-RAMCO partnership turns attention to long-term energy management and sustainability.

28 AUG

Diphtheria: Responding Fast

A coordinated emergency response deploys 500,000 vaccine doses across affected areas.

27 AUG

A New Alcohol Policy

Nigeria launches a multisectoral framework for health, regulation and development.

PROTECTING THE PEOPLE WHO PROTECT US

A safer health system begins with protecting the people who keep it running

A hospital is supposed to be a place where people arrive at their most vulnerable and expect care. But what happens when the people providing that care become vulnerable too? In the twelve months preceding the Federal Government's latest intervention on health-worker safety, **18 incidents of assault, intimidation or harassment were reported across federal tertiary health institutions** — involving patients, relatives, members of the public and security personnel, with consequences ranging from physical and psychological harm to damaged property and disrupted clinical services.

The incident at the University of Uyo Teaching Hospital in May brought the issue into sharp focus. But the response that followed revealed something larger: **this was never a story about one hospital.** It was a question about how safely a health system can function when the people delivering care are themselves at risk.

"A health worker cannot deliver safe care in an unsafe environment. Protecting those who care for Nigerians is part of protecting the health system itself."
-Prof. Muhammed Ali Pate, CON Coordinating Minister of Health and Social Welfare

> **"A health worker cannot deliver safe care in an unsafe environment. Protecting those who care for Nigerians is part of protecting the health system itself**
>
> Prof. Muhammad Ali Pate, CON
> *- Coordinating Minister of Health and Social Welfare*

A SECURITY PROBLEM, AND A SYSTEM PROBLEM

The Ministerial Committee constituted after the Uyo incident found that violence in healthcare settings has no single cause: **poor communication, long waiting times, inadequate staffing, infrastructure gaps, emotional distress, abuse of authority, weak or unclear security protocols.** Some are security failures. Others are system failures — and the distinction matters.

A guard can control who enters an emergency unit. A camera can record what happens. A protocol can tell staff how to respond to a threat. None of these can explain a long wait to an anxious family, repair a communication breakdown or compensate for an overstretched service.

Prevention, then, has to begin before confrontation does. The response includes Violence Prevention Teams in federal tertiary institutions, stronger access control and surveillance, improved visitor identification, and enhanced security around emergency and other sensitive areas — alongside closer liaison with law enforcement, on terms that do not obstruct treatment, compromise confidentiality or interrupt essential services.

DIGNITY CANNOT BELONG TO ONLY ONE SIDE

Security is only half the conversation. Patients have rights. Health workers have rights. The Patient Bill of Rights establishes expectations around dignity, information, participation in decisions, and avenues for complaint and redress — and it recognises, in turn, the

PROTECTING THE PEOPLE WHO PROTECT US

responsibility of patients to treat health workers with courtesy and respect.

Dissatisfaction with care is not violence, and violence is not a legitimate form of complaint. A patient should be able to ask why treatment is delayed. A family should be able to challenge a decision. A patient should be able to report poor care. But medicine cannot guarantee every outcome, and doctors are not miracle workers.

Accountability must remain possible without making violence permissible. *"A health system must protect the dignity of the patient and the dignity of the professional. One cannot be secured by taking the other away."*

- Dr. Iziaq Adekunle Salako
Minister of State for Health and Social Welfare

BUILDING SAFETY INTO THE SYSTEM

Protection cannot end once the immediate danger has passed. Institutions are expected to strengthen reporting, investigation and documentation; improve complaint-handling and communication with patients; support workers affected by violence; and train staff in conflict prevention and de-escalation — **moving the system from reaction to prevention.** *"Safety must be built into the way a hospital works. It is not an additional service; it is part of the environment required for good care."* – **Daju Kachollom S.** mni Permanent Secretary,

"Hospital safety cannot begin when violence occurs. It must begin with prevention, clear protocols, effective communication and systems that allow concerns to be addressed before they escalate."
- **Dr. Abisola Adegoke mni, Director, Hospital Services**

"Our responsibility is to create an environment in which every health worker can focus on the patient, knowing that the institution stands behind their safety, dignity and professional duty." - **Prof. Sa'ad Aliyu Ahmed,** ChairmanCommittee of CMDs and MDs

WHAT COMES NEXT

These measures will not remain confined to federal tertiary institutions. The recommendations point toward a **national framework for the prevention and management of violence,** intended to apply across federal, state and private health facilities alike.

THE LINE WE ARE HOLDING

The story that began in Uyo does not end with a new security protocol. It asks something larger of the health system: **can hospitals become safer without becoming less human?** Can patients still question, complain and demand better care, while

> **"A health system must protect the dignity of the patient and the dignity of the professional. One cannot be secured by taking the other away.**
>
> Dr. Iziaq Adekunle Salako
> ***- Minister of State for Health and Social Welfare***

health workers are protected from assault and intimidation? There is no single intervention that answers that. **Only better communication, stronger institutions, clearer accountability, and a shared understanding that dignity in healthcare belongs to everyone in the room.** Because when a health worker cannot safely reach the bedside, the patient pays the price. And safety is not the only thing standing between them.

It is also whether the theatre has power, whether the money meant for the hospital ever arrived. Protect the people who protect us, and we protect care itself. That protection has to run through everything the system depends on.

WHEN POWER BECOMES PART OF CARE

Nigeria is moving from powering individual facilities to building a system that can keep them powered.

The most important number in Nigeria's healthcare electrification story may no longer be zero. It is 100. That is the approximate number of hospitals that have already received reliable electricity through interventions by the Rural Electrification Agency. The next phase is targeting **400 Primary Health Care Centres,** while the national target is for at least **30 per cent of health facilities to have reliable 24-hour electricity by the end of 2027.**

Those numbers tell a story of movement.

The question is no longer whether reliable power belongs in Nigeria's health infrastructure. The work now is making the progress dependable, coordinated and scalable. That is what the **Nigeria Power for Health Initiative** is being built to do.

Established by President **Bola Ahmed Tinubu** in 2025, the Initiative brings the Federal Ministries of Health and Social Welfare and Power together around a national platform for healthcare electrification. In August, its Inter-Ministerial Steering Committee advanced recommendations for a dedicated **Nigeria Power for Health Initiative Programme Unit** within the Ministry, with the proposal headed to the **2026 National Council on Health.** The Committee also approved continued engagement with eight energy solution providers and the prioritisation of cluster institutions as energy hubs, the less visible part of infrastructure: the machinery that makes delivery possible.

And then comes the question of what happens after the equipment arrives.

At the launch of the **Rural Electrification Agency–Renewable Asset Management Company (REA-RAMCO)** partnership, attention turned to that next challenge: managing renewable-energy assets over time, integrating facility-level energy management into health-sector planning, and recognising health facilities as a distinct asset class within RAMCO's portfolio. Because installation is only the beginning. A solar system that powers a facility today is progress. **A system for maintaining that power tomorrow is what makes the progress hold.**

The clinical stakes are immediate. Reliable electricity supports vaccine cold chains, oxygen supply, operating theatres, neonatal care and other essential services. The point of the investment is therefore not simply to electrify buildings, but to make essential care less vulnerable to interruption. *"Reliable electricity is a determinant of health outcomes. It is a clinical input, not an amenity."* **-Dr. Iziaq Adekunle Salako**

Power is one system Nigeria is teaching itself to sustain. **Money is another, and the discipline required is the same: build the machinery that keeps working after the announcement fades.**

PROTECTING EVERY NAIRA

The next phase of health-sector renewal is making accountability part of how every investment works.

Health-sector renewal is not only about mobilising more resources. It is about making sure that every investment is **traceable, aligned and capable of producing results**.

That is one of the shifts taking place under the **Nigeria Health Sector Renewal Investment Initiative (NHSRII)** and its **Sector-Wide Approach (SWAp),** which brings government and development partners behind **One Plan, One Budget, One Conversation and One Report**. The objective is to replace fragmented systems with coordinated investment, shared accountability and stronger government ownership.

"Every naira invested in our health system carries an obligation: to reach the facility, the health worker, and the Nigerian whose life depends on it."
- Prof. Muhammad Ali Pate, CON

BHCPF 2.0 is one place where that architecture is becoming visible. The Federal Government has deployed **774 Performance and Financial Management Officers,** one to every Local Government Area, to independently verify the receipt and utilisation of funds. Verified NINs strengthen beneficiary authentication and reduce duplication, while digitalisation improves transparency and traceability.

The new **Joint Task Team with ICPC** will conduct assessments after each quarterly BHCPF disbursement, shifting oversight closer to where vulnerabilities can be identified and addressed, **building on the October 2025 Red Letter**, which called on communities and Ward Health Committees to track whether BHCPF resources reach their facilities. The Task Team adds structured institutional oversight to that citizen vigilance.

