



APHPN NEWSLETTER

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From the President

APHPN Primary Health Care Adoption: Investing in Healthcare and Reconnecting with Communities

Distinguished Colleagues,

In the last six months, our Association has continued to grow stronger in purpose and impact. Among our many priorities, one stands out as both urgent and transformative, strengthening Primary Health Care (PHC) through the APHPN PHC Adoption Strategy, and this is what I want to focus on this quarter.

Globally, PHC remains the cornerstone of Universal Health Coverage (UHC) and a key driver of equity and sustainability. Countries that have invested in PHC record better outcomes, lower mortality, and more efficient health systems. For Nigeria, reimagining PHC is crucial as many communities still face limited access and over-reliance on higher-level facilities.

Through the APHPN Adoption Strategy, we plan to adopt six PHC facilities in each State and the FCT, selected for their public health impact and community relevance. The APHPN Taskforce on PHC adoption was inaugurated and has set in motion activities, advocacy and engagements with our senior members, embassies, NGOs and individuals that can support this effort. This initiative goes beyond symbolism but it serves as a practical model of our contribution and investment of time, expertise and resources in the PHC which is our primary constituency.

To achieve this, we have launched the ICSR Initiative which stands for Innovation, Capacity Building, Service Delivery Support, and Research as our framework for transforming PHC across Nigeria:

- **Innovation:** In partnership with ADRAP and Ethnomet Canada, we shall power PHCs with solar energy and deploy telemedicine where appropriate through the EthnoVirtual Care Box to connect rural patients with specialists.
- **Capacity Building:** Through training, mentorship, and webinars, we shall strengthen the competence and confidence of frontline health workers.
- **Service Delivery Support:** We shall improve infrastructure, organizing outreach programs, and ensuring continuity of care in underserved areas.
- **Research:** Evidence generation and data-driven monitoring guide our interventions and policy advocacy.

This holistic approach unites technology, capacity, and community engagement, creating a stronger, more equitable PHC system.

We call on all members, partners, and stakeholders to join us in this movement to invest in the future of Nigeria's healthcare, reconnect with communities, and restore trust in public health institutions.

Together, we can make it happen for APHPN, for our communities, and for a healthier Nigeria. It's Simply Innovation for Common Good!!!

Dr. Terfa Kene
President, APHPN.



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UPDATE FROM THE SECRETARIAT

Dr. Augustine Ajogwu

Climate Change and Health.

Climate change, due to carbon emission and ozone layer depletion in recent years has cause drought, ocean rise, famine, environmental disasters and has exacerbated vector borne diseases globally. Countries are working to ensure adaption and resilience in mitigating the effect of climate change on access to essential health services and improving the health system to mitigate its effect. This will ensure that actions and strategies are implemented to adjust to the actual or expected effects of climate change on the health of the populace. It involves reducing the negative impacts of climate change such as extreme weather events and also taking advantage of the potential opportunities that may arise to adapt.

To this effect, on the 01/07/25, the Association of Public Health Physicians of Nigeria led by Dr Terfa Kene, inaugurated the APHPN Climate Change and Health Committee to provide coordination and strategic leadership on matters relating Climate Change/Health and its impact. The committee is led by Dr Terhamba Lan.

Consequently, APHPN has also join the Global Climate Change and Health Consortium for education and training opportunities for our members on climate change and health.

PARTNERSHIPS

On the 8/07/25, the Association of Public Health Physicians of Nigeria signed a Memorandum of Understanding(MOU) with Africa Diseases Prevention and Research Development Initiative(ADRAP), a non-governmental organization dedicated to promoting disease prevention, research and capacity building to establish a collaborative relationship between the parties to strengthen capacity building and professional development of public health through virtual and in-person trainings, conference organization, professional development programs and joint grant proposal development and project implementation.

Present at the engagement during the signing of MOU were the Golden President, Prof Alphonsus Isara, APHPN team and ADRAP Team.

