



Quarterly Newsletter of the Association of Public Health Physicians of Nigeria

APHPN NEWSLETTER

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UPDATE FROM THE PRESIDENT

As President of Association of Public Health Physicians of Nigeria, I write with a heart full of gratitude and pride following the successful hosting of our National Conference in Borno State. The conference, held at the Indimi Conference Centre, was a remarkable gathering of public health professionals, policymakers, academics, development partners, and traditional institutions, all united by a shared commitment to strengthening healthcare delivery in Nigeria, especially in conflict and crisis settings.

The theme of the conference, "Healing in the Crossfire: Delivering Healthcare in Conflict and Crisis," reflects both global and national realities: fragile and conflict-affected settings account for a disproportionate burden of maternal and child mortality, infectious disease outbreaks, malnutrition, gender-based violence, and mental health disorders. In Nigeria, overlapping insecurity in the North-East, North-West, North-Central and other regions has resulted in displacement, weakened health systems, and widening inequities.

Through plenary lectures, keynote address, policy dialogues, and scientific abstract presentations, participants examined strategies for delivering RMNCAEH+N services, strengthening health systems, addressing gender-based violence, integrating mental health and psychosocial support, responding to epidemics, and protecting healthcare workers in conflict and crisis settings.

KEY OBSERVATIONS

1 Conflict as a determinant of poor health outcomes: Conflict and insecurity continue to undermine health system functionality across several regions of Nigeria. Destruction of infrastructure, disruption of supply chains, displacement of health workers, and weakened surveillance systems have contributed to increased maternal and neonatal mortality, low immunisation coverage in insecure areas, rising malnutrition, outbreaks of communicable diseases, escalating mental health disorders and increasing incidence of emerging and re-emerging diseases.

2 Women, children, adolescents, the elderly, and internally displaced populations bear a disproportionate burden of poor health outcomes in crisis settings, including heightened exposure to gender-based violence and psychosocial distress.

3 Delivering RMNCAEH+N in conflict settings remains fragile: The North-East remains emblematic of a protracted humanitarian health crisis. States in the North-East continue to report some of the poorest RMNCAEH+N indicators nationally. In several LGAs previously affected by insurgency, over half of health facilities were rendered non-functional at the peak of the crisis.

Although recovery efforts are ongoing, service delivery remains dependent on mobile outreach, task-shifting, community health volunteers, and humanitarian partnerships. Innovative interventions such as the Safer Birth Bundle of Care in Borno State demonstrate the potential of continuous quality improvement even in fragile settings.

RECOMMENDATIONS

The Association makes the following recommendations:

A. Strengthening Health Systems in Conflict Settings

1 Federal and State Governments should institutionalise conflict-sensitive health planning and integrate humanitarian-development approaches into state health strategies.

2 Increase investment in rebuilding and protecting health infrastructure in conflict-affected regions.



3 Establish mechanisms to safeguard healthcare workers and enforce protections consistent with international humanitarian principles.

4 Develop retention incentives and security support systems for frontline health workers.

B. RMNCAEH+N Continuity in Crisis

Scale up adaptive service delivery models, including mobile outreach, community-based interventions, and task-shifting frameworks.

CONCLUSION

Nigeria cannot achieve health equity or Universal Health Coverage without addressing the realities of conflict, insecurity, climate vulnerability, and systemic fragility. Healing in the crossfire demands resilient systems, protected health workers, integrated services, and sustained political commitment.

APPRECIATION

The Association expresses profound gratitude to the Government and people of Borno State, development partners, humanitarian agencies, academic institutions, and all participants who contributed to the success of the conference.

Dr. Terfa Kene

President, APHPN

Newsletter Highlights

Update from the President - Pg 1

Update from the Secretariat - Pg 2-3

Public Health Spotlight - Pg 4-7

News in Brief -Pg 8

Necrology-8

Photogallery -Pg 9-15

Appointments & Promotions -Pg 16

Notable Public Health Days - Pg 17

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UPDATE FROM THE SECRETARIAT 1st Quarter, 2026

Dr. Augustine Ajogwu

The Association of Public Health Physicians of Nigeria (APHPN) had its 42nd Annual General Meeting and Scientific Conference in Maiduguri, Borno State from 9-13th February, 2026. It brought together over 400 Public Health Physicians, Policymakers, Humanitarian Actors, Development partners, and Academics from across Nigeria. The conference started with a World Press Conference to brief the General Public, the Nation, and the World at large about the importance of the conference and the choice of the theme **“Healing in the Crossfire: Health Under Threat – Delivering Health Services in Conflict and Crisis,”**

The Subthemes are as follows:

- 1. Delivering Reproductive, Maternal, Newborn, child, Adolescent and Elderly Health+ Nutrition in crisis.**
- 2. Health system responses to Sexual and Gender Based Violence in humanitarian settings.**
- 3. Mental Health and psychosocial support in conflict and fragile communities**
- 4. The intersection of climate change and conflict, focusing on adaptation and mitigation strategies.**
- 5. Building Resilient Healthcare system in Conflict situations**
- 6. Violence against healthcare workers in Conflict settings.**

The opening ceremony was held on the 11th February, 2026, chaired by Prof. Ayuba Zoakah. The Executive Governor of Borno State was ably represented by the Commissioner of Health, Prof. Baba Mallam Gana. The Governor of Borno State sent his pleasantries and made a firm commitment to continuous infrastructural improvement in spite of the security challenges in the State.