The ambition is not simply to catch wrongdoing. **It is to make the system harder to compromise.** *"Accountability is strongest when prevention, oversight and enforcement work together. Our responsibility is not only to respond to corruption, but to help build systems in which opportunities for corruption are reduced."* **-Dr. Musa Adamu Aliyu,** SAN, Chairman, Independent Corrupt Practices and Other Related Offences Commission (ICPC)

The same logic runs through the **SWAp**. When government and partners work through a common plan, budget and results framework, accountability cannot stop at the source of the money. **It has to follow the investment through implementation and into results**. *"The Sector-Wide Approach is not another health programme. It is a new way of working, designed to ensure that every investment contributes to shared national priorities and measurable results."*
- Dr. Muntaqa Umar-Sadiq, National Coordinator, SWAp Coordination Office

Together, these mechanisms reflect a broader shift under **NHSRII**: accountability is no longer an activity that comes after investment. **It is being built into how investment works**. This is what holding the line looks like in the financing of healthcare.

Not simply asking: **Where did the money go?** But building a system capable of answering, at every stage: **Where is it? Who is using it? What did it achieve?** Because protecting health resources is ultimately about protecting what those resources are meant to become. **Care.**

THE FIRST 1,000 DAYS

Giving every child a stronger start

Ninety-five per cent of Nigerian mothers breastfeed. **That is the foundation.** The work now is making sure more of them can start early, continue exclusively for six months, and keep going for as long as their children need it.

That is the tension at the heart of the Federal Government's **1,000 Days of Life Social and Behaviour Change Campaign,** launched in August to improve maternal and child nutrition from conception through a child's second birthday. Unveiled during the 2026 World Breastfeeding Week, the campaign rests on a simple proposition: **the earliest days of life are an opportunity to strengthen what already works and close the gaps that remain.**

The numbers make the gap visible. According to the **2023/2024 Nigeria Demographic and Health Survey,** while 95 per cent of Nigerian mothers breastfeed, only **36 per cent initiate within the first hour of birth. Just 29 per cent breastfeed exclusively for six months.** Only 23 per cent continue to two years. The question, then, is not whether Nigerian mothers breastfeed. **It is where intention meets the realities of daily life.**

"Every child deserves the healthiest possible start to life. Protecting the first 1,000 days is one of the smartest investments we can make for Nigeria's future, and breastfeeding remains one of the most powerful tools to achieve that." **-Daju Kachollom S. mni** — Permanent Secretary

The gap between breastfeeding and optimal breastfeeding is shaped by more than individual choice. The Ministry identifies **delayed initiation, harmful cultural beliefs, inadequate counselling, limited workplace support, and the aggressive marketing of breastmilk substitutes** among the barriers. Closing those gaps requires strengthening the environment around mothers, not simply giving them another message to remember.

> **"Every child deserves the healthiest possible start to life. Protecting the first 1,000 days is one of the smartest investments we can make for Nigeria's future, and breastfeeding remains one of the most powerful tools to achieve that**
>
> *—Daju Kachollom S. mni Permanent Secretary*

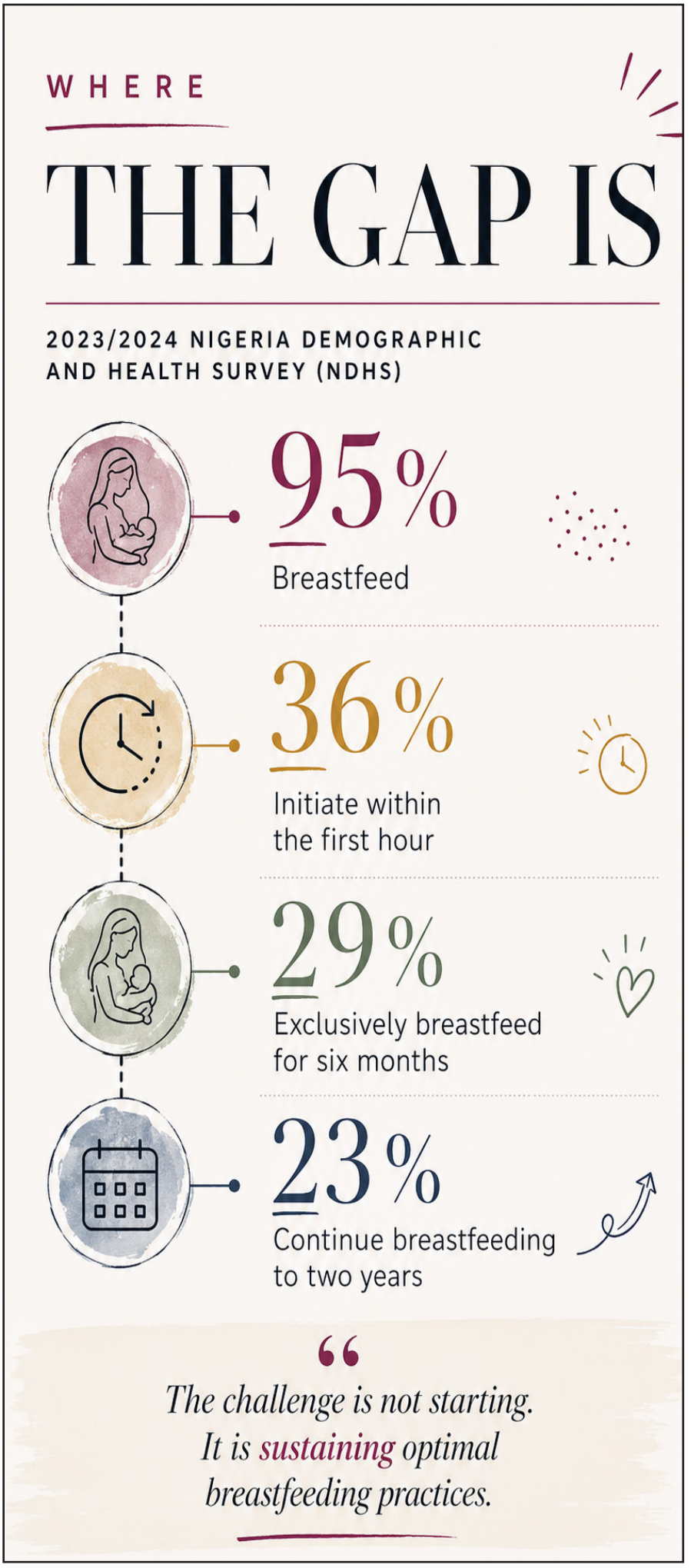
That is the logic behind the Government's current push: reinforcing the **National Maternal, Infant and Young Child Nutrition Strategy, expanding Baby-Friendly Hospital and Community Initiatives,** enforcing the International Code of Marketing of Breastmilk Substitutes, building health-worker capacity, and promoting breastfeeding-friendly workplaces. The campaign itself sharpens the focus further: on **maternal nutrition, early initiation, exclusive breastfeeding, appropriate complementary feeding, and continued breastfeeding to two years and beyond,** with support from partners including UNICEF through advocacy, technical assistance and commu-

nity-based behaviour change work.

The **Primary Health Care Centre** sits at the centre of that picture. For many families, it is where pregnancy, childbirth, immunisation, nutrition counselling and child health meet, the one place equipped to support a mother before birth, immediately after delivery, and through the two years that follow. The campaign is designed to draw families, communities and health workers into that same continuum, rather than treating each stage as a separate encounter with the health system.

There is a wider reason to treat these 1,000 days as an investment, not an intervention: **the child who is well-nourished today becomes part of the human capital Nigeria depends on tomorrow**, a point the Ministry's Director of Nutrition, **Olufunmilola Adegbite**, has called central to the country's development agenda, not just its health one.

Ninety-five per cent of mothers breastfeeding is proof of a strong foundation already in place. The remaining numbers show exactly where that foundation needs reinforcing, in the **first hour after birth, through the first six months, and across the two years that follow**. Giving every child a stronger start was never going to be one campaign or one message. **It is a system of support, built mother by mother, across the first 1,000 days.**



ON CALL | AUGUST 2026

EXPLAINED

PMC

PERENNIAL MALARIA CHEMOPREVENTION

A preventive approach to protect young children where malaria is present all year round.

More protection for brighter tomorrows.

HEALTHY CHILDREN STRONGER NIGERIA

01 WHAT IS PMC?

Perennial Malaria Chemoprevention (PMC) is the administration of preventive anti-malarial medicine at regular intervals to children under two living in areas with year-round malaria transmission.

02 WHO DOES IT PROTECT?

Under 2

Children living in areas with perennial malaria transmission.

03 WHY GEOGRAPHY MATTERS?

Malaria transmission is not the same across the country. Different tools are needed for different realities.

The right intervention. Where it's needed.

Seasonal transmission (SMC)

Year-round transmission (PMC)

Source: 2025 Nigeria Malaria Indicator Survey, WHO World Malaria Report

THE BURDEN

15%

MALARIA PREVALENCE IN NIGERIA HAS FALLEN FROM

42% in 2010 → **15%** in 2025.

