

Newsletter

APRIL - JUNE 2026



World Health
Organization
Nigeria



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F OREWORD



Dr PAVEL URSU

Country Representative, WHO Nigeria

The second quarter of 2026 offered a clear demonstration of how Nigeria's health sector progress contributes to the broader mission of the WHO African Region: advancing Universal Health Coverage, strengthening health security, and building resilient systems capable of protecting every community. The achievements highlighted in this edition of the WHO Nigeria Quarterly Newsletter reflect not only national momentum under the Health Sector Renewal Investment Initiative (NHSRII), but also the shared regional commitment to deliver on the priorities of the AFRO Regional Strategic Plan (2026–2030) and Vision 2035.

This quarter matters because it shows how evidence-driven action, strong government stewardship, and WHO's technical support is translating national priorities into meaningful results for people. Nigeria's advances in immunization, disease surveillance, service delivery, and health diplomacy demonstrate how countries in the region can accelerate progress toward resilient and self-reliant health systems, improved emergency preparedness, and reduced mortality from communicable diseases.

A major milestone was the launch of the €4.2 million European Union-supported Public Health Institutes Strengthening in Nigeria (EUSPIN) initiative. Beyond its national significance, EUSPIN contributes to AFRO's regional goal of strengthening public health institutions and promoting regional health sovereignty. By enhancing workforce capacity, improving data systems, and reinforcing preparedness and response capabilities, Nigeria is helping shape models that other Member States can adapt as they strengthen their own public health architectures.

Equally important was Nigeria's first Ambassadorial Health Diplomacy Roundtable, which created a platform for aligning global commitments with national and regional priorities. This dialogue reinforces WHO's convening role and demonstrates how coordinated diplomacy can mobilize resources, strengthen partnerships, and advance shared goals across the region—particularly in PHC revitalization, epidemic preparedness, and digital health transformation.



Across the country, evidence came alive through human stories that reflect the realities faced across the African Region. Health workers contained outbreaks through community outreach, mothers sought routine vaccines despite long distances, and mobile teams delivered integrated services in hard-to-reach areas. These experiences mirror challenges seen across AFRO (outbreaks, humanitarian settings, and persistent inequities) and demonstrate how community engagement and targeted strategies can drive regional learning and cross-country collaboration.

This quarter also saw the publication of the Polio: The Big Action report, which further underscored the importance of strong systems at every level of care. Investments in PHC infrastructure and laboratory systems continued to strengthen surveillance capacity, including the renewed stool sample collection in Sokoto and expanded environmental surveillance across high-risk states. WHO's technical guidance and supportive supervision—such as the 12,557 facility visits conducted by field volunteers and active case searches in insecure settlements—remain central to reinforcing the foundations of resilient health systems.

While progress is evident, significant challenges remain: insecurity in some parts of the country, persistent outbreaks, rising noncommunicable diseases, and gaps in financing and service coverage. Nigeria's experience offers valuable lessons for Member States working to expand immunization coverage, strengthen emergency preparedness, eliminate neglected tropical diseases, and align national priorities with Agenda 2063, the SDGs, and WHO's GPW14.

WHO remains proud to support Nigeria and the African Region in advancing this shared agenda. As we look ahead, we do so with a renewed commitment to strengthening PHC, expanding digital health solutions, reinforcing emergency preparedness, and advancing regional health sovereignty including local manufacturing and stronger institutions, consistent with the AFRO Regional Strategic Plan (2026–2030). The achievements of this quarter reaffirm that with evidence, partnership, and collective leadership, the region can continue moving decisively toward universal health coverage and stronger health security for every person.

Nigeria turns evidence into action to protect health and save lives



Abuja, on World Health Day 2026, under the theme “Together for health. Stand with science,” Nigeria is highlighting how public health-based interventions can improve outcomes across the country.

To reinforce this commitment, Nigeria continues to implement national priorities outlined in the Nigeria Health Sector Renewal Investment Initiative (NHSRII), ensuring that scientific evidence directly informs policy and practice.

