

ON @ CALL

THE NEXT MILE

HEALTH & SOCIAL WELFARE UPDATE

SEPTEMBER

2026

ISSUE 07

Welfare

Better Health
Stronger Nigeria

THE NEXT MILE

TURNING PROGRESS INTO DELIVERY

LEADERSHIP VOICES
SHOW YOUR WORKING

THE NEXT MILE
WHEN PROGRESS HAS TO PROVE ITSELF

GLOBAL WINDOW
WORLD CANCER CONGRESS 2026

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

- 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 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



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

ON CALL
HEALTH & SOCIAL WELFARE UPDATE

PEOPLE | POLICY | PRACTICE | PROGRESS

THE PEOPLE BEHIND *ON CALL*

A dedicated team shaping the stories, conversations and ideas for a healthier, fairer Nigeria.

*Stories
that inform.
People who
make it possible.*

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Daju Kachollom S. mni
Permanent Secretary

THE NEXT MILE



Dear Reader,

Welcome to the September edition of **ON CALL**.

There is a point in every reform when the excitement of beginning gives way to the discipline of continuing. The policy has been made. The investment has been committed. The equipment has arrived. The programme has been launched. Then comes the question that matters most: does it work? For the health sector, this is where the real measure of progress begins.

In August, we spoke of holding the line: protecting what is working and strengthening the systems that Nigerians depend on. A line that holds is a foundation. September asks what we build on it.

THE NEXT MILE is about turning progress into delivery. It is about the work that follows an announcement: keeping an ambulance operational, ensuring a health worker is available, connecting a patient to the right level of care, making medicines accessible, ensuring that data can move securely across systems, and building institutions with the capacity to sustain the services they provide. These things may not always make the headlines. Yet they are what determine whether a reform becomes part

of everyday life.

This month, the ambulances flagged off in Riyom reached Ogun and Bauchi. The question now is what happens after they arrive. At the flag-off, I said that the success of the emergency transport programme would be measured not by the number of vehicles distributed, but by lives saved and preventable deaths and disabilities reduced. That is the test for everything in this edition. An ambulance counts when it is maintained, staffed, funded and linked to a referral pathway. A maternal-health intervention counts when a woman reaches a facility, receives timely care and survives childbirth. A policy counts when it becomes law and then becomes practice. Data counts when it can be shared, trusted and used at the bedside. A factory counts when what it produces reaches the households that need it.

None of this is the work of the Federal Government alone. States, facilities, partners and communities each carry part of the next mile. The pages that follow show where we are, and what it will take to go further. Our mandate remains clear: to save lives, reduce both physical and financial pain, and produce health for all Nigerians.

The next mile is where we prove it.

FROM THE COORDINATING MINISTER OF HEALTH AND SOCIAL WELFARE

LEADERSHIP VOICES

SHOW YOUR WORKING

Every reform is a promise, and the honest ones are made in numbers. Numbers are not simply indicators of activity. They help us understand whether the system is working, where gaps remain and where resources should be directed. From health financing and workforce deployment to maternal and emergency care, digitalisation and medicines security, our focus must increasingly be on what the evidence tells us about performance and where further action is required.

Take maternal health. The Maternal and Neonatal Mortality Reduction Innovation Initiative works in 172 Local Government Areas across 33 states. They make up about one in five of the country's LGAs, yet account for roughly 55 percent of maternal deaths. The initiative aims to reduce maternal mortality in those areas by 30 percent, and neonatal mortality by 20 percent, by 2028. That is a target Nigerians can hold us to, and they should.

There are early signals. Fourth-visit antenatal attendance in those LGAs has risen by 20 percent in one quarter. I welcome that, but I treat it as a signal, not a result. Attendance is the beginning of a better outcome, not the outcome itself. The discipline of the next mile is to keep asking the harder question. Some of the most important numbers are the ones we are still building. On mental health, suicide and attempted suicide, we have committed to produce accurate and verifiable national statistics within the next year. On childhood lead exposure, we will conduct a national survey to establish the true burden before we design the response. A serious government says plainly where its evidence is thin and then goes out to strengthen it.

This is also a question of trust. Under the leadership of His Excellency, President Bola Ahmed Tinubu, GCFR, and through



the Nigeria Health Sector Renewal Investment Initiative (NHSRII), we have asked Nigerians for patience while the foundations are laid. Patience is not unlimited, and it should not be. Reform that cannot show its results loses the public's confidence, and that confidence is the real capital of any reform.

So, we choose to be measured. We will publish our targets, report our progress honestly, and correct course when the numbers tell us to. The next mile begins when we show our working.

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

“ **A serious government says plainly where its evidence is thin and then goes out to strengthen it.** ”

BEYOND THE RIBBON



A health reform ultimately has to make a difference to someone's life. A ribbon is cut in an afternoon. Service begins the next morning, and it depends on everything built before and everything sustained after.

That is the standard I keep in mind as we move from announcing interventions to making sure they function where Nigerians need them. Under President Bola Ahmed Tinubu's Renewed Hope Agenda, hope has to be something a patient can feel: a facility that is ready, a worker who is present, a medicine that is in stock. Care reaches people as a chain of these things, and when one link is weak, the patient is the one who feels it. So the practical question is not what has been launched or procured, but whether a patient can actually access the care they need, when they need it.

That is why so much of my attention goes to the less visible links. In digital health, the National Health Technology and Data Analytics Office is not meant to replace what already exists. It is meant to connect it, addressing fragmentation among electronic medical record systems and setting common standards so that systems can work together. In pharmaceuticals, the task is to give

Nigerian manufacturers a stable environment in which to invest: tariff relief under the Executive Order, predictable demand through aggregated purchasing under Medipool, and a target of at least 70 per cent local production of essential healthcare products by 2030. Both are part of the Nigeria Health Sector Renewal Investment Initiative.

Capacity must also exist where patients are. Equipment, trained people and working systems must reach high-volume and hard-to-reach facilities, not only our tertiary institutions. And no link is held by one hand. The Federal Government can provide, guide and coordinate. States, facilities and partners must deploy, staff, maintain and fund. Those who receive a new asset carry the duty to use it for the purpose for which it was given.

The next mile is built link by link. Our task is to make sure none is left weak. And so, with peace and plenty, Nigeria may be blessed.

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

MONTH AT A GLANCE

SEPTEMBER IN MOTION

Reaching People

A month of systems moving closer to the people who need them.



04 SEP

Emergency Care Moves

NEMSAS rollout brings emergency transport and first-response capacity closer to communities across the country.



10 SEP

Care, Not Criminalisation

Moves to decriminalise attempted suicide advance, shifting the focus towards care, support and accessible, mental-health services.



14 SEP

No Woman Should Lose Her Life Giving Birth

MAMII pushes maternal and newborn care closer to women, with more facilities delivering quality emergency obstetric care.



17 SEP

Emergency Care in Bauchi

NEMSAS rollout meets new investments in hospital and emergency-care infrastructure, including ATBUTH and FMC Misau.



28 SEP

Building Medicine Security

Government measures to strengthen local pharmaceutical manufacturing move forward, with a target of at least 70 per cent local production of essential healthcare products by 2030.

10 SEP

Made Here: Mosquito Nets

Nigeria begins local production of next-generation insecticide-treated nets, strengthening prevention and local supply chains



14 SEP

A National Response to Lead Exposure

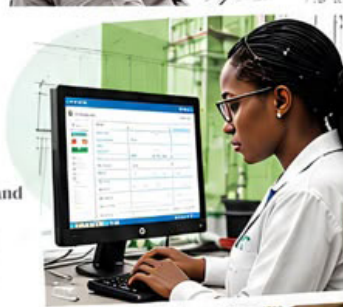
Nigeria begins building the evidence for a coordinated response to childhood lead exposure.



16 SEP

Connecting Health Data

The National Health Technology and Data Analytics Office (NHTDAO) begins work on interoperability, common standards and a more connected digital health system.



