NIGERIA CENTRE FOR DISEASE CONTROL AND PREVENTION

2025

ANNUAL REPORT

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Nigeria Centre for Disease Control and Prevention Annual Report 2025

Contents

Acronyms

BHCPF	Basic Healthcare Provision Fund
CBS	Community Based Surveillance
CFR	Case Fatality Ratio
DLI	Disbursement Linked Indicators
DSNO	Disease Surveillance Notification Officer
EBS	Event Based Surveillance
EOC	Emergency Operations Centre
EPR	Emergency Preparedness and Response
EWS	Early Warning System
GHSA	Global Health Security Agenda
HAE	Human–Animal–Environment
IBS	Incident Based Surveillance
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IPC	Infection Prevention and Control
IPCAT	National Infection Prevention and Control Assessment Tool
NAPHS	National Action Plan for Health Security
NCDC	Nigeria Centre for Disease Control and Prevention
NHREC	Nigeria Ethical Committee
NHSRII	National Health Sector Renewal Investment Initiative
NMHRA	National Multi-Hazard Risk Assessment
NPHI	National Public Health Institute
NRRT	National Rapid Response Team
OH	One Health
NOHCU	National One Health Coordination Unit
PHE	Public Health Emergency
PHEOC	Public Health Emergency Operations Centre
PHEM	Public Health Emergency Management
PHI	Public Health Informatics
PoE	Point of Entry
RRT	Rapid Response Team
SE	State Epidemiologist
SIMEX	Simulation Exercises


Governance and Financing in Transition- Building Resilient Systems amid Global Funding Shifts
Health Security and Laboratory Systems Resilience
PRESENTER
Dr Jide Idris
Director General, NCDC
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Foreword

It is my honour to present the Nigeria Centre for Disease Control & Prevention (NCDC) Annual Report for 2025, which is a consolidated account of Nigeria's health security status, the priority disease outbreaks encountered, and the progress made in strengthening national epidemic preparedness, detection, and response capabilities. Throughout the period under review, Nigeria experienced multiple public health events, including outbreaks of Lassa fever, diphtheria, cerebrospinal meningitis, cholera, mpox, and other priority diseases. These events emphasised the importance of resilient national surveillance architecture, timely laboratory confirmation, effective coordination across sectors, and rapid deployment mechanisms at national and subnational levels. The NCDC, in collaboration with state governments and partners, ensured that public health actions were prompt, evidence-driven, and aligned with international health security standards.

This report reflects the implementation of the NCDC Management Blueprint, structured around four strategic pillars:

Prevention – with emphasis on health promotion, infection prevention and control, and antimicrobial resistance mitigation;
Early Warning and Detection – through strengthened integrated disease surveillance, One Health collaboration, enhanced public health laboratory capacity, and expanded genomic sequencing;
Epidemic Preparedness and Response – including multi-hazard risk assessments, deployment of rapid response teams, improved logistics and medical countermeasure distribution, and enhanced subnational readiness;
Strategic Partnerships – encompassing domestic and international collaboration, utilisation of the Basic Healthcare Provision Fund (BHCPF) through the NCDC Gateway, the Nigeria Health Sector Renewal Initiative, Sector-Wide Approach (SWAp) mechanisms, and global partnerships.

Notable achievements documented include genomic surveillance; strengthened environmental surveillance; emergency stockpile management; state-level capacity development through the BHCPF; and progress on the National Action Plan for Health Security (NAPHS) 2.0. In addition, technical working groups, research collaborators, and cross-sectoral One Health partners contributed significantly to advancing the nation's preparedness and response capabilities. NCDC will continue to prioritise innovations and partnerships that strengthen national and subnational health security systems.

I commend the efforts of the Federal Ministry of Health and Social Welfare, state governments, local and international partners, and the dedicated public health workforce whose commitment and professionalism made the achievements outlined in this report possible. Their contributions continue to reinforce Nigeria's capacity to detect, prevent, and respond to public health threats.

As we advance, the NCDC continues its mission of safeguarding the health of Nigerians through sustained improvements in surveillance, laboratory systems, emergency preparedness, research, and strategic collaboration.