The Annual Dr. Issac Oluwole Memorial Lecture was presented by the Honorable Minister of state for Humanitaria and Poverty Reduction, Dr Yusuf Tanko Sununu, titled **“ Navigating Complexity: Strengthening Public Health Systems Across Nigeria’s Multidimensional conflict and Humanitarian crisis.”**

The conference theme and the lecture reflects both global and national realities: fragile and conflict-affected settings account for a disproportionate burden of maternal and child mortality, infectious disease outbreaks, malnutrition, gender-based violence, and mental health disorders. In Nigeria, overlapping insecurity in the North-East, North-West, North-Central and other regions has resulted in displacement, weakened and fractured health systems, and widening inequities. Through plenary lectures, keynote address, policy dialogues, and robust scientific abstract presentations, participants examined strategies for delivering RMNCAEH+N services, strengthening health systems, addressing gender-based violence, integrating mental health and psychosocial support, responding to epidemics, and protecting healthcare workers in conflict and crisis settings.

The life and times of late Prof Umaru Shehu (8th December 1930- 2nd October 2023) was show cased at the conference. He was an Erudite Nigerian Physician and Academic administrator. He held significant positions at several universities, including the University of Nigeria Nsukka, Ahmadu Bello University and the University of Maiduguri. He served as the chairman of the board of Directors, Institute of Human Virology, Nigeria before his death.



Group Photograph after the AGM, Borno, 2026

KEYNOTE ADDRESS PRESENTED AT THE 42ND ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE OF ASSOCIATION OF PUBLIC HEALTH PHYSICIANS, BORNO 2026 BY HONORABLE DR YUSUF TANKO SUNUNU, MINISTER OF STATE HUMANITARIAN AFFAIRS AND POVERTY REDUCTION

Your Excellency, the Executive governor of Borno State, our able Governor, Professor Babagana Umara Zulum, the President of the Association of Public Health Physician of Nigeria, members of the high table, invited dignitaries, our colleagues and practitioners of public health in Nigeria,

gentlemen of the press. Permit me to start by rendering apology for my inability to be physically present to deliver this keynote address during your Annual General Meeting holding in Maiduguri. I would have loved to be in Maiduguri physically as a home return.

I am an alumnus of University of Maiduguri, where I studied Medicine. Also, last time I was in Maiduguri was when I was invited by the Chief Medical Director to witness the gigantic projects constructed by the federal government, and in addition, supported handsomely by the governor of Borno state Professor Babagana Umara Zulum, also at that time, it gave me the privilege to witness another foresight of His Excellency, when he laid the foundation for the construction of State University teaching hospital.

My inability to be physically present was due to the fact that I'm currently in Sokoto and Northwestern states to deliver the presidential initiative against hunger that has to do with supply of emergency food to vulnerable peoples, and also for delivery of drugs, food items that are needed for the treatment of severe, acute malnutrition. Once more, please accept my apologies.

Let me start by saying that Nigeria is multiethnic and multireligious country that is situated in the West Africa, it is most prosperous black nation on earth, with a population of over 200 million people, while endowed with natural and human resources, multidimensional poverty is higher mostly in the northern part of the country. This becomes clear when you look at the report of the multi-dimensional poverty index report of 2022 which stated that 65 per cent of multi dimensionally poor Nigerians reside in the northern part of the country, while 35 per cent reside in the southern part of the country, as against the national average of 63.3 percent. This is really a cause for concern. In addition, there are myriad of both human made and natural disasters that significantly impede the functioning and effectiveness of the public health system.

The conflicts are complex and multi-dimensional in nature. They include those related to insurgencies like Boko Haram, banditry, ethnic strife and socio-political tensions. Others that have affected Nigeria, is the climate shock, the conflict worsening humanitarian crisis such as food insecurity, natural disaster, internal displacement, ultimately create a condition that demand innovation and resilience response. It is the goal of my presentation to address urgent need to strengthen the Nigerian public health system by navigating the complicit of this concurrent crisis, ultimately aiming to enhance health outcomes of all citizens.

THE CONTEXT OF DIMENSIONAL CONFLICT AND HUMANITARIAN CRISIS

Currently, the conflict and humanitarian crisis undermine the health security of millions of Nigerians. For instance, the twin conflict of Boko Haram, insurgency and banditry have not only resulted in devastating loss of life, but has also led to widespread displacement, with over 3 million people now internally displaced.

I must commend the effort of His Excellency, the Executive governor of Borno State for partnering with Federal Ministry of Humanitarian Affairs in getting the internally displaced persons from Maiduguri and many other neighboring states resettled, and some of them who are refugees in neighboring country got repatriated back to Nigeria.

Ethnic conflicts and resources disputes further exacerbate the situation, leading to the disruption in health services, the entrenchment of health disparities, increased rate of malnutrition, communicable diseases and mental health disorders which place an additional strain on our already burdened health system. Therefore, the nexus of conflict and humanitarian crisis constitute a critical barrier to achieving less equity and improving public health outcome.