25 SEP

The Pharmacist, Expanded

World Pharmacists Day spotlights the growing role of pharmacy in clinical care, medicines safety, public health and a stronger health system.



24-26 SEP

From Plan to Implementation

Nigeria takes its cancer-control architecture to the World Cancer Congress 2026, sharing lessons on translating national policy into action.



ANCHOR FEATURE

THE NEXT MILE

When progress has to prove itself.



At the distribution of 13 ambulances in Abeokuta, the Minister of State, Dr. Izaq Adekunle Salako, set the test plainly. The ambulances' true value, he said, would be measured not by their presence at the ceremony but "by their performance in moments of crisis": a mother in labour who needs urgent transfer, a road-crash victim who needs stabilisation, a child in respiratory distress who must reach care without delay.

The vehicle is the visible part

The National Emergency Medical Services and Ambulance System (NEMSAS) is designed as more than a fleet. It is meant to link dispatch, trained personnel, pre-hospital care, transportation and referral to the right hospital. The first phase of the national rollout includes 79 ATLS ambulances, 15 BLS ambulances, 145 tricycle ambulances and six boats. By September, the rollout had reached Riyom, Ogun and Bauchi. Each arrival raises the same set of questions:

- Utilisation: Is the asset in use, and used only for emergencies?
- Staffing: Is it operated by trained



personnel?

- Maintenance: Is it kept ready for the road?
- Funding: Who sustains it? In Riyom, the Permanent Secretary said the Federal Government had made its contribution and expected the State to complement it with budgetary commitments and contributory funding.
- Referral: Does it deliver the patient to the right level of care? Bauchi's beneficiary institutions were urged to integrate the ambulances into referral pathways, while Riyom General

Hospital has been approved as an outpost of JUTH.

- Outcome: Are patients stabilised, transported and connected to definitive care quickly and effectively?

What the first figures show

There are early signs that use is real. The Chief Medical Director of JUTH reported that about 1,115 patients had been transported in Jos East and more than 900 in Riyom under the emergency transport initiative. Nationally, nearly 79,000 beneficiaries have been transported through



When progress has to prove itself.

NEMSAS, about 60 percent of them pregnant women. The September rollout also reported a 17 percent reduction in maternal deaths and a 12 percent reduction in newborn deaths across 172 high-burden LGAs where NEMSAS and MAMII are working together. These figures show movement. The next stage is to show, consistently and in the open, that the movement is saving lives.

The same test, elsewhere

The question is not limited to ambulances.

- Digital health: At the inauguration of the NHTDAO Steering Committee, the Permanent Secretary asked how technology, "improves the experience, access, safety or health outcome of the Nigerian patient."
- Local manufacturing: Nets are now in production, with first commercial orders expected in the coming months. The test ahead is whether that production translates into products reaching the households that need them.
- Childhood lead: A national survey is still to come. Prevention begins with knowing the size of the problem.
- Mental health: Legislation alone, the Minister of State said, will not prevent suicide. Services, early intervention and community support must follow.

A shared mile

None of these tests can be passed by the Federal Government alone. At the Riyom flag-off, the Plateau State Government assured the Federal Government that the ambulances would be properly deployed, responsibly utilised and maintained. Commitments like these, made at each handover, now become part of the benchmark. September showed how much can be launched in a month. The next mile will show how much can be sustained.

THE PHARMACIST'S ROLE

More than medicines.

The modern pharmacist sits across several parts of the health system:



01

CLINICAL CARE

Supporting treatment, chronic disease management and medication adherence.



02

MEDICINES SAFETY

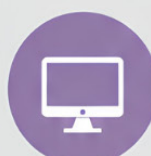
Preventing medication errors and promoting safe and rational use.



03

PUBLIC HEALTH

Health education, antimicrobial stewardship and vaccination awareness.



04

DIGITAL HEALTH

Participation in regulated e-pharmacy and digital health platforms.



05

LOCAL MANUFACTURING

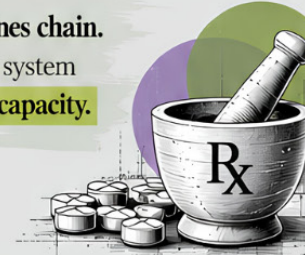
Contributing to the development and industrialisation of Nigeria's pharmaceutical sector.



The pharmacist is more than the end of the medicines chain.

The profession is increasingly part of how the health system delivers care, protects patients and builds domestic capacity.

From the World Pharmacists Day briefing, 25 September 2026.



05 | EXPLAINED

NHTDAO

Why Nigeria's health data needs to talk to itself.

Nigeria's health system already generates enormous amounts of digital information. The problem is that this information does not always move easily between the systems that create, hold and use it.

The National Health Technology and Data Analytics Office (NHTDAO) is being established to provide national coordination for digital health, set common standards and support interoperability so that existing systems can work together. **It complements existing systems, replaces none.**

“The test

How does this improve the experience, access, safety or health outcome of the Nigerian patient?”

— THE PERMANENT SECRETARY

**TODAY:
FRAGMENTED SYSTEMS**

Health information sits across different platforms and institutions, making it harder to share, use and turn into better care.

**THE CONNECTOR****NHTDAO**

A national coordination layer for digital health.

- Common standards
- Interoperability
- Coordination
- Security & data protection
- Responsible AI

**THE RESULT:
CONNECTED SYSTEMS**

A more complete and useful picture of the nation's health information.

**WHAT THIS MEANS IN PRACTICE**

FOR HEALTH WORKERS
Information is easier to access and use across the patient's care journey.



FOR THE SYSTEM
Better data to support planning, monitoring and decision-making across programmes and institutions.



FOR PATIENTS
Potential for more continuous care, safer information flows and improved experience, access, safety and health outcomes.

**WHAT
MUST BE
PROTECTED**

Cybersecurity



Data protection



Confidentiality



Data governance



Ethical AI use

DIGITAL HEALTH MUST REDUCE INEQUALITIES, NOT DEEPEN THEM.

MADE HERE

BUILDING NIGERIA'S HEALTH-PRODUCING CAPACITY



A mosquito net is a simple object. Making one that still works against insecticide-resistant mosquitoes is not.

In September, Nigeria began local production of next-generation dual-active ingredient insecticide-treated nets. The facility, Health Textiles Nigeria FZE, is wholly owned by Vestergaard Sàrl and is the first in Nigeria to manufacture nets of this kind. It will produce PermaNet® Dual, which the World Health Organisation prequalified in 2023. At full scale, it is expected to produce about 10 million nets a year and create more than 600 jobs. About 80 employees have already been recruited and are undergoing training in manufacturing, product quality, workplace safety and regulatory compliance.

The facility follows a 2024 Memorandum of Understanding between Vestergaard and the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC).

"This investment demonstrates what is possible when government policy, private-sector investment and technology transfer come together," the Coordinating Minister, Prof. Muhammad Ali Pate, said.

One factory is not a value chain. The mosquito-net facility is one piece of a larger question: can Nigeria build the capacity to produce more of what its health system needs?

At the Nigeria Pharma Manufacturers Expo in Lagos,

the Minister of State, Dr. Izaq Adekunle Salako, framed medicine security as "an issue of national resilience and sovereignty." The Federal Government is pursuing this through policy incentives, financing, aggregated demand, stronger quality systems and domestic manufacturing capacity. Four supports are central to that effort.

POLICY: Under the Presidential Executive Order for Pharmaceutical and Allied Sectors, 87 local manufacturers are benefiting from measures including zero tariffs on pharmaceutical machinery, active pharmaceutical ingredients (APIs) and excipients across almost 1,000 Harmonised System codes.

FINANCE: PVAC reports commitments of about US\$2 billion at single-digit interest rates, with about 50 Nigerian health firms in advanced funding discussions.

DEMAND: Medipool, the national Group Purchasing Organisation, is intended to give manufacturers more predictable, large-scale demand through aggregated procurement. The Director-General of the National Health Insurance Authority, Dr. Kelechi Ohiri, said at the World Pharmacists Day briefing that the Authority would keep working with pharmacists on medicines formularies and reimbursement.