BUT NIGERIA STILL ACCOUNTS FOR

24.3% of global malaria cases

30.3% of global malaria deaths

"Fewer children sick. Brighter tomorrows."

THE EVIDENCE

WHAT DID THE PILOT FIND?

PROMISING RESULTS →
The pilot showed that PMC is feasible, acceptable and effective.

INFORMED POLICY →
Findings are being used to shape national policy and planning.

WIDER IMPLEMENTATION
PMC will be introduced on a larger scale as part of Nigeria's malaria elimination arsenal (2026–2030).

THE BIGGER PICTURE

Nigeria is not choosing one intervention over another.

We are building a more complete malaria strategy.

Where malaria is seasonal, existing approaches continue to play their role. Where transmission persists throughout the year, PMC offers another tool to protect children who remain most exposed.

SAME COMMITMENT. HEALTHIER CHILDREN. A STRONGER NIGERIA.

CANCER CARE: BUILDING THE CAPACITY TO TREAT

More machines are coming. The bigger task is making sure Nigeria has the people, systems and partnerships to make them count.

A cancer machine can expand what a hospital can offer. But a machine alone does not create cancer-care capacity.

That is the thinking behind Nigeria's latest push to strengthen cancer prevention, treatment and technical capacity under the **National Cancer Control Plan 2026–2030.** President Bola Ahmed Tinubu has approved the procurement **of 35 additional linear accelerators between 2027 and 2029**. The Ministry has already begun the process in 2026, however, with the aim of completing the full purchase by 2028, a year ahead of the approved window. Six cancer centres are also being developed, with **three completed and three under construction**. But the most important part of the August developments may be what is being built **around the machines**.

MACHINES NEED PEOPLE

"Machines without people are monuments." Dr Iziaq Adekunle Salako's line captures the central challenge.

A functioning radiotherapy service requires radiation oncologists, medical physicists, radiotherapy technologists and biomedical engineers, alongside reliable maintenance, spare-parts access and continuous technical support. The Federal Government's new partnership with China is therefore designed not simply around equipment, but around the **workforce and technical systems required to sustain it**.

The cooperation includes a **clinical training base in Nigeria**, a fellowship pipeline in China for Nigerian specialists, institutional twinning with leading Chinese cancer institutions, technical support, research and development, and academic exchange.

The investment, in other words, is not just in machines. **It is in the capacity to use, maintain and improve them**.

BUILDING THE SYSTEM AROUND TREATMENT

Cancer control starts well before a patient reaches a radiotherapy unit.

Nigeria is strengthening **HPV vaccination through routine immunisation**, expanding cervical cancer screening into primary and secondary care, and establishing a **Cervical Cancer Elimination Council**. The newly inaugurated **Blood Cancer Consortium** adds another platform for collaboration, while the National Cancer Control Plan Technical Working Group is bringing together Nigerian experts at home and in the diaspora, government, academia, healthcare providers, patients, advocates, industry and international partners to strengthen research and build a national oncology clinical-trials ecosystem.

The ambition is therefore broader than adding treatment

CANCER CARE: BUILDING THE CAPACITY TO TREAT

CONT'D FROM PG 15

infrastructure: **Prevent where possible. Detect earlier. Treat better. Train the people who deliver care. Build the systems that keep treatment running. And generate the knowledge to keep improving it.**

MAKING THE INVESTMENT LAST

This is where the China partnership and the wider cancer-control programme converge. The Federal Government will translate the agreements into a joint work plan with **named focal persons and quarterly milestones**, covering training, technical support and maintenance capacity across Nigeria's radiotherapy network.

35 linear accelerators can expand access. Six cancer centres can expand capacity. But people, maintenance, research and partnerships are what make that capacity endure. That is the larger shift underway in Nigeria's cancer response: **from acquiring equipment to building an ecosystem capable of turning equipment into sustained care.**

And that is where the story arrives.

Not at the machine. At the patient.

BUILDING THE WORKFORCE NIGERIA NEEDS

You cannot hold the line with infrastructure alone. Someone has to know how to keep the system moving.

Every reform eventually meets the same question: who will make it work?

For Nigeria's health sector, that question is becoming harder to postpone. As the country expands infrastructure, digital systems, local manufacturing and health-security capacity, it is also confronting the workforce required to operate, maintain and advance them.

> **"Nigeria is building a stronger and more self-reliant health system anchored on national ownership, strategic investments and partnerships that strengthen our institutions. We welcome collaborations that expand opportunities for our health workforce, build local capacity and deliver better**
>
> *—Prof. Muhammad Ali Pate, CON, Coordinating Minister of Health and Social Welfare*

That is the more consequential story behind the latest Nigeria–Canada engagement, held in August between the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, and David Sproule, Chargé d'Affaires at the High Commission of Canada in Nigeria. The discussions centred on practical cooperation around health workforce development, training, simulation laboratories, digital health, professional certification and ethical health-worker mobility, alongside opportunities to strengthen local manufacturing of pharmaceuticals, diagnostics and biologicals, and Nigeria's broader health-security capacity.

"Nigeria is building a stronger and more self-reliant health system anchored on national ownership, strategic investments and partnerships that strengthen our institutions. We welcome collaborations that expand opportunities for our health workforce, build local capacity and deliver

better health outcomes for all Nigerians."- **Prof. Muhammad Ali** Pate, CON, Coordinating Minister of Health and Social Welfare

The ambition is not simply to train more health workers. It is to build a workforce with the skills, standards and institutions needed to sustain a changing health system.

BUILDING CAPACITY, NOT JUST HEADCOUNT

Nigeria is expanding medical, nursing and allied-health training institutions, but the next generation of health workers will need to train differently too. Simulation laboratories can strengthen practical learning before professionals ever reach the bedside, while digital health is beginning to reshape how care is delivered and managed. Certification reinforces standards; well-designed partnerships expose Nigerian institutions and professionals to expertise that can be adapted and retained at home.

Even mobility has to be approached differently. The objective is not to pretend Nigerian health workers will never leave. It is to make international mobility ethical, managed and compatible with national workforce development, while continuing to strengthen the institutions that produce and support them. That is a more useful way to think about retention: **not simply keeping every person in the country, but building enough institutional depth that expertise continues to accumulate in the system.**

THE PEOPLE WHO HOLD THE LINE

This is where workforce development connects directly to the wider health-sector renewal agenda. A new cancer centre needs specialists. A digital health system needs people who can use and improve it. Local manufacturing needs technical expertise. Health security needs professionals who can anticipate and respond to threats. And every new piece of infrastructure eventually depends on someone who knows how to keep it working.

The asset is not only what Nigeria builds. It is what Nigerians become capable of doing because it was built. That is the deeper value of partnerships such as the Nigeria–Canada engagement: **not another agreement to add to a list, but an opportunity to strengthen the capabilities that remain when the meeting is over.**

Because holding the line is not only about protecting what the health system has built. **It is about building the people who can carry it forward.**

BRINGING EXPERTISE HOME

What happens when expertise, technology and investment begin moving into Nigeria, rather than out of it?

There is another side to building health-sector capacity. It is not only about developing the people Nigeria needs. It is also about creating a health system that **can attract expertise, technology and investment back into the country, and turn them into capabilities that remain.**

That possibility is emerging through the Federal Government's engagement with the Nigerian diaspora and private sector, with robotic surgery providing a particularly tangible example. In August, **Redeemer's Health Village (RHV) and RoboMed Global Inc**. announced a partnership backed by about **US$4 million in investment** to establish and expand robotic surgery capacity in Nigeria. The partnership brings together private-sector capital, advanced technology and diaspora expertise, with a structured pathway for training and certifying Nigerian surgeons. **The significance is bigger than the robot itself.**

WHEN EXPERTISE COMES BACK

For years, Nigeria's healthcare challenge has often been described in terms of what leaves: patients seeking specialised treatment abroad, professionals building careers elsewhere, and capital following opportunities beyond the country. But there is another story worth watching: **what comes back**. Diaspora professionals bring experience gained in other health systems. Private investors bring capital. Technology partners bring access to tools and technical knowledge. The question for Nigeria is how to turn those contributions into something more permanent than a one-off intervention.

The robotic surgery partnership offers one model. The investment brings advanced surgical technology into Nigeria, while the training and certification component creates a pathway for Nigerian specialists to develop the expertise required to use it. That combination matters because technology has greater value when the knowledge to

BRINGING EXPERTISE HOME

CONTINUED FROM PG 18

operate, maintain and advance it becomes part of the local system.

FROM ACCESS TO CAPABILITY

This is where diaspora engagement becomes more than a conversation about bringing Nigerians home. The Federal Government is also advancing the **Diaspora Health Impact Initiative and the Diaspora Advance Health Programme Portal**, formal routes through which Nigerian health professionals abroad can direct expertise, mentorship and investment into the domestic health system, rather than that connection depending on individual, one-off goodwill.

