A monthly Publication of Federal Ministry of Health and Social Welfare

ON CALL

THE TEST OF PROGRESS

HEALTH & SOCIAL WELFARE UPDATE

OCTOBER 2026

ISSUE 08

Better Health. A Healthier Nigeria.

THE TEST OF PROGRESS.

Turning commitments into better health for every Nigerian.



EBOLA
Prepared and Ready



BHCPF 2.0
Financing for Impact



CANCER CARE
Closing the Treatment Gap



ACCESS
Specialist Care Closer to Home



MALARIA
Progress on Track



EDITOR'S NOTE

Progress Has to Prove Itself

Better policies. Greater access. Healthier lives.

Financing Health, Strengthening The Frontline

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

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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Independent editorial insight in support of a stronger, healthier Nigeria.

Editor's Note

Progress Has to Prove Itself

Dear Reader,

A commitment is made in a room. It is kept in a ward, at a border, in a clinic, in a community.

October brought new commitments, and tests of work already under way. We advanced targets and plans: 25,000 free cataract surgeries by the end of 2027, the National Cancer Control Plan 2026–2030, a Five-Year Strategic Plan on Lead Poisoning Elimination, the National Malaria Strategic Plan 2026–2030 targeting a 50% reduction in the burden by 2030, and an agreement to begin the transition of Sir Patrick Ibrahim Yakowa Memorial Hospital in Kafanchan towards a Federal Medical Centre. Each matters. But none, on its own, measures our work.

That measure is our mandate: to save lives, reduce both physical and financial pain, and produce health for all Nigerians. Against it, every commitment becomes a question of delivery.



Can we save lives when it counts? The confirmation of an Ebola case in the Federal Capital Territory tested our preparedness, laboratory capacity, surveillance and institutional coordination. The reported attack on a medical laboratory scientist at FMC Abeokuta raised a different but equally important question: how do we protect the health workers on whom care depends?

Can we reduce pain, both physical and financial? Cataract surgery targets and cancer-care plans matter because of what they make possible for patients. Their value lies in access to appropriate treatment without distance, delay or cost becoming insurmountable barriers. Bringing specialist services closer to communities is part of that responsibility.

Can we produce health, and not only treat illness? The latest malaria findings show that progress is real, but that much remains to be done. The lead poisoning elimination plan presents a related challenge: moving beyond identifying harm to preventing exposure and protecting communities.

These questions are not a verdict on the system. They are how a system improves. Under the Renewed Hope Agenda and the Nigeria Health Sector Renewal Investment Initiative, progress must be sustained and measured by whether policy, investment and institutional reform translate into better health and well-being for Nigerians.

I invite you to read this edition of ON CALL as an examination of what is being tested, what the evidence reveals and what must happen next. A commitment is only the beginning. Its true measure lies in what it delivers, and in the lives it changes.

Daju Kachollom S.mni
Permanent Secretary and Editor-in-Chief

FROM THE COORDINATING MINISTER OF HEALTH AND SOCIAL WELFARE

Progress Recorded, Progress Sustained

Reform Must Deliver Beyond the Numbers



Reform is easy to announce and hard to prove. A plan can be launched in a day. Whether it changes lives may take years to establish, and only if we measure honestly along the way.

That is the discipline behind the health-sector reforms the Federal Government is advancing under President Bola Ahmed Tinubu's Renewed Hope Agenda and the Nigeria Health Sector Renewal Investment Initiative. This month's briefing to the President on progress across the reforms was an account of where we stand. And an account of progress is only as good as the evidence behind it.

The malaria findings show what that means. Parasite prevalence among children aged 6–59 months fell from 22 per cent in 2021 to 15.2 per cent in 2025, a decline of 6.8 percentage points. In Kebbi State, prevalence fell from 49 per cent to 18 per cent over the same period. These are significant reductions, but a decline recorded is not a decline sustained, and progress must not be mistaken for elimination. The findings also point to gaps in the use of preventive tools. The task ahead is to consolidate these gains and accelerate progress towards the 2030 targets.

The same principle applies across the sector, including health security, where a system is judged not simply by the plans it produces, but by how it performs when tested.

Sustaining gains takes three things.

It must be measured. Credible data, generated with partners such as the National Population Commission, helps us establish what is working, identify where progress is uneven and direct resources accordingly.

It must be owned. Under the Sector-Wide Approach, One Plan, One Budget, One Report, One Conversation provides a basis for aligning priorities and action. States must translate evidence into plans and budgets, ensure timely releases and take responsibility for implementation. Development partners must align their support with national priorities, while domestic financing must continue to grow.

It must reach the frontline. Reform delivers its full value when it strengthens the services people depend on, from the clinic and the ward to the community.

Progress recorded is where the work begins. Progress sustained is the work. In the pages that follow, you will see where that test is being met, and where it is yet to be met.

Prof. Muhammad Ali Pate, CON
Coordinating Minister

> **"Progress recorded is where the work begins. Progress sustained is the work. In the pages that follow, you will see where that test is being met, and where it is yet to be met.**

FROM THE MINISTER OF STATE FOR HEALTH AND SOCIAL WELFARE



Delivery Happens Where People Are Making Commitments Work

A plan does not treat a patient. A facility does, with a trained team, working equipment, a reliable diagnosis and a referral pathway that holds. That is the operational reality behind every commitment we make, and it ran through my engagements this month.

At International Cancer Week, the questions were practical ones. Procurement of 35 linear accelerators has been approved over the next three years, eight NICRAT Preventive Oncology Clinics are expanding early detection across the six geopolitical zones, and HPV vaccination has reached more than 18 million girls. Each is necessary. None is sufficient on its own. A machine needs a trained team, a diagnosis needs a laboratory that can confirm it, and a treatment plan needs financial protection so that cost does not prevent a patient from completing treatment.
On World Sight Day, the same pattern emerged at the primary level, where it matters most. More than 3,000 health workers trained, over 1,400 primary healthcare centres activated for primary eye care, and over 1.5 million school-age children screened are what make the target of 25,000 free cataract surgeries by the end of 2027 realistic. They help build the pathway from the community to the surgeon.

In Kafanchan, the signing of the MoU is a beginning. Upgrading infrastructure and diagnostic capacity, deploying specialist personnel and equipment, and creating a pathway for existing health workers into the federal workforce are the work that follows. This will require sustained collaboration with the Kaduna State Government. In the last 42 months, the Federal Government has established 16 additional federal tertiary health institutions across the six geopolitical zones. Each must now be judged by what a patient experiences inside it.
Delivery depends on coordination. Lead poisoning cannot be tackled by one agency alone, which is why the Inter-Agency Working Group and state-specific action plans, with Lagos, Ogun, Sokoto and Zamfara as priorities, matter. Delivery also depends on safety. The measures directed in August to protect health workers in federal tertiary institutions must translate into real protection in every facility, because no service runs without the people who deliver it.

None of this is glamorous. All of it determines whether a commitment becomes a service. It is the discipline of facilities, people, tools and coordination, across rural and urban settings, from primary to tertiary care.

October tested that discipline at the frontline, and it will be tested again. Our task is to ensure that wherever a Nigerian seeks care, the commitment made on their behalf is there to meet them.
And so with peace and plenty Nigeria may be blessed.

Dr. Iziaq Adekunle Salako
Honourable Minister of State

ON CALL | HEALTH & SOCIAL WELFARE UPDATE

OCTOBER 2026 EDITION

October *in* Motion



A month of action, progress and renewed focus on better health for Nigerians.



7 OCTOBER

International Cancer Week

Nigeria reaffirms its cancer-control commitments, including the NCCP 2026–2030.



12 OCTOBER

Health-Worker Safety

Ministry condemns attack on a medical laboratory scientist at FMC Abeokuta.



14 OCTOBER

16th BHCPF MOC Meeting

₦40.76bn approved for Q3 2026 as reform gains momentum.



20 OCTOBER

Ebola Confirmation

Nigeria reports an Ebola Bundibugyo virus disease case in the FCT.



22 OCTOBER

Malaria Progress

New findings show declining prevalence, with a renewed push to meet 2030 targets.



28 OCTOBER

BHCPF 2.0 Review

Three years of financing reform reviewed, with stronger focus on primary healthcare.



30 OCTOBER

Continental Community Health Acceleration Plan

Nigeria backs Africa's push to mobilise two million community health workers by 2030.



8 OCTOBER

World Sight Day

Expanding eye-health services for a clearer, healthier Nigeria.



12–13 OCTOBER

Health Sector Reform Briefing

Coordinating Minister briefs the President on ongoing reforms.



15 OCTOBER

Kafanchan MoU

A step towards a Federal Medical Centre in Kafanchan.



21 OCTOBER

Lead Poisoning Plan

Five-Year Strategic Plan launched to eliminate lead poisoning in Nigeria.



23 OCTOBER

Ebola Response Updates

Genomic findings and compliance circular on entry protocols issued.



28–30 OCTOBER

Fit-for-Purpose Health Workforce Forum

Stakeholders chart a sustainable workforce for UHC.