Dr. Jide Idris

Director General
Nigeria Centre for Disease Control and Prevention, 2026

Overview of NCDC

Nigeria Centre for Disease Control and Prevention (NCDC) is Nigeria's national public health institute with the mandate to ensure a healthier and safer Nigeria through the prevention and control of diseases and events of public health importance. The agency is committed to strengthening national and regional health security through evidence-based prevention, integrated disease surveillance, and response activities – using a One Health approach, guided by science, and driven by a skilled workforce.

NCDC operations and activities are guided by seven key goals:

1. Strengthen the infrastructure and supporting systems at the NCDC to ensure an enabling environment is in place to meet its mandate.
2. Enhance health security through effective prevention and control of public health threats while promoting health through positive social behaviour change initiatives.
3. Strengthen existing surveillance systems for timely detection, assessment, notification, and reporting of priority diseases and conditions including public health events of international concern in line with the International Health Regulations (IHR).
4. Enhance laboratory capacity to detect and support infectious disease surveillance systems and response through detection, prevention, and control.
5. Reduce the health-related consequences of public health emergencies and disasters.
6. Create an efficiently managed and evidence-based organisation to support informed public health decision-making and program implementation.
7. Ensure functional and sustainable health security systems at the subnational level.

The NCDC operates through six technical directorates: Disease Prevention and Health Promotion (DPHP), Surveillance and Epidemiology, Public Health Laboratory Services (PHLS), Health Emergency Preparedness and Response (HEPR), Subnational Department, and the Department of Planning Research and Statistics (DPRS). The enabling operational departments and units in NCDC include Special Duties, Finance and Accounts, Audit, Procurement, and Administration and Human Resources.

Our Seven Strategic Goals for 2023–2027

Goal A: Strengthen the infrastructure and supporting systems at the NCDC.

Goal B: Enhance health security through effective prevention and control of public health threats.

Goal C: Strengthen existing surveillance systems for timely detection and reporting.

Goal D: Enhance laboratory capacity to detect and support infectious disease surveillance.

Goal E: Reduce the health-related consequences of public health emergencies and disasters.

Goal F: Create an efficiently managed and evidence-based organisation to support informed decision-making.

Goal G: Ensure functional and sustainable health security systems at the subnational level.