Scientific evidence remains vital for effective public health actions—guiding disease prevention, enabling detection of outbreaks, and informing timely responses. In Nigeria, these strategies are being implemented on a large scale through government leadership and partnership with entities, including the World Health Organization (WHO).

Evidence guiding public health progress

Nigeria, home to more than 230 million people, has made measurable progress through sustained investment in evidence-based interventions led by the Federal Ministry of Health and Social Welfare.



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Women at the frontline of Nigeria's disease detection and response



Keffi – Women are at the frontline of Nigeria's disease detection and response. Their work drives faster reporting, higher vaccination coverage, and stronger trust between communities and health services.

"When my son developed a rash, I was scared," says Hauwa Mohammed, a mother from Angwan Gangaran Tudu in Keffi, Nasarawa State. "But the women health workers came to our home, explained what to do, and helped us get care quickly."

Her experience reflects what is happening across many parts of Nigeria. When health threats emerge, women are often the first to respond. They support families, counter misinformation, and connect communities to care.

Women protecting children during a measles outbreak

When measles cases began to surface in Angwan Gangaran Tudu, concern spread quickly among caregivers. Measles remains one of the leading causes of vaccine-preventable child mortality in Nigeria, particularly among children who miss routine.

Women's health workers mobilised immediately. They went door to door to share accurate information, encourage early reporting of symptoms, and explain when and where to seek care. Their actions helped families act early and supported wider outbreak containment efforts.

Across Nigeria, women form many frontline health workers involved in maternal, newborn and child health services. They provide essential care in clinics, laboratories, emergency operations centres and rural communities, supporting national priorities under the National Strategic Health Development Plan II and National Primary Health Care Development Agency programmes.

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Powering care, protecting lives: how two Nigerian communities see health differently



Port Harcourt – Reliable electricity is more than a convenience. It is a lifeline for primary health care. Clean and dependable energy supports safe, equitable and resilient services.

When the lights failed at the Primary Health Centre in Rumuigbo, Rivers State in southern Nigeria, the room went dark again.

A midwife held a torchlight against her shoulder as she checked a woman in labour. The generator had stopped, and no one knew if there was fuel to restart it. Across Nigeria, an estimated 40–50% of primary health care facilities experience unreliable electricity supply, putting essential services at risk.

These power challenges are common across many low- and middle-income countries, where health facilities often rely on costly and unreliable back-up power.

Community Health Extension Worker Alaba Douglas of Rumuigbo Primary Health Centre remembers those nights.

“You cannot tell a mother in pain to wait because the light is gone,” she said. “That was our reality for years.”

Frequent outages meant vaccines were rushed to neighbouring facilities. Night-time emergencies were delayed. Staff used phone lights to deliver babies. In some centres, power failed every day before the intervention.

Today, in two communities, that reality has changed.

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Benue State strengthens Lassa fever response with WHO and partners' support, as focus shifts to protecting frontline workers



Makurdi, At the Lassa fever isolation centre in Makurdi, vigilance defines the standard of care. Every patient presenting with a persistent fever is managed carefully with enhanced infection prevention and control (IPC), not only to ensure timely and effective treatment but also to protect health workers and prevent further transmission.

"In recent weeks, we have seen a moderate increase in suspected cases, especially among patients with prolonged fever," said Nurse Priscila Agber of Benue State University Teaching Hospital (BSUTH). "With infections among health workers increasing, everyone is more alert."

Lassa fever remains endemic in Nigeria, with transmission peaking during the dry season. As of 22 March 2026, the Nigeria Centre for Disease Control and Prevention (NCDC) reported 637 confirmed cases and 160 deaths nationwide.

At the same period, Benue State has reported 291 suspected cases, 50 confirmed cases, and 12 deaths, including 14 infections among health workers. While Benue ranks fourth nationally in terms of overall cases and deaths, it accounts for the highest number of health worker infections, representing 36% of the total reported in Nigeria.