From policy to people, October reminded us: progress is proven when commitments reach the frontline.

#MinistryOfHealthNG

to save lives, reduce both physical and financial pain and produce health for all Nigerians.

ANCHOR FEATURE

Ebola:

The Test Of Preparedness When The System Is Put To The Test

When a high-consequence virus reached Abuja, the question was not whether a plan existed. It was whether the system could carry it out.

On 20 October, the Federal Government confirmed a case of Ebola Bundibugyo virus disease in the Federal Capital Territory, following laboratory confirmation that day. The patient, a woman who had recently arrived in Nigeria from Uganda, was admitted to a private hospital, where she received care for several days before the diagnosis was made. The case was imported, and it tested the system at once.

From confirmation to response
The patient was placed in isolation and care continued.

The Ministry and NCDC worked with the FCT Health Services Secretariat and other relevant authorities to contain the infection. Surveillance was intensified, and the hospital received immediate support to strengthen infection prevention and control. Public and private health facilities across the country were placed on high alert, with instructions to maintain a high index of suspicion, isolate suspected cases, observe strict infection prevention and control measures, and report immediately.

Tracing the contacts

Contact tracing began with 44 close contacts, including health workers, patients, caregivers and travel contacts. As tracing widened, NCDC data showed the number of identified contacts rising to 53 and subsequently to 62, with monitoring scheduled to end by 13 November. Of the 18 samples tested, one was positive, the index case, while 17 were negative.

The evacuation

On 26 October, the Federal Government approved the evacuation of the index case to Switzerland, together with her spouse, who remained



Ebola: The Test Of Preparedness When The System Is Put To The Test



asymptomatic. She was clinically much improved: stable, conscious and communicating, with laboratory results moving towards baseline. Clinical improvement did not mean she was no longer infectious, which was why strict protocols governed the evacuation. The Government thanked the clinical staff who cared for her and the public health personnel who carried out the evacuation in line with best practice. The Swiss Government confirmed her arrival, while public health measures in Nigeria continued without pause.

A signal from the North-East

On 30 October, two people in Yola, Adamawa State, were reported with symptoms suggestive of Ebola. They were isolated and tested, and by 31 October both had tested negative after two rounds of testing. NCDC confirmed that there was no laboratory-confirmed case in Adamawa and that the FCT index case remained the only confirmed case in Nigeria. Suspicion, isolation and testing, completed within days, are the sequence preparedness is meant to produce.

> **“ Containing Ebola requires everyone to play their part**
>
> *—Prof. Muhammad Ali Pate, Coordinating Minister*

Science and evidence

Genomic analysis by NCDC and the Institute of Genomics and Global Health at Redeemer's University, Ede, Osun State, led by Professor Christian Happi, found the virus genetically related to one identified in Kenya. The Coordinating Minister commended both institutions for their speed and scientific rigour. He was equally clear that genetic relatedness does not, in itself, establish a direct transmission link, and that further investigation is needed to determine whether the cases are epidemiologically linked. Distinguishing what is known from what is still being investigated is part of preparedness.

Guarding the points of entry

On 22 October, the Ministry issued Circular No. PS/FMOH/08/VIII/48, signed by the Permanent Secretary on behalf of the Coordinating Minister, directing strict compliance with approved Ebola entry protocols at all designated points of entry. It followed concerns raised by the Office of the National Security Adviser about reported non-compliance. Institutions were directed to follow prescribed screening, health declaration

Ebola: The Test Of Preparedness When The System Is Put To The Test



and surveillance requirements, document and report breaches, and allow enforcement personnel to work without undue interference. A protocol protects the public only when it is applied consistently.

Communicating under pressure

From its initial statements, the Ministry and NCDC urged Nigerians to remain calm but vigilant, maintain good hand hygiene, practise enhanced sanitation and follow guidance from public health authorities. The public was also advised to avoid sharing unverified information or speculation and to rely on official government and public health communication channels.

Anyone experiencing symptoms such as fever, severe weakness, headache, muscle pain, vomiting, diarrhoea or unexplained bleeding, particularly following relevant exposure, was advised to seek immediate medical attention, disclose relevant travel or contact history and avoid self-medication. The NCDC's toll-free line, 6232, was also provided as a channel for public enquiries. In an outbreak, accurate and consistent communication is part of the response.

What the response reveals

This account offers no verdict on a single case. It shows the capabilities a health system must have before it needs them: laboratories that confirm cases, tracing that widens as evidence arrives, state-level detection and testing, genomic science that informs without overreaching, border protocols that are enforced, and communication the public can trust. Each was tested in October.



SITUATION UPDATE

Situation as at 31 October 2026. This feature draws on official Ministry statements and NCDC updates available at the time of publication. For current information, consult NCDC, the Federal Ministry of Health and Social Welfare, WHO and Africa CDC. For symptoms and guidance on what to do, see *Healthy Living Corner.*

Financing Health, Strengthening The Frontline

BHCPF 2.0: Three Years Of Financing Reform, Results And The Road Ahead

The real measure of health financing is not how much money is approved in Abuja, but what it makes possible in a primary healthcare centre, an emergency ward or a household that can finally access care.

The impact of a health fund is felt in the primary healthcare centre that can keep its doors open; in the pregnant woman who reaches skilled care; in the patient who receives emergency attention without first having to find the money; and in the health worker who has the equipment and support to do the job.

That is the test facing the Basic Health Care Provision Fund (BHCPF) 2.0, and the question at the centre of its three-year review: is financing translating into services, stronger facilities and better access to care?

The figures presented by the Minister of State for Health and Social Welfare and Alternate Chairman of the BHCPF Ministerial Oversight Committee, Dr. Iziaq Adekunle Salako, at the Ministry's review on 28 October 2026 show an expanding financing architecture, with measurable gains in utilisation, facility readiness, insurance coverage and emergency services. They also show the scale of investment and coordination needed to sustain those gains.

Following the money

Established under the National Health Act, 2014, the BHCPF was strengthened through Guidelines 2.0, which introduced performance-linked disbursement, direct facility financing, NIN-based identification of beneficiaries and stronger accountability. The principle is that money should follow performance and reach the facility directly.

Of the 422.3 billion released since 2019, 323.6 billion had been disbursed as of September 2026, of which 249.6 billion, or 77.1 per cent, was disbursed under the current administration. Releases rose from 51.6 billion





in 2023 to 132.2 billion in the first nine months of 2026 alone. After the Ministerial Oversight Committee approved a further 40.76 billion for the third quarter at its 16th meeting on 14 October, cumulative disbursements are expected to reach approximately 364.3 billion.

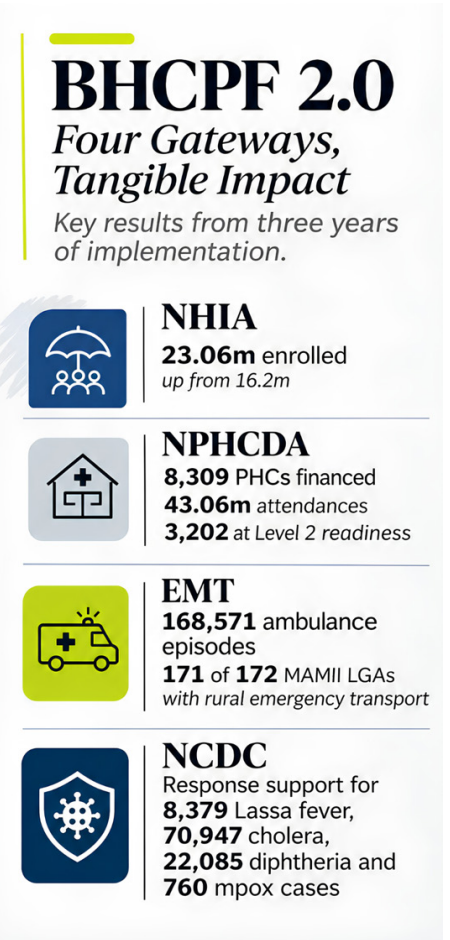
What it is financing

Direct facility financing supports 8,309 primary healthcare centres across the 36 states and the FCT, with an approved expansion to 13,521. Facilities attaining Level 2 readiness rose from 1,748 in 2024 to 3,202 by the third quarter of 2026, an increase of about 83 per cent. Attendance rose from 34.55 million in 2023 to 43.06 million by the second quarter of 2026, nearly 25 per cent. Deliveries attended by skilled birth attendants rose by 63.6 per cent, and third-dose pentavalent vaccine uptake improved.

Protection and emergency care

Access also depends on affordability. National health insurance enrolment rose from about 16.2 million in 2023 to 23.06 million by the third quarter of 2026, including 3.18 million vulnerable Nigerians covered through BHCPF-supported arrangements with the National Health Insurance Authority. The Fund supported fistula surgeries, emergency Caesarean sections and other emergency obstetric and newborn care for 96,068 women and babies, and at its 14 October meeting, the Committee approved coverage for approximately 90,000 people in correctional facilities.