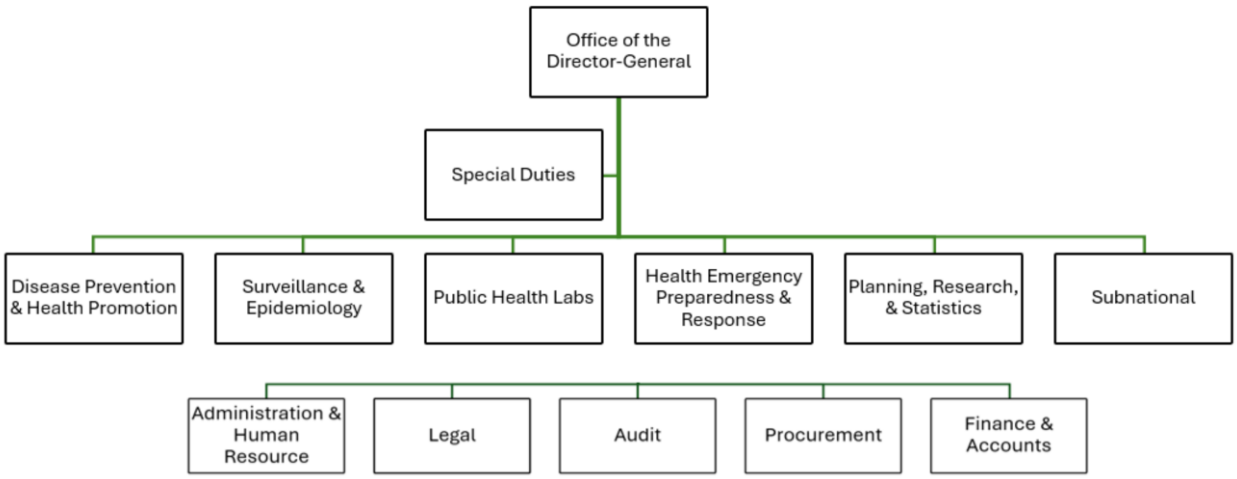


Figure 1 NCDC organogram

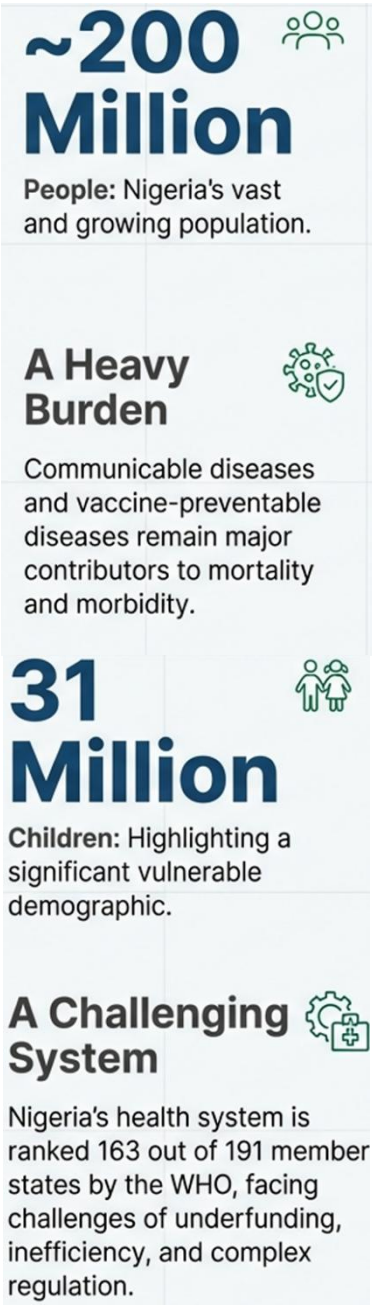
Executive Summary

Health security as a pillar of Nigeria's national health agenda, involves the capacity to prevent, detect, and respond effectively to public health threats that endanger lives and livelihoods. The country has faced recurring challenges from infectious disease outbreaks such as Lassa fever, cholera, and cerebrospinal meningitis, alongside the global threat of emerging pathogens like COVID-19 and a potential pathogen X. These experiences have underscored the importance of a resilient health system, strong surveillance networks, and effective emergency preparedness and response mechanisms.

Nigeria continues to strengthen its health security architecture through the implementation of the National Action Plan for Health Security (NAPHS), investments in laboratory networks, and the expansion of the NCDC's capacity to coordinate responses. Mechanisms such as the Basic Healthcare Provision Fund (BHCPF) NCDC Gateway have been introduced to ensure sustained political commitment and financing for health. Strengthening health security is not only essential for protecting public health but also for safeguarding national development and economic stability.

So far, the NCDC has demonstrated significant progress in strengthening the country's health security infrastructure. Key achievements include:

- ✓ **Expansion of the Molecular Laboratory Network**, enhancing diagnostic capacity and reducing turnaround time for disease detection across states.
- ✓ **Transition to Digital Surveillance Systems**, enabling efficient data collection, analysis, and real-time reporting of public health events.
- ✓ **Broadening of the Public Health Emergency Operations Centre (PHEOC) Network**, improving coordination and response to outbreaks at national and subnational levels.
- ✓ **Strengthening of Strategic Stockpile Capacity**, ensuring timely availability of essential medical and laboratory supplies during health emergencies.



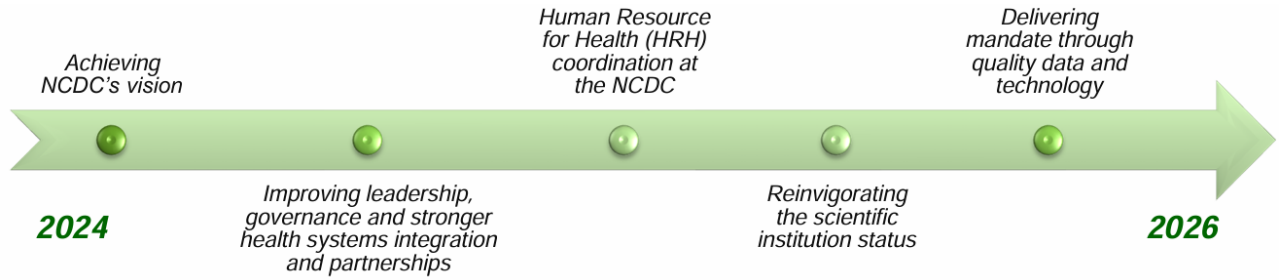
The Federal Government of Nigeria introduced the Nigeria Health Sector Renewal Investment Initiative (NHSRII), which necessitates the realignment of the vision of the Nigeria Centre for Disease Control & Prevention with the direction of reforms. This has led to the NCDC Management Blueprint which seeks to align, prioritise, and accelerate reforms at the agency. The NCDC Management Blueprint is a roadmap that drives for a collaborative approach to address fragmented efforts within the agency. Shifting from a reactive approach, the Blueprint outlines a strategic focus on preventive measures.

