

Newsletter



World Health
Organization
Nigeria

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FOREWORD



Dr PAVEL URSU *Country Representative, WHO Nigeria*

The third quarter of 2026 highlighted both the resilience of Nigeria's health system and the value of sustained investment in public health. Despite ongoing disease outbreaks, humanitarian pressures, and evolving health challenges, important progress was made in protecting vulnerable populations, strengthening health systems, and advancing the country's journey towards universal health coverage. These achievements demonstrate what is possible when government institutions, communities, health workers, development partners, civil society organisations, and the media work together towards a shared goal.

From strengthening outbreak response and advancing polio eradication to improving health financing and deepening community engagement, the quarter reinforced an important lesson: lasting health gains depend on strong national leadership, trusted communities, and effective partnerships.

Nigeria continued to make progress towards interrupting poliovirus transmission. Traditional and religious leaders remain fundamental to this effort, helping to build trust and encourage parents and caregivers to ensure every eligible child is vaccinated. During my visit to the polio laboratory in Ibadan, I witnessed the critical work being undertaken to detect poliovirus and provide timely evidence to guide vaccination and response measures. Every child reached and every sample tested brings Nigeria closer to a polio-free future.

The quarter also marked an important institutional milestone with the commissioning of the WHO Oyo Zonal Office building in Ibadan. Beyond the physical infrastructure, the facility strengthens WHO's ability to provide timely technical support to states across the region and reflects our commitment to working closer to health workers, state authorities, and communities in addressing priority health challenges.

At the same time, disease outbreaks continued to test the resilience of the health system. Cholera and Lassa fever affected communities in several states, with Borno State bearing the largest share of reported cholera cases during the quarter.

Through intensified government-led interventions, supported by WHO and partners, reported cholera cases declined significantly from earlier peaks, demonstrating the impact of coordinated surveillance, risk communication, case management, and community engagement efforts. While this progress is encouraging, continued vigilance is essential while transmission persists in parts of the country.

Our work also extended beyond outbreak response. Nigeria strengthened capacity for sustainable health financing as part of efforts to advance universal health coverage and build a more equitable health system. In displacement camps in Benue State, engagement with civil society organisations strengthened community awareness, referral pathways, and accountability mechanisms for preventing and responding to sexual exploitation and abuse. These efforts underscore that protecting health also means protecting dignity, safety, and access to essential services, particularly for vulnerable populations affected by displacement and humanitarian challenges.

Beyond infectious diseases and health system strengthening, WHO continued to support efforts to reduce preventable injuries and deaths. Road safety received renewed attention during the quarter, with WHO and the Centre for Journalism Innovation and Development bringing together African media professionals to develop guidelines that strengthen reporting, promote accountability, and increase public demand for evidence-based road safety measures.

Effective communication remains central to achieving better health outcomes. Throughout the quarter, WHO continued to engage policymakers, stakeholders, communities, and the public through media platforms, advocacy initiatives, and evidence-based communication efforts aimed at translating global and national health priorities into meaningful action.

None of these achievements would have been possible without the leadership of the Federal Ministry of Health and Social Welfare, state governments, and the unwavering commitment of frontline health workers, laboratory personnel, surveillance officers, community volunteers, and partners working across the country. Their dedication continues to save lives, strengthen resilience, and bring essential services closer to the people who need them most.

As we enter the final quarter of 2026, our priorities remain clear: sustaining strong surveillance and preparedness systems, reaching every eligible child with lifesaving vaccines, strengthening primary health care, advancing sustainable health financing, and ensuring that vulnerable populations are not left behind. We must also continue investing in the systems, institutions, and workforce that underpin health security and resilience.

The achievements of this quarter demonstrate that progress is possible, even in the face of complex challenges. Yet sustaining these gains will require continued commitment, innovation, and collective action. WHO remains steadfast in its support to the Government of Nigeria and all partners working to improve the health and well-being of the population.

Together, we can build a stronger, safer, and more resilient health system that not only responds to today's challenges but is prepared for those of tomorrow. By maintaining the momentum achieved this quarter and closing persistent gaps, we can accelerate progress towards a healthier future where every person, in every community, can thrive.