Emergency services now exist in urban areas in all 36 states and the FCT, while rural emergency transport operates in 171 of the 172 local government areas covered by the Maternal and Neonatal



Mortality Reduction Innovation Initiative, with expansion to 200 planned by December 2026. Since 2023, 168,571 ambulance episodes have been recorded.

The NCDC gateway also supports disease surveillance, public health preparedness and outbreak response. The Ebola situation this month brought these responsibilities into sharper focus, exposing gaps in the gateway's capacity and reinforcing the need for stronger institutional support and increased funding. Discussions are ongoing at management level on strengthening the gateway and its funding to better support these functions.

The people behind the system

A total of 78,054 frontline health workers have been trained towards a target of 120,000. The Committee also approved phased salary support for 13,800 community-based health workers and skilled birth attendants: the Federal Government, through the National Primary Health Care Development Agency, will cover 100 per cent of eligible salary costs in the first year, 67 per cent in the second and 33 per cent in the third, before states assume full responsibility, subject to verification and progressive absorption into state employment.

The transition asks states to take ownership of the personnel their health systems depend on. The Committee also approved MEDIPOOL, a pooled procurement mechanism for BHCPF commodities.

Accountability and the road ahead

Dr. Salako stressed that a sustainable primary healthcare system needs active state participation. He commended Katsina State for releasing 240.79 million to its State Health Insurance Agency and urged other states and the FCT to meet their counterpart financing obligations. A Memorandum of Understanding with the Independent Corrupt Practices and Other Related Offences Commission (ICPC) supports the tracking of public funds, because accountability, he said, must be measured by whether resources reach their intended facilities and become services for patients.

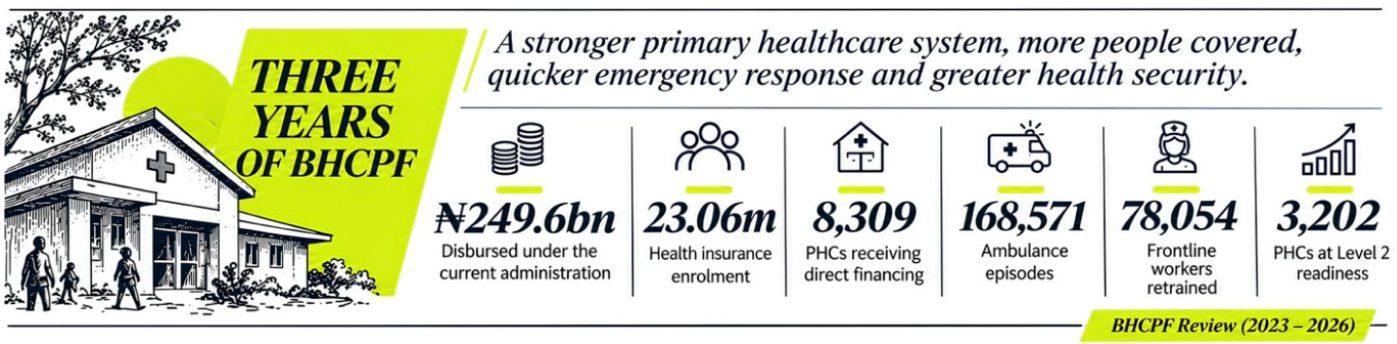
The Federal Government is working with the National Assembly towards raising the BHCPF's statutory allocation from one per cent to two per cent of the Consolidated Revenue Fund, and expanding direct facility financing to at least 17,600 facilities. These remain proposals requiring legislative and approval processes, not completed changes. The next phase will depend on whether investment is matched by effective implementation, timely releases, state ownership and transparent use of resources.



Beyond the disbursement

The numbers are evidence of movement, and a measure against which the next phase must be judged. For the patient, the real test is not the amount released or the number of facilities on a register. It is whether care is available when needed, whether the service is reliable and whether accessing it pushes a household further into financial difficulty.

The money must move. The facilities must function. The people must be served. That is what makes health financing count.



The Workforce Behind The Frontline



Africa's Community Health Acceleration Plan, launched in Abuja

A health system reaches a community through someone who lives in it. Africa has now set a target of two million of them by 2030, and Nigeria has to deliver its share.

A community health worker is the person who spots a risk in a pregnancy, finds the child who has missed vaccination, records household health data and notices an outbreak before a facility does. On 30 October, Nigeria hosted the official launch of the Community Health Programme Continental Acceleration Plan 2026–2030, which brings together 51 African countries and more than 30 partners towards the employment of two million community health workers across the continent by 2030.

The Vice President, Senator Kashim Shettima, formally launched the Plan on behalf of President Bola Ahmed Tinubu, who serves as African Union Champion for Human Resources for Health and Community Health Delivery Partnership. He stressed that community health workers are indispensable to universal health coverage, and called for their legal recognition, reliable remuneration, adequate support and equitable deployment. The sustainability of primary healthcare, he said, depends on a properly supported community workforce.

> **"community health workers are indispensable to universal health coverage, and called for their legal recognition, reliable remuneration, adequate support and equitable deployment.**
>
> *—Vice President Kashim Shettima*

Nigeria's share

Nigeria requires an estimated 315,000 community health workers by 2030. The Federal Government's commitment to closing that shortfall runs through the Nigeria Health Sector Renewal Investment Initiative: revitalising over 17,000 primary healthcare centres, training 120,000 frontline health workers and employing 100,000 salaried community health workers by the end of 2028.

These are commitments with dates, and the BHCPF review offers a measure of progress against the broader frontline

The Workforce Behind The Frontline

workforce target: 78,054 health workers trained towards the 120,000 target, alongside approval of a phased salary-support arrangement for 13,800 community-based health workers and skilled birth attendants, covered in this issue's financing feature. The targets ahead are far larger.

Who pays

The Vice President emphasised that African countries must strengthen domestic financing, noting the continent's continued dependence on external funding for community health programmes. He called for nationally owned implementation plans, dedicated budgets and effective monitoring frameworks, so that commitments translate into measurable results.

Africa CDC set the stakes. The two-million-worker ambition builds on the 2017 African Union commitment, which has so far been reached by just over half, a measure of how much implementation and sustainable financing still matter. It estimated that Africa needs US$4.3 billion a year to achieve the target, with every US$1 invested projected to generate up to US$19 in economic and social benefits. Nigeria's commitment to employ 100,000 salaried community health workers was highlighted as an important contribution to the continental ambition.

A shared commitment

The Minister of State for Health and Social Welfare, Dr. Iziaq Adekunle Salako, commended President Tinubu's approval to host the high-level forum, describing the initiative as significant to strengthening community health systems and advancing primary healthcare across Africa. The Coordinating Minister, Prof. Muhammad Ali Pate, reaffirmed the Ministry's commitment to strengthening primary healthcare and the community health workforce, in line with the Renewed Hope Agenda and the NHSRII. In her vote of thanks, the Permanent Secretary, Daju Kachollom S., mni, acknowledged the President's leadership alongside the African Union Commission, Africa CDC and development partners, and stressed that sustained investment, effective partnerships and coordinated implementation would be critical to turning the Plan's ambitions into improved health outcomes.

A target of two million is a number. A community health worker is a person with a salary, a status and a supervisor. Africa has met just over half of its last commitment, and this one will be judged by whether the workers are employed, supported and still in post in 2030.



CANCER CARE

The Distance Between A Plan And Treatment

Nigeria's cancer-control plan will be judged by whether a patient can confirm a diagnosis, reach treatment and afford to finish it.



A cancer diagnosis sets a patient on a journey that can involve multiple investigations, specialist consultations, treatment decisions and considerable expense. At every stage, the availability of services and the ability to pay can determine how far that journey goes. These are the practical questions at the heart of Nigeria's National Cancer Control Plan (NCCP) 2026–2030. While the Plan provides the national framework for reducing the cancer burden, its implementation depends on the capacity of the health system to translate policy into services that patients can actually reach.

At the opening of the 2026 International Cancer Week in Abuja on 7 October, the Minister of State for Health and Social Welfare, Dr. Iziaq Adekunle Salako, outlined interventions being advanced through the Ministry's National Cancer Control Programme and the National Institute for Cancer Research and Treatment (NICRAT), under the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and the Renewed Hope Agenda of President Bola Ahmed Tinubu.

The Plan targets at least a 30 per cent reduction in Nigeria's cancer burden by 2030, with prevention, early diagnosis, improved data management and standardised treatment among its priorities.

Strengthening treatment capacity

A major component of the effort is the development and commissioning of cancer centres of excellence, alongside the approved procurement of 35 Linear Accelerators over the next three years. Linear Accelerators are used in radiotherapy, a critical treatment option for several forms of cancer. Increasing their availability is intended to strengthen Nigeria's capacity to provide specialised treatment. The value of this investment, however, will depend on the supporting systems required to make the equipment functional: trained personnel, reliable maintenance, diagnostic services and effective referral pathways.