QUALITY: Domestic production must be matched by strong quality assurance, regulatory oversight and safety standards, and by stronger efforts against substandard and falsified

“ This investment demonstrates what is possible when government policy, private-sector investment and technology transfer come together

—Prof. Muhammad Ali Pate,
Coordinating Minister

products. The Director-General of NAFDAC, Prof. Mojisola Adeyeye, said at the same briefing that access to medicines must be matched by appropriate standards of quality, safety, efficacy and proper use.

PVAC's National Coordinator, Dr. Abdul Mukhtar, told the briefing that stronger local manufacturing requires the active participation of the pharmacy profession. A factory only helps if what it makes is trusted, prescribed and paid for.

Beyond assembly

The ambition is to go deeper than putting products together. The NIPRD API Capacity Building and Concept Production Centre has been operationalised, commercial API manufacturing capacity is being developed, and local production of HIV, hepatitis and syphilis diagnostics is being pursued. The stated target is at least 70 per cent local production of essential healthcare products by 2030.

"We must progressively build capacity across the entire value chain," Dr. Salako said, "from research and raw materials to

BUILDING NIGERIA'S HEALTH-PRODUCING CAPACITY

formulation, quality assurance, manufacturing, packaging and distribution."

From heritage to validated product

The same test applies to products with deep roots in Nigerian practice.

At the commemoration of the 2026 African Traditional Medicine Day in Abuja, Dr. Salako said the sector's future must rest on rigorous research, effective regulation, quality assurance, ethical practice, documentation and continuous evaluation, stressing that cultural acceptance alone cannot constitute scientific evidence.

Nigeria's Traditional Medicine Policy provides the framework for developing and integrating the sector into the national health system, supported by the Department of Traditional, Complementary and Alternative Medicine, the 2025 Strategic



Plan of Action for its implementation and the Code of Ethics and Practice for Traditional Medicine Practitioners. Dr. Salako called for investment in validated traditional medicine products, while the WHO Representative disclosed that WHO had trained 40 traditional medicine practitioners in the harvesting and preparation of

standardised medicines. At the Nigeria Pharma Manufacturers Expo, Dr. Salako also called for greater investment in research on Nigeria's phytomedicinal resources.

The direction is clear: indigenous knowledge can be part of Nigeria's health-producing capacity, but moving from heritage to healthcare

product requires evidence, validation, standards and responsible regulation.

The next mile

None of this is finished. The mosquito-net facility is not yet at full production scale, with first commercial orders expected in the coming months. The 70 per cent local-production figure is a target, not a result. Pharmaceutical capacity still has to move across the value chain, from research and raw materials to manufacturing and distribution. Traditional medicine still has to move further through research, validation and regulation.

The test is whether Nigeria can turn these investments, policies and capabilities into safe products that meet standards, reach the people who need them and build lasting domestic capacity



10 million

nets a year at full scale.



600+

jobs expected.



about 80

employees already in training.



87

manufacturers benefiting under the Executive Order.



US\$2bn

reported financing commitments.



70%

local production target for essential healthcare products by 2030.



40

traditional medicine practitioners trained by WHO in standardised medicine preparation.

NO WOMAN SHOULD LOSE HER LIFE-GIVING BIRTH

- The next mile of maternal care.

"Pregnancy is not a disease, and no woman should lose her life while giving birth." The Coordinating Minister, Prof. Muhammad Ali Pate, said this at the State House in Abuja on 14 September, as the First Lady, Senator Oluremi Tinubu, flagged off a new phase of the Maternal and Neonatal Mortality Reduction Innovation Initiative (MAMII).



The urgency is stark. A Nigerian woman faces roughly a 1-in-19 lifetime risk of dying from pregnancy-related causes, according to the 2023–24 Nigeria Demographic and Health Survey. Nigeria accounts for close to 29 percent of global maternal deaths, according to figures cited by the Minister of State, Dr. Iziaq Adekunle Salako.

Two sides of one problem

Prof. Pate was specific about the approach. Reducing maternal and neonatal deaths requires action on both sides of healthcare delivery. The supply side is facilities, health workers, essential commodities and affordable services. The demand side is everything that can prevent a woman from reaching care in time. A well-equipped facility helps no one who cannot get there, cannot afford treatment or arrives too late.

That demand-side equation also includes what happens before a woman reaches appropriate care. Dr. Adanna Steinacker cautioned that traditional medicine must not delay antenatal care, skilled delivery, emergency treatment or timely referral.

MAMII targets 172 Local

Government Areas across 33 states. They represent about 20 percent of the country's LGAs but account for roughly 55 percent of maternal deaths. The initiative aims to reduce maternal mortality in those areas by 30 percent and neonatal mortality by 20 percent by 2028, while providing free, comprehensive care to about 2.9 million pregnant women.

Following the chain

A safe delivery depends on a chain of links. September gives evidence for most of them.

FACILITY READINESS

More than 250 facilities are already implementing MAMII across Bauchi, Borno, Kaduna, Kano, Katsina and Ogun. More broadly, thousands of health facilities have been revitalised and more than 120,000 frontline health workers retrained.

AFFORDABILITY & EMERGENCY CARE

MAMII aims to provide free, comprehensive care to about 2.9 million pregnant women. More than 32,000 women and 1,700 newborns have so far benefited from emergency obstetric and neonatal care. More than 60,000 women have also received free Caesarean sections and other emergency obstetric services

through the National Health Insurance Authority.

TRANSPORT

Through NEMSAS, nearly 79,000 beneficiaries have been transported to care, about 60 percent of them pregnant women. Emergency transport is therefore part of the maternal-care pathway, connecting women who need urgent attention to facilities where that care can be provided.

INCENTIVES

The 14 September launch also began distributing incentives to pregnant and vulnerable women to encourage timely use of maternal and newborn health services. This is the demand-side link: helping women enter and use the system before complications become crises.

ANTENATAL CARE

Fourth-visit antenatal attendance in MAMII LGAs has risen by 20 percent in one quarter. More women staying in care creates more opportunities to identify risks and intervene earlier.

OUTCOMES

The ultimate measure is not how many facilities participate, ambulances move or visits are

recorded. MAMII's target is to reduce maternal mortality by 30 percent and neonatal mortality by 20 percent in its target areas by 2028.

What the chain does not yet show

Most of the evidence above measures activity: facilities established, women reached, journeys made, visits attended. Those are necessary measures because outcomes depend on them. But they are not the outcome itself. A 20 percent rise in fourth-visit antenatal attendance is a meaningful signal. So is the number of women receiving emergency care or reaching facilities through NEMSAS.

The harder question is what



happens next: do more women receive timely, effective care, and do fewer mothers and newborns die from preventable causes? That is the question the next stage has to answer.

The next mile

The First Lady called for stronger collaboration among government, healthcare providers, development partners and communities. The point is bigger than any single intervention. No one link carries the whole load.

An incentive only matters if a woman uses the service. An ambulance only matters if it gets her to the right care in time. A facility only matters if it is ready when she arrives.

The next mile of maternal care is where those links have to work together.



10 million

nets a year
at full scale.



600+

jobs
expected.



about 80

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traditional medicine practitioners
trained by WHO in standardised
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BETWEEN POLICY & PEOPLE

**CARE, NOT
CRIMINALISATION**

● What changes when a health crisis is treated as a health issue?

On 10 September, the Federal Executive Council approved the Federal Ministry of Health and Social Welfare's position on the decriminalisation of attempted suicide, moving the matter to the National Assembly for the legislative process.

The Ministry's position is straightforward: a person experiencing a mental-health crisis should encounter care, support and appropriate intervention rather than punishment. Dr. Iziq Adekunle Salako described decriminalisation as both a legal and public-health imperative, noting that removing the fear of criminal sanctions could reduce

stigma, encourage help-seeking and create opportunities for earlier intervention. But changing the law is only one part of changing the response.