CHALLENGES FACING PUBLIC HEALTH SYSTEM.

The challenges facing the Nigeria's public health systems are numerous and multi-faceted and those include:

Infrastructure limitations.

Many health facilities are damaged or destroyed due to conflict or flooding, as was witness in the University of Maiduguri flooding two years ago, which has caused damage to infrastructure and billions of naira of health care equipment lost, leading to inadequate access to care in the affected communities.

Workforce shortage

Conflict and crisis have driven healthcare professionals away from affected regions, causing a significant brain drain and limiting the capacity of health system. This has really caused a lot of depravity with internal brain drain, worsening the international brain drain, resulting from 'Japa'.

Governance issue.

Public Health System in Nigeria face a lot of weak governance and lack of accountability, which hinders health care planning and resource allocation in troubled regions.

Data challenges

In the chaos of conflict and crisis, health data collection becomes a significant challenge, leading to gaps in understanding health needs and designing appropriate intervention. This is not only affecting the public health as we all know that data is a major issue in Nigeria, but I must also commend effort of Mr. President, in repositioning the NIMC to ensure that data are not only collected, collated but well preserved and protected.

Vulnerable Population

Displaced populations, women, children and elderly are disproportionately affected by health emergencies and often lack access to essential services, especially in conflict prone zones. With all these challenges, there is a need for a resilient and adaptive approach, liberating the complexities of public health in the context of conflict and humanitarian crisis

necessitating a shift worth a more like resilient and adaptive approach, and this include integrating health services. Humanitarian response should include a robust health component that integrates mental health, nutrition and community health into emergency preparedness and response plan.

Let me at this juncture, assure you the Federal Minister of humanitarian affairs and poverty reduction, look forward to an effective partnership between the Ministry and Association of Public Health Physicians of Nigeria

Community Engagement

For Nigeria to succeed in its public health in an emergency, there is need for building trust and engaging communities in health governance to enhance the effectiveness of health intervention.

Community health workers can serve as a crucial link between health providers and affected population. Other modalities are leveraging on technology, utilizing technology such as mobile health solutions can facilitate telemedicine and remote learning for healthcare providers, ensuring continued access to care and training during carriers.

Multi-sectoral collaboration

Collaborative effort among government entities, non-governmental organizations and international organizations are essential for resource mobilization, data sharing and comprehensive solutions to health challenges.

Policy development

Strengthening health policy framework that prioritize health equity, access and resilience will ensure the public health systems are better equipped to respond to future challenges.

Let me conclude by saying that effectively addressing the crisis of public health in Nigeria, it is imperative to acknowledge the complex interplay of conflict and humanitarian crisis. Strengthening public health system requires a multifaceted approach that foster resilience and adaptability in the face of ongoing challenges; by embracing innovative solution, engaging communities and promoting collaborative effort, Nigeria can build a public health system capable of navigating the complexities. The health and wellbeing of millions depend on urgency of these actions, aligning humanitarian needs with sustainable health outcome to create a healthier future for all Nigerians. I therefore, make the following recommendations,

1. **Investing in infrastructure:** More funding to be allocated to rebuild and maintain healthcare facilities in conflict-affected areas.
2. **Enhancing training program:** There should be a developed targeted training program for healthcare workers to address specific needs arising from conflict and humanitarian crisis.
3. **Strengthening data system:** Implement robust health information system that can function in crisis, allowing for real time data collection and analysis.
4. **Support mental health initiative:** Mental health programs should be developed as an integral part of Health Response Plan, addressing the psychological impact of conflict and displacement.
5. **Promote resilience framework:** we have to advocate for policies that focus on building resilience in health system, ensuring preparedness of future conflict and crisis.

In concluding this position paper with the actual necessity of concerted effort to navigate the complexities facing Nigerian health system, collective responsibility and action are crucial to fostering a robust public health environment that can withstand the pressure of conflict and crisis, ultimately leading to improve health outcome for Nigerian population. Thank you very much for listening.

PUBLIC HEALTH SPOTLIGHT

Accountability mechanisms for implementing a health financing option: the case of the basic health care provision fund (BHCPF) in Nigeria

Introduction

Good health system governance is characterized by responsiveness and accountability. The extent to which actors interact in governance, as well as the institutional, bureaucratic and social factors that influence these interactions, all work together to ensure health system accountability. Accountability features prominently in all governance definitions, either as a key function or outcome and improved accountability is often called for as an element in improving health system performance. Three general categories of accountability have been noted: financial, performance, and political/democratic accountability [1]. Financial accountability concerns tracking and reporting on allocation, disbursement, and utilization of financial resources, using the tools of auditing, budgeting, and accounting and focuses on the control of the misuse and abuse of public resources and/or authority. Performance accountability deals with supporting improved service delivery and management through feedback and learning and focuses primarily on services, outputs, and results while political/democratic accountability has to do with the institutions, procedures, and mechanisms that ensure that government delivers on electoral promises.