The Ministry also highlighted expanded diagnostic services and Immunohistochemistry under the Nigeria Cancer Access Partnership Programme. These services support more accurate cancer diagnosis

The Distance Between A Plan And Treatment

and help clinicians determine appropriate treatment options. Their expansion is an important part of closing the gap between detecting a disease and having the information and capacity to treat it effectively.

Prevention closer to communities

Cancer care also begins before diagnosis. "Prevention must remain at the centre of our national response because prevention is not only better; it is cheaper and it is everything," Dr. Salako said. Through NICRAT, eight Preventive Oncology Clinics across the six geopolitical zones are supporting efforts to expand preventive services and early detection.

The HPV vaccination programme is another important part of this response. More than 18 million girls aged 9–14 years have been reached, while the National Taskforce on Cervical Cancer Elimination is coordinating national efforts towards the World Health Organization's 2030 elimination target.

These interventions address one of the most important opportunities in cancer control: preventing certain cancers before they develop and identifying disease early enough to improve treatment outcomes. Sustaining progress will require continued public awareness, accessible screening and vaccination services, and effective links between primary healthcare and specialist facilities.

Keeping the cost of care from becoming another barrier

Even when treatment is available, its cost can determine whether a patient receives it. Cancer care often involves multiple investigations, specialised procedures, medicines and repeated hospital visits. For households without adequate financial protection, the expense can become overwhelming and may interrupt treatment.

The National Cancer Health Fund and catastrophic health expenditure financing mechanisms form part of the Federal Government's approach to addressing this challenge. Their purpose is to reduce the financial barriers that can prevent patients from accessing or completing treatment. "Our goal is clear," Dr. Salako said, "no Nigerian should be denied lifesaving cancer care because of poverty, geography or social circumstance." The test is whether these arrangements translate into meaningful support for patients, particularly those who would otherwise struggle to meet the cost of care.

Making the system work together

The interventions outlined during International Cancer Week point to a cancer-control response that extends beyond the treatment room. Specialised infrastructure must be supported by reliable diagnostics; prevention and early detection must connect patients to appropriate care; and financial protection must help them remain in treatment. Dr. Salako called on government institutions, development partners, academia, professional associations, the private sector, civil society and patient groups to turn the outcomes of the week into measurable action.

The National Cancer Control Plan provides the direction, but implementation will be judged by what changes for the person facing a diagnosis: whether services are available, whether care is timely and whether treatment can be completed without financial hardship. That is where the distance between a plan and treatment must finally be closed.



ACCESS CLOSER TO HOME

Bringing Specialist Care Within Reach

Access is measured in distance, time and cost. Two October commitments aim to shorten all three: eye care in the community and specialist care beyond the capital.



Access to healthcare is shaped not only by whether services exist, but by where they are located and how easily people can reach them. For someone living with impaired vision, a child struggling to see the classroom board or a patient in need of specialist treatment, distance can become a barrier to timely care.

Two developments in October reflect the Federal Government's efforts to address that challenge: the expansion of eye-health interventions across communities and an agreement with the Kaduna State Government to transition Sir Patrick Ibrahim Yakowa Memorial Hospital, Kafanchan, towards a Federal Medical Centre.

Making eye care part of everyday healthcare

At the commemoration of the 2026 World Sight Day in Abuja on 8 October, the Minister of State for Health and Social Welfare, Dr. Iziaq Adekunle Salako, said the Federal Government had set a target of 25,000 free cataract surgeries by the end of 2027 under the Renewed Hope Health Connect initiative, in line with the Nigeria Health Sector Renewal Investment Initiative (NHSRII). He said the Government recognises eye health as both a public health and development priority, given its effect on education, productivity, independence and quality of life, and that the Ministry is advancing it by integrating eye care into primary healthcare.

The target builds on an expanding network of community-level eye-health services developed with partners. More than 1,400 primary healthcare centres have been activated to provide primary eye care, while over 3,000 health workers have been trained across 16 states. Under the Effective Spectacle Coverage Initiative Nigeria (ESCIN), also known as Jajibola 2.0, more than 1.5 million pairs of reading spectacles have been distributed across 16 states, with preparations underway to extend the programme to 10 additional states. The School Eye Health Programme has also screened over 1.5 million school-age children for visual problems, while four new vision centres are being established in secondary healthcare facilities in Enugu, Edo, Sokoto and Nasarawa States.

These interventions are designed to strengthen the pathway from early identification to treatment and referral. By integrating eye care into primary healthcare, the Ministry is working to ensure that common vision problems can be identified closer to where people live, while patients requiring more specialised attention can be referred to appropriate facilities.

"No child should be prevented from learning because of an undiagnosed vision problem," Dr. Salako said, "and no Nigerian should live with avoidable blindness simply because treatment is beyond reach."

The policy foundation is in place. The Permanent Secretary, Daju Kachollom S. mni, cited Nigeria's first Comprehensive National Eye Health Policy, ratified by all 36 states and the FCT, and the National Strategic Eye Health Plan 2024–2028. Partners at the event, including Sightsavers Nigeria, Clinton Health Access Initiative, CBM International, OneSight EssilorLuxottica Foundation, Peek Vision and Helen Keller International, called in a joint position for sustained investment in prevention, early detection, treatment and rehabilitation, with services inclusive of persons with disabilities and accessible to children, women and underserved communities.

A new federal pathway for Southern Kaduna

Bringing Specialist Care Within Reach



The question of geographical access also informed the signing of a Memorandum of Understanding between the Federal Ministry of Health and Social Welfare and the Kaduna State Government on 15 October. The agreement provides for the transition of Sir Patrick Ibrahim Yakowa Memorial Hospital in Kafanchan towards a Federal Medical Centre. Speaking at the signing, Dr. Salako said tertiary healthcare must not remain a privilege of capital cities and metropolitan centres. He noted that the Federal Government had established 16 additional federal tertiary health institutions across the six geopolitical zones in the preceding 42 months.

Under the agreement, the Ministry will work with Kaduna State to upgrade the hospital's physical infrastructure and diagnostic capacity, deploy specialist personnel and advanced equipment, and establish a pathway for interested existing health workers to be absorbed into the Federal Government's workforce. The facility is also envisaged as a regional hub for medical training, research and specialised clinical services. Kaduna State Governor, Senator Uba Sani, said the agreement would expand access to specialised care for Kaduna's growing population of 12 million. He reaffirmed the state's commitment to a seamless handover and disclosed that the state government would continue paying the hospital's staff salaries until they are successfully absorbed into the Federal Government's payroll. The arrangement reflects the shared responsibility required to make the transition work without disrupting existing services.

For residents of Kafanchan, Jema'a Local Government Area, neighbouring communities and adjoining states, the planned development is intended to bring specialist services closer to home and reduce the physical and financial burden of travelling long distances for care. The Permanent Secretary said the measure of the agreement would ultimately be the quality of care delivered.

Measuring access by the distance reduced

Whether through a primary healthcare centre offering eye services or a federal tertiary institution providing specialised treatment, the objective is the same: to make quality healthcare more accessible, particularly to communities underserved by existing infrastructure.

The two commitments are at different stages. The eye-health figures record work already done and a target still ahead; the Kafanchan MoU records an agreement and the work it commits both governments to do. The real measure will be found in the services people can access: the child whose vision problem is detected early, the person whose cataract is treated, and the patient who can receive specialist care closer to home.

Expanding access is not simply about establishing facilities or announcing new programmes. It is about ensuring that services are functional, properly equipped, adequately staffed and within reach of the people who need them.



MALARIA
PROGRESS IS NOT THE FINISH LINE



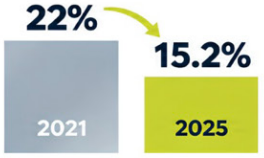
Prevalence among Nigeria's youngest children has fallen from 22 to 15.2 per cent. The harder task is making the fall last.

A decline in malaria prevalence is worth recognising. But for a country that continues to carry a substantial malaria burden, the more important question is whether that progress can be sustained, extended to communities where the disease remains prevalent and translated into fewer illnesses and deaths.

The 2025 Nigeria Malaria Indicator Survey (NMIS) offers an important measure of where the country stands. Malaria parasite prevalence among children aged 6–59 months fell from 22 per cent in 2021 to 15.2 per cent in 2025, a reduction of 6.8 percentage points. The findings, released in Abuja on 22 October 2026 alongside the National Malaria Strategic Plan 2026–2030, provide evidence of progress while setting out the work still required. The Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, CON, said

THE KEY FIGURES

National prevalence
Malaria parasite prevalence among children aged 6–59 months



↓6.8 percentage points reduction

Kebbi State
Malaria prevalence among children aged 6–59 months



The 2030 target



50% reduction in malaria prevalence and malaria-attributable deaths from 2025 levels by 2030.

Use of insecticide-treated nets

72.3% of children in households that own nets slept under one.

80.6% of pregnant women in households that own nets slept under one.

Progress Is Not The Finish Line

the decline reflects meaningful progress, in line with the Federal Government's commitment to improving health outcomes under President Bola Ahmed Tinubu's Renewed Hope Agenda. He was represented at the launch by the Permanent Secretary, Daju Kachollom S.mni.