THE POLICY

The reform sits within an existing national framework that includes the National Mental Health Act, 2021, the National Mental Health Policy, 2023, and the National Suicide Prevention Strategic Framework 2023–2030. A National Task Force on the Decriminalisation of Attempted Suicide has also undertaken stakeholder consultations, policy dialogue, advocacy and sensitisation across the three arms of government.

THE PEOPLE

The Ministry has also been explicit about what must follow legislation: stronger mental-health services, earlier identification and intervention, community-based support, integration of mental health into primary healthcare and more open conversations around suicide.

And there is an evidence gap. The Ministry says it is using surveys and other data-generation tools to produce accurate and verifiable national statistics on mental health, suicide and attempted suicide within the next year.

THE NEXT LINK

Decriminalisation changes the legal environment. Services determine what happens when someone actually needs help.

Policy can remove a barrier. Care has to meet the person on the other side of it.



POLICY



Decriminalisation
of attempted suicide.



Less fear
of criminal sanctions.



Help-seeking
Greater opportunity
to seek support.



**Early identification
& intervention**
Timely support before
crisis escalates.



**Mental-health care
+ community support**
Access to services, continued
care and a stronger
support system.

PERSON

THE POLICY
QUESTION:

*What should
the law do?*

THE HEALTH
QUESTION:

*What happens
when someone
needs help?*

PREVENTION

THE FIRST MILE OF PREVENTION



Most stories in this edition are about the next mile. This one is about the first.

On 14 September, the Permanent Secretary, Daju Kachollom S. mni, received a delegation from the Partnership for a Lead-Free Future at the Ministry in Abuja. The Partnership brings together UNICEF, the World Health Organisation, the Clinton Health Access Initiative, Resolve to Save Lives, the World Bank and other international partners working to address lead exposure. Nigeria's response is being framed within the global goal of eliminating childhood lead exposure by 2040.

Why measure first

The delegation cited WHO-highlighted estimates that some 80 million children in Nigeria are exposed to lead, with children aged 9 to 59 months particularly vulnerable to its effects. Mr. Abdullah

“ **With lead exposure elimination, protecting Nigeria's human capital opportunity is key. The outcome outweighs anything else**

—Daju Kachollom S. mni
Permanent Secretary

Fadill, who led the delegation, noted that lead exposure can affect learning, nutrition, anaemia, mental health and vital organs. In children, he said, it can lower IQ by an estimated three to seven points, with consequences that can extend into later life. An estimate of that scale is a reason to act. It is also a reason to measure.

Prevention at scale needs a reliable picture of who is exposed, how much and where. The Permanent Secretary said the Ministry would conduct a standardised national survey on childhood lead exposure “in the coming months” to establish the burden and generate evidence to guide interventions.



What was set in motion

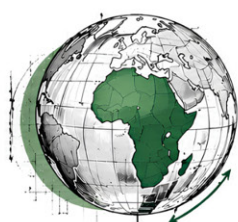
The Permanent Secretary said the Ministry would move swiftly to constitute a technical team and develop its Terms of Reference. Mr. Fadill called for the Ministry to convene relevant Ministries, Departments and Agencies and establish a Technical Working Committee, while assuring that the Partnership would continue mobilising support and resources for Nigeria's efforts towards the 2040 elimination goal.

The Ministry also pointed to a platform for doing that work. The health sector has been moving from working in silos towards a more coordinated approach through the Sector-Wide Approach (SWAp). The 2023 Health Compact, signed by all 36 states and subsequently expanded to include development partners and other stakeholders, provides a platform for extending that coordination to the lead-exposure response.

Where this stands

It is early, and it is worth being plain about that. The technical working group has been proposed but is not yet constituted, and the national survey is still to come. The September brief describes a commitment, not a result. The path ahead has a clear order: coordination, national measurement, evidence, strategy, then action. Each step depends on the one before.

September took the first one.



2040
global elimination
goal.



80 million
children cited in
WHO-highlighted estimates
as exposed to lead in Nigeria.



36 states
signed the 2023
Health Compact.



9–59 months
age group particularly
vulnerable to lead's
effects.



National survey
expected in the
coming months.

GLOBAL WINDOW

WORLD CANCER CONGRESS 2026



From plan to implementation.

On the second day of the World Cancer Congress in Hong Kong, in a pause before the fireside sessions began, Ulrika Årehed Kågström of the Union for International Cancer Control (UICC) asked the audience to name, in a single word, the biggest barrier to improving cancer care. The responses gathered on the screen. The most emphasised word was FUNDING.

Nigeria had come with a plan.

At the Congress, the country presented its National Cancer Control Plan (NCCP) 2026–2030, a five-year framework designed to reduce the country's cancer burden by at least 30 percent by 2030. But the more important question was not what the Plan says. It was how the Plan is being organised to work.

The plan has to become a system. Permanent Secretary Daju Kachollom S. mni presented the approach in a Rapid Fire session titled From Policy to Implementation: Nigeria's National Cancer Control Plan 2026–2030 as a Multi-Level Architecture for Cancer System Strengthening. It frames cancer control as more than a collection of programmes or services.

The architecture runs across national, sub-national, facility and community levels, supported by a multi-sectoral National Technical Working Group inaugurated in April 2026. Its agenda covers prevention, early detection, treatment and care, survivorship, research, data, technology, patient navigation and action on the social determinants that shape whether people can access and stay in care. The

patient sits at the centre.

That matters because cancer does not move through a health system in neat administrative boxes. A patient may need prevention, screening, diagnosis, referral, treatment, financial support and follow-up across different institutions. The NCCP therefore brings together technical subcommittees, geopolitical zones and the FCT, integration hubs and cross-cutting enablers around the patient.

Get there. Stay there. Complete care.

One of the Plan's 2026 implementation developments is a Social Determinants of Health initiative built around a simple problem: sometimes the barrier to completing cancer treatment is not the treatment itself. Transport, accommodation,

food and other pressures can decide whether a patient stays in care. The framework puts the sequence plainly: get there, stay there, complete care.

The global test

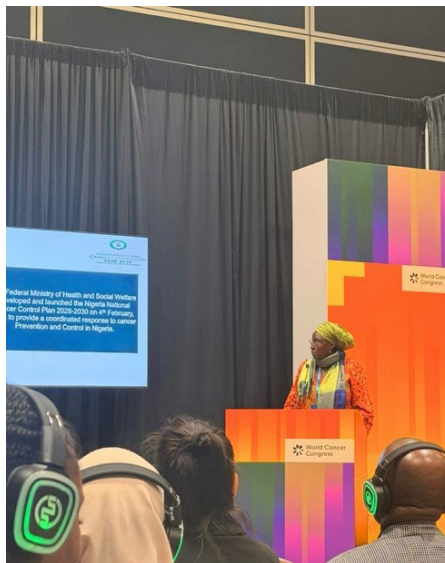
The screen echoed the figures. According to UICC's President, 81 percent of countries have national cancer-control plans, but fewer than 10 percent are fully funded. For Nigeria, the implication is direct: priorities must be connected to sustainable financing and implementation mechanisms. A plan establishes direction. Financing gives it traction.

Other lessons pointed the same way. Evidence on targeted low-dose CT screening reinforced the case for early detection and effective referral, which are already central to the NCCP. Artificial intelligence, digital registries and precision oncology featured prominently, with a consistent warning that governance, accessibility and responsible implementation must come with the technology.

Build what can learn

The NCCP is building structures for research, clinical trials, publications, cancer data, digital health and implementation science, creating a pathway from evidence to action.

“ **The NCCP is building structures for research, clinical trials, publications, cancer data, digital health and implementation science, creating a pathway from evidence to action** ”



That matters particularly for Africa. Congress discussions highlighted how little evidence comes from African populations, and the need for more research on population-specific disease patterns, genetics and treatment response. In one discussion, a speaker suggested that Africa build its own cancer registry, while another pointed to China's experience integrating traditional and conventional medicine. For Nigeria, the implication is that evidence has to be generated locally, not simply imported.