Dr Pavel Ursu,
WHO Representative in Nigeria

Nigerian youths help shape Africa's future health priorities



"We want a health system that listens to young people now, not later," said Dr Muhammad Jafar, a young medical doctor with the Federal Ministry of Youth Development, as he addressed participants at the United Nations building in Abuja.

His message set the tone for a consultation that brought together 230 participants from youth-led groups, early-career health professionals, students, young innovators, young people from internally displaced persons (IDP) camps, out-of-school adolescents and people with disabilities from national and sub-national levels. Participants gathered to help shape the World Health Organization (WHO) African Regional Strategic Plan 2026–2030 and Vision 2035.

Africa has the world's youngest population, with more than 60% of people under 25. Nigeria reflects this trend, with nearly 70% of its population under 35.

These demographics highlight why youth perspectives are critical to health planning and align with Nigeria's priorities on universal health coverage, primary health care, adolescent health and disability inclusion. The consultation brought together participants from 36 states and the Federal Capital Territory (FCT), including persons with disabilities and representatives from IDP communities.

Many participants described barriers affecting their health and well-being. Hellen Beyioku Alase of the Deaf Women Aloud Initiative explained that communication remains a major challenge for Deaf young people. She said access to sign language interpretation and accessible health information remains limited, creating barriers to equitable access to health services.

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A Polio Survivor's Call to Reach Zero-Dose Children in Edo



Mrs Ann Obehi Ojugo moved slowly to the front of the room. She paused before speaking.

"I was just a child when I fell sick," she said. "My parents did not know about immunization. By the time help came, it was too late. I have lived with this ever since. Please, do not let another child go through this."

Her message was simple: vaccines can prevent conditions like this.

Her story reflects a gap that still exists in parts of Edo State. Some children have never received a single vaccine. They are known as zero-dose children.

In the months leading up to African Vaccination Week, health officials reviewed immunization data in Edo State. The findings underscored the scale of the challenge. In some communities, up to 76% of children had not received any routine vaccines (DHIS2, 2026).

In Orhionmwon, only one in four children had completed the pentavalent vaccine series, which protects against five life-threatening diseases. Across several local government areas, more than half of eligible children had not received even their first dose.

These gaps highlighted the urgent need to identify and reach children who had been left behind by routine immunization services. Some families live far from health centres, while others do not have enough information about vaccines. In riverine and hard-to-reach areas, services do not always reach every household.

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Traditional leaders strengthen community trust in polio vaccination

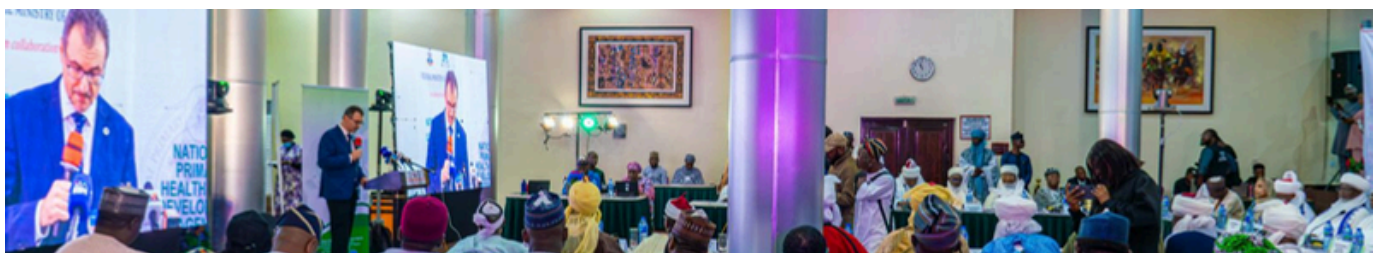


When a vaccination team arrived in her community in northern Nigeria, Amina Bindawa hesitated. She had heard different stories about vaccines and was unsure what to believe. It was the intervention of a trusted community leader and a health worker who spoke calmly with her that changed her mind.

"I only agreed after they explained why the vaccine was important for my child," she said. "Now I encourage other mothers to listen and ask questions."

Amina's experience reflects the reality in many communities where trusted voices help families make informed health decisions.

Stories like Amina's show why trust remains central to Nigeria's effort to end poliovirus transmission and strengthen routine immunization. Nigeria can stop the spread of poliovirus and protect more children through sustained leadership from traditional institutions, government commitment and coordinated partner support.