The ambition is not to depend indefinitely on expertise coming in from outside. It is to create the conditions for **knowledge transfer, local training, technology adoption and institutional partnerships** that deepen Nigeria's own capacity. That distinction is important. An international specialist performing a procedure in Nigeria is valuable. **A Nigerian team trained to perform that procedure, with the systems and certification to keep the service running, is capacity**. An imported technology is an investment. **The expertise to use it, train others and develop the service around it is what makes the investment endure.**

A DIFFERENT DIRECTION OF TRAVEL

The promise of this approach is perhaps most visible to the patient: **specialised care that depends less on crossing a border.**

As Dr. Iziaq Adekunle Salako has put it, "*a farmer from Ondo, a teacher from Ekiti, a trader from Ogun or any part of Nigeria will no longer need a passport to access world-class surgical intervention.*"

That is the larger proposition behind bringing expertise home. Not simply bringing people back. Not simply importing technology. **But creating a system in which expertise, investment and innovation can take root, circulate and build on themselves.**

That is another way of holding the line. **Keeping capability in the country. And making what comes home stay useful long after the partnership begins.**

FROM POLICY TO ACTION

A policy only matters when the machinery around it can make it work.

A policy can set a direction. It cannot, by itself, change behaviour, regulate an industry or protect a population. That is the test facing Nigeria's new **Alcohol Policy and Multi-sectoral Implementation Plan 2026–2030**. Launched in August, the framework is intended to address alcohol-related harm while supporting responsible industry and the legitimate economic value of the sector.

But the more interesting part of the policy is not what it says on paper. **It is the machinery being assembled to make it work**. Alcohol-related harm does not sit neatly inside one ministry or one institution. It touches public health, regulation, road safety, consumer protection, economic activity and governance. The response therefore requires different parts of government to move in the same direction, with defined responsibilities and a way of measuring whether anything is actually changing.

That makes implementation the real test.

THE POLICY HAS TO MOVE

The Federal Government's approach recognises that reducing alcohol-related harm requires more than public-health messaging. It involves responsible marketing and access, stronger regulation and enforcement, consumer protection, industry standards, road safety, treatment and rehabilitation, and better co-ordination across the institutions responsible for each part of the problem.

The scale of the challenge makes that coordination necessary.

The Coordinating Minister cited WHO data showing Nigeria's to-

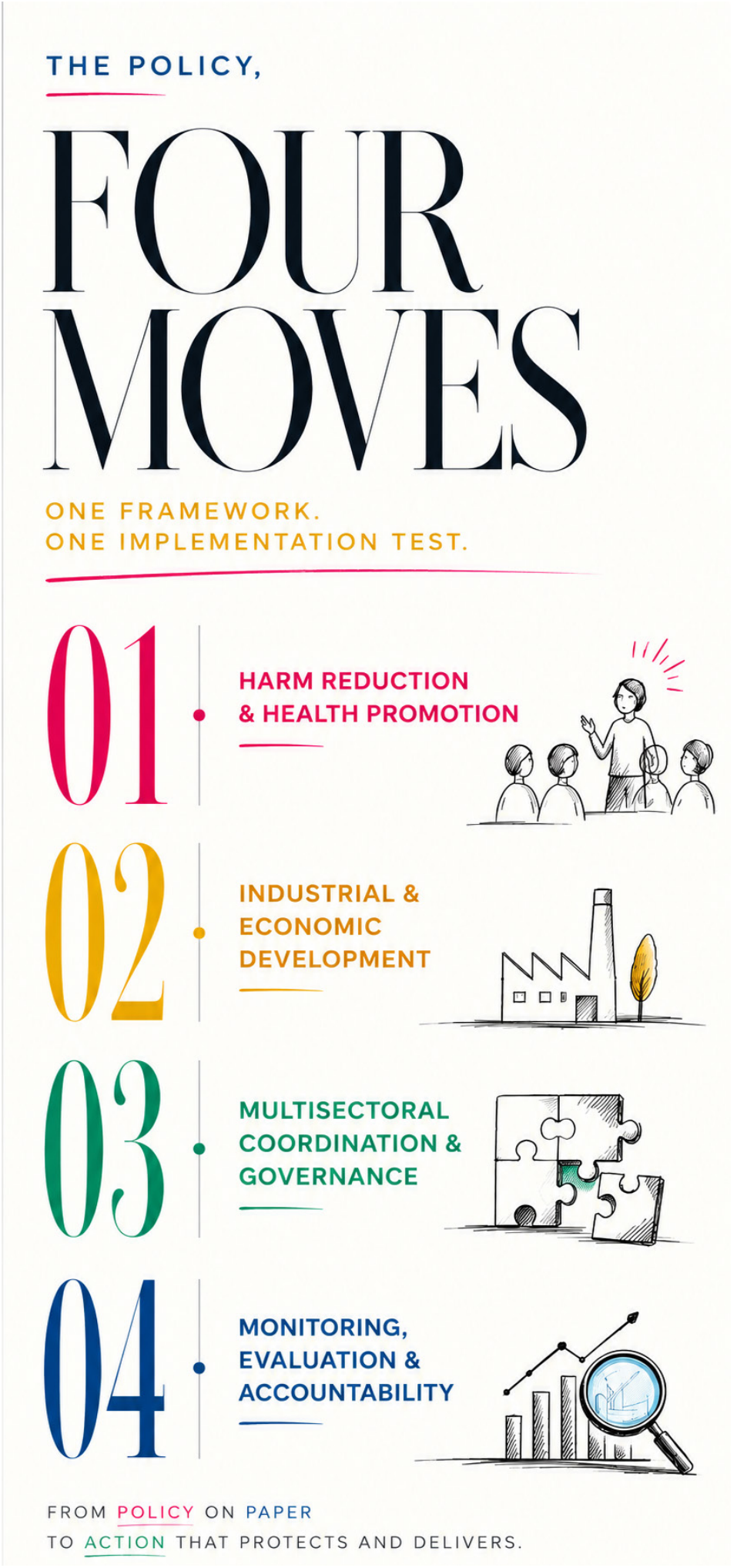
tal alcohol consumption at **3.2 litres of pure alcohol per person aged 15 and above in 2024**. Federal Road Safety Corps figures recorded **9,570 road traffic crashes and 5,421 deaths** that year, with driving under the influence recognised as a contributing factor.

There is also an economic and regulatory dimension. Industry estimates cited at the launch put illicit spirits and wines at about **40 per cent of the market**, with an estimated annual government revenue loss of more than **428 billion**. The point is not simply that the problem is large. **It is that no single institution can solve it**. And that is where the policy moves from document to system.

FROM COMMITMENT TO CO-ORDINATION

The launch brought together institutions spanning finance, trade, customs and road safety, among them the Nigeria Customs Service and the Federal Road Safety Corps, alongside the National Drug Law Enforcement Agency, the Nigerian Correctional Service and the Association of Local Governments of Nigeria.

The next phase is less visible: translating the framework into responsibilities, coordination, implementation and measurement across those institutions. That is where a policy either acquires a life of its own or quietly returns to the shelf. **The four pillars provide the architecture. Implementation is what gives it movement.** And that is what makes this a hold-the-line story. Not another policy document. **A deliberate attempt to build the coordination needed to keep the policy moving after the launch is over.**



PLANNING FOR NIGERIA'S FUTURE

The question is not how many ministries are at the table. It is what changes because they are.

Nigeria's population is often discussed as a number.

But the Federal Government's new **High-Level Inter-Ministerial Platform on Family Planning, Health, Human Capital and National Development** is asking a more consequential question: **what will Nigeria do with the people that number represents?**

With an estimated population of **230 million today and a projection of 450–500 million by 2050,** the choices made now about health, education, empowerment and productivity will shape whether that population becomes the country's greatest asset or a major liability.

That is why family planning belongs in a conversation much larger than reproductive health.

THE CHAIN IS THE STORY

Family planning affects when and how families have children. That connects to maternal and child health. Maternal and child health affects whether children survive and thrive. Girls' education, youth empowerment and economic opportunity shape what those children and young people can eventually contribute.

Population → Family Planning → Maternal & Child Health → Girls' Education → Youth Empowerment → Productivity

The point of the new platform is to make those connections visible in government planning, rather than allowing each issue to remain inside its own institutional lane. The platform brings relevant Ministries, Departments and Agencies together to **align priorities, strengthen accountability and drive practical action**. And the standard for success has already been set: concrete and measurable results, rather than meetings and discussions. That makes coordination more than an administrative exercise. It becomes a way of connecting decisions that have too often been made separately.

PLANNING FOR NIGERIA'S FUTURE

FROM FAMILY PLANNING TO HUMAN CAPITAL

The chain is already beginning to show what that coordination can produce. Under the Sector-Wide Approach, government-led coordination has harmonised the procurement and distribution of **US$25 million worth of family planning commodities**, reducing duplication and strengthening commodity security. The Government has also announced progress towards producing those commodities domestically, reducing dependence on imports while creating jobs and retaining economic value at home.