The same logic is visible at home. The Bauchi investments announced in September include advanced diagnostics and cancer care, intended to bring specialised services closer to citizens and reduce the need to travel outside the state.

What Nigeria takes home

The Congress did not produce a new Nigerian cancer plan. Nigeria already has one.

It sharpened the view of what making the Plan function requires: sustainable financing, early detection, reliable data, responsible technology, patient navigation, financial protection and stronger research.

Nigeria's 46-member delegation presented the NCCP, while Nigerian institutions contributed work on HPV vaccination, cancer-care quality measurement and city-led cancer action. Engraced Life Foundation received the 2026 World Cancer Day Campaign Award for its PinkRoom Schools Outreach, and Dr. Zainab Shinkafi-Bagudu was announced as incoming UICC President for 2026–2028, the first African to lead the organisation.

The significance of the Congress is not simply that Nigeria was represented in Hong Kong. It is that the country's strategy was set against the experience of systems around the world, and the comparison sharpened the next task.

The plan is on paper. The architecture is being built. The next mile is implementation.



ON THE FRONTLINE

TURNING CAPACITY INTO CARE



Dr. Philip Ugbodaga, Medical Director, National Orthopaedic Hospital, Benin City, on building an institution from the ground up, and what it takes to turn investment into care.

At the University of Benin, Philip Ugbodaga spent five consecutive years in the Students' Union Parliament. His colleagues nicknamed him the "Permanent Representative". Three decades later, the instinct to work beyond his immediate responsibilities has followed him through professional leadership, public service and hospital administration.

A Consultant Oral and Maxillofacial Surgeon with 30 years of professional experience, Ugbodaga has served as Medical Director of Central Hospital, Benin

City, and as Special Assistant to the Minister of State for Budget and National Planning between 2019 and 2023. He also contributed to the development of Nigeria's National Development Plan 2021–2025 and Agenda 2050.

Today, as the pioneer Medical Director of the National Orthopaedic Hospital, Benin City, he faces a different leadership challenge: not simply managing an established institution but building one. For him, leadership is about developing people, systems and institutions capable of

outliving the individuals who lead them. At the hospital, that principle has had to move from philosophy to practice. The work between the plan and the hospital

When Ugbodaga assumed office, the hospital was at the beginning of its operational journey, with no established structure. The first task was to create a roadmap for what the institution should become. That process led to the National Orthopaedic Hospital Benin Strategic Plan 2024–2029, anchored on specialised healthcare delivery, human capital development,



Receiving the FG Advanced Trauma Life Support (ATLS) Ambulance



Assessing medical equipments at NOHB



Completing a Masterclass in Digital Health & Excellent Service Delivery at the University of Oxford London



Dr. Philip Ugbodaga as SA to the Minister of State, Budget & National Planning

research, training, innovation and patient-centred care. But a strategic plan cannot treat a patient. It needs a physical base, people to deliver services and systems to keep those services running. With no hospital structure available at inception, the Honourable Minister of State for Health and Social Welfare approved the 100-bed Mother and Child Hospital in Benin as the institution's take-off building and an annex. According to Ugbodaga, the management team subsequently transformed the uncompleted, uninhabitable structure into a functional hospital where clinical services have commenced.

The institution now has a workforce of more than 500 clinical and non-clinical

personnel. These are important steps in establishing a specialist hospital. They also illustrate the work that sits between an institutional mandate and a

“ The true measure of healthcare investment is not only the infrastructure we build, but the lives we save, the disabilities we prevent and the quality of life we restore

—Dr. Philip Ugbodaga, Medical Director, National Orthopaedic Hospital, Benin City

functioning service: securing infrastructure, developing a workforce, establishing systems and moving from a plan on paper to care that can be delivered.

That work is not finished simply because a hospital has opened its doors. The next test is whether its capacity can be sustained and translated into accessible, timely and consistently safe care.

The machine that cannot be used

Across the health system, investment is often most visible in buildings and equipment. Their value, however, depends on what happens after they arrive. Equipment needs trained personnel, maintenance, consumables, reliable power and water. A specialist service needs



enough appropriately trained staff, clear processes and the resources to keep operating. Without these, infrastructure can exist without delivering its full promise.

"Buildings create capacity, equipment expands capability, but competent people and reliable systems convert both into quality healthcare," Ugbodaga says. He advocates measuring performance

through indicators that reveal whether investment is working: waiting times, treatment outcomes, infection rates, patient satisfaction, equipment uptime and cost efficiency. These measures shift attention from what an institution possesses to what it can reliably provide.

For a hospital still establishing its operations, this distinction is particularly important. Building capacity is a necessary first step. Sustaining it, monitoring its performance and making its services accessible are the continuing work.

One pathway, not isolated institutions

For patients who need specialist care, reaching a hospital is only one stage



YOUNG DR. UGBODAGA AT HIS INDUCTION CEREMONY



DR. UGBODAGA ATTENDING TO A PATIENT



ADVOCACY / AWARENESS ACTIVITY



ADVOCACY / AWARENESS ACTIVITY

of the journey. The pathway may involve referral, triage, diagnostics, clinical decision-making, treatment, rehabilitation and follow-up. A failure at any point can delay care or compromise its outcome.

Ugbodaga emphasises the importance of clear communication between facilities, coordinated referrals, timely emergency transfers and multidisciplinary teams. Electronic records and referral-tracking systems can help, but technology cannot compensate for weak processes or insufficiently trained personnel.

The same principle applies beyond individual hospitals. Federal and state facilities must work together if patients are to move through the system without avoidable delays or administrative barriers. "There are no federal patients anywhere in Nigeria," he says, making the point that illness does not respect the boundaries between levels of government.

The implication is practical: collaboration between federal specialist hospitals and state health systems is essential to stronger referral networks, continuity of care and better use of available expertise. An

institution's capacity matters most when patients can reach it and the wider system can support their journey through it.

The measure of progress

Ugbodaga sees reasons for optimism in the renewed policy attention to healthcare, infrastructure development, domestic capacity and advanced clinical services. Specialist hospitals can strengthen surgical care, rehabilitation, research and training while helping reduce avoidable referrals abroad.

“ That is the next mile: the work that follows the approval, the construction and the opening. It is where capacity must become service, service must become quality, and quality must make a difference to the person who needs care

But infrastructure and policy commitments are starting points, not final measures of success. Predictable funding, adequate staffing, maintenance, affordable healthcare financing and effective referral networks remain essential to turning investment into sustained service delivery.

The National Orthopaedic Hospital, Benin City, offers a concrete example of the early work involved: establishing a strategic direction, securing a take-off facility, commencing clinical services and building a workforce. Its continuing test, like that of the wider health system, is how effectively these foundations translate into quality care and better patient outcomes.

That is the next mile: the work that follows the approval, the construction and the opening. It is where capacity must become service, service must become quality, and quality must make a difference to the person who needs care. For Ugbodaga, the true measure of a healthcare institution lies not simply in what it possesses, but in what it makes possible for the people who depend on it.



DR. PHILIP UGBODAGA

Medical Director

National Orthopaedic Hospital, Benin City

CLINICAL FOUNDATION

- Bachelor of Dental Surgery, University of Benin
- Fellow, West African College of Surgeons
- Fellow, International College of Surgeons
- Specialist in Oral and Maxillofacial Surgery

LEADERSHIP & PUBLIC SERVICE

- Pioneer Medical Director, National Orthopaedic Hospital, Benin City
- Former Medical Director, Central Hospital, Benin City
- Former First Vice-President, Nigerian Association of Resident Doctors
- Former Chairman, Nigerian Medical Association, Edo State Branch
- Former Special Assistant to the Minister of State for Budget and National Planning (2019–2023)

BUILDING BEYOND THE CLINIC

- Contributed to the Medium-Term Nigeria National Development Plan 2021–2025 and Nigeria Agenda 2050
- Led the development of the National Orthopaedic Hospital Benin Strategic Plan 2024–2029
- Supports community-based healthcare through the Health Support Initiative
- Inducted into the NMA Edo State Branch Hall of Fame, July 2025

HIS LEADERSHIP PHILOSOPHY

“Leadership is about building people, systems and institutions that can outlive you.”