NCDC Management Blueprint

NCDC Management Blueprint

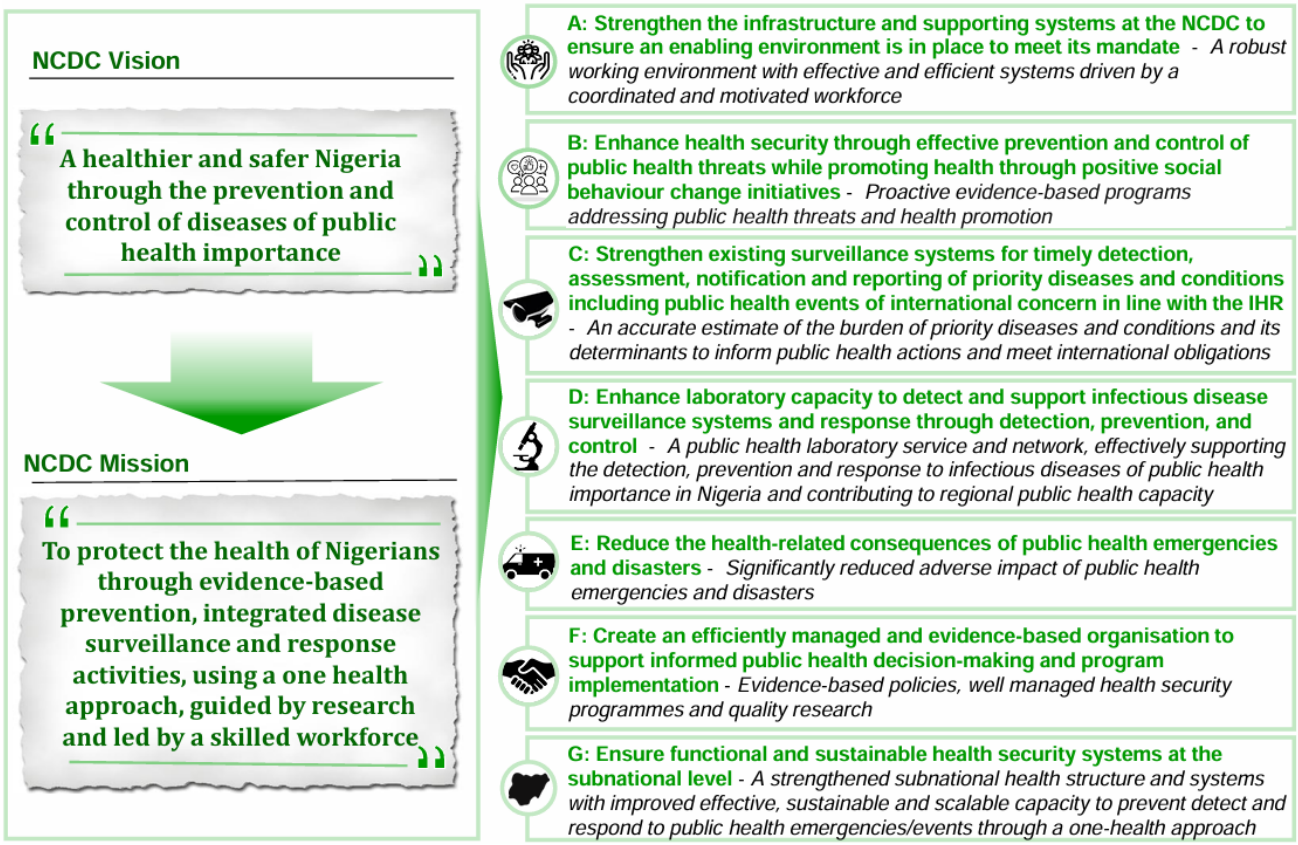
The NCDC Management Blueprint framework has 4 pillars reflective of the phases of emergency management, which are built upon 5 layers of cross-cutting areas in leadership, capacity building, digital transformation, research, M&E, resource mobilisation, and communications. Accomplishing each Blueprint pillar's goals will require cross-departmental cooperation, which will tackle duplication of efforts and siloed departmental activities.