Each is a small proof of the same idea: **family planning, human capital and economic opportunity are not separate line items, but one chain the platform now has to manage as such.**

THE ACCOUNTABILITY TEST

The Permanent Secretary captured the implementation challenge directly: "*Let us use this platform to move beyond discussions to concrete, coordinated and measurable actions.*"

That is ultimately what will determine whether the platform matters. Does coordination produce better access to family planning? Better maternal and child health? More opportunities for girls and young people? Stronger human capital and productivity? Or does it simply produce another calendar of meetings?

Holding the line means choosing the first outcome. Because planning for Nigeria's future is not really about managing a population number. **It is about deciding, deliberately, what 230 million people, and the 500 million Nigeria may one day become, are capable of if the chain is allowed to hold.**

PROTECTING CHILDREN WHEN OUTBREAKS STRIKE

Sometimes holding the line means responding before a threat becomes a larger crisis.

Nigeria knows what a diphtheria outbreak can become. The disease re-emerged in the country in late 2022 and escalated sharply through 2023, eventually affecting children across more than 20 states in what NCDC would later call the worst outbreak in a decade. In response, the Federal Government activated a national emergency task team, strengthened surveillance, expanded treatment capacity, secured diphtheria antitoxin and intensified vaccination campaigns.

That experience matters now. The **recent emergence of diphtheria in parts of Katsina and Kano States** has prompted the Federal Government to reactivate an emergency task force, rather than wait for transmission to widen.

"This is part of our continuing commitment to protect the health of Nigerian children and strengthen our capacity to prevent and respond to disease outbreaks. We remain resolved to ensure a swift, coordinated and evidence-based response to bring this outbreak under control." **-Prof. Muhammad Ali Pate,** CON, Coordinating Minister of Health and Social Welfare

The task force brings together the Federal Ministry of Health and Social Welfare, NCDC, NPHCDA, affected state governments and international

> **"This is part of our continuing commitment to protect the health of Nigerian children and strengthen our capacity to prevent and respond to disease outbreaks. We remain resolved to ensure a swift, coordinated and evidence-based response to bring this outbreak under control."**
>
> **- Prof. Muhammad Ali Pate, CON, Coordinating Minister of Health and Social Welfare**

PROTECTING CHILDREN WHEN OUTBREAKS STRIKE

partners, with a mandate to coordinate surveillance, immunisation and treatment.

The response is already moving on several fronts. **500,000 vaccine doses** have been deployed to Katsina and Kano for intensified immunisation in affected and at-risk communities. In Katsina, treatment annexes are being established across the **Katsina, Daura and Funtua senatorial districts**, bringing care closer to affected communities. The Federal Teaching Hospital, Katsina, is receiving emergency support including **Diphtheria Antitoxin, intravenous antibiotics, additional clinical personnel and PPE.**

And the machinery has a feedback loop. The task force will provide weekly updates on progress, emerging challenges and additional requirements, with bottlenecks escalated for immediate resolution. That detail matters because it shows what preparedness looks like in practice: **early surveillance, coordinated vaccination, case management and national-level coordination, built through Nigeria's recent experience and activated again before transmission widens.**

That is the point of holding the line. **Not pretending outbreaks will not happen. Building enough readiness to meet them before they become something harder to contain.**

ON THE FRONTLINE

WHAT CONTINUES TO WORK

Dr. Adanna Steinacker on women's health, systems that last, and why progress must outlive the people who begin it.

Every month, ON THE FRONTLINE spotlights a health professional or advocate whose work embodies the edition's theme. This August, as ON CALL explores what it takes to hold the line on Nigeria's health gains, that person is Hon. Dr. Adanna Steinacker.

Her commitment to women's health did not begin with a single defining moment. It was an awakening that unfolded over time. Some of her earliest experiences came during clinical electives as a medical student, when she began to see how profoundly a woman's health could be shaped by circumstances outside the consulting room: where she lived, what information she had, and whether quality care was within reach.

Those experiences stayed with her and eventually inspired her to found Medics Abroad. After graduation, she practised medicine largely in the West, where she encountered healthcare from a different perspective. The contrast deepened an understanding that would follow her through the next stages of her career: good health outcomes depend not only on good medicine, but on the systems surrounding it.

Medicine brought her closer to the individual. Advocacy widened her field of view. Public service brought a larger question into focus.

"How do we build systems that give every woman a fair opportunity to live a healthy life?"
That question now sits at the centre of her work as Senior Special Assistant to the President on Women's Health.

FROM PROGRAMMES TO PRIORITY

One of the gains Dr. Steinacker considers important to protect is the growing recognition of women's health not as a peripheral issue, but as a national development priority. She points to the establishment of RenewHER, the Presidential Women's Health Transformation Initiative, under the leadership of President Bola Ahmed Tinubu, as an expression of that shift: a willingness to think beyond individual programmes and ask how women can be reached at scale with information, services and systems that respond to their realities.

But recognition alone does not make progress durable. "Progress becomes meaningful when it survives the people who initiated it." For Dr. Steinacker, that means institutionalising what works, financing it sustainably, supporting the health workforce and being honest about data and outcomes. It also means changing who gets to shape the conversation.

Women, she argues, should not simply be the audience for women's-health policy. They should help shape it. That principle runs through her understanding of lasting change. A policy may be designed at the centre, but its success is ultimately experienced in the everyday life of a woman.

WHAT CONTINUES TO WORK

Hon. (Dr.) Adanna Steinacker speaking to antenatal class attendants during a frontline maternal health monitoring and Democracy Day Outreach at the Family Health Clinic, Area 2, Garki, Abuja.

HEALTH BEGINS BEFORE THE HOSPITAL

"I often say that a woman's health is shaped long before she enters a hospital." The statement captures why Dr. Steinacker sees women's health as something larger than healthcare delivery.

Education matters because a girl who understands her body is better equipped to recognise when something is wrong and seek help. Economic empowerment matters because knowing that care is needed means little if transport or treatment cannot be afforded, or if a woman cannot make the decision to seek it. And community matters because health choices are often shaped by families and cultures.

Women's health therefore cannot belong to the health sector alone. It requires education, economic opportunity, social protection and communities working alongside the health system. "When those things move together, interventions become sustainable. When they do not, we keep treating the consequences without changing the conditions that created them."

That perspective becomes especially tangible when the conversation turns to maternal nutrition and breastfeeding.

> **"Telling women what they should do, therefore, is not enough. We have to create the conditions that help them do it.**

MAKING THE HEALTHY CHOICE POSSIBLE

Nigeria already knows the benefits of good maternal nutrition and breastfeeding. The challenge, Dr. Steinacker says, is making the healthy choice a realistic choice for women. A mother may want to breastfeed but return to work early. She may struggle with lactation, lack family support or simply have no one available to answer her questions without judgement. Telling women what they should do, therefore, is not enough. "We have to create the conditions that help them do it."

That means stronger counselling at primary healthcare level, well-supported health workers, better workplace protections, sustained nutrition education, and families and communities that support mothers practically.

Nigeria already has important policies and programmes in place. The opportunity now is to close the gap between policy and a woman's everyday experience, because that is where implementation ultimately succeeds or fails. It is a distinction that runs through her wider view of health reform: the measure of a system is not simply what it promises, but whether people can actually experience the benefit.

BUILDING FOR THE GENERATION BEHIND US

Her optimism is rooted in the generation coming behind her. Dr. Steinacker describes the young Nigerian health professionals, researchers, advocates and innovators she encounters as deeply curious, comfortable with technology and willing to ask why something that is not working is still being done the same way. But she is equally clear about what they should inherit.

Dr. Steinacker speaking at the Devex Impact House during the 79th World Health Assembly in Geneva, Switzerland

"We cannot ask young people to innovate around weak systems forever."

They need strong institutions, a supported health workforce, sustainable financing, reliable data and partnerships that actually deliver. For her, that is where the question of leadership becomes inseparable from the question of sustainability. The real test is not simply what is accomplished while people are in office, but what continues to work when they are no longer there. And that is the point at which her professional journey comes full circle: from caring for the woman in front of her, to listening to women at scale, to building systems capable of caring for millions she may never meet.

That is also what she means by holding the line. And it is why, this August, hers is the frontline this edition chooses to follow.