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Strengthening protection and accountability on sexual exploitation and abuse in Benue's displacement camps



When Dooshima, who lives in the Daudu Internally Displaced Persons camp in Benue State, joined a community dialogue on preventing sexual exploitation, abuse and harassment, she heard something new.

"For the first time, I understood that this should not be accepted, and that there are safe ways to report and get help," she said. "Now I know my rights and how to support others."

Her experience reflects a wider reality. Many people in displacement settings do not know where to seek help or who to trust. In Nigeria, this remains a concern as ongoing displacement continues to place women, girls and other vulnerable groups at higher risk of exploitation and abuse.

This initiative comes at a critical moment, as Nigeria strengthens its response to gender-based violence and related protection risks. It aligns with the National Gender in Health Policy 2025 and broader humanitarian efforts supporting internally displaced people.

It also reflects national priorities on preventing gender-based violence and ensuring accountability to affected populations, meaning people can safely raise concerns, be heard and access the health care they need.

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Nigeria strengthens health financing capacity for universal coverage



When Dr Divine Igwe, Executive Secretary of Ebonyi State Health Insurance Agency and a representative of the chief executive officers (CEOs) of the participating state social health insurance agencies (SSHIA), arrived for the WHO health financing training 19–22 May 2026 in Abuja, he saw a room filled with colleagues who shared a common task: helping more people get quality health care without facing financial hardship.

For many of the participants, it was their first-ever formal training in health financing.

“These opportunities are rare for many of our staff,” said Igwe. “The knowledge we gain here will help us strengthen health insurance implementation in our states and improve access to care for our people.”

His words point to a challenge many health systems face. Health insurance does not work only because a policy exists. It works when the people managing it have the skills, tools and support to make fair and informed decisions on behalf of the beneficiaries.



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Nigeria advances early childhood development through primary health care



Every month at the Primary Health Care Centre in Ugbor, Oredo Local Government Area, Edo State, in southern Nigeria, mothers gather with their babies for routine immunization and growth monitoring services. Among them is Mrs Shegu Ritawaitis who arrived one morning with her eight-month-old child expecting a routine clinic visit.

But that day, the interaction went beyond immunization. Alongside routine checks, a health worker demonstrated how simple activities such as talking, singing, playing, smiling and responding to a baby's cues can support learning and development during the earliest years of life.

"I did not know that talking and playing with my baby could help her learn," said Mrs Shegu. "Now I try to do it every day, even when I am cooking or washing clothes."

The early years of life are a critical period for brain development and lay the foundation for lifelong learning, health and productivity. Nurturing care during this period helps children develop the cognitive, language, motor, social and emotional skills they need to thrive. However, poor developmental outcomes continue to affect an estimated two-thirds of children in sub-Saharan Africa, underscoring the need for stronger support for caregivers and young children.

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Nigeria strengthens HIV prevention workforce through expanded PrEP training



For Dr Aminatu Makarfi Umar, a gynaecologist in Kaduna State, HIV prevention should be part of routine care for women who may benefit from it.

"Every pregnant woman at increased risk of HIV deserves to know her prevention options," she said. "I will make sure this becomes part of routine care in my clinic."

Her commitment reflects a wider effort by Nigeria to strengthen the capacity of health workers to provide quality, respectful and people-centred HIV prevention services.

An estimated 1.9 million people are living with HIV in Nigeria. Globally, around 41 million people were living with HIV in 2025, including 53% who were women and girls. Although progress has been made, preventing new HIV acquisitions remains essential to ending AIDS as a public health threat by 2030.



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Nigeria strengthens surveillance to protect children from polio



When 32-year-old Shafa'atu Isyaku noticed that her 4-year-old daughter, Maimuna, could not move her left leg, she took her to a primary health care centre in Kano State, north western Nigeria.

"I was worried because I had seen what polio could do to a child," Shafa'atu says. "I wanted someone to examine Maimuna and tell me what was happening."

Health workers assessed Maimuna and reported her symptoms through Nigeria's disease surveillance network. Surveillance officers then began an investigation to determine whether her condition could be linked to poliovirus or another cause.

Sudden weakness or paralysis in a child is known as acute flaccid paralysis. It can have several causes and does not necessarily mean that a child has polio. Every suspected case must be reported and investigated quickly so that poliovirus can be ruled out or detected early.



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WHO, African editors to create road safety media guidelines for the continent: Landmark media forum aims to drive demand for proven road safety policies



September 22, 2026 — The World Health Organization (WHO) and the Centre for Journalism Innovation and Development (CJID) will today open a first-of-its-kind African media forum on road safety, aimed at kick-starting the development of the continent's first road safety media guidelines.

Road deaths are rising in the WHO African Region despite declining globally. Nearly 250,000 lives are lost to road crashes in the Region each year, around one death every two minutes.

The African Region accounts for a fifth of the world's fatalities yet has only 3% of all registered vehicles. Road deaths are also increasing in Nigeria, which has the Region's highest fatality numbers at over 36,000 deaths per year.

"This is about closing the gap between science and story. It's about correcting misperceptions on an urgent and preventable health crisis and driving accountability for action that saves lives. Media leaders can change the conversation, and ultimately this drives the uptake of policies we know prevent deaths and serious injuries on our roads," says Dr. Pavel Ursu, WHO Representative in Nigeria.

The way road crashes are framed in the media has a major impact on public demand for solutions. Yet news reports typically obscure the fact that road deaths are preventable. Reflecting society's views, they often omit crucial causes of fatal crashes such as unsafe infrastructure and inadequate laws, regulations, and enforcement. Crucially, they often fail to show that proven solutions exist.

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Nigeria and Niger coordinate vaccination across shared border



For families living along the border between Nigeria and Niger, crossing between the two countries is part of everyday life. People visit relatives, trade in local markets and move with their livestock in search of water and pasture. This movement can interrupt childhood vaccination and delay the detection of disease outbreaks, increasing the risk of infections spreading between communities.

When Aisha Iliyasu brought her 2-year-old son to a vaccination post near the Nigeria–Niger border, she was concerned that months of travelling with the family's livestock had caused him to miss routine vaccinations. Through coordinated outreach by health teams from both countries, workers checked his vaccination records and administered the vaccines he needed.

For families such as Iliyasu's, cross-border cooperation helps children receive essential health services even when they move regularly between communities and countries.

Abubakar Sani Magaji, a community leader in Mazanya, Jibia Local Government Area of Katsina State, says this coordination is vital. Mazanya is a border community in north-western Nigeria.

Magaji knows that when people and livestock cross the border, health risks can travel with them. Protecting children therefore requires health teams on both sides to work together.

"Our communities are closely connected, and people move across borders every day. To protect our children, our countries must work together, share information quickly, vaccinate children wherever they are and alert health workers when we see signs of disease. What protects one community ultimately protects the other," Magaji said.

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African journalists advance road safety reporting guidelines



Three days of discussions, shared experiences and collaborative drafting have brought African journalists closer to developing the continent's first standardized guidelines for reporting on road traffic crashes and their preventable health consequences.

The inaugural African Media Forum on Road Safety brought together 20 editors, journalists and digital content creators, alongside public health experts from Ethiopia, Kenya, Nigeria, South Africa and Uganda. Organized by World Health Organization (WHO) in partnership with the Centre for Journalism Innovation and Development (CJID), the forum initiated an Africa-wide effort to strengthen media coverage of road safety.

Developed by and for African newsrooms, with technical support from WHO and CJID, the guidelines aim to help journalists move beyond reporting only the immediate details of crashes. They are intended to encourage journalists to examine systemic risk factors, report on evidence-based interventions and strengthen public understanding of measures that can make transport systems safer.

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GALLERY



WR'S VISIT TO IBADAN POLIO LAB



COMMISSIONING OF WHO OYO ZONAL OFFICE BUILDING

GALLERY



GROUP PHOTO WITH DG NACA



INAUGURATION OF NATIONAL COMMUNITY FOOD BANK PROGRAMME (NCFBP) SOUTH-SOUTH ZONE LAUNCHED IN CALABAR, CROSS RIVER STATE



ADVANCING NIGERIA HEALTH INSURANCE

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GROUP PHOTO AT THE EXTERNAL SURVEILLANCE REVIEW MEETING



GROUP PHOTO

MULTIMEDIA

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