The figures are encouraging, but they do not tell a uniform national story. Malaria transmission and the effectiveness of interventions vary across states and communities. The national average therefore needs to be read alongside the disparities between states and communities, and the local conditions that determine whether prevention, diagnosis and treatment reach the people who need them.

Progress, measured beyond the national average

The experience of Kebbi State illustrates what sustained, locally responsive action can achieve. Malaria prevalence among children aged 6–59 months declined from 49 per cent in 2021 to 18 per cent in 2025. Prof. Pate cited the reduction, while cautioning that progress must not be mistaken for elimination. The remaining burden is a reminder that improvement does not amount to the end of the work.

> **"...states must take ownership of their findings. That responsibility goes beyond acknowledging the figures. States are expected to use their NMIS results to identify local needs, align malaria plans and budgets with the burden in their communities..**
>
> ***—Prof. Muhammad Ali Pate, CON, Coordinating Minister***

The survey also draws attention to the use of insecticide-treated nets, one of the essential tools for malaria prevention. Among households that own these nets, 72.3 per cent of children and 80.6 per cent of pregnant women slept under one. These figures point to a gap between household ownership and consistent use. Having a net is an important first step; ensuring that it is used regularly is what gives the intervention its protective value.

Together, the findings offer two important lessons. Progress is possible, but it must be sustained. And national gains depend on whether interventions are reaching





households consistently, particularly in areas where the burden remains high.

Turning evidence into state-level action

At the launch of the survey report and the National Malaria Strategic Plan, Prof. Pate emphasised that states must take ownership of their findings. That responsibility goes beyond acknowledging the figures. States are expected to use their NMIS results to identify local needs, align malaria plans and budgets with the burden in their communities, and ensure that allocated resources are released on time. He also urged development partners to align their investments and technical support with national priorities.

This is central to the Plan's Sub-National Tailoring approach. Rather than applying the same intervention mix everywhere, the strategy seeks to direct resources and activities according to local epidemiological evidence. States with higher transmission burdens must be able to identify where the gaps are, determine which interventions are most relevant and plan accordingly.

The approach also reinforces the importance of coordination. The National Malaria Elimination Programme and the National Population Commission worked together to produce the survey, combining malaria-control expertise with the Commission's survey infrastructure and field operations. The Commission's Director-General, Dr. Abuh Muhammed, urged policymakers and partners to use the findings to direct resources where they are most needed. The partnership demonstrates the role of reliable data in shaping policy.

The 2030 test

The National Malaria Strategic Plan 2026–2030 sets a target to reduce malaria prevalence and malaria-attributable deaths by 50 per cent from 2025 levels by 2030. Aligned with the Nigeria Health Sector Renewal Investment Initiative (NHSRII), the Plan is being advanced through the Sector-Wide Approach, under the principle of One Plan, One Budget, One Report, One Conversation.

The target will require more than a national strategy. It depends on sustained domestic financing, stronger surveillance, effective implementation and accountability across all levels of government. It also requires development partners to support nationally defined priorities, rather than fragmented interventions that leave gaps in coverage. At the launch, Prof. Pate reaffirmed the Federal Government's commitment to strengthening domestic financing, improving surveillance and sustaining a coordinated, accountable national response. For states, the immediate task is to translate survey findings into practical plans, budget for the interventions required and ensure that funds reach the communities they are intended to serve.

The 2025 survey gives Nigeria a clearer picture of the progress made and the work that remains. The 2030 target provides a measure against which future performance can be assessed. Between the two lies the harder work of sustaining prevention, closing gaps in access and ensuring that progress in one state is not undermined by persistent transmission in another. The decline to 15.2 per cent is a reason to take stock, not to stand still. Progress is real, but its value will ultimately be measured by how many more lives are protected, how consistently malaria is prevented and treated, and whether the country can sustain the momentum towards 2030.

NIGERIA'S FIVE-YEAR STRATEGIC PLAN ON *Lead Poisoning Elimination*

From detecting exposure to preventing it at source: understanding the national framework, its priorities and the responsibilities involved in implementation.



01 / WHY THIS PLAN MATTERS

Lead poisoning is a significant public health and environmental challenge. Children, pregnant women and women of childbearing age are particularly vulnerable to its harmful effects.

The Plan provides a national framework for coordinated, multisectoral action, moving beyond the identification of lead exposure towards preventing and controlling it at its source.

02 / FOUR PRIORITY AREAS *(all in service of prevention at source)*



ENVIRONMENTAL AND OCCUPATIONAL SURVEILLANCE

Strengthen the monitoring of lead exposure in the environment and workplaces to improve detection, identify risks and inform targeted interventions.



LABORATORY AND INSTITUTIONAL CAPACITY

Improve the capacity of laboratories and relevant institutions to detect, assess and respond to lead exposure.



REGULATION AND ENFORCEMENT

Strengthen regulatory oversight and enforcement of the rules that limit exposure at its source.



REFERRAL PATHWAYS

Establish clearer routes to care for individuals with elevated blood lead levels.

03 / WHO HAS A ROLE?

FEDERAL MINISTRY OF HEALTH AND SOCIAL WELFARE
Provides the national leadership the Plan requires.

INTER-AGENCY WORKING GROUP
Brings relevant Ministries, Departments and Agencies together with development partners and other stakeholders to strengthen coordination.

STATE GOVERNMENTS
Adapt national priorities to local exposure risks through state-specific prevention and control action plans.

INDUSTRIES AND DEVELOPMENT PARTNERS
Support the domestication and implementation of the Plan.

CIVIL SOCIETY, PROFESSIONAL BODIES, TRADITIONAL AND RELIGIOUS LEADERS, COMMUNITIES AND THE MEDIA
Support awareness, advocacy, community engagement and prevention.

04 / FROM NATIONAL PLAN TO STATE ACTION

Lead exposure does not occur in the same way everywhere, so interventions must reflect local sources and pathways of exposure. Four states were identified as priorities for tailored action plans.



Lagos State's action plan is to be finalised, informed by its completed blood lead level and children's environmental health assessment.

05 / IMPLEMENTATION STATUS

- **Unveiled:** the Five-Year Strategic Plan.
- **Established and operational:** the Inter-Agency Working Group.
- **Being developed:** a costed three-year national roadmap to translate the Plan's priorities into time-bound and measurable interventions.
- **Identified as priorities:** state action plans for Lagos, Ogun, Sokoto and Zamfara.
- **Completed:** Lagos blood lead level and children's environmental health assessment.
- **To be finalised:** Lagos State action plan.

THE PUBLIC HAS A PART TO PLAY

Reducing exposure also requires practical action in everyday settings:



Avoid contact with potentially contaminated soil and dust.



Use lead-safe products.



Observe protective measures during battery recycling, painting and other high-risk activities.



Keep work clothes and footwear away from living areas.



Wet-clean floors and play areas.



Maintain diets rich in calcium, iron and vitamin C.

> *"Communities are central to prevention, and our efforts must extend beyond government institutions to all of society."*

DR. IZIAQ ADEKUNLE SALAKO
Minister of State for Health and Social Welfare

Plan announced at the commemoration of International Lead Poisoning Prevention Week 2026, Abuja. Theme: ***"From Detection to Prevention."***

THE MAN WHO SETTLES THE QUESTION

Evidence, standards and the quiet work that strengthens Nigeria's health system.,



Prof. Saad Ahmed
MBBS, MPH, PhD, FMCPath (Nig), FCPath (ECSA), FICS, IFCAP (Chicago)
Medical Director, Federal Medical Centre, Abuja

Prof. Saad Ahmed, Medical Director of Federal Medical Centre, Abuja, has spent his career on the part of medicine patients rarely see: the diagnosis. In this profile, he explains why it carries so much weight and what a hospital owes the people who depend on it.

"A clinician forms a differential diagnosis; the pathologist settles it." Prof. Saad Ahmed says this is how pathology chose him. He had gone into medicine to be useful "in a way that could be seen". During residency in Histopathology at Ahmadu Bello University Teaching Hospital, Zaria, he found that the report he signed could decide whether a woman lost a breast or kept it. It could determine whether a young man received chemotherapy he did not need. It could decide whether a family was told to prepare or to hope.

"Nothing in clinical medicine carries more consequence than a diagnosis," he says, "and nothing is easier to get wrong quietly." He has spent his professional life trying to make that process safer. He specialised in Histopathology, with particular interests in breast and gynaecological pathology, and qualified as a Fellow and Consultant in 2006.

From the microscope to the hospital

His second turn was slower. He came to understand that being a good pathologist and building a good pathology service are different jobs. A correct diagnosis helps one patient. A laboratory that is staffed, quality-assured, properly equipped and trusted by clinicians helps everyone who passes through the hospital.

> **"A correct diagnosis helps one patient. A laboratory that is staffed, quality-assured, properly equipped and trusted by clinicians helps everyone who passes through the hospital.**

That understanding took him into leadership. He became Head of Department, then Director of the University Health Service at ABU Medical Centre. Since 2020, he has served as Medical Director of the Federal Medical Centre, Abuja.

