Communiqué issued at the end of the 42nd Annual General Meeting and Scientific Conference of the Association of Public Health Physicians of Nigeria (APHPN)

Held from 9th–13th February 2026
Muhammad Indimi Conference Centre, University of Maiduguri, Borno State.

Conference Theme:
" *Healing in the Crossfire: Delivering Health Services in Conflict and Crisis."*

PREAMBLE
The Association of Public Health Physicians of Nigeria (APHPN) convened its 42nd Annual General Meeting and Scientific Conference in Maiduguri, Borno State, bringing together over 300 public health physicians, policymakers, humanitarian actors, development partners, and academics from across Nigeria.

The conference theme 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 immunization 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.

4 Mental Health Crisis in Conflict and Fragile Settings: There is a substantial but under-recognized burden of trauma, depression, anxiety, and post-traumatic stress disorders in conflict-affected populations. Mental health services remain underfunded and poorly integrated into primary health care. Health workers themselves experience burnout and secondary trauma in insecure environments.

5 Violence Against Health Workers: Violence against healthcare workers and attacks on health facilities continue to undermine service delivery, threatening service continuity. Insecurity limits workforce retention, discourages rural posting and compromised emergency response capacity.

6 Weak Health Information Systems in Crisis Contexts: Poor data systems at national, subnational, and local government levels limit evidence-based planning, resource allocation and epidemic response in fragile settings. Conflict-sensitive surveillance systems remain inadequate
Climate change as a health risk multiplier:

7 Climate change is compounding insecurity-related vulnerabilities, contributing to malnutrition, vector-borne diseases, Lassa fever outbreaks and other epidemic risks, and displacement. The health sector's adaptation strategies remain insufficient

8 Emerging and context-specific public health concerns—including Lassa fever outbreaks reported in Bauchi State, Buruli ulcer outbreaks in Benue State, HIV burden in certain states, like Taraba, and increasing recognition of Vitamin D deficiency as silent epidemic among the upper class with increasing risk of bone disorders, metabolic diseases, immune dysfunction, depression, and cardiovascular conditions—require public health advocacy, public enlightenment, strengthening surveillance and coordinated policy response.

9 Health Governance and Workforce Policy Concerns: Recent workforce policy developments like the creation of a Public Health Officer (PHO) cadre in Lagos State without adequate stakeholder consultation risks fragmentation, duplication of roles, and disruption of established public health structures if not guided by broad stakeholder consultation.

RECOMMENDATIONS
The Association makes the following recommendations:
A. Strengthening Health Systems in Conflict Settings
1 Federal and State Governments should institutionalize 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
5Scale up adaptive service delivery models, including mobile outreach, community-based interventions, and task-shifting frameworks.
6 Expand quality improvement initiatives such as the Safer Birth Bundle of Care in high-mortality states.
7 Ensure uninterrupted immunization and nutrition services in hard-to-reach communities.

C. Gender-Based Violence and Mental Health Integration
8 Integrate comprehensive GBV services — including clinical management of rape, psychosocial support, and referral pathways — into primary health care.
9 Mainstream Mental Health and Psychosocial Support (MHPSS) into state health plans and

humanitarian response frameworks.
10 Provide structured psychosocial support and trauma care for health workers in insecure environments.

D. Data, Surveillance, and Epidemic Preparedness

11 Strengthen health information systems and conflict-sensitive surveillance mechanisms at all levels.
12 Establish multi-sectoral Technical Working Groups (TWGs) for Lassa fever and other emerging epidemics in high-burden states.
13 Improve integration of genomic, spatial, and environmental data for diseases such as Buruli ulcer.

E. Climate-Resilient

14 Health Systems
Recognize climate change as a public health emergency and integrate climate adaptation into health infrastructure planning.

15 Develop climate–health early warning systems and promote renewable energy transition in health facilities.

F. Public Health

16 Workforce Governance
Withdraw the circular establishing the PHO cadre in Lagos State and engage stakeholders in developing coherent public health workforce reforms.

G. Emerging Public

17 Health Priorities
APHPN should engage in intensive public health enlightenment, screening and supplementation for high-risk populations and advocacy towards policy formulation to address the silent epidemic of vitamin D deficiency in Nigeria.

18 Strengthen cross-border and migratory surveillance for neglected tropical diseases and infectious disease threats

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.

The Association of Public Health Physicians of Nigeria reaffirms its commitment to advancing evidence-based policies and collaborative action to safeguard the health of all Nigerians, even in times of crisis.

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.

Signed:
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Secretary-General

Date: 9/03/26