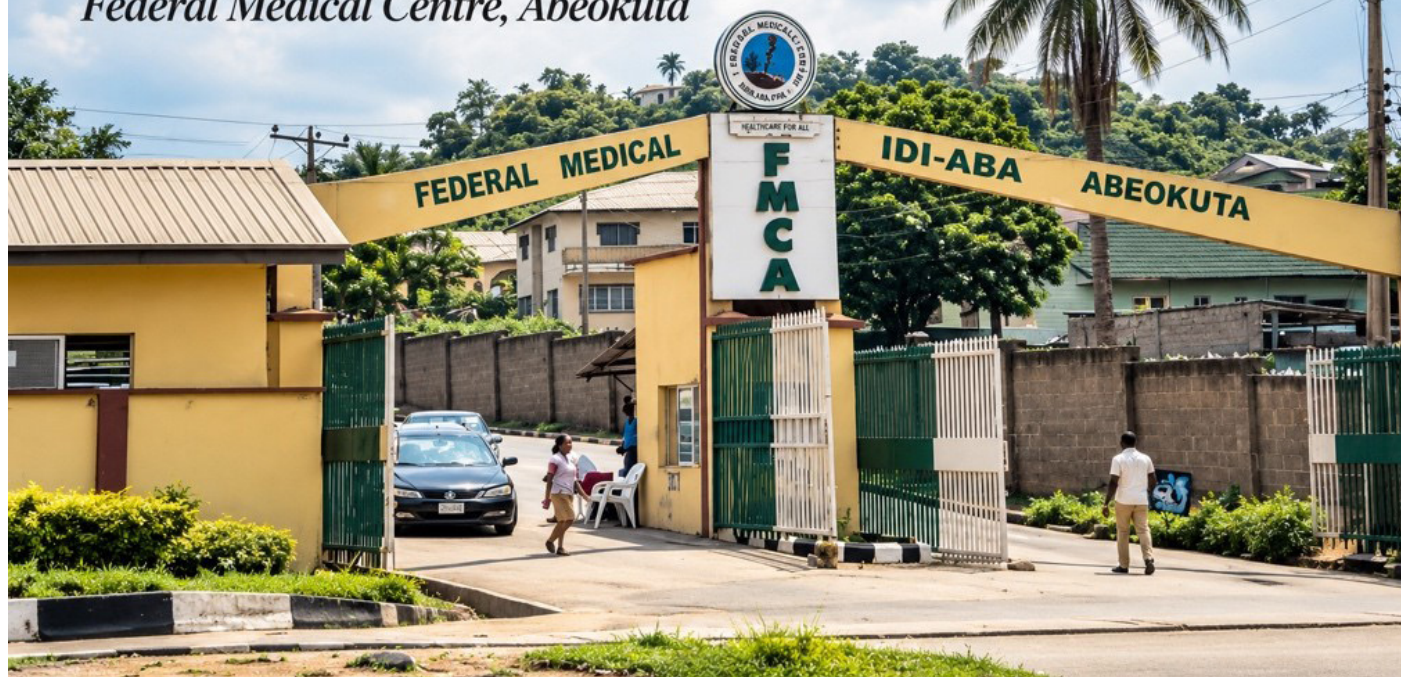
THE NEXT MILE

The measure of investment is what it makes possible for the patient.

INSTITUTION IN FOCUS

WHERE THE REFERRAL ARRIVES

Federal Medical Centre, Abeokuta



For patients across Ogun State and surrounding communities, Federal Medical Centre, Abeokuta (FMCA) brings specialist care together under one roof: open-heart surgery, neurosurgery, emergency and trauma care, maternal and child health, alongside the training of the next generation of clinicians.

Established in 1993 and developed from the former State Hospital, Idi-Aba, the Centre has grown into a major referral and specialist-care institution. Its main campus occupies about 23 hectares on Olabisi Onabanjo Way, while its reach extends into rural communities through Primary Health Centres in Joga-Orile, Ajebo and Ikenne. Its significance lies not only in the range of services it offers, but in its ability to bring the right

“ **FMCA reports a capacity of 1,000 beds, more than 50 specialists and a workforce of 3,471. In 2025, it recorded 105,010 patient attendances: 24,645 inpatient and 80,365 outpatient attendances...**

people, facilities and expertise together when a patient needs care beyond the capacity of a referring facility.

Scale that matches the mandate FMCA reports a capacity of 1,000 beds, more than 50 specialists and a workforce of 3,471. In 2025, it recorded 105,010 patient attendances: 24,645 inpatient and 80,365 outpatient attendances.

Its clinical portfolio includes 25 clinical services, 39 specialist clinical services and 40 specialist clinics, spanning internal medicine, surgery, paediatrics, obstetrics and gynaecology, anaesthesia and intensive care, orthopaedics and trauma, oncology, radiology, ophthalmology, ear, nose and throat care, oral and maxillofacial surgery, mental health, dentistry, pain and palliative medicine, and laboratory-based specialties. The Centre combines patient care with professional training and research through accredited residency

programmes, medical internship placements and an established research ethics-review structure.

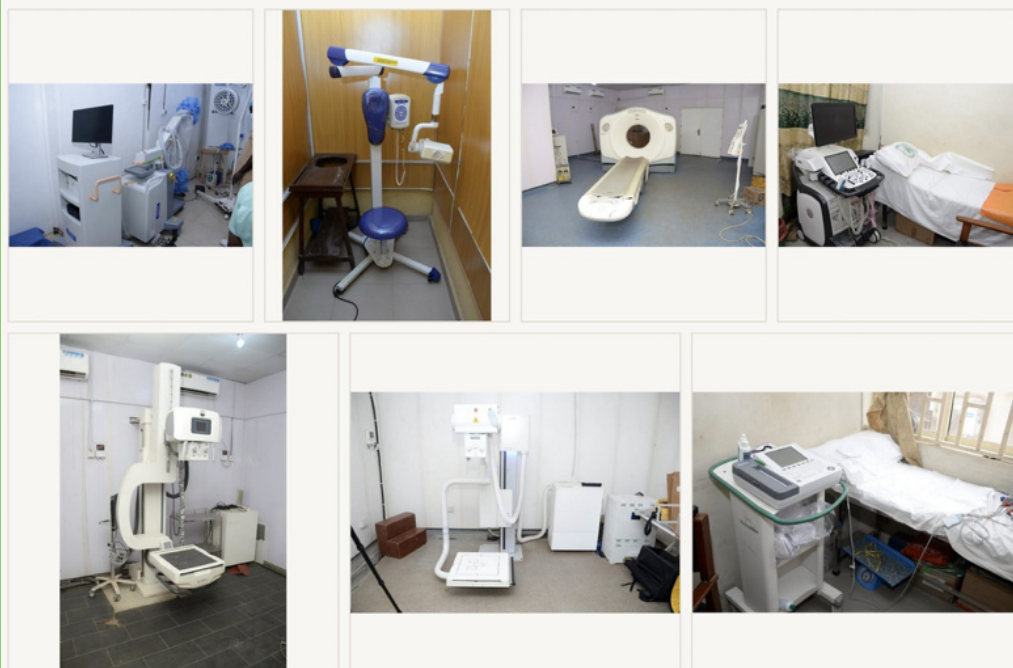
Together, these functions position FMCA as more than a destination for complex treatment. It is also part of the infrastructure through which Nigeria develops specialist skills, generates evidence and sustains tertiary healthcare delivery.

Specialist care, closer to home

The Centre performed its first open-heart surgery on 21 February 2024 and reports 25 operations since the programme began. It has also reported more than 200 brain-tumour operations since engaging neurosurgeons, the successful separation of conjoined twins and the introduction of transoesophageal echocardiography.