He points to three areas of progress during his tenure. The first is postgraduate residency training, which has commenced and deepened in almost every department and unit of the Centre, contributing to the country's health workforce. The second is the range of advanced services the hospital sustains, including open-heart surgery, kidney transplantation, complex neurosurgery, in vitro fertilisation, laser and minimal access surgery, and metabolic and hepatobiliary procedures.

The third is patient satisfaction, which the hospital tracks through its SERVICOM platform. Patients can provide feedback through phone numbers at service points, QR codes linked to the hospital's email, suggestion boxes and Google reviews.

What the report decides

For readers who have never been inside a pathology laboratory, Ahmed describes pathology as the branch of medicine that examines tissues, cells and body

The Man Who Settles The Question

fluids to establish what is actually wrong. Its broad areas include Histopathology, Haematology, Chemical Pathology and Medical Microbiology. His own specialisation is Histopathology, and he says its influence on treatment is direct.

A breast biopsy report, for example, does not simply say cancer or no cancer. It establishes the type of tumour, how aggressive it is, whether the margins are clear and whether the tumour is hormone-receptor positive. Those details help determine whether a patient needs surgery, chemotherapy, endocrine therapy or a combination, and in what order. Errors carry consequences in both directions. An inaccurate report can send a woman to a mastectomy she did not need, or to a lumpectomy that leaves disease behind. A slow report can allow a tumour to move from operable to inoperable. In theatre, a frozen section examined within twenty minutes can help a surgeon decide whether to continue or stop.



The accuracy and timing of a diagnosis are therefore not merely laboratory concerns. They are central to the decisions that determine a patient's treatment and chances of recovery.

> **A breast biopsy report, for example, does not simply say cancer or no cancer. It establishes the type of tumour, how aggressive it is, whether the margins are clear and whether the tumour is hormone-receptor positive.**

Readiness is a habit

Asked what a hospital needs when Ebola is a public health concern, Ahmed starts with the systems that must already be in place.

Every entry point, including emergency, outpatient and antenatal services, needs screening protocols built around the case definition: fever, compatible symptoms and travel or exposure history within the preceding twenty-one days. Isolation must come before investigation, not after a result. A suspected case should be moved immediately to a designated holding or isolation area with restricted access, dedicated equipment, appropriate sanitation and personal protective equipment staged at the entrance. Staff must be trained to put on and remove PPE correctly, with the process practised and observed. "Most healthcare workers infected in outbreaks are infected while removing PPE, not while wearing it," he notes.

Confirmation requires another layer of preparedness. Samples must be collected safely by trained personnel in full protective equipment, packaged appropriately and transported through the established state emergency operations centre channels to the National Reference Laboratory. Laboratories handling such samples must meet the required biosafety standards and have personnel trained to manage highly infectious materials while maintaining diagnostic quality.

The same thinking applies to laboratory operations in ordinary times. "Equipment is the easiest part of a laboratory to buy and the hardest part to keep working," he says. What makes a laboratory dependable is what surrounds it:

• People: Pathologists across the disciplines, registered medical laboratory scientists practising within their competence, and trained laboratory assistants and support staff.

• Processes: Standard operating procedures that are followed, daily internal quality control, external quality assessment, equipment maintenance arrangements and reagent forecasting. These also

include electronic laboratory information systems, monthly review of turnaround time as a clinical indicator, and immediate communication of critical results to clinicians.

• Partnerships: Multidisciplinary tumour boards and clinical audit meetings, the Nigeria Centre for Disease Control and Prevention (NCDC), the national reference network for outbreak testing, professional and accreditation bodies, academic institutions and the health insurance system.

"A result that informs no decision has no clinical value," he says, "whatever its technical excellence."

Advice for the next generation

To young doctors considering pathology, Ahmed's message is direct: "You will not be thanked at the bedside and you will rarely be named in the discharge summary, but the treatment that patient receives will have been shaped by your signature. If that responsibility appeals to you more than applause does, this is your discipline."

He offers doctors and laboratory scientists three pieces of advice.

1. Keep specialising. Diagnostic medicine is moving towards molecular, genomic and digital technologies. "Artificial intelligence will read slides; it will not take responsibility for the report, and it will not notice that the clinical story does not fit."

2. Stay clinically visible. Attend tumour board meetings, engage with surgeons and follow diagnoses through to patient outcomes. The pathologists who change practice are those clinicians know by name.

3. Guard integrity above speed. "A late report is an inconvenience; a confident wrong report is a catastrophe, and the difference is a habit you build in training."



THE FRONTLINE PERSPECTIVE

To move Nigeria's health system from progress to delivery, we have to focus on three things that hold each other up.

The first is universal health coverage, not as a slogan on a banner, but as a mother in a rural community who can walk into a facility and be treated without being asked to pay first. Coverage only means something when money stops being the patient's problem.

The second is quality diagnostic services, because every decision a clinician makes rests on a result. If that result is late, wrong or unavailable, the treatment is guesswork, and guessing is expensive in a system that can least afford it. A working laboratory is not a luxury; it is the difference between treating a patient and hoping for one.

The third is manpower development, and I do not mean training alone. It means training people, equipping them and keeping them. A country that trains its health workers and then loses them has paid to staff somebody else's hospitals.

Coverage without diagnostics is empty. Diagnostics without staff is a room full of machines. Put the three together, and progress finally becomes delivery.



INSTITUTION IN FOCUS - IRRUA SPECIALIST TEACHING HOSPITAL



READY BEFORE IT IS NEEDED SPECIALIST CARE, TEACHING AND RESEARCH

In rural Edo State, a federal teaching hospital demonstrates what a functioning tertiary institution should deliver: specialist care patients can access, safety systems that protect them and expertise the nation can call upon.

A federal teaching hospital earns public trust in two ways: through the care it provides every day and its ability to respond when time is critical. For more than three decades, Irrua Specialist Teaching Hospital (ISTH), a Federal Government tertiary institution under the Federal Ministry of Health and Social Welfare, has been building its capacity to do both.

A hospital for its community and for the nation

ISTH has three statutory responsibilities: providing specialist healthcare, training health professionals and conducting research. Its national role in infectious disease management grew significantly in 2001, when the Federal Ministry of Health designated it a Centre of Excellence for the management and control of Lassa fever. Its Institute of Viral and Emergent Pathogens Control and Research (IVEPCR) now serves as a national reference centre for viral haemorrhagic fevers.

Located in Irrua, Esan Central Local Government Area of Edo State, about 87 kilometres from Benin City, ISTH is one of the few federal teaching hospitals situated in a rural community. Its location has not limited its reach. The hospital serves Edo Central and Edo North, receives referrals from Edo South, Delta, Kogi and Ondo States, and accepts patients and diagnostic samples from across Nigeria for suspected viral haemorrhagic fevers.

What patients can find there

The hospital's work extends well beyond infectious disease care. Its specialist services include cardiology, nephrology and dialysis, neurosurgery, ophthalmology, paediatrics, obstetrics and gynaecology, psychiatry, orthopaedics and geriatric care.

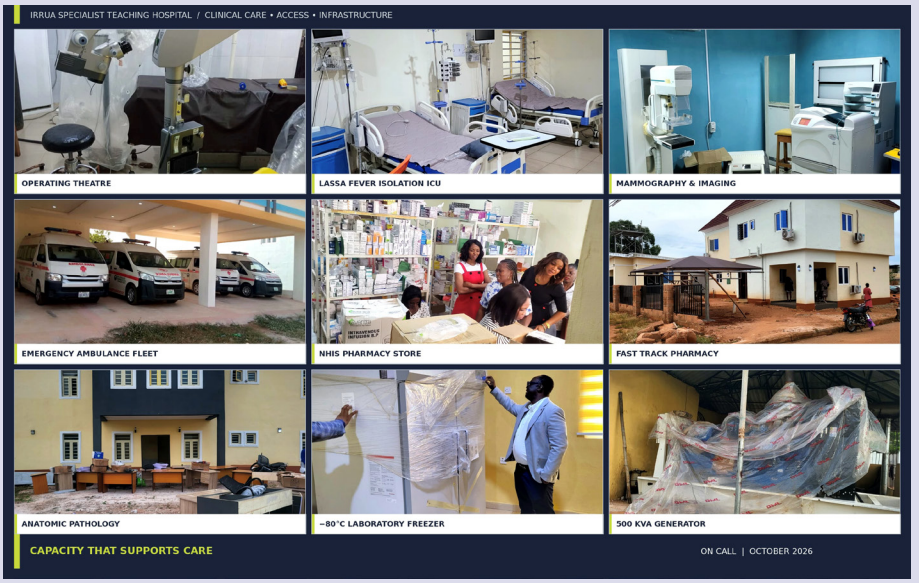
In 2025, ISTH attended to 147,764 patients, performed 2,082 surgical procedures and recorded 973 deliveries. Its service capacity has also expanded with the opening of a cardiothoracic clinic in 2024, a Children's Emergency Room built to WHO standards, a new paediatric ward in June 2025, a Fast Track Pharmacy and a completed General Outpatient Department complex. The impact of the latter is reflected in attendance, which nearly doubled from 15,331 in 2024 to 31,474 in 2025.