Since 2017, NCDC has operated under a five-year strategic plan. At the end of 2022, an end-term review was conducted to assess the implementation of the 2017–2022 strategy, identifying successes, challenges, and lessons learned. These insights informed the development of the next five-year strategy for 2023–2027, which is currently in use. Under this framework, each department was assigned a strategic goal, further broken down into specific objectives and actionable activities. Timelines and responsible departments and units were designated for each activity, with progress tracked through key performance indicators.



This approach ensures alignment between departmental efforts and the overall agency strategy, while regular monitoring and review mechanisms enable adjustments and continuous improvement. The departmental objectives and activities feed directly into operational plans, translating high-level strategic priorities into concrete, measurable actions across the organisation.

The 2023 to 2027 strategy framework is focused on 'Technical improvements' to ensure a successful strengthening of the agency



Departments & Units

1. Office of the Director-General
2. Special Duties
    - Partnerships
    - Strategy
    - Project Management
    - Information & Communication Technology
3. Administration & Human Resources
    - Administration
    - Human Resources
    - General Services
4. Legal
5. Procurement
6. Audit
7. Finance & Accounts
8. Disease Prevention and Health Promotion
    - Health Education
    - Infection Prevention & Control
    - Antimicrobial Resistance
    - Corporate Communication
9. Surveillance & Epidemiology
    - Surveillance Systems
    - Epidemiology
    - One Health
10. Public Health Laboratory Services
    - National Reference Library
    - Central Public Health Laboratories
    - Networks
11. Health Emergency Preparedness & Response
    - Preparedness
    - Response
    - Emergency Operating Centre
12. Planning, Research, & Statistics
    - Policy, Planning, Data Management & M&E
    - Health Security Workforce Training & Capacity Development
    - Research Coordination and Knowledge Management
    - Donor Projects and Grants Management
13. Subnational
    - Subnational Readiness
    - Subnational Health Security
    - Liaison Coordination

Public Health Threats & Emergencies

Priority Health Threats Under NCDC Purview

NCDC is responsible for monitoring, preventing, and responding to a wide range of public health threats across the country, including epidemic-prone diseases such as Lassa fever, Cerebrospinal Meningitis (CSM), cholera, measles, and yellow fever, which exhibit distinct seasonal and geographical patterns requiring targeted interventions.

The agency also confronts the challenge of Antimicrobial Resistance (AMR), a silent pandemic that threatens the efficacy of modern medicine, alongside the risk of imported high-consequence diseases like COVID-19, Ebola, Mpox, and Pandemic Influenza, as well as emerging pathogens that pose epidemic or pandemic risks.

Beyond infectious diseases, NCDC plays a key role in public health emergency preparedness, including chemical, biological, radiological, and environmental hazards, and supports health system resilience. NCDC ensures rapid evidence-based responses, strengthens inter-MDA coordination, and safeguards national health security through integrating data from disease surveillance systems, laboratory networks, risk communication, and field investigations.

- Anthrax
- Anti-Microbial Resistance
- Avian Influenza
- Cerebrospinal Meningitis
- Chemical Events
- Cholera
- COVID-19
- Diphtheria
- Emerging Viral Haemorrhagic Diseases
- Hepatitis
- Lassa Fever
- Measles
- Mpox
- Noma
- Rabies
- Rubella
- Snake Bite
- Yellow Fever

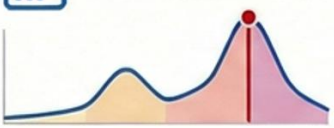
As NCDC's purview extends to health security threats arising from chemical and environmental exposures, foodborne illnesses, and the escalating health impacts of climate-related hazards (desertification, pollution, and flooding) and humanitarian crises, the agency coordinates with state and federal agencies to ensure timely detection, investigation, and containment. This multi-hazard approach, integrating both infectious and non-infectious threats, ensures a resilient and proactive national defence against public health threats - from persistent endemic challenges to sudden, catastrophic emergencies - of today and tomorrow.

The Year in Review

94,237 Suspected Cases Documented