THE FRONTLINE PERSPECTIVE

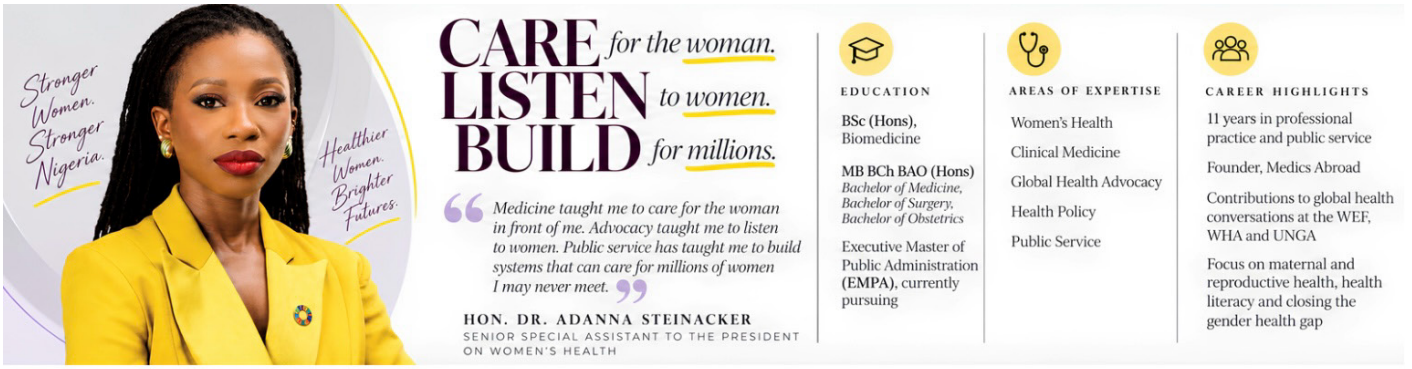
"To hold the line on women's health in Nigeria, we must…"

To hold the line on women's health in Nigeria, we must refuse to allow the progress we have made to become temporary. We must move beyond seeing women's health as a collection of programmes and recognise it for what it is: a national development priority that follows a woman through every stage of her life. As a doctor, I know that behind every statistic is a woman — someone's daughter, sister, wife, mother or friend — whose life can change simply because the right information, financing or quality care reached her at the right time.

So we must strengthen the systems, support our health workers, invest in prevention and primary healthcare, and make quality care genuinely accessible. But we must also listen. Women understand the realities of their own lives, and sustainable solutions must be built with them, not simply for them.

Holding the line means protecting what works, having the courage to fix what does not, and building a health system in which where a Nigerian woman lives, what she earns, or the circumstances into which she was born do not determine whether she has the opportunity to live a healthy life.

Dr. Adanna Steinacker at the soft launch of the Saving Our Mothers Campaign, flanked by Hon. Uju Rochas-Anwukah, Senior Special Assistant to the President on Public Health (Office of the Vice President), and Hon. Adedolapo Fasawe, Mandate Secretary, Health and Environment Services, FCTA.



INSTITUTION IN FOCUS

HOLDING THE LINE AT JUTH

Strengthening the systems, people and capacity that keep care moving.

At Jos University Teaching Hospital, the work of healthcare extends well beyond the moment a patient meets a doctor.

Established in 1981 as the principal teaching hospital of the University of Jos, JUTH is a Federal Tertiary Health Institution with a mandate that spans specialist and referral care, medical education and research. Its reach extends across Plateau State and into neighbouring states, including Bauchi, Benue, Adamawa, Taraba and Kaduna, as well as the Federal Capital Territory. Today, the hospital has **42 functional departments, 738 beds and two Comprehensive Healthcare Centres in Gindiri and Zamko,** alongside a Federal Staff Clinic in Jos.

Its clinical footprint is broad, covering emergency and trauma care, surgery, critical care, maternal and neonatal services, dialysis, oncology-related care, mental health, diagnostics and a range of specialist and subspecialty clinics. But JUTH is more than a referral hospital. It is also a training ground for

HOLDING THE LINE AT JUTH

doctors, nurses and allied health professionals, and a platform for research spanning areas including cancer, HIV, neonatal sepsis and biomedical science. **At that intersection of care, training and knowledge, JUTH occupies an important place in Nigeria's tertiary health system.**

NLNG Twin Theatre, JUTH

PROTECTING PROGRESS, STRENGTHENING WHAT WORKS

A tertiary hospital has to do something difficult: **keep today's care running while preparing for tomorrow's demands**. At JUTH, that work is visible in the places where patients feel it first. The Accident and Emergency Department has been renovated and expanded to 38 beds, with 34 new couches and stretchers and eight patient monitors added to strengthen emergency and trauma care. A medical information system now supports real-time tracking of patients through their emergency journey.

The department is also fully solar-powered, providing a more reliable electricity supply for continuous emergency services.

> **"Its referral role means that patients with complex conditions can access multidisciplinary expertise within one institution, including neurosurgery, cardiothoracic surgery and other advanced procedures. Maternal and newborn care is another area where capacity has been strengthened**

Elsewhere, JUTH is expanding the spaces in which specialist care happens. The **NLNG Twin Theatre recorded 360 surgical operations in 2025**, while a modular theatre is being expanded. Construction is also underway on an Advanced Diagnostic Centre and the second phase of the psychiatry complex, alongside development of a tuberculosis reference laboratory. Renovated ICU and Emergency Paediatrics facilities, improvements to

HOLDING THE LINE AT JUTH

Ward 5, new water pumps and solar installations are strengthening the infrastructure that supports care across the hospital.

The gains extend into specialist services. JUTH provides tertiary care across oncology, ophthalmology, paediatrics, obstetrics and gynaecology, radiology, anaesthesia, dialysis and other specialist fields. Its referral role means that patients with complex conditions can access multidisciplinary expertise within one institution, including **neurosurgery, cardiothoracic surgery and other advanced procedures.**

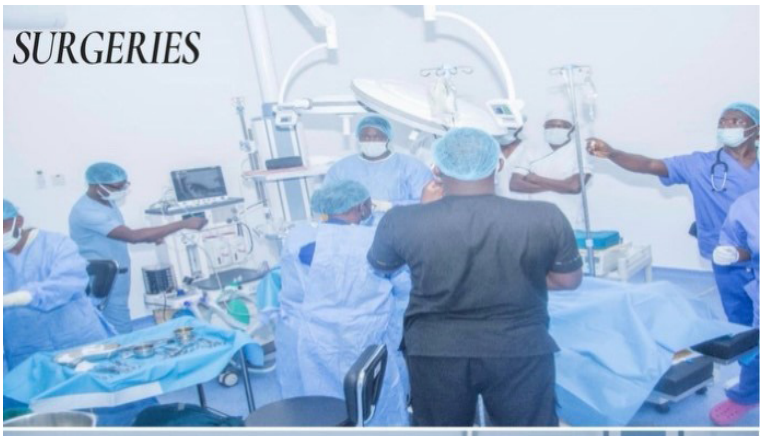
Maternal and newborn care is another area where capacity has been strengthened. The Obstetrics and Gynaecology Department recorded **2,732 births over the last 24 months**, while implementation of Comprehensive Emergency Maternal and Newborn Care and participation in NEMSAS have strengthened emergency obstetric and newborn care. New cardiotocography machines, high-risk antenatal forms and staff training in postpartum haemorrhage management and point-of-care ultrasound are supporting earlier identification and management of complications.

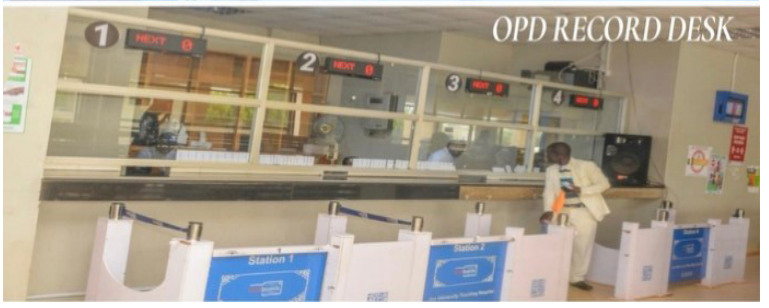
Then there is the work that happens behind the clinical encounter. Between 2023 and 2025, **811 professionals graduated from JUTH's training schools**, while additional residency programmes have expanded opportunities for specialist training across fields including neurosurgery, cardiothoracic surgery, paediatric surgery, psychiatry, neurology, gastroenterology, nephrology and anatomic pathology.


Emergency Paediatrics Unit (EPU)


INTENSIVE CARE UNIT, ICU


Renovated ward 5





Technology is changing the pace of care too. In Anatomic Pathology, new equipment and digitised workflows have reduced biopsy turnaround from more than two weeks to **5–10 days**, cytology results to three days and frozen-section diagnosis to **30 minutes**.

JUTH's telepathology facility enables specialists to seek second opinions and consensus diagnoses from pathologists in distant locations, while Electronic Medical Records are improving patient information management and continuity of care. Research adds another dimension. JUTH has strengthened its research governance and participates in studies spanning cancer, HIV, neonatal sepsis and biomedical science. It is also one of three Nigerian sites participating in the **UNVEIL Lassa fever study**, examining natural and vaccine-elicited immunity to Lassa fever.