SIGNING OF MOU BETWEEN APHPN AND ADRAP



L-R Dr. Austine Ajogwu (National Secretary), Prof. Alphonsus Isara, (The Golden President), Dr. Terfa Kene (APHPN National President) Dr. Joseph Enegele (Chief Executive Officer ADRAP), Dr. Victor Falokun, (ADRAP Vice President on IHC) and Dr. Edozie Odiah (Chairman, PHC Adoption).



APHPN President (Dr. Terfa Kene) and Dr. Joseph Enegele signed on behalf of ADRAP.

This MOU also heralded the establishment of the APHPN Virtual School where APHPN members who are top notch medical scholars and public health experts with decades of teaching and research experiences in Public Health and Community Medicine will develop and deliver cutting-edge educational/training materials to enable healthcare workers in Nigeria respond more effectively to emerging public health challenges.

Signing on behalf of APHPN was the Innovative President Dr. Terfa Kene while the Chief Executive Officer, Dr. Joseph Enegele signed on behalf of ADRAP. Present at this groundbreaking ceremony were the Immediate Past President of APHPN, Prof. Alphonsus Isara, the Chairman of APHPN Taskforce on Adoption of Primary Healthcare Centres in Nigeria, Dr. Edozien Odiah, the ADRAP Vice President International Health and Collaborations, Dr. Victor Falokun, and the ADRAP Senior Director Global Health, Dr. Olanrewaju Olaiya, among others.

Similarly, Association of Public Health Physicians of Nigeria ably led by Dr Terfa Kene had a mutually beneficial meeting with UNFPA to improve innovation and common good in the public health practice in the Country using the APHPN ICSR guidance. The final MOU is currently being worked out for signing by both parties

STRATEGIC ENGAGEMENT

In our quest to deepen collaboration, the Association of Public Health Physicians of Nigeria (APHPN) team led by the National president, Dr. Kene Terfa paid a courtesy visit to the Director of Public Health (DPH) FMOH, Dr. Godwin Ntadom at his office, Federal ministry of Health and Social Welfare, Abuja on Thursday 7th August, 2025. At the occasion, the president provided updates on APHPN activities, current strategic direction and areas of possible collaboration with the Ministry in support of the mandate of the Department of Public Health to improve health outcomes of Nigerians.

In his response, the DPH delightful of the meeting, highlighted some opportunities of cooperation between the Department and the Association. He acknowledged and again warmly welcomed the opportunity to positively harness the potential within APHPN for public health programmes to the extent possible.

Action points from the visit include:

- APHPN to keep open the communication with the DPH
- Follow up on discussion to identify TWGs that APHPN can directly support
- Continue to explore available consultancy opportunities that can be facilitated through the DPH
- Keep a functional database of members and experts ready to lead discussions on various areas of public health during events and occasions requiring such expertise at relevant fora and in the mass media.



Team members of APHPN on the visit were the president, Dr Terfa Kene, the Secretary general Dr. Augustine Ajogwu, Special Adviser to the APHPN President on Strategic Partnership and Engagement Mr. John Iyongo and PRO of FCT Chapter, Dr. Chuks Okoh.

PUBLIC HEALTH SPOTLIGHT

Development Partners in Health and Nigerian Health System: Harnessing the Power of Partnership in Health

Professor Haroun Omeiza Isah
MBBS (Ilorin), MPH (Lagos), FWACP, FIMC, CMC, Cert. Stat. Epidemiol, Cert. APM
Professor of Public Health
College of Medical Sciences
Bingham University
New Karu



Prof. Haroun Omeiza Isah

Introduction

The Nigeria health system, from inception to date, has undergone tremendous transformation driven by several reforms and policies to be able to meet the health needs of Nigerians [1-3]. Despite some modest gains in health profile of Nigerians, there have been some drawbacks among which are inadequate infrastructure, insufficient funding, human resources for health challenges, ineffective leadership and management, data quality and utilization, increasing population size, downward spiral in the country's financial profile and a weak healthcare delivery system which have impeded the health system's efficiency and effectiveness [4-9]. To be able to optimally meet the needs of Nigerian people, key areas in the country's health system require improvement among which are; strengthening primary healthcare system, addressing infrastructure deficits, improving human resources and personnel development, enhancing health financing, improved data collection and utilization, monitoring, efficient logistics management system and processes to ensure availability of care service resources and tackling corruption [4-6, 9, 10].