Each milestone represents more than a procedure. Complex surgery depends on specialist teams, appropriate diagnostics, theatre readiness, anaesthesia, critical care and coordination across disciplines. Developing these capabilities can reduce the need for patients to travel elsewhere in search of particular forms of treatment. The challenge is to ensure that the expertise, equipment and supporting services required for such proce-

CLINICAL EQUIPMENT DIAGNOSTIC CAPACITY



dures remain available when patients need them.

The referral door

Emergency care is central to FMCA's role. Its Adult Accident and Emergency service provides triage, rapid assessment, trauma resuscitation, emergency medical and surgical care, admission and referral coordination. It

also participates in disaster and mass-casualty preparedness.

The service is integrated with the National Emergency Medical Service and Ambulance System (NEM-SAS), in collaboration with the Ogun State Ministry of Health. In 2025, it recorded 3,832 admissions, including 2,258 patients reported

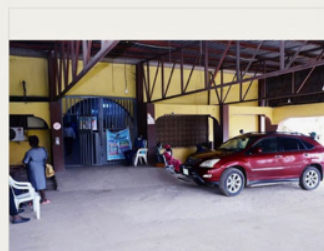
as referrals in.

One case illustrates what that pathway can mean.

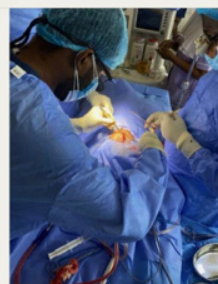
A commercial truck driver sustained a severe chest-impale-ment injury in a road traffic accident on the Lagos-Abeokuta Expressway. After receiving initial attention at a peripheral facility, he was referred to FMCA,

MATERNAL & CHILD HEALTH

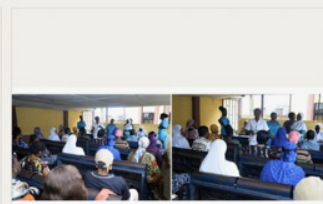
Emergency care • Surgical services • Antenatal visits • Safe birth • Newborn care



ACCIDENT & EMERGENCY



THEATRE SESSION



ANTENATAL VISITS



MATERNAL & CHILD CARE CLINIC



PAEDIATRIC & NEWBORN CARE



LABOUR WARD & MATERNAL CARE

where cardiothoracic surgery, anaesthesia and critical-care teams coordinated his treatment. The operation lasted approximately two hours, with no reported intra-operative complications. He was subsequently monitored in intensive care before progressing to step-down care. The Centre describes it as its first successful operation for an injury of this kind.

The outcome depended on the receiving institution being

required level of intervention, and clinical teams work to move the patient from emergency presentation towards recovery.

Care around the patient

FMCA's responsibilities extend beyond trauma and complex surgery. Its maternal and child health services cover antenatal care, labour and delivery, emergency obstetric and surgical care, newborn services and paediatric treatment. The Centre reports 1,148 maternal

across 2025 and 2026 to date. When consistently maintained and used, electronic records can support access to patient information, continuity of care and service monitoring. Their value ultimately depends on reliable data and the ability to use it to inform clinical and management decisions.

The Centre's institutional record also includes recognition for service quality. It reports ranking first among Federal Medical Centres in the SERVICOM

EMERGENCY RESPONSE & TRAUMA CARE

Emergency transport • Specialist surgical care • Recovery



AMBULANCE FLEET & EMERGENCY RESPONSE



THORACIC IMPALEMENT INJURY: PRESENTATION & RECOVERY

“ **FMCA reports a capacity of 1,000 beds, more than 50 specialists and a workforce of 3,471. In 2025, it recorded 105,010 patient attendances: 24,645 inpatient and 80,365 outpatient attendances...**

able to do more than accept a referral. The patient needed specialist assessment, an operating team, the capacity to intervene and the critical-care support required after surgery.

The Centre's role in the wider referral network was also recognised on 25 September, when Lagos State University Teaching Hospital (LASUTH) commended its swift triage, stabilisation and commencement of definitive treatment for LASUTH staff injured in a road traffic accident. These cases offer a view of tertiary care as a connected system: one facility identifies the need, another provides the

deliveries, 587 newborn cases and 1,656 paediatric cases across its stated 2025 and 2026 year-to-date reporting period. Eligible patients can also access waiver or subsidy support through Comprehensive Emergency Obstetric and Newborn Care (CEmONC). The institution reports 21,736 insured patients.

Digital systems provide another layer of support. Electronic medical records were introduced in 2020, with implementation beginning in 2021. The Centre reports that all departments except Community Medicine and Primary Care use the system, with 56,774 patient records captured electronically

Presidency's national surveys in 2020 and 2022 and receiving the Federal Ministry of Health and Social Welfare's Best Customer Friendly and Environmentally Clean Hospital Award in November 2024.

Where new investment meets the Centre

In September, the Federal Government deployed 13 ambulances to Ogun State under NEMSAS: three Advanced Trauma Life Support ambulances, one Basic Life Support ambulance and nine tricycle ambulances. The Minister of State for Health and Social Welfare, Dr. Izaq Adekunle Salako, named FMC

Abeokuta among the federal and state tertiary institutions expected to benefit, alongside selected high-volume and hard-to-reach facilities.

For a referral institution, emergency transport is an important part of the care pathway. But the vehicle is only the beginning. Patients arriving with severe injuries or other emergencies need a receiving team, appropriate equipment, available theatre and critical-care capacity, essential supplies and coordinated decisions. This is the connection between the investment and the institution: transport can improve access to the hospital, while the hospital's readiness determines what can happen after arrival.

That relationship also reflects the direction of the Nigeria Health Sector Renewal Investment Initiative (NHSRII), which brings attention to stronger service delivery, emergency care, maternal and newborn health, digital health and the health workforce. For institutions such as FMCA, the task is to keep these elements working together in everyday practice.

The next mile

A referral is not the end of a journey. It is the point at which one part of the health system hands responsibility to another. For FMC Abeokuta, the next mile is to consolidate its existing capacity, deepen specialist and emergency care, strengthen digital systems and referral pathways, continue investing in its workforce and improve the patient experience.



Dr. Titilola Sarah Ibiyemi
Medical Director
FMC Abeokuta

The Medical Director, Dr. Titilola Sarah Ibiyemi, describes the ambition as moving beyond possession of capacity to its consistent application: "Our goal is not simply to have the capacity to provide care, but to consistently

translate that capacity into timely, safe and measurable outcomes for the people we serve." That is the test for a referral institution. The specialist service must be available when it is needed; the team must be ready when

the patient arrives; and the care delivered must make a meaningful difference to the person who depends on it. At FMC Abeokuta, the next mile begins at the referral door, where institutional capacity must become care.



FMC ABEOKUTA

AT A GLANCE

A major referral and specialist-care institution serving Ogun State and surrounding communities.



1993

ESTABLISHED
Developed from the former State Hospital, Idi-Aba.



LOCATION

Olabisi Onabanjo Way, Idi-Aba, Abeokuta; approximately 23 hectares.



REACH

Ogun State and surrounding communities; rural Primary Health Centres in Joga-Orile, Ajebo and Ikene.



1,000

REPORTED BEDS



3,471

WORKFORCE
Including more than 50 specialists.



CLINICAL PORTFOLIO

25 clinical services
39 specialist clinical services
40 specialist clinics



105,010

PATIENT ATTENDANCES (2025)
24,645 inpatients and 80,365 outpatients.



3,832

EMERGENCY ADMISSIONS (2025)



SURGERIES REPORTED

1,080 in 2025;
1,171 in 2026 to date.



OPEN-HEART SURGERY

First procedure on
21 February 2024;
25 reported since.



MATERNAL DELIVERIES

1,148
Across the stated 2025 and 2026 year-to-date period.



ELECTRONIC RECORDS

56,774
Captured across the stated 2025 and 2026 year-to-date period.