Taken together, these efforts show an institution doing more than adding new equipment or renovating old spaces. **It is strengthening the systems around care so that the capacity it has built can continue to serve patients.**

> **"JUTH's telepathology facility enables specialists to seek second opinions and consensus diagnoses from pathologists in distant locations...**

ADVANCING NATIONAL HEALTH REFORMS

JUTH's contribution to Nigeria's health-sector renewal runs through the same three functions that define the institution: **care, training and research**. As a major tertiary referral centre, it supports the Federal Government's Universal Health Coverage ambitions directly, treating patients referred from primary and secondary facilities and, as an NHIA provider, helping insured patients access medicines and care at minimal cost. NEMSAS and Comprehensive Emergency Maternal and Newborn Care extend that role into emergency and maternal health specifically.

The same logic runs through workforce and health security. Specialist medical, nursing and allied-health training, expanding through new residency programmes and professional schools, adds capacity to a system confronting shortages and migration. Through the Sector-Wide Approach, JUTH works alongside Federal and Plateau State health authorities, having contributed to responses including Lassa fever and COVID-19. Its infectious disease unit, preparedness drills and molecular laboratory strengthen readiness for future threats. Its research collaborations, including ongoing work on cancer and Lassa fever, add JUTH to the knowledge infrastructure a stronger health system depends on.

> **"The contribution, in other words, extends beyond the patients treated within its walls**

The contribution, in other words, extends beyond the patients treated within its walls. **JUTH is helping build the people, systems, evidence and specialist capacity Nigeria's health system needs beyond them too.**

PATIENT IMPACT WHEN THE SYSTEM COMES TOGETHER

For Dan Manjang, the journey to JUTH began with a road accident and injuries serious enough to require several areas of specialist care. He arrived after initial stabilisation elsewhere with multiple injuries, including fractures, a deep leg wound and severe damage to his left eye.

At JUTH, his treatment brought together orthopaedic surgeons, ophthalmologists, dental and maxillofacial specialists, neurosurgeons, radiology staff and nurses. **What stayed with him was the coordination**. "I walked through the valley, but found healing in JUTH."

He described being reviewed by different specialists as his recovery progressed, and praised the nurses and other staff who cared for him through the difficult hours. His account offers a patient's-eye view of what a tertiary referral institution is meant to provide: **different capabilities coming together around one person when the complexity of illness demands it.** His story also carried a useful reminder that strengthening an institution is never finished. Even as he praised JUTH's clinical capacity and facilities, he pointed to a specific frustration: hours lost waiting to make payments or access scans because of network downtime, arguing that a teaching hospital of JUTH's calibre should not still have that problem.

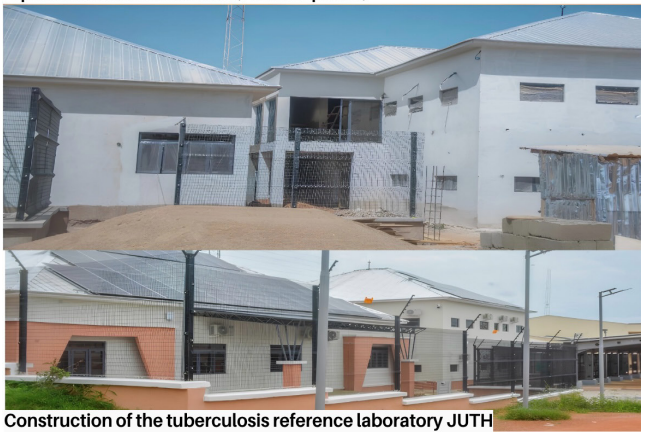
That tension matters. **Protecting progress does not mean declaring the work complete. It means knowing what is working, knowing what still needs strengthening, and continuing to do both.**

OXYGEN GAS PLANT

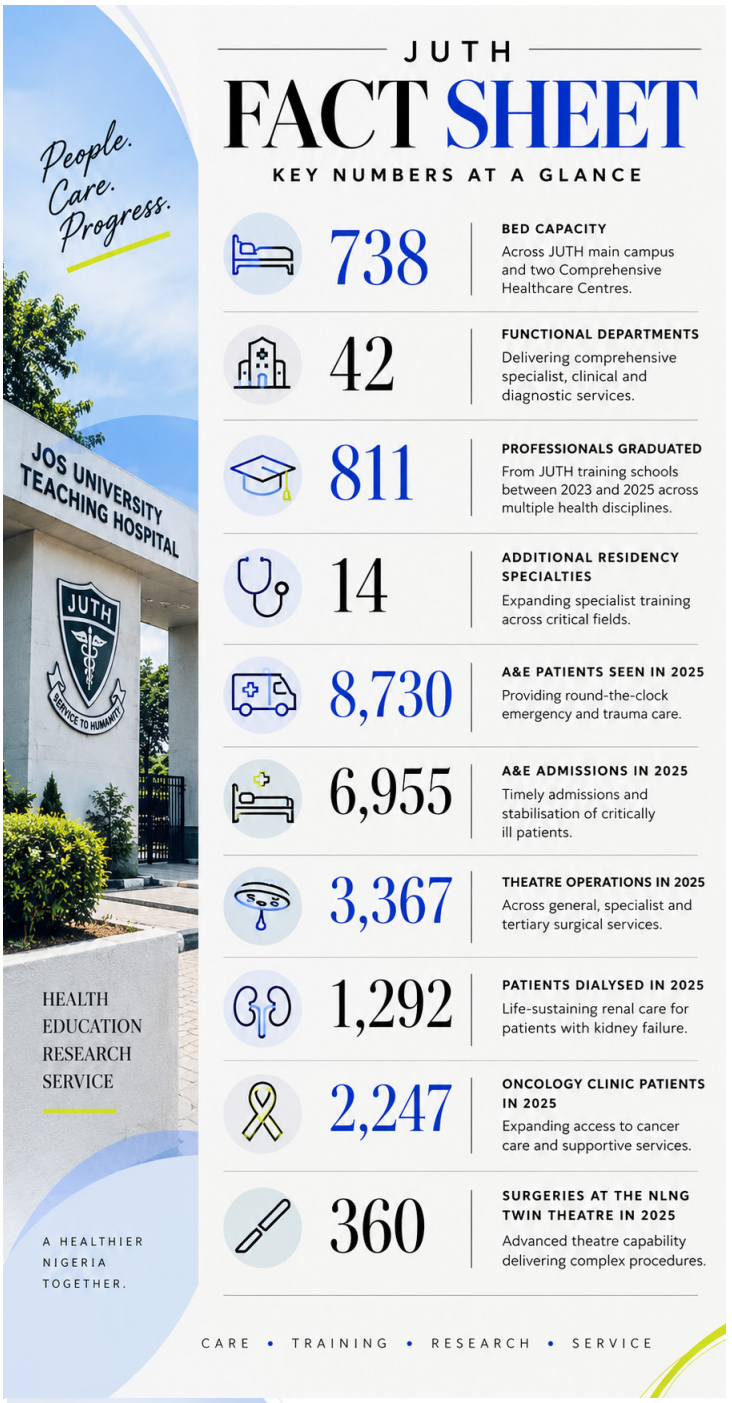

Construction of psychiatry complex phase 2


Construction of NSIA/JUTH Advanced Diagnostic Center


Expansion of modular theatre (70% completed)


Construction of the tuberculosis reference laboratory JUTH

LEADERSHIP PERSPECTIVE



"The goal is not merely to expand services, but to build a resilient institution that delivers quality care, trains competent professionals and generates relevant research for Nigeria and beyond."

Dr. Pokop W. Bupwatda
Chief Medical Director, Jos University Teaching Hospital


ON CALL | AUGUST 2026
BY THE NUMBERS
A SNAPSHOT OF AUGUST'S MOST POWERFUL NUMBERS.
95%
of Nigerian mothers breastfeed.
The foundation is already there.
29%
exclusively breastfeed for six months.
A stronger start for generations ahead.
35
additional linear accelerators.
EXPANDING ACCESS TO CANCER CARE.
774
LGAs with Performance and Financial Management Officers.
ACCOUNTABILITY. CLOSER TO PEOPLE.
37,000+
workers recruited into federal tertiary hospitals since 2024.
People power progress.
A STRONGER HEALTH WORKFORCE.
₦299bn
BHCPF allocation in 2026.
INVESTING IN A HEALTHIER NIGERIA.
Resources to keep progress on track.
100
health facilities reached with solar hybrid systems.
CLEANER ENERGY. STRONGER FACILITIES.
400
PHCs targeted in the next phase.
SCALING ACCESS. POWERING CARE.
30%
target for reliable 24-hour electricity by 2027.
A MORE RELIABLE HEALTH SYSTEM.
From progress to a more resilient tomorrow.
18
reported health-worker assault/harassment incidents.
SAFER WORKPLACES. STRONGER CARE.
Protect the people who protect care.
500,000
vaccine doses deployed for the diphtheria response.
FASTER ACTION. HEALTHIER CHILDREN.
Prepared today for healthier tomorrows.
PROGRESS, IN PERSPECTIVE.
SAME COMMITMENT. BIGGER POSSIBILITIES.