This disproportionate burden of health workers' infections highlights critical gaps in facility-level IPC and underscores the need to strengthen protection for frontline health workers

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Health diplomacy in action: WHO convenes ambassadors to accelerate Nigeria's path to Universal Health Coverage



Abuja: In a decisive step to accelerate Universal Health Coverage (UHC), the World Health Organization (WHO) in Nigeria, on 14 April, convened ambassadors and heads of mission for its first Ambassadorial Health Diplomacy Roundtable in Abuja.

The meeting mobilised diplomatic alignment, resources and accountability to support the Government of Nigeria's health sector reform agenda under the Health Sector Renewal Investment Initiative (NHSRII) and its Sector-Wide Approach, and to deliver measurable health outcomes for all.

At a time when health challenges are increasingly shaped by global and geopolitical dynamics, the inaugural dialogue brought together Ambassadors, Heads of Missions, and WHO staff, providing a platform for strategic dialogue, shared understanding, and coordinated action. Participants reflected on Nigeria's health journey, its progress, complexity, and global relevance, from advancing UHC and strengthening primary health care whilst tackling multi-disease burden across communicable diseases, NCDs, and recurrent outbreaks, to strengthening health security in an interconnected world.

At country level, health diplomacy translates global agreements into coordinated action- offering a platform for partners and diplomatic missions to align their efforts, leverage their comparative advantages, and accelerate progress toward shared health outcomes in Nigeria. In this context, the inaugural dialogue marks the establishment of a structured platform to connect national priorities with global processes and partners.

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Standing with people and evidence: How Nigeria marked World Health Day 2026



Abuja, Twenty-seven-year-old Godiya Tumba walked several kilometres with her two children to reach a temporary health outreach in Wuro Jabbe, Adamawa State. Neither child had completed routine vaccinations.

“I came because they explained why vaccines matter,” she said. “Nobody had ever told me like this before.”

Her experience reflects a wider reality across Nigeria: science saves lives only when people can access it, understand it, and trust it.

This principle shaped World Health Day 2026, which brought evidence-based care closer to communities, especially those affected by insecurity, misinformation, and limited access to routine services.

Across the country, World Health Day 2026 focused on this principle, bringing evidence-based care closer to communities, especially those affected by insecurity, misinformation, and limited access to routine services.



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Data-driven, community-led vaccination is reaching the unreached children in Bauchi State, Nigeria



Bauchi, Data-driven, community-led vaccination is enabling children who have never received any vaccines (zero-dose) in Bauchi State to be reached, demonstrating how targeted action can close immunisation gaps at scale.

In Tumfafi Ward, Shira Local Government Area of Bauchi State, Jamila Muhammad approaches a vaccination post, something she had previously avoided. Her decision reflects a wider shift across underserved communities, where integrated, primary health care-based vaccination is reaching children who have not received any routine vaccines.

Closing immunity gaps through government leadership

In early 2026, measles cases in Wuro Bugga highlighted persistent gaps in immunisation coverage. Investigations found that, despite previous measles-rubella campaigns, some children had missed routine vaccines because of caregiver hesitancy and limited access, leaving them vulnerable to preventable diseases.

The Bauchi State Government, through the State Primary Health Care Development Agency, intensified integrated outreach in collaboration with the National Primary Health Care Development Agency, supported by the World Health Organization (WHO) and partners, including Gavi, the Vaccine Alliance.

The approach aligns with Nigeria's National Strategy for Immunisation and Primary Health Care System Strengthening (NSIPSS), prioritising zero-dose children, equitable coverage, and stronger PHC systems whilst advancing the Immunisation Agenda 2030.



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Stronger systems, better care: EU-supported investment strengthens public health institutes in Nigeria



Abuja, A disease surveillance officer in Sokoto These examples reflect the kind of impact strong State notices a rise in suspected cholera cases and well-functioning public health institutions are through a digital reporting system. The alert expected to deliver.

triggers a rapid response, helping to contain the spread before it grows. The EU-supported Public Health Institutes Strengthening in Nigeria (EUSPIN) initiative shows

how investment in systems, data and workforce can improve health services and At a primary health centre in Kebbi State, a capacity pregnant woman is able to deliver safely. The strengthen preparedness across the country. facility has trained staff, stable electricity, working equipment and a clear referral system.