Addressing these challenges, require support from other actors and stakeholders, among which are development partners, entities that support countries' health systems through partnerships [11, 12]. These have been very active in Nigeria and pivotal in Nigeria's health system development through improving and augmenting service delivery, enhancing capacity building for health system efficiency. Through this partnership, the country's health system has been able to pool resources, expertise, and technology to tackle health challenges more effectively than the Nigeria health system could have done alone. This collaborative approach has created opportunity for the provision of an efficient, equitable, and quality healthcare for all Nigerians.

These development partners in health are organizations, entities and country agencies involved in health activities and who work in partnership with country governments at national and sub-national levels, and other development partners in and outside a country to achieve shared health goals [1]. They include international organizations, donor countries and agencies, financial institutions and development banks, multilateral and bilateral agencies, NGOs, CBOs, CSOs, FBOs, Foundations and other private sector players involved in health, and they focus on addressing social, economic, and health challenges in society; developing and implementing plans to bridge gaps in public health; mobilizing resources and finance; strengthening health systems; supporting policy development and advocacy, research and innovation in the recipient countries [13].

Common examples of these development partners in Nigeria are the international organizations

Common examples of these development partners in Nigeria are the international organizations which include the United Nations

.Agencies e.g. WHO, UNICEF, UNFPA, UNEP; multilateral agencies among which World Bank, Islamic Development Bank and African Development Bank; donor countries and their agencies, mainly from the Global North eg USAID, CDC, DFID, CIDA, DANIDA, EU etc Others are philanthropic organizations such as Gate Foundation, Carter Foundation, TY Danjuma Foundation and Jeniffer Etuh Foundation; We also have research institutions such as the Institute of Tropical Diseases Research & Prevention (ITDRP), Center for Research, Evaluation Resources and Development (CRERD); NGOs: Institute of Human Virology (IHVN), APIN Public Health Initiatives and Centre for Integrated health Program (CIHP) and several others in Nigeria. There are of course several others, NGOs, CBOs, CSOs, FBOs and Foundations, operating in Nigeria, individually and collectively. These diverse groups, directly or indirectly, work together to improve health outcomes by providing resources, technical expertise, and policy guidance [14, 15].

They augment government health agenda, improve health systems, bridge the healthcare gap, improve healthcare access in resource-constrained settings, thereby contributing to addressing critical health geolocal disparities and those due to financial profiles, contributed to achieving national and global sustainable health outcomes [15-19].

Their power to effect these activities lies in their ability to harness and pool each party's resources, expertise, networks of parties to create synergies to drive growth and achieve shared or common goals leading to system development; bring forth new ideas and innovations which create avenue for creativity and breakthrough solutions; foster culture of continuous improvement thereby enshrining resilient and better-resourced system and being able to deal with potential and evolving challenges.

Areas of strategic partnership

Developmental partners the areas of focus in strategic partnership in Nigeria have been in funding and resource mobilization, health system strengthening, capacity building, policy and advocacy, and public-private-partnership [20-23]. Other areas of strategic partnership in Nigeria include providing support to and direct health service delivery, health education and awareness campaign, health research, and emergency response and humanitarian aid in disease outbreaks and disasters including conflicts.