All health systems contain accountability relationships of different types, which function with varying degrees of success. In addition to the three general categories of accountability, an important broad distinction is between 'external' accountability mechanisms which may be used by non-state actors to hold public sector powerholders to account, and 'internal' accountability mechanisms that are comprised of the institutional oversights, checks and balances internal to the public sector [1, 2]. Accountability mechanisms therefore are governance tools which seek to regulate answerability between the health system and /or citizens and between different levels of the health system [3].

The concern with accountability and health systems originates from the dissatisfaction with health system performance, availability and equitable distribution of basic services, abuses of power, financial mismanagement and corruption, and lack of responsiveness [4]. In addition, proper accounting for the use of primary health care (PHC) funds is a high priority for both governments and donors because of the importance of PHC in delivering health care to the majority of the populace. Therefore, strengthened accountability has been recommended as a remedy for strengthening health system weaknesses around the world [4].

In October 2014, following a decade of planning, the Nigerian President at that time, Dr Jonathan Goodluck signed into law the National Health Act (NHAct). The Act, which provides a legal framework for the provision of health care services to all Nigerians and for the organisation and management of the health system, could not come soon enough; Nigeria currently has some of the worst health outcomes in the world, due in part to the poor state of primary health care services, which are characterised by a lack of coverage (especially in rural areas), inadequate health facilities and high user fees.



Prof. Benjamin Uzochukwu
BMBCh, MPH, MD-PUBLIC HEALTH, FWACP, FAS, FAMedS
Vice President, West African College of Physicians

A key component of the NHAct is the establishment of the Basic Health Care Provision Fund (BHCPF) which will be predominantly financed through an annual grant from the Federal Government of not less than 1 % of the Consolidated Revenue Fund (CRF) which is the total Federal Revenue before it is shared to all tiers of government. Based on the draft Medium Term Expenditure Framework and Fiscal Strategy Paper (MTEF&FSP) 2017–2019, the BHCPF (1% of CRF) translates to an average of N35bn per annum or 114.7 million US dollars per annum as at 2016. Half of the Fund will be used to provide a basic package of services in PHC facilities through the National Health Insurance Scheme (NHIS); 45% will be disbursed by the National Primary Health Care Development Agency (NPHCDA) for essential drugs, maintaining PHC facilities, equipment and transportation, and strengthening human resource capacity; and the final 5% will be used by the Federal Ministry of Health (FMOH) to respond to health emergencies and epidemics. Additional sources of funding for the BHCPF could include grants by international donors and funds generated from innovative sources such as taxes on cigarettes and alcohol. Further, to be eligible for Fund donations, States and Local government areas are expected to contribute 25% counterpart funding respectively towards PHC projects. It is expected that provision of this fund will ensure that quality primary health care provisions are affordable and accessible to all and thus equitable.

Governance & Health service organization in Nigeria

The Country operates a federal system of government comprising 36 States and the Federal Capital Territory. The health system in Nigeria is based on the three tier structure of government (Federal, State and Local Government Authority (LGA) each with substantial autonomy. Every state and local government has a State Ministry of Health (SMOH) and Local Government Health Department respectively. However, the roles and responsibilities of the different levels of the health system with respect to PHC are unclear. The overlaps in roles often result in duplication of efforts and wastage on one spectrum, or total neglect of roles [5].

The Federal Government, through the Federal Ministry of Health (FMOH) is primarily responsible for overall stewardship and leadership for health. The SMOH provides health care services through secondary level health facilities as well as technical assistance to the Local Government Area Health Departments. LGAs own and fund PHC facilities and have overall responsibility for this level of care with the health posts and clinics, health centers and comprehensive health centers providing basic primary care services. A dynamic private sector offers an opportunity to fill part of the gap left by a weak PHC system. However, health equity is not very high on the policy agenda, thus creating a problem of affordability and accessibility among the poor and the less advantaged groups [5].