In Abuja, public health experts review data from guards the country and support truckers that protect millions of people.



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When the lights stay on, lives are protected



Maiduguri, On a quiet morning in Maiduguri, Musa Bamaïyi Joseph watched laboratory staff move samples into new freezers.

“These machines didn’t survive the flood,” he said softly. “Now, we can work again. Without fear.” This intervention demonstrates a simple truth: reliable laboratory infrastructure is essential to protecting children from preventable diseases.

Musa is a laboratory scientist. In 2024, floodwaters swept through the Maiduguri National Polio Laboratory. Equipment was lost. Testing slowed. For months, the work that protects children from paralysis was at risk. “When I arrived, the water level was up to my waist,” he recalled. “It was heartbreaking to see the laboratory, a place I consider my second home, in such a state of ruin.”

Today, the lab doors are open again. And this time, the lights are steady.

“This place saves lives,” Musa said. “When it stopped, we felt the danger. Now, we feel ready.”

A system under pressure

Northern Nigeria remains critical to the global fight against polio. It is also exposed to conflict, climate shocks, and fragile infrastructure.

Although Nigeria has made significant progress towards polio eradication, maintaining sensitive surveillance systems remains essential to quickly detect and respond to any emerging threats, in line with global polio surveillance standards.

The Maiduguri laboratory is a key component of Nigeria’s disease surveillance network, supporting detection across multiple states in the north-east.

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A promise written in footsteps



Katsina – Before the sun rises over Bangel Gabas settlement in Katsina State, Amina Abubakar begins her day. Carrying her three month old son in a traditional striped cloth, she slips her immunisation card into the fold of her dress and starts walking towards the PHC.

The path to the Primary Health Care (PHC) centre in Debe Geri is sandy and uneven. The journey takes nearly an hour each way. With no reminders or announcements, her commitment alone drives her to ensure her child receives essential immunisation services.

“My mother taught me that this is how you protect a child,” she says. “No distance is too far for that.”

Her decision may be quiet, but its impact is significant. Timely vaccination in Katsina State can make the difference between protection and risk.

As Nigeria marks African Vaccination Week 2026 under the theme “For every generation, vaccines work,” Amina’s Walk reflects the meaning of routine immunisation at the community level and the systems required to sustain it.



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Sherift Omoniye: malaria vaccination champion in Nigeria



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Mobilising trusted community voices to strengthen Lassa fever prevention in Nigeria



Akure, At a busy motor park in Akure, Ondo State, transport workers gather as a health promotion officer leads a sensitisation session on Lassa fever prevention. For many of them, daily interactions with commuters across rural and urban communities place them on the front lines of information sharing. Now equipped with practical knowledge and communication tools, they are helping to spread life-saving messages on how to prevent infection and seek care early within the communities.

Lassa fever remains a recurrent public health threat in Nigeria, particularly in high burden states such as Edo and Ondo. Transmitted through exposure to food or surfaces contaminated by infected rodents, the disease continues to cause significant illness and death, often worsened by delayed diagnosis and late care seeking.

To address these challenges, the Nigeria Centre for Disease Control and Prevention (NCDC), in collaboration with the Edo and Ondo State Governments and with support from the World Health Organization (WHO), is strengthening surveillance, improving early detection and case management, and expanding risk communication and community engagement.

A key focus of the intervention is mobilising trusted local networks to drive behaviour change. More than 80 community leaders, including traditional rulers, religious leaders, women and youth leaders, transport union representatives, farmers' associations and health promotion officers, have been engaged across 15 high burden local government areas to promote preventive practices and encourage early care seeking.

"Our response goes beyond the health sector," the Deputy Governor of Edo State, Dennis Idahosa, said. "By working with traditional and community leaders, we are ensuring that prevention messages reach every household and that people are empowered to take early action."

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Strengthening access to safe blood saves lives in Nigeria



Abuja – Three weeks after a caesarean section in Abuja, 47-year-old Fiyin began bleeding heavily. She needed urgent surgery. But first, her family had to find blood.

“My relative had already donated during the first surgery,” she said. “We were calling people, searching everywhere. Some were willing but couldn’t donate. Others were unavailable.”