INSURED PATIENTS

21,736
Reported.



TRAINING

248 interns, 83 house officers and 130 corps members, alongside accredited residency programmes.



RECOGNITION

First among Federal Medical Centres in the SERVICOM national surveys of 2020 and 2022; Best Customer Friendly and Environmentally Clean Hospital Award, November 2024.



DID YOU KNOW?

FIVE THINGS THAT MAKE FMC ABEOKUTA STAND OUT

01



A national first, according to the Centre

FMCA reports that its Department of Pain and Palliative Medicine is Nigeria's first hospital-based department of its kind. It began as a unit under Anaesthesia in 2006 and

02



A cardiac milestone

The Centre performed its first open-heart surgery on **21 February 2024** and reports 25 operations since.

03



A neurosurgical milestone

The Centre reports that its neurosurgical team has operated on more than 200 brain-tumour patients since neurosurgeons joined the institution.

04



Research oversight

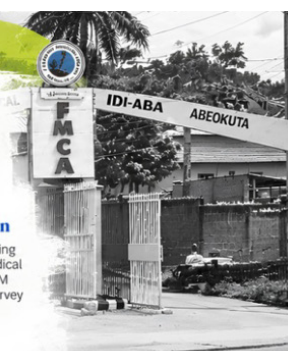
FMCA reports that it was the first health institution in Ogun State to register with the National Health Research Ethics Committee.

05



Service recognition

The Centre reports ranking first among Federal Medical Centres in the SERVICOM Presidency's national survey in both 2020 and 2022.

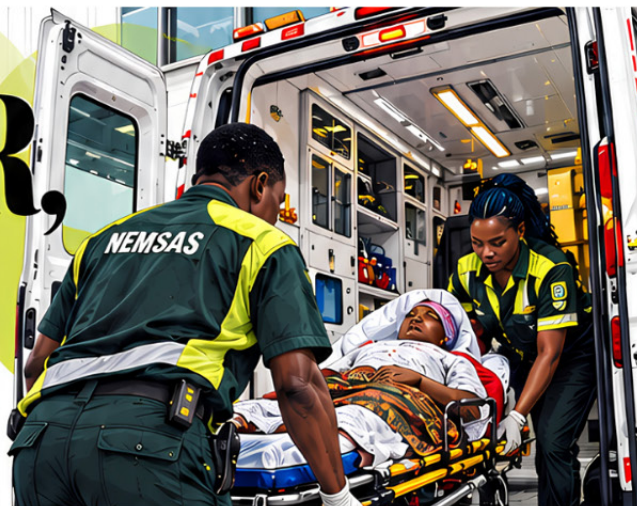


13 | BY THE NUMBERS

SEPTEMBER, IN NUMBERS

A month of movement, measured.

September's numbers trace the distance between investment and delivery: emergency transport, maternal care, local production, child protection and the systems being built to sustain them.



01 EMERGENCY CARE

Getting people to care, faster.

79,000

BENEFICIARIES TRANSPORTED THROUGH NEMSAS

Nearly 79,000 beneficiaries have been transported to care through NEMSAS. About 60% are pregnant women.



13



AMBULANCES DEPLOYED TO OGUN
3 ATLS, 1 BLS and 9 tricycle ambulances.

145



TRICYCLE AMBULANCES
In the first phase of the national NEMSAS rollout, alongside 79 ATLS, 15 BLS and 6 boats.

02 MATERNAL & NEWBORN CARE

Safer mothers. Stronger beginnings.



32,000+

WOMEN
received emergency obstetric care under MAMII.

1,700

NEWBORNS
received emergency neonatal care under MAMII.

20%

INCREASE
in fourth-visit ANC attendance in one quarter across MAMII LGAs.

4,000+

FREE C-SECTIONS
included among more than 48,000 women who received free emergency obstetric care through NEMSAS and MAMII.



A NOTE ON THE NUMBERS

The September reports cite different maternal-health figures because they measure different interventions and service pathways. They should not be treated as cumulative or interchangeable.

03 MADE HERE

Local production. Stronger systems.



10 MILLION

NETS A YEAR

Expected production capacity of Nigeria's new next-generation mosquito-net facility at full scale.



600+

JOBS EXPECTED



~80

EMPLOYEES IN TRAINING



US\$2 BILLION

REPORTED FINANCING COMMITMENTS
PVAC-reported commitments to support investment across Nigeria's health value chain.



87

LOCAL MANUFACTURERS
Benefiting from measures under the Pharmaceutical and Allied Sectors Executive Order.



70%

LOCAL PRODUCTION TARGET
For essential healthcare products by 2030.

04 PROTECTING CHILDREN

Safer environments. Brighter futures.

80 MILLION

CHILDREN

Estimated to be exposed to lead in Nigeria.



9-59 MONTHS

PARTICULARLY VULNERABLE
Children in this age range are most at risk from the effects of lead exposure.

2040

ELIMINATION GOAL

Nigeria is strengthening national action towards the global goal of eliminating childhood lead exposure by 2040.

05 REACH

Expanding access. Deepening impact.



172

LGAS
MAMII targets 172 LGAs across 33 states, representing about 20% of the country's LGAs but accounting for roughly 55% of maternal deaths.



250+

FACILITIES
Already implementing MAMII across Bauchi, Borno, Kaduna, Kano, Katsina and Ogun.



2.9 MILLION

PREGNANT WOMEN
The number MAMII aims to reach with free, comprehensive care by 2028.



40

PRACTITIONERS TRAINED
Traditional medicine practitioners trained by WHO in the harvesting and preparation of standardised medicines.

**NUMBERS SHOW MOVEMENT.
THE NEXT MILE SHOWS WHETHER IT HOLDS.**

September's figures represent different measures of reach, activity, capacity and targets. They are presented according to the specific interventions reported by the Ministry.

ISSUE 07, SEPTEMBER 2020

14 | HEALTHY LIVING CORNER

SNAKEBITE

What to do. Where to go. What not to do.



A snakebite is an emergency.

Don't wait for symptoms to become severe before seeking care.

Snakebite envenoming can cause paralysis, severe bleeding, kidney failure and serious tissue damage. The right treatment is available, but getting to appropriate medical care quickly matters. **Antivenom is the most effective treatment for reversing most of the harmful effects of venomous snakebite.**



IF SOMEONE IS BITTEN

01



MOVE AWAY

Get away from the snake and into a safe place.

02



KEEP STILL

Keep the person as still and calm as possible. Immobilise the bitten limb, and avoid unnecessary movement.

03



REMOVE TIGHT ITEMS

Remove rings, watches, bangles, shoes or anything tight around the bitten limb before swelling develops.

04



GET TO MEDICAL CARE

Take the person to a health facility as quickly as possible.

05



WATCH THE AIRWAY

If the person vomits, place them on their side in the recovery position and monitor their breathing while help is being sought.

WHAT NOT TO DO



DO NOT

tie a tight tourniquet around the limb.



DO NOT

cut, incise or suck the wound.



DO NOT

apply herbs, chemicals, ice or other substances to the bite.



DO NOT

use electric shocks.



DO NOT

waste time trying to catch, kill or identify the snake.



DO NOT

delay medical treatment while trying home remedies or traditional treatments.

WHERE TO GO



Go to the nearest health facility that can provide **emergency snakebite care**. Find out before you need it: ask your local health facility which centre provides snakebite treatment.

NEED EMERGENCY HELP?

Call **112**

for emergency assistance. If you know the nearest facility providing snakebite treatment, go there without delay.

WHY THIS MATTERS HERE

In Plateau State, the Federal Ministry of Health and Social Welfare recently supported the **Snakebite Treatment Centre, Zamko**, a rural JUTH outpost, with antivenoms. The Ministry also announced efforts to incorporate snakebite management into **NEMSAS and social health insurance**, aimed at improving access to treatment and reducing the financial burden on affected families.



REMEMBER

KEEP STILL.

GET HELP.

DON'T DELAY.

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.