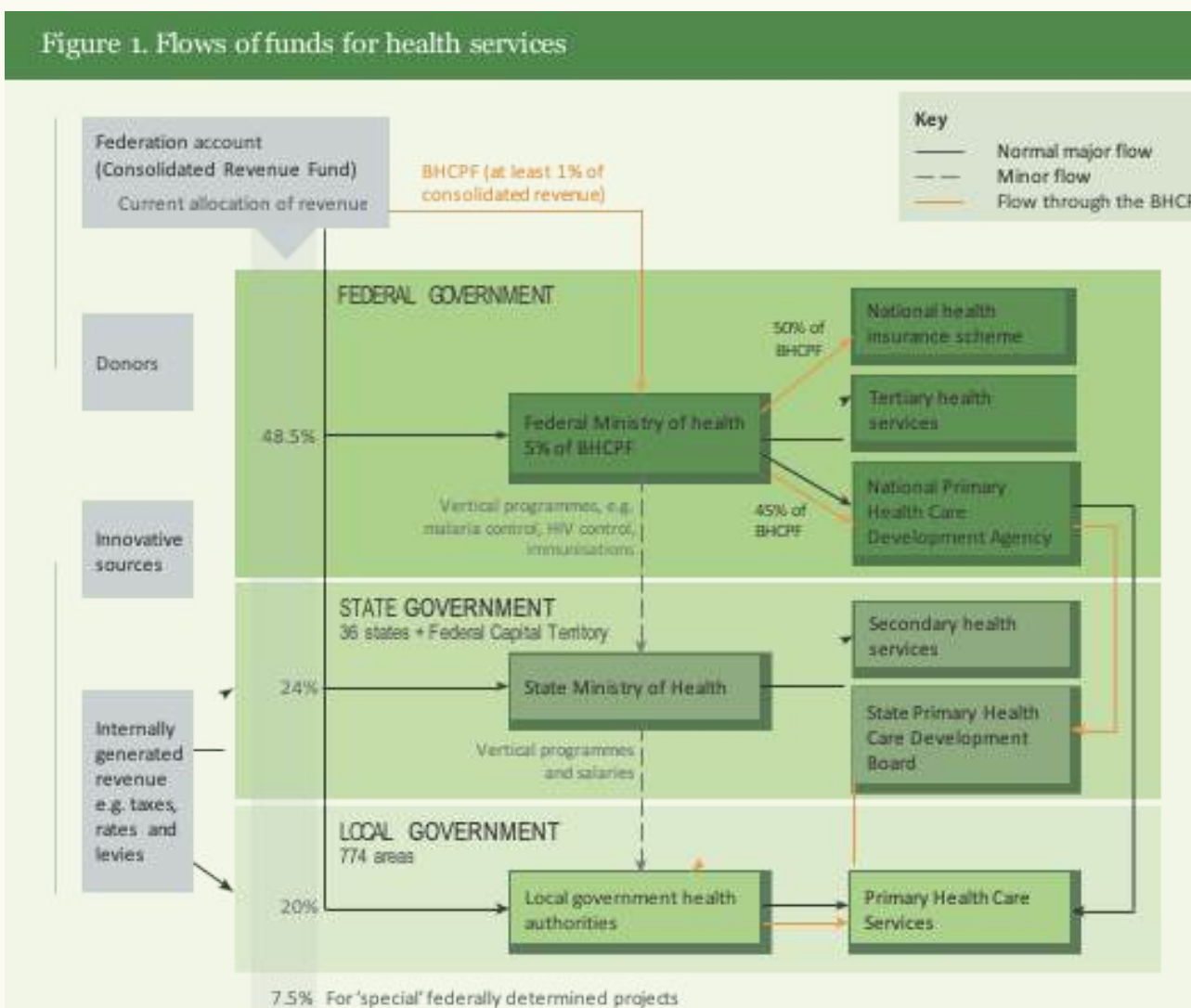
Financing lies at the core of Nigeria's PHC delivery challenges. The PHC budget at the Federal level has been decreasing over the years. At the LGA levels, the financial allocations do not extend beyond the payment of salaries and budgets are not earmarked, leading to delays in the release (or at times non-release) of PHC funds. Accountability and transparency are some of the weakest areas of the public finance system in Nigeria, particularly at this level.

Figure 1 shows the current flow of funds for health services in Nigeria and the proposed flow of revenue of the BHCPF. The solid and dashed arrows show the normal and minor flows respectively while the yellow arrow shows the proposed flow of the additional fund. At the Federal level, the NPHCDA is responsible for transferring funds from the FMOH to the State Primary Health Care Boards (SPHCB), who then disburse funds to Local Government Health Authorities (LGHAs). It is LGHAs that are responsible for funding PHC services in their area.

It has been noted that the LGAs responsible for PHC services have weak capacity and inadequate resources to deliver effective PHC, and the NHA therefore is an attempt to provide additional funds to PHC. But additional resource allocations through the NHAct will need to be complemented by action to strengthen LGA capacity to deliver PHC services.

Formal and informal engagement with key health stakeholders at both national, sub-national and local level have raised concerns over the management of the funds, and the roles of various stakeholders in ensuring accountability for their use. There are still questions about how ready the various stakeholders are to manage this fund since the inappropriate use of the money will lead to difficulty in achieving the objectives of: 1) increased effective funding; and 2) improving the responsiveness of the Nigerian Health System. In order for the flow of revenue from the BHCPF to reach PHC services efficiently, it is necessary that strategies are in place to ensure accountability between the stakeholders at different levels of government as the absence of an accountability lens can actually hamper implementation of the BHCPF and hence health system performance as well as compromise equity.

The overall aim of this write-up is to contribute to the generation of policy implementation guidelines around accountability for the BHCPF, by exploring the existing accountability challenges within the Nigerian health system and gathering ideas from health system stakeholders to inform proposals around how to strengthen accountability for the Fund's implementation.



Recommended mechanisms to strengthen accountability in implementing BHCF

Federal Government

In order for the flow of revenue from the BHCPF to reach PHC services efficiently, it is necessary that strategies are in place to ensure accountability between the stakeholders at different levels of government. Figure 2 sets out an accountability framework for implementing the BHCPF, which encompasses mechanisms for strategic planning, strong and transparent monitoring and supervision systems, and systematic reporting. Specific strategies to strengthen accountability at each level of government are outlined below.