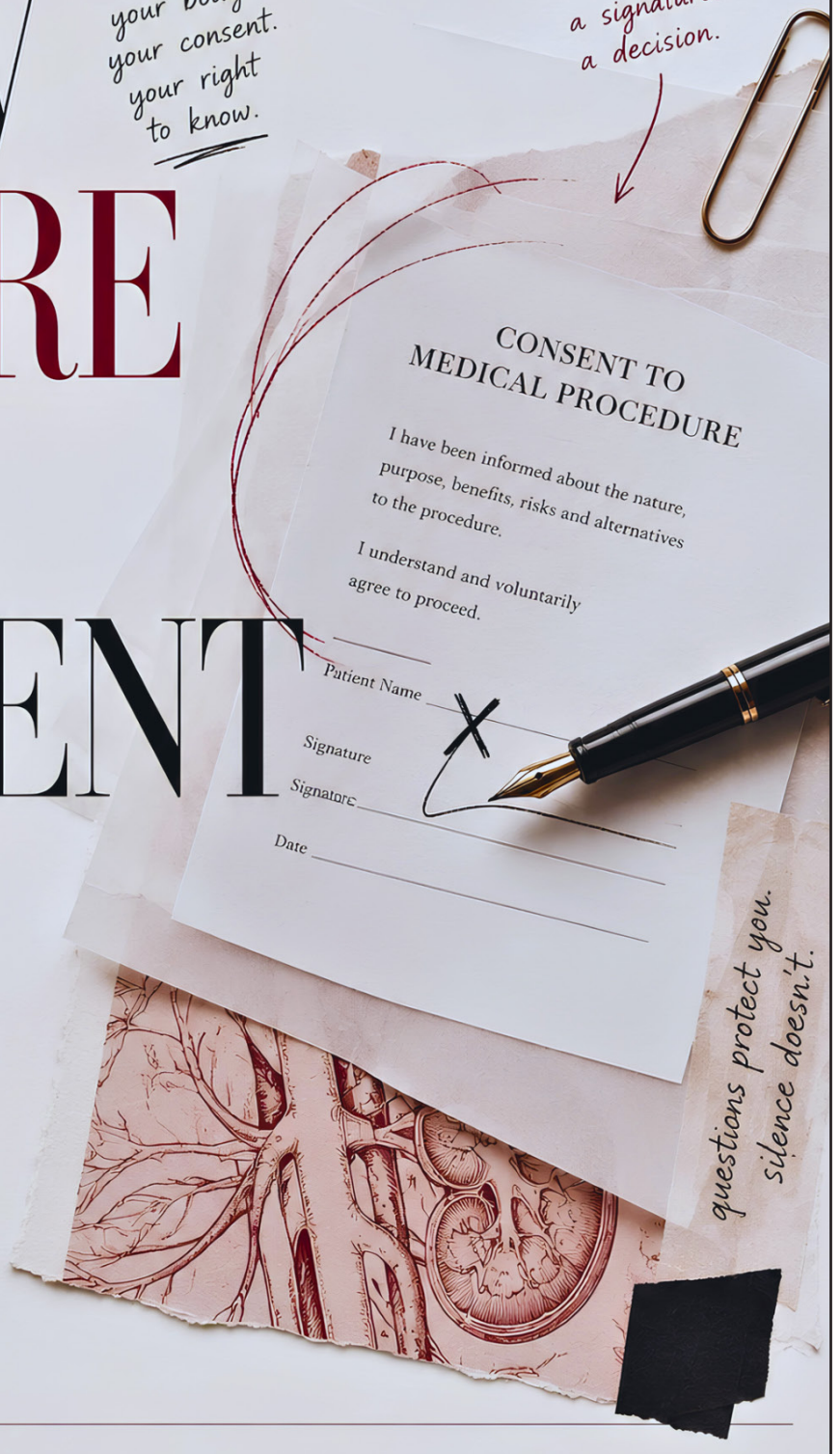
HEALTHY LIVING CORNER

ON CALL | AUGUST 2026

KNOW BEFORE YOU CONSENT

your body.
your consent.
your right
to know.

not just
a signature.
a decision.



Organ and tissue donation can save *lives* when it happens with your full knowledge and agreement.

Facing a medical procedure involving tissue or an organ? ***Know what you are agreeing to.***

BEFORE YOU SAY YES

WHAT? | WHY? | WHO? | WHERE? | WHAT NEXT?

ON CALL | AUGUST 2026

HEALTHY LIVING CORNER

The difference can save a life.

DONATION ≠ TRAFFICKING

The two are not the same.

LEGITIMATE DONATION	ORGAN TRAFFICKING
✓ Medical assessment	✗ Exploitation
✓ Appropriate authorisation	✗ Coercion or deception
✓ Informed consent	✗ Improper procurement
✓ Regulated medical setting	✗ Buying or selling human organs
✓ Safeguards for donor and recipient	✗ Trafficking for organ removal

KNOW THE RED FLAGS

1. **PRESSURE**
   Being pressured to consent without adequate explanation.
2. **SECRECY**
   Being asked not to ask questions or to keep the procedure secret.
3. **DECEPTION**
   Not being told what is actually being done.
4. **MONEY**
   Promises of money or benefits in exchange for an organ.
5. **UNCLEAR SETTING**
   An unauthorised or suspicious facility, practitioner or procedure.

PRESSURE IS NOT INFORMED CONSENT.

REMEMBER

Donating an organ does not mean giving up *your right to protection.*

Organ donation saves lives.
Exploitation destroys them.

Choose life.
Choose what is right.

HEALTHY LIVING CORNER

ON CALL | AUGUST 2026

the Law PROTECTS YOU.

Your body. Your consent. Your right to know.

01 | THE LAW. THE CONSEQUENCES. THE PROTECTION.

NATIONAL HEALTH ACT 2014
THE MEDICAL SAFEGUARD

The Act regulates the removal and transplantation of human tissue and organs, including provisions on consent, authorised medical settings, oversight and restrictions on commercial use.

SECTION 48(3)(a)

₦1 MILLION
OR
2+ YEARS
IMPRISONMENT
OR BOTH

TRAFFICKING IN PERSONS ACT 2015
THE ANTI-TRAFFICKING SAFEGUARD

The law criminalises specified conduct involving the recruitment, transportation, procurement or assistance of people for organ removal through force, deception, coercion, abuse of vulnerability or payment, as well as buying or selling human organs.

SECTION 20

7 YEARS
+
₦5 MILLION
FINE

These penalties are minimums.
They reflect how seriously the law treats internal body part removal and organ trafficking.

02 | IF SOMETHING DOESN'T FEEL RIGHT

STOP.
Pause. Don't ignore your instincts.

ASK.
Ask what procedure is being proposed.
Ask why it is necessary.

CHECK.
Check who is responsible for your care.
Check whether the facility and professionals are appropriately authorised.

REPORT.
Report suspected unlawful removal, exploitation or trafficking.
Seek help and report it to the appropriate health, law-enforcement or anti-trafficking authorities.

YOUR BODY.
YOUR CONSENT.
YOUR RIGHT
TO KNOW.

KNOW BEFORE YOU CONSENT.

LEGAL REFERENCES: National Health Act 2014, Sections 48, 51, 53 & 54.
Trafficking in Persons (Prohibition) Enforcement and Administration Act 2015, Section 20.

information protects. silence enables.

ON CALL | AUGUST 2026

BETWEEN POLICY & PEOPLE

WHAT DOES "PROTECTING PROGRESS" MEAN FOR A PATIENT?

Let's translate.

Behind every policy, investment and reform is a simpler question: **what does it mean for the person who needs care?**

RELIABLE POWER
Reliable electricity for health facilities.

FOR YOU, IT MEANS
A functioning theatre.

PROTECTED HEALTH WORKERS
Safer working environments.

FOR YOU, IT MEANS
Uninterrupted care.

CANCER INFRASTRUCTURE
More treatment capacity across Nigeria.

FOR YOU, IT MEANS
Treatment closer to home.

Policy into possibility.

BETTER BREASTFEEDING SUPPORT
Stronger support for mothers and infants.

FOR YOU, IT MEANS
A healthier start.

PROTECTED HEALTH INVESTMENTS
Stronger financial accountability.

FOR YOU, IT MEANS
Resources reaching the people they were meant for.

OUTBREAK PREPAREDNESS
Faster surveillance, vaccination and response.

FOR YOU, IT MEANS
Faster protection when children are at risk.

Prepared today. Safer tomorrow.

ETHICAL SAFEGUARDS
Consent, safety and oversight.

FOR YOU, IT MEANS
Your rights, safety and consent are protected.

THE TEST IS SIMPLE:

Can the patient feel the difference?

Policy becomes progress → when people can feel the difference.

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.