Digital systems are also supporting service delivery, with electronic medical records now covering 95 per cent of the hospital.

Access to care is reinforced through health financing arrangements. ISTH serves an average of 13,800 National Health Insurance Authority enrollees every quarter, across 38 Health Maintenance Organisations. Through the national emergency obstetric and newborn care programme, the hospital delivered more than 77 million worth of life-saving maternal and newborn care between January and June 2026.

IRRUA SPECIALIST TEACHING HOSPITAL

READY BEFORE IT IS NEEDED SPECIALIST CARE, TEACHING AND RESEARCH



Safety you can see

A functioning hospital is not defined by its facilities alone. The systems that protect patients, staff and the quality-of-care matter just as much. At ISTH, infection prevention and control operates as an established hospital-wide programme. A designated focal person, infection prevention link nurses and daily ward inspections have been in place since 2018, supported by documented procedures covering clinical practice, laboratory operations and biosafety.

Laboratory quality is another part of this safety framework. The hospital's laboratory scored 100 per cent in the 2026 external quality assessment rounds. A three-tier power backup system, comprising a generator, uninterruptible power supply and solar power, helps protect critical services and the cold chain from power interruptions. The value of these systems is reflected in the hospital's reported outcomes. According to ISTH records, the case fatality rate among its Lassa fever patients fell from 80–90 per cent in 2005 to 10–12 per cent in 2021–2022, below the national average of 19–23 per cent reported at the time. In its 2025 patient satisfaction survey, 87.1 per cent of inpatients reported satisfaction with their care.

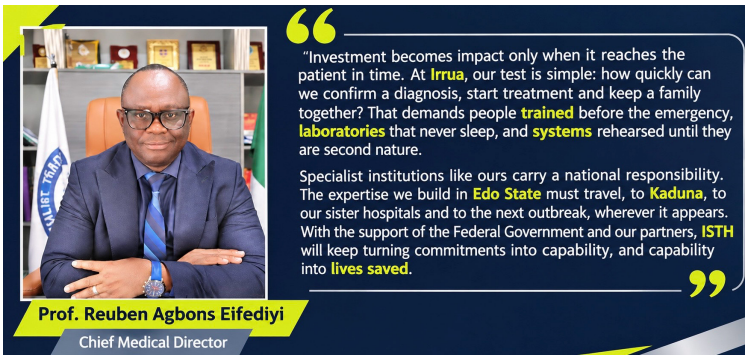
Ready when the nation calls

The hospital's infectious disease expertise has also become an important national resource. The Federal Ministry of Health and Social Welfare has nominated ISTH to coordinate the research group for Nigeria's master protocol on Ebola care. The nomination predates the current outbreak and builds on the hospital's experience, including its Ebola response deployments to Sierra Leone and Liberia in 2014–2015, its mobile laboratory capacity and its leadership in multinational clinical research. That readiness has been built over decades of managing Lassa fever. In 2008, ISTH made Nigeria's first indigenous molecular diagnosis of the disease. Today, molecular testing runs daily, with results usually available within 24 hours. In 2025, the hospital managed 447 of Nigeria's 895 confirmed Lassa fever cases, representing 49.9 per cent of the national total.

Its capacity to respond beyond its immediate location was demonstrated in February 2024, following an outbreak at the 44 Nigerian Army Reference Hospital in Kaduna, where four people died, including three health workers. At the request of the hospital and with the Coordinating Minister's authorisation, ISTH deployed a 14-member response team within 48 hours. The team supported the redesign of the isolation ward, established a mobile laboratory on site and tested more than 200 suspected cases over 31 days.

It also managed three patients with severe confirmed Lassa fever, all of whom recovered, and trained hospital personnel in infection prevention and control to strengthen local capacity.





ISTH reports that no further deaths occurred after the team's arrival.

During his visit in April 2026, when he commissioned the hospital's Viral Haemorrhagic Fever Clinical and Research Centre and Clinical Trial Complex, the Coordinating Minister described ISTH as a "hub of excellence" that had "demonstrated the technical expertise, infrastructure and human capacity" required to manage disease outbreaks.

Training and research

The hospital's capacity is sustained by the people it trains and the evidence it helps generate. In 2025, postgraduate residency examination pass rates rose to an aggregate of 85 per cent. Its School of Post-Basic Nursing was upgraded to an accredited College of Nursing Sciences in August 2024, strengthening its contribution to nursing education and workforce development.

Research is also expanding the institution's role beyond clinical service delivery. A Lassa fever treatment trial conducted at ISTH and Federal Medical Centre, Owo, in collaboration with the Bernhard Nocht Institute for Tropical Medicine, was published in Nature Medicine in May 2026. The SAFARI study examined favipiravir as a potential treatment alternative to ribavirin, contributing new clinical evidence to the management of Lassa fever.

What is still being built

ISTH's 2024–2027 Strategic Plan is aligned with the Renewed Hope Agenda and the Health Sector Strategic Blueprint, with its six strategic priorities mapped to the objectives of the Nigeria Health Sector Renewal Investment Initiative.

Some of the next steps are already taking shape. A WHO-standard 120-bed Accident and Emergency complex is approximately 60 per cent complete.



The entrance to Irrua Specialist Teaching Hospital, Irrua, Edo State.

FACT SHEET | AT A GLANCE

Commissioned	21 November 1991 as a **230-bed** hospital; established as a federal teaching hospital by Decree No. 92 of 1993
Location	Irrua, Esan Central LGA, Edo State, approximately **87 km** from Benin City
Patients attended	**147,764** in 2025: **133,181** outpatients and **14,583** admissions
Functional beds	**428** in 2025
Workforce	**3,286** staff in 2025, including **130** consultants, **215** resident doctors and **607** nurses
Surgery and maternity	**2,082** operations and **973** deliveries in 2025
Lassa fever caseload	**49.9%** of Nigeria's confirmed cases in 2025 (**447** of **895**, national total as reported by NCDC)
Lassa fever case fatality rate	**10–12%** in 2021–2022, compared with **80–90%** in 2005 (hospital records)
Laboratory capacity	**6,262** molecular tests across **seven** pathogens, January 2025–September 2026; **100%** in 2026 external quality assessment
Patient satisfaction	**87.1%** of inpatients satisfied with their care in the 2025 survey

When finished, it will increase the hospital's emergency bed capacity from 26 to 120. A new molecular laboratory complex, alongside efforts to secure ISO 15189 laboratory accreditation, is also in progress. These developments are important, but they remain unfinished commitments. Their value will ultimately be measured by completion, operational readiness and the improvements they deliver to patients and health workers.

Capacity is not what a hospital owns. It is what a hospital can do when time is short.

DID YOU KNOW?

1. Until 2008, samples suspected of Lassa fever were sent abroad for confirmation. That year, ISTH made Nigeria's **first indigenous molecular diagnosis** of the disease. Molecular testing has run daily since.
2. ISTH is one of the few federal teaching hospitals located in a **rural community.**
3. The hospital serves an average of **13,800** National Health Insurance Authority enrollees every quarter, across **38 HMOs.**
4. Electronic medical records now cover **95 per cent** of the hospital.
5. A **hospital farm** supplies fresh produce to the kitchen, supporting inpatient nutrition while reducing food costs.

13 BY THE NUMBERS

The Evidence of Progress



Beyond announcements and commitments, the numbers offer a closer look at what is changing across Nigeria's health sector, what has reached implementation and what remains ahead.

WHAT THE EVIDENCE SHOWS

FINDINGS AND MEASURED CHANGE



15.2%
Malaria prevalence
Among children aged 6–59 months in 2025, down from 22% in 2021.



25%
Increase in PHC attendance
Nearly 25% growth between 2023 and Q2 2026 under BHCPF 2.0.

83%
Facility readiness growth
Increase in PHCs attaining Level 2 readiness, from 1,748 in 2024 to 3,202 by Q3 2026.



49% → 18%
Kebbi malaria prevalence
Among children aged 6–59 months, between 2021 and 2025.

WHAT HAS REACHED PEOPLE

DELIVERED OUTPUTS AND SERVICE REACH

Girls aged 9–14 reached through HPV vaccination	18 million+
Reading spectacles distributed	1.5 million+
School-age children screened for vision problems	1.5 million+
Vulnerable Nigerians covered through the BHCPF-supported NHIA gateway	3.18 million
Women and babies supported through emergency obstetric and newborn interventions	96,068
Ambulance service episodes recorded since 2023	168,571

WHERE IMPLEMENTATION IS MOVING

ONGOING PROGRESS



8,309	Primary healthcare centres currently supported through direct facility financing.
78,054	Frontline health workers trained towards the 120,000 target.
13,800	Community-based health workers and skilled birth attendants under an approved phased salary-support arrangement.
23.06 million	Nigerians enrolled in national health insurance by Q3 2026.
16	Additional federal tertiary health institutions established across the six geopolitical zones in the preceding 42 months.

THE COMMUNITY HEALTH AGENDA

BUILDING THE WORKFORCE FOR PEOPLE-CENTRED CARE

2 million
Community health workers
Africa's continental target by 2030.

315,000
Required in Nigeria by 2030.

100,000
Salaried community health workers
Federal commitment by 2028.

WHAT LIES AHEAD

TARGETS AND APPROVED COMMITMENTS

30%
Cancer burden reduction
National target by 2030.

25,000
Free cataract surgeries
Target by the end of 2027.

50%
Malaria burden reduction
Target for prevalence and malaria-attributable deaths by 2030, from 2025 levels.

35
Linear accelerators
Approved procurement over the next three years.

The number is not the whole story.

Every figure represents a person reached, a service delivered, a system strengthened or a commitment yet to be fulfilled. The evidence matters, but so does what happens next.

Between Policy & People The Safety Of Those Who Care

A health system can only keep its promises to patients if the people who deliver care are safe to deliver it.

A healthcare facility is expected to be a place of care. Patients come seeking treatment, families look for answers, and health workers report for duty to provide services that can mean the difference between life and death. But what happens when the people responsible for delivering that care become victims of violence within the very institutions where they work?



On 12 October 2026, the Federal Ministry of Health and Social Welfare condemned the reported stabbing of Mr. Lawal Toheeb Olasunkanmi, a Medical Laboratory Scientist at the Federal Medical Centre (FMC), Idi-Aba, Abeokuta, Ogun State, and called for the immediate arrest and prosecution of the alleged assailant. The Minister of State for Health and Social Welfare, Dr. Iziaq Adekunle Salako, described the attack as barbaric and unacceptable. No grief, frustration or dissatisfaction with care, he said, can justify violence against a health worker performing his lawful duties. He called on the Nigeria Police Force to ensure the swift arrest of the suspect and affirmed that the Ministry would follow the case to ensure the alleged assailant is brought to justice.

The incident brought renewed attention to a concern that extends beyond one hospital: the safety of health personnel and the responsibility of institutions to protect them.

Protection cannot remain a policy directive

The Ministry had already acted. On 5 August 2026, it directed federal tertiary health institutions to strengthen measures for the protection of health workers. These included improved security arrangements, violence-prevention teams, incident-reporting mechanisms, collaboration with law-enforcement agencies and more effective complaint-handling procedures. Dr. Salako said the October incident reinforced the urgency of implementing these measures, stressing that safeguards must translate into effective protection for health personnel across health facilities.

This is where institutional responsibility becomes critical. Security arrangements must be functional, incidents must be reported and addressed, and hospital management must have clear procedures for responding to threats and supporting affected personnel. A directive is only the policy. What a health worker experiences at the ward and at the hospital gate is the protection.

Grievances must have a place to go

The Ministry's statement was equally clear about the families who seek care. Dr. Salako extended the Federal Government's condolences to the family of the deceased patient, stressing that the loss of a loved one deserves compassion and appropriate attention. He urged anyone with concerns about the care received to use the hospital's formal complaints mechanism, where concerns can be examined fairly and addressed on their merits without recourse to violence.

He also appealed to health workers who had embarked on industrial action at FMC Abeokuta to return to work immediately in the interest of patients and the wider public, and to allow security authorities to pursue the investigation. He urged the hospital's management to ensure that the injured staff member received appropriate medical care and support, while strengthening security arrangements in line with the Federal Government's directives.

These positions point to responsibilities that must be held together. Patients and families must be able to raise concerns and seek redress, while health workers must be able to perform their duties without fear of assault or intimidation. Dissatisfaction with care requires a response, but violence cannot become a means of seeking one.

Safety is part of quality care

The protection of health workers is often discussed as a workplace concern. It is also a healthcare delivery concern. When personnel feel unsafe, the conditions required for reliable and uninterrupted service delivery are weakened. Protecting those who provide care is therefore inseparable from protecting the patients who depend on them. The responsibility is shared: hospital management must maintain safe working environments; security and law-enforcement authorities must pursue accountability in accordance with the law; and the Ministry must ensure that safeguards are implemented, monitored and strengthened.

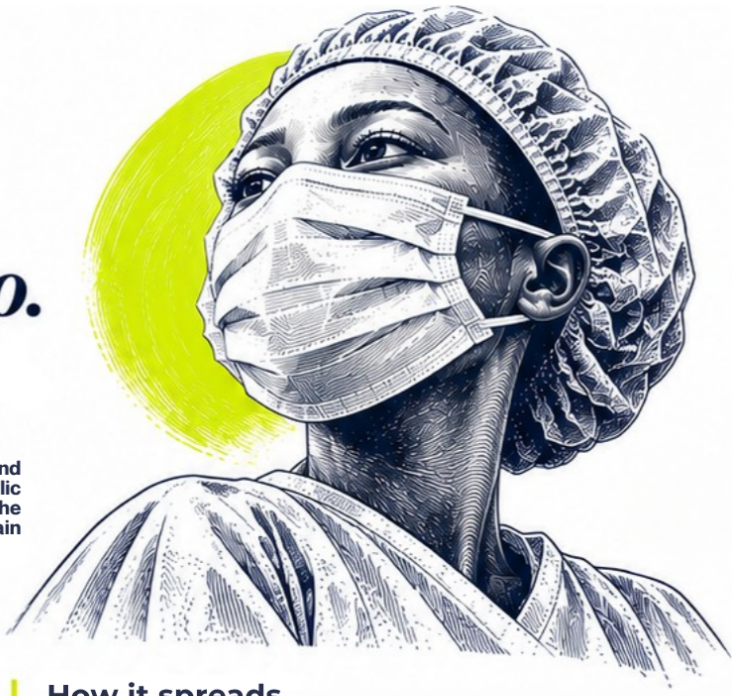


The test

The Ministry reiterated that protecting health workers is essential to safe and uninterrupted healthcare delivery. Health facilities must remain safe environments

15 | HEALTHY LIVING CORNER

Ebola: *Know the Signs. Know What to Do.*



Stay informed, recognise the symptoms, understand how it spreads and know when and where to seek help.

Ebola is a serious infectious disease, but accurate information and timely action are essential to preventing its spread. As public health authorities respond to the confirmed case reported in the Federal Capital Territory, Nigerians are encouraged to remain calm, stay alert and follow verified public health guidance.

THE SIGNS

Following a possible exposure, watch for symptoms such as:



Fever



Severe weakness



Headache



Vomiting



Diarrhoea

Symptoms should be taken seriously, particularly where there has been a possible exposure.

How it spreads

Ebola spreads through direct contact with the blood or body fluids of a person who is sick with the disease or has died from it. It can also spread through contact with materials contaminated by these fluids.

A key fact to remember .

A person infected with Ebola cannot transmit the virus before symptoms begin.

Protect yourself and others

- **Practise regular hand hygiene.**
- **Avoid contact with the blood and body fluids of anyone suspected to have Ebola.**
- **Avoid handling materials that may be contaminated.**
- **Follow public health advice and recommended safety precautions.**
- **Do not spread rumours or unverified reports.**

What to do if you suspect exposure

- **Report any possible exposure immediately, even if you feel well.**
- **If symptoms develop, avoid close contact with others.**
- **Call public health authorities for guidance before visiting a healthcare facility.**
- **Cooperate with public health teams if contacted for contact tracing.**
- **Provide the necessary information and follow the instructions given by public health authorities.**

Get information from official sources

For accurate updates and public health guidance, rely on:

- **Federal Ministry of Health and Social Welfare**
- **Nigeria Centre for Disease Control and Prevention (NCDC)**
- **World Health Organization (WHO)**
- **Africa Centres for Disease Control and Prevention (Africa CDC)**

Remember

Nigeria successfully contained Ebola in 2014 and has public health experience and systems to respond to the disease. Containing an outbreak, however, requires cooperation from everyone.

STAY CALM. STAY INFORMED. REPORT POSSIBLE EXPOSURE. FOLLOW PUBLIC HEALTH ADVICE.

Protecting public health begins with knowing what to do and doing it promptly.

The Work Continues

October brought new commitments, important conversations and developments that will shape the months ahead. The next task is to carry them forward.

A Stronger Community Health Workforce

Outcomes from the High-Level Forum on a Fit-for-Purpose Health Workforce and next steps on the Community Health Programme Continental Acceleration Plan.

Africa's Goal: 2 million

community health workers by 2030, with Nigeria scaling up its contribution.

Ebola Response

Continued surveillance, contact monitoring and response measures to contain the virus and protect public health.

The Next Global Health Milestone

Preparations for the Fifth Global High-Level Ministerial Conference on Antimicrobial Resistance (AMR), 6–8 December 2026.



Progress doesn't pause when a plan is launched.

The work ahead is clear: deliver on commitments, sustain vigilance and keep building a healthier, safer Nigeria.

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.