- Produce clear guidelines about who is responsible for implementing the fund across all levels (national, state and LGAs) and what their roles are.
- Build capacity of State and Local Government Health Authorities to disburse Fund revenue effectively. This may include assisting states to set up Primary Health Care Development Boards where they currently do not exist, or providing training on Change Management.
- Use external auditors to monitor and evaluate implementation of the BHCPF across all levels. External auditors could also include members from community groups, CSOs and NGOs.
- Consider making dispersal of revenue from NPHCDA to SPHCB conditional on the results of previous disbursements.
- Demonstrate transparency by publishing financial information about the BHCPF on the website.

State Government

- Provide supportive supervision to LGHA such as mentoring or training on how to address specific challenges.
- Consider making dispersal of funds from SPHCB to LGHA conditional on the results of previous disbursements.
- Employ qualified finance managers to be responsible for disbursing funds.
- Demonstrate transparency by separating BHCPF account from the State health account, and by publishing financial reports on SPHCB websites in accordance with the Freedom of Information act and Fiscal Appropriation Act.

Local Government

- Produce a plan for how the BHCPF will be disbursed to health facilities.
- Employ qualified finance managers to be responsible for disbursing funds.
- Demonstrate transparency by separating the BHCPF account from other sources of funding for PHC facilities

Health Facilities

- Produce a plan for how the BHCPF will be spent.
- Health Facility Committees should monitor how revenue from the Fund is spent.
- Put in place systems for keeping records about how funds are managed.
- Use e-payment or banks for consumer payment of charges at health services, rather than cash payments to reduce potential for corruption

Community members & other external actors

- Include community members in Health Facility Committees, and thus involve them in decisions regarding how revenue is spent at health facilities.
- Development partners and CSOs can monitor the release of funds at each level of the system (national, state, local and health facility).

Challenges to accountability and implementation

implementation of health policies in the past, especially at the national and state levels. It is important that challenges are taken into consideration and addressed as part of the implementation of the BHCPF.

Delayed transfer of funds

A long waiting period from when the budget is announced to when funds are released can make it difficult for implementers to plan their activities. Interference from higher levels of government may also contribute to making funds inaccessible to implementers when they need them.

Poor data and financial management

Poor data management constitutes a challenge to accountability because data is needed to make decisions and plan how revenue can best be spent. It also deters development partners and other donors from providing additional funding.

Corruption

Corruption, such as mismanagement and diversion of funds, has been a key challenge to the successful implementation of past financial reforms. Without strong accountability mechanisms and clear guidelines for how the Fund should be spent, there can be a tendency for government officials and politicians to divert resources for their own personal gain.