After hours of searching, compatible blood was found. The surgery went ahead. Fiyin survived. Her story reflects what many families face across Nigeria. When blood is not available, treatment is delayed. For women with childbirth complications, children with severe anaemia and patients in emergencies, delays can be life-threatening.

A system under pressure

Access to safe, tested blood is essential for health care. It supports surgeries, childbirth, trauma care and the treatment of diseases.

In Nigeria, postpartum haemorrhage is a major cause of maternal mortality, responsible for approximately 23–30% of maternal mortality

The need for blood is high. Nigeria requires an estimated 1.8–2 million units each year, but far less is collected.

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UN staff strengthen voluntary blood donation in Nigeria



Abuja – At the United Nations (UN) offices in Abuja, a small line of staff waited quietly. Some checked their phones. Others talked softly. One by one, they rolled up their sleeves to donate blood. They did not know who would receive it. What they knew was simple: someone, somewhere, would need it to live.

This year, staff members donated blood during the annual drive organized by the United Nations Clinic, World Health Organization (WHO) and the National Blood Service Commission. The event marked World Blood Donor Day. It was not just a routine activity. It was a deliberate act of leadership.

By stepping forward, UN staff showed what it means to put people first. They turned the values of the United Nations and WHO into action. These values include solidarity, service, integrity and a strong commitment to equity in health. In practice, it means showing up when it matters and taking responsibility for the health of others, even when you do not know them.

Dr Pavel Ursu, WHO Representative in Nigeria, joined colleagues in donating blood. His participation sent a clear signal.

“Safe blood is a critical part of health care,” he said. “By donating today, we are helping to ensure that patients facing emergencies can access lifesaving transfusions. I encourage everyone who is eligible, to donate blood regularly.”

The act itself takes less than 15 minutes. The impact can last much longer. One unit of blood can help save up to three lives. The 23 units collected during the drive could support many patients. These include women with complications during childbirth, children with severe anaemia and victims of road traffic crashes.

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Early nutrition screening reduces child deaths in Nigeria



Aisha Ibrahim watched her 18-month-old son, Dauda, play outside their home in Maliki 2 settlement, Demsa Local Government Area of Adamawa State. Just weeks earlier, he had become weak, lost weight and stopped eating.

During a routine outreach visit, a mobile health team deployed by the Adamawa State Government with support from World Health Organization (WHO) screened children for malnutrition and other health conditions. When Dauda was assessed using a mid-upper arm circumference (MUAC) tape, he was identified as malnourished and referred for treatment.

“I did not know it was malnutrition,” Aisha said. “I was worried because he kept getting weaker.” Following treatment and follow-up care, Dauda’s condition improved. Four weeks later, he had regained strength and resumed normal activities.

His recovery highlights the importance of community-based screening and early referral to identify malnutrition and connect children to care before complications develop.

Detecting malnutrition early

Dauda’s case reflects broader efforts to strengthen community-based primary health care in Adamawa State. Supported by the Central Emergency Response Fund (CERF), the State Government and WHO are expanding integrated outreach services combining nutrition screening, immunisation and referrals for underserved populations.

Early detection and treatment of malnutrition are proven to improve survival and recovery outcomes, particularly in fragile and hard-to-reach settings.

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The Big Actions

The Big Actions

A publication that covers the contributions, milestones and bottlenecks of WHO in the fight against Polio in Nigeria.

May 2026

#tbapubvol20526

THE BIG ACTIONS



The quarter recorded significant achievements in reaching underserved populations. More than 33 000 settlements were reached through targeted vaccination and outreach activities, while around 1.2 million children received vaccines through campaigns and routine service delivery. Data-driven planning and community engagement also helped identify and reach zero-dose children in some of Nigeria's hardest-to-reach communities.

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GALLERY



Group Photo : Ambassadors Health Diplomacy Roundtable



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World Health Day Road Walk



Dr Isiak Salako Speaking at the WHD Press Briefing



Dr Pavel Ursu giving a goodwill message to commemorate WHD



Group Photo World Health Day Press Briefing

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