Experiential Sharing & Contributions

For ten (10) years, between 2007 and 2017, I participated in several public health intervention programs implemented by key DPHs operating in Nigeria. These include the Catholic Agency for Overseas Development (CAFOD)

, Institute of Human Virology-Nigeria (IHVN), Friends for Global Health Initiative in Nigeria (FGHIN) and Achieving Health Nigeria Initiative (AHNI) [24-36]. During this period, not only did I participate in engaging Government of Nigeria at both national and sub-national levels and participating in their projects, I also had the privilege of providing implementation leadership to some of the projects. In the course of all these, emphasis was on advocacy, negotiation, health system needs assessment and strengthening, community engagement and securing their involvement and participation in implementation, capacity building, site activation for health service provision, supportive supervision and mentoring, program and project monitoring and evaluation, health and health system research, conceptualizing and creatively designing innovative health service provision models. The exercise during this afore-mentioned period underscores the beauty and power of partnership in health and in health system development. Outcomes of such involvement include strengthened health systems especially PHC, infrastructural upgrade, improved system financing, gender mainstreaming, community engagement and participation, improved health service uptake and quality health care and services, contribution to policy development and introduction of innovative health delivery models. Others include improved health system management, and improved health information logistics management systems.

1.2 . Authors' research collaboration with DPs

Several landmark research efforts were carried out in partnership with developmental partners , the outcomes of which have defined and contributed to improving the Nigeria health system. These include the following;

- The drug prescription studies: "Improving Rational Drug Prescription Practice: outcome of a Training Intervention Program on Rational Drug Prescription among Care Providers in Catholic Church PHC Facilities in Northern Nigeria."
- "Prescription Pattern among Primary Care Providers in Catholic-Church-Owned Primary Health Care Facilities in Northern Ecclesiastical Provinces of Abuja, Jos and Kaduna, Nigeria: Preliminary Findings" under EC/CAFOD funded project remain pivotal in shaping the prescription by PHC workers across the Catholic-owned PHC facilities to date [25,33].
- The study Improving PMTCT uptake in North-Central Nigeria through a model community participation approach: preliminary findings, was instrumental in re-enforcing the role of the community in improving PLHIVs' accessibility to HIV/AIDS care and treatment [26].
- The MoMent Study, a prospect study, funded by WHO was pivotal to the establishment of mentor mother program in HIV care and treatment in Nigeria [28]. Two of the outputs, "The MoMent Study: acceptability of mentor mothers as a PMTCT intervention in rural north-central Nigeria" and "Engaging mentor mothers in PMTCT intervention program in rural North-Central Nigeria" showed high-level acceptability of MM among stakeholders (HIV-positive women, healthcare providers/policymakers, traditional birth attendants, community/religious leaders, male partners) cutting across gender, religion and HIV status. This paved way for their re-enforced use as veritable tool in PMTCT, becoming very important in enhancing MIP retention in care and adherence to treatment, and thereby paving way to their indispensable roles on the PMTCT agenda of Nigeria's comprehensive HIV/AIDS care and treatment [29,30].

1.3 The outcome of one of the research outputs,

The outcome of one of the research outputs, "The MoMent Study: client and community level barriers to PMTCT access and uptake in rural north-central Nigeria", was deployed in fine tuning the implementation for improved acceptability of MMs

This strengthened their further use, enhancing value addition to MM as a program in ensuring further impact outcomes such as adherence and retention of MPIs in care [31]. The establishment of CDCs/WDCs was vital for ensuring community-based activities that engendered coverage of cascade of PMTCT services and ensure ANC, identifying HIV-positive mothers so as to provide ARV that would reduce MTCT. The study "Enhancing Prevention of Mother-to-Child Transmission (PMTCT) of HIV Implementation through Community Engagement: Evidence from North Central Nigeria" demonstrated the impact of community engagement on PMTCT implementation evident from the increased ANC enrollment, identification of HIV-positive mothers and prevention of MTCT, thereby ensuring HIV-negative babies [27]. The study on "Institutional Profile of PHC Facilities in Nigeria and its Implication for PMTCT Scale-up and Decentralization of HIV and AIDS Services: Nasarawa State as a Case Study", under the AIC project brought to the fore the dismal status of PHC in Nigeria, and which led to eventual structural renovation and infrastructural upgrade for improved services to during the implementation of the AIC project [34]. The study "Effect of Test-and-Treat Strategy on Antiretroviral Drugs Uptake in a Prevention of Mother to Child Transmission in Southwest Nigeria", also contributed to strengthening the test-and-treat strategy to improve management of HIV-positive pregnant women, and improving in reducing MTCT in Nigeria [35]. The study, "Comparison of performance of Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS Cascade between public and private health facilities in a community PMTCT implementation in north-central Nigeria" revealed the disparity between the public and private health facilities for remediation of the gap in HIV care and treatment as the Government of Nigeria was then establishing the institutional and operational framework for decentralization and private facility inclusion in the nation-wide HIV intervention [36].

All these operation or implementation research outputs, through the projects funded by DPHs were contributory in improving HIV/AIDS and PMTCT implementation and performance, thereby contributing immensely to the country's efforts at reducing HIV infection and improving quality of life of PLHIVs including children.

Harnessing the Benefits of Partnership

To be able to obtain and sustain the benefits of partnership with development partners requires a multi-pronged approach [75]. Recommendations include ensuring consistency of policies, creating stable and simplified collaboration procedures, investing in capacity building for officials involved in partnership coordination, aid management and project implementation, giving attention to and addressing possible conflicting priorities and stakeholders' roles between parties in the partnership, their expectations, demands, contributions and responsibilities. Others are improving and strengthening information and communication between all parties in the partnership, taking strong measures to directly combat corruption and ensuring that funds are not diverted will guarantee that resources for projects are used for what they are meant for, and the institutionalization of monitoring and evaluation mechanisms, feedback and learning are critical for seamless partnering, creating a climate of trust, confidence and reliability with, between and among development partners and of course the recipients. Other potential areas that could enhance derivation of benefits of partnership include donor harmonization and alignment with national development priorities should be given unfettered attention, practice of mutual accountability should be emphasized, adequate skills transfer should be given prominence and made to accompany technical assistance.

Improving coordination of partnership remains very pivotal if the country must harness the benefits of its partnership with development partners in health. The current adoption of Sector-Wide Approach (SWAp) is an apparent panacea for achieving effective coordination [37]. It will enhance the achievement of a more effective, transparent, and accountable healthcare system by fostering collaboration, national ownership, and alignment among stakeholders. This will ultimately lead to better health outcomes by ensuring that all health interventions are impactful and sustainable. A proposed value addition to the coordination effort is the urgent need to establish level coordination, with the process of coordination at the national and state levels to achieve unified and efficient effort. This will foster closer collaboration with DPHs in their course of activity implementation

The Sector Wide Approach (added by the editor)

The Sector-Wide Approach (SWAp) in Nigeria is a comprehensive strategy initiated by the Federal government of Nigeria to coordinate all stakeholders—federal and state governments, development partners, and donors—under a unified health sector plan and budget. The Nigerian Ministry of Health and Social Welfare adopted the SWAp from the Nigerian health sector renewal investment initiative (NHSRII),

SWAp is a critical component of NHSRII, which provides a comprehensive roadmap to improve healthcare governance, address systemic challenges, and boost local health product manufacturing.

Key aspects of SWAP

The key aspects of the swap program which gave it the uniqueness in addressing the systemic challenges of the Nigeria health system are basically two. These are;

- Unified Framework: which aligns all stakeholders under a single strategic blueprint.
- National Ownership; SWAp aims to give the country ownership over its health agenda, ensuring initiatives are driven by national needs rather than donor-driven.

The Four Pillars of the SWAP

- One Plan:

A single strategic blueprint for the health sector guides all interventions and partnerships, ensuring efforts are integrated and aligned with national objectives.

- One Budget:

Funding from various sources is channeled through a common national budget system, reducing duplication and improving the efficiency of resource allocation.

- One Report:

A unified reporting mechanism tracks progress and performance against the single plan, enhancing transparency and accountability.

4. One Conversation: A common platform for dialogue among all stakeholders ensures continuous communication and coordination, promoting shared ownership and decision-making

Benefits of SWAp

The ultimate goal is to improve population health outcomes, reduce mortality rates, and achieve universal health coverage for all citizens. If the SWAp is well implemented, it will help Nigeria to make tangible progress through an appropriate, compact and mutual accountability framework fitted for the Nigeria context.

Challenges that may hinder SWAp implementation

- Corruption
- Inadequate Resources
- Financial
- human
- Political instability
- Political interference.

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NEWS IN BRIEF

APHPN PRESIDENT VISIT KADUNA STATE FOR THE MWAN CONFERENCE



The AHPN National President, Dr. Terfa Kene with Dr. Salma Ibrahim Anas (SA to the President on Health) at the MWAN Conference in Kaduna State.



APHPN National President, Dr. Terfa Kene in a group photograph with MWAN Conference attendees in Kaduna State.



APHPN President, Dr. Terfa Kene and colleagues at the MWAN Conference in Kaduna State.



On 24th July, 2025, the Executives of the Association of Public Health Physicians of Nigeria (APHPN) Ekiti State Branch, led by the Chairman, Dr. Adebowale Femi Akinwumi paid an advocacy visit to the Honourable Commissioner for Health and Human Services, Ekiti State, Dr. Oyebanji Filani in his office in Ado Ekiti. He warmly received the delegation.

COURTESY VISIT TO THE CEO OF APIN

The AHPN President Dr. Terfa Kene and other National officers, paid a courtesy visit to the CEO of APIN Public Health Initiatives, Prof. Prosper Okonkwo, to congratulate him on his recent promotion to the rank of Professor by Bingham University, New Karu, Nasarawa State, and to appreciate him for his innumerable contributions towards the advancement of public health practice in Nigeria.

APHPN presented Prof. Okonkwo with a commemorative frame, a letter, and a plaque.



The AHPN National Executives led by the National President, Dr. Terfa Kene, accompanied by the FCT Branch National Chairman paid a courtesy visit to the CEO of APIN (Prof. Prosper Okonkwo) in Abuja

APHPN CROSS RIVER STATE HAVE NEW EXCO



Henry Ikechukwu Ukwueh (Chairman) Funke Ebughe (Vice Chairman) Ugochi Eyong (Secretary) Best Asuquo (Assist Secretary) Benson Obu (Treasure) Felicitas Udechukwu (Financial Secretary) Emediong Udosen (P.R.O)

EXCITING NEWS!!!

The President of APHPN, Dr. Terfa Kene, on behalf of the BOT and NEC, proudly announces the appointment of Dr. Bolatito Oyebola Aiyenigba as the Executive Director of APHPN Consultancy Services Ltd (ACOSEL)



DR BOLATITO OYEBOLA AIYENIGBA
MBBS (IBADAN), MPH (LAGOS), FMCPh, PG EPID (LONDON)

APPOINTMENTS & PROMOTIONS

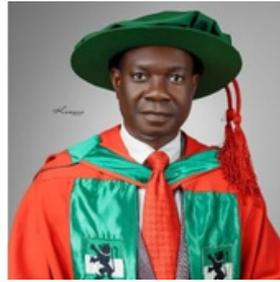
APHPN celebrates its members who have risen to enviable heights of service to mankind.



Prof. Tanimola Makanjuola Akande
Phenomenal Achievement in Research
Grant and contributions to the Academia



Prof. Anyiekere Morgan Ekanem
Professor of Community Medicine
University of Uyo.



Prof. Daniel Chukwuemeka Ogbuabor
Professor of Health Economics,
Management and Policy
University of Nigeria, Nsukka



Prof. Deji Samson
Professor of Community Medicine
Ekiti State University.



Prof. Biyaya B. Nwankwo
Professor of Community Medicine
University of Abuja (UATH)



Prof. Nonye Egenti
Professor of Community Medicine
University of Abuja (UATH)



Dr. Oluwafolahan Sholeye
Associate Pro.r of Community Medicine
Olabisi Onabanjo University, Ogun State.



Prof. Olorunfemi Amoran
Dean, School of Public health,
University of Medical Sciences Ondo



Prof. Omosivie Maduka
Board of Advisers of the Nigerian Public
Health Network (NPHN)



Prof. Abah Stephen Obekpa
President of Society for Public Health
Professionals of Nigeria. (SPHPN)



Brig Gen Dr NAA Hussein(Rtd)
Successful delivery of the 20th Anniversary
of Ministry of Defence Health Implementation
Program (MOPHIP) and United State of
America Walter Reed Army Institute of
Research (WRAIR)



Professor Adedeji Ayodeji Onayade (KJW)
Successful Validictory Ceremony
Department of Community health, Obafemi
Awolowo University



Prof. Andrew Ifeanyichukwu Obi
Professor of Community Medicine
University of Benin



Prof. Esohe Ogboghodo
Professor of Community Medicine
University of Benin

Global Public Health Dates of Significance: July - September 2025

CULLED FROM THE WORLD HEALTH ORGANIZATION AND UNITED NATIONS WEBSITES



42nd Annual General Meeting and Scientific Conference Borno 2026

<p>For Exhibition and Sponsorship Tel: 0188330379 / 01036402231 aphnagm2026@gmail.com aphnborno@gmail.com</p> <p>For More Information: Prof. S.J. Yahaya LOC Chairman 0903536942 Dr. Zara Wudiri APHN Borno Chairman 0703640231 Dr. Abba Goni LOC Secretary 07035578964 Dr. Bello Umar LOC Co-Secretary 1 07068310379 Dr. Terfa Kene APHN President 0818566554 Dr. Augustine Ajogwu APHN Secretary - Gen 09035527636</p> <p>Account Information Account Number: 051773401 Account Name: Association of Public Health Physicians of Nigeria Bank Name: Alternative Bank</p>	<p>Pre-Conference Fee: N20,000</p> <p>Conference Fee</p> <p>Early Bird - N70,000 20th August - 27th November, 2025</p> <p>Late Registration - N80,000 Begins 28th November, 2025</p> <p>Onsite Registration - N100,000 Begins 10th February, 2026</p> <p>Virtual Registration - N60,000</p> <p><i>Sub-Theme:</i></p> <ul style="list-style-type: none"> Delivering RMNCADH+N in crisis situations Sexual and Gender based violence (SGbV) and health system response in humanitarian settings Mental health and psychosocial support in conflict and fragile communities Climate change in the face of conflict: strengthening adaptation and mitigation strategies Building resilient healthcare systems in conflict situations Violence against health workers in conflict settings 	<p>Association of Public Health Physicians of Nigeria (APHN)</p> <p>42ND Annual General Meeting/Scientific Conference BORNO 2026</p> <p>Date: 9th - 13th February, 2026 Venue: Mohammed Indimi Conference Centre, Maiduguri, Borno State</p> <p><i>Theme:</i> Healing in the Crossfire: Delivering Health Services in Conflict and Crisis</p> <p>ABSTRACT SUBMISSION 23rd August - 24th October 2025</p>
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Call for Abstracts

Abstracts should be structured, not exceed 300 words, double-spaced, font size 12, Time New Roman and Maximum of six (6) Key words
Abstracts should be submitted in the following format

- Title with name of author(s) and institution(s)
- Introduction
- Methods
- Results
- Conclusion
- Recommendation

Abstract submission deadline: 24th October 2025

Contact

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Please upload abstract via the conference website
@ <https://aphnagm2026.org>