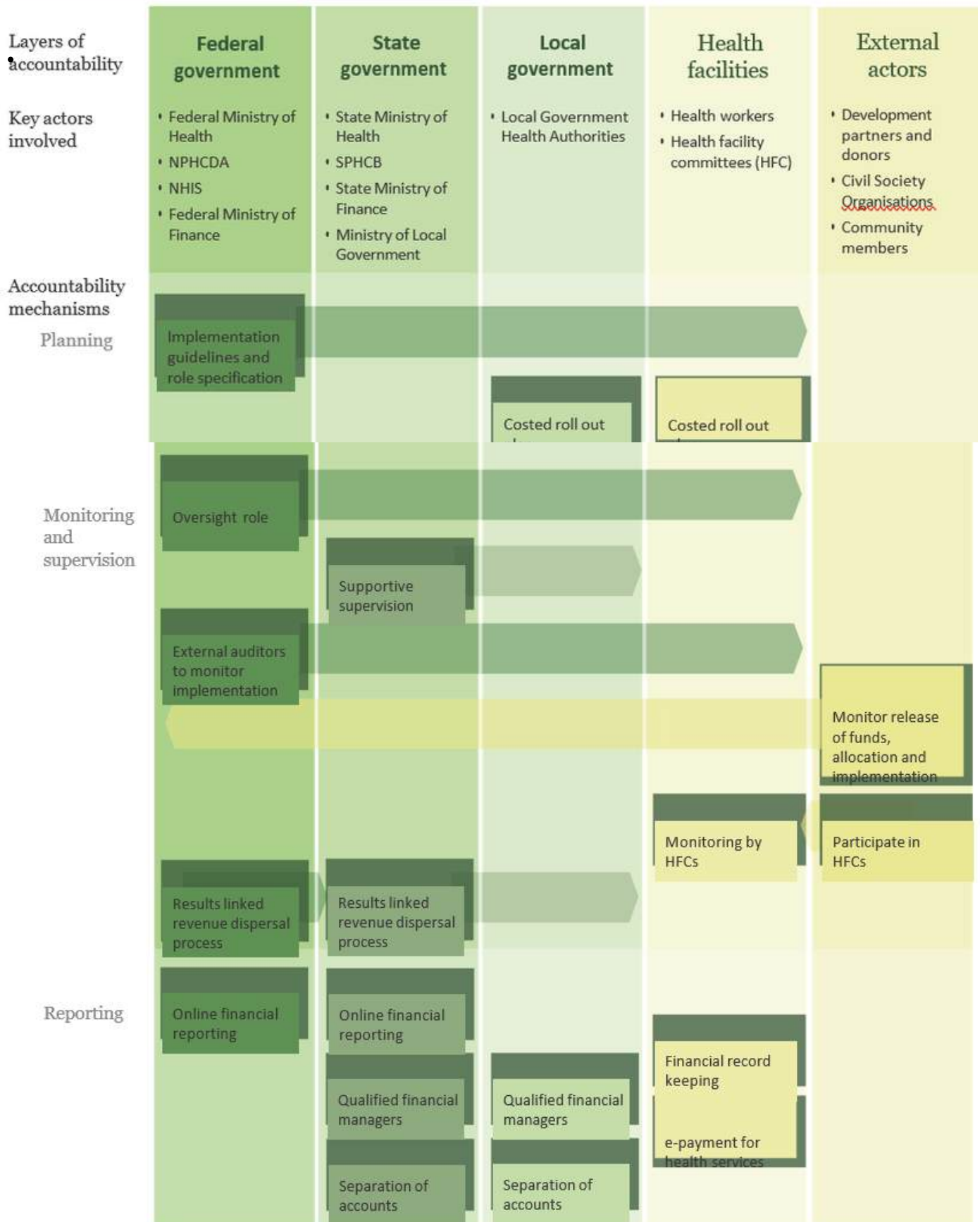
Preparedness to manage the Fund

Additional resource allocations to LGHA need to be complemented by action to strengthen LGHA capacity to manage the Fund.

REFERENCES

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Figure 2. Accountability framework for implementing the BHC PF



NEWS IN BRIEF

COURTESY VISIT

The President of APHPN, Dr. Terfa Kene, alongside the President of MWAN, Dr. Zainab Kwaru Muhammad-Idris, Paid a courtesy visit to Chief Mike Duru Ejiogu, CEO of CityGate Group and CityGate Homes.

Chief Ejiogu, a respected figure in the real estate, construction, and hospitality sectors, warmly received the delegation. During the visit, he graciously accepted the invitation to perform the groundbreaking ceremony for the APHPN Estate and National Secretariat scheduled for 7th April 2026.



The President of APHPN, Dr. Terfa Kene, The President of MWAN, Dr. Zainab Kwaru Muhammad-Idris, MWAN Treasurer, Prof. Hajaratu Umar Sulayman, the FCT-Abuja APHPN General Secretary, Dr. Esther Agmadalo M. Cegbeyi, and the Solap Estate Developer, Architect Paul Akosu, in a group photograph with Chief Mike Duru Ejiogu, CEO of CityGate Group and CityGate Homes.

APHPN KOGI STATE ATTENDED THE LASSER FEVER MEETING

APHPN Kogi State chapter ably led by the chairperson Dr. Mary Ojone Alexander-Onoja attended the Lassa fever Stakeholders meeting convened to strategize on curbing the outbreak in the state. The session was chaired by the Honourable Commissioner for Health, ably represented by the Permanent Secretary, Mr. Steven Momoh Aziz.



APHPN Kogi State Branch in a group photograph with key stake holders at the Lassa Fever meeting led by the Kogi State Chairman Dr. Mary Ojone Alexander-Onoja

On 30th March APHPN President, Dr. Terfa Kene, served as a moderator at a high-level Public Health Symposium held at Transcorp Hilton, Abuja, leading discussions on 'Early Detection to Intelligence: Strengthening Surveillance, Data, and Laboratory Systems.' A powerful engagement focused on advancing resilient health systems through timely data and coordinated response.



APHPN President Dr. Terfa Kene anchoring the High Level Public Health Symposium organized by the Federal Ministry of Health & Social Welfare. An Insight from China and Nigeria

A NEW PARTNERSHIP

A new chapter begins as a strategic advocacy and partnership* is formed between the *Association of Public Health Physicians of Nigeria (APHPN) led by the National President; Dr Terfa Kene* and *Gift Lupus Foundation (GLF), represented by the founder; Dr Lovette Ononuga* who are committed to championing Lupus advocacy and ensuring no patient is left undiagnosed, cared for or unheard.



APHPN President Dr. Terfa Kene in a group Photograph with the Founder Gift Lupus Foundation (GLF) Dr Lovette Ononuga and the APHPN National Treasurer Dr. Jullitte Tuman Ango

NECROLOGY



Prof. Bonny Nwakoby
In loving memory of an Elder, & his contributions to public health, May his soul rest in peace.



Dr Jamila Umar Danhassan
A resident doctor in the Department of Community Medicine, Aminu Kano Teaching Hospital (AKTH) . May her soul rest in peace .

PHOTO GALLERY

APHPN 42ND ANNUAL GENERAL MEETING/SCIENTIFIC CONFERENCE MAIDUGURI 2026

Day 1: Press Conference and Scientific Sessions



APHPN 42ND ANNUAL GENERAL MEETING/SCIENTIFIC CONFERENCE MAIDUGURI 2026

Day 2: Press Conference/Courtesy Visit



Advocacy visit by the APHPN BOT led by Prof. Clara Ladi Ejemi and the National Executive Council APHPN to the vice Chancellor University of Maiduguri Prof. Mohammed Laminu Mele.



APHPN 42ND ANNUAL GENERAL MEETING/SCIENTIFIC CONFERENCE MAIDUGURI 2026

Day 2: Scientific Sessions and Opening Ceremony



APHPN 42ND ANNUAL GENERAL MEETING/SCIENTIFIC CONFERENCE MAIDUGURI 2026

Day 3: Scientific Sessions and Annual General meeting



APHPN 42ND ANNUAL GENERAL MEETING/SCIENTIFIC CONFERENCE MAIDUGURI 2026

Day 4: City Tour/Dinner



APHPN 42ND ANNUAL GENERAL MEETING/SCIENTIFIC CONFERENCE MAIDUGURI 2026

Day 4: City Tour/Dinner



APHPN 42ND ANNUAL GENERAL MEETING/SCIENTIFIC CONFERENCE MAIDUGURI 2026

Day 4: Dinner/Award Night



APPOINTMENTS, PROMOTIONS & CELEBRATIONS

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



Prof. Edmund Ndudi Ossai
Promotion to the rank of a Professor by the Governing council of Alex Ekwueme Federal University Ndufu-Alike(AEFUNAI), Ebonyi State, February 2026



Prof. Lawal Ahmadu Kuki
Promotion to the rank of Professor in Community Medicine by the Senate of the Ahmadu Bello University, Zaria. February 2026



Prof. Nyemike Simeon Awunor
Promotion to the rank of Professor in Community Medicine by the Governing council of the Delta State University. February 2026



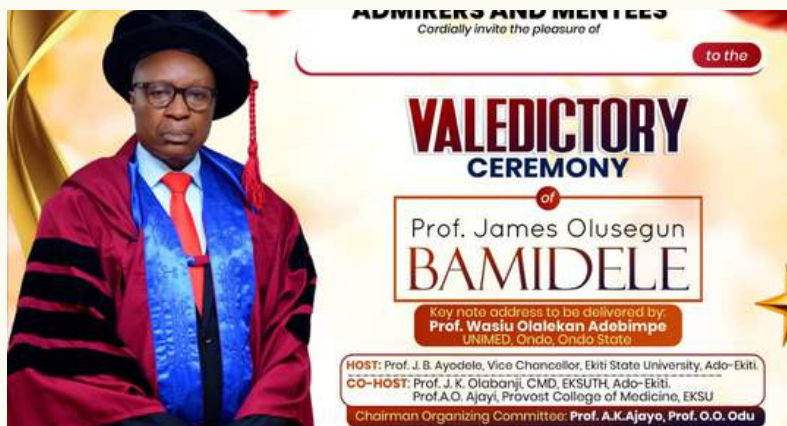
Prof. Chihurumanya Alo
The Immediate Past Chairman, APHPN Ebonyi State, on his appointment as the new Chief Medical Director (CMD) of David Umahi Federal University Teaching Hospital, Uburu Ebonyi State (DUFUTH), March 2026.



Happy 70th Birthday and Retirement celebration to the phenomenal Prof Oby Emelumadu! Your tireless dedication to APHPN and West African College of Physicians has inspired countless lives. Congratulations Ma



APHPN congratulates distinguished Professor Elizabeth Uzoamaka Nwonwu 70th birthday and Retirement Ebonyi State University (EBSU) Abakaliki, Nigeria. Ekwueme Federal University Teaching Hospital Abakaliki (AEFUTHA), Ebonyi State, Nigeria.



APHPN congratulates a Public Health Icon; Prof James Bamidele your valedictory ceremony after a meritorious service years.

Global Public Health Dates of Significance: April - June 2026

CULLED FROM THE WORLD HEALTH ORGANIZATION AND UNITED NATIONS WEBSITES



World Health Day

APRIL, 7TH 2026



World Immunization Week

APRIL, 24TH-30TH 2026



World Malaria Day

APRIL, 25TH 2026

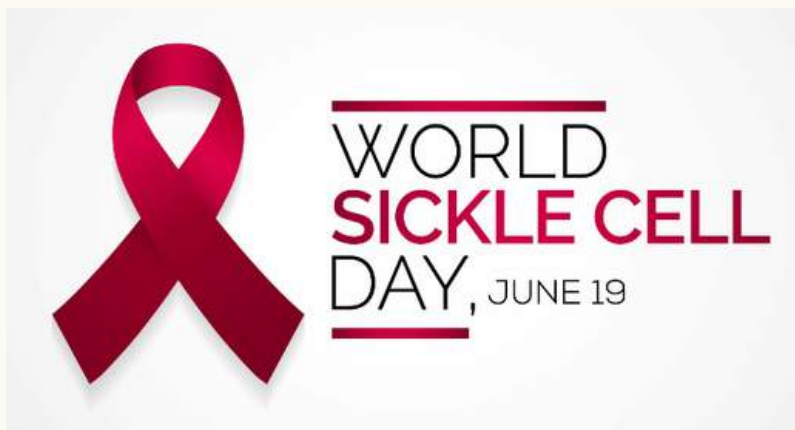


WORLD
Hand Hygiene
DAY, MAY 05

**WORLD
HYPERTENSION
DAY - MAY 17**



31 MAY
STOP SMOKING
WORLD NO TOBACCO DAY



WORLD
SICKLE CELL
DAY, JUNE 19



World
Environment
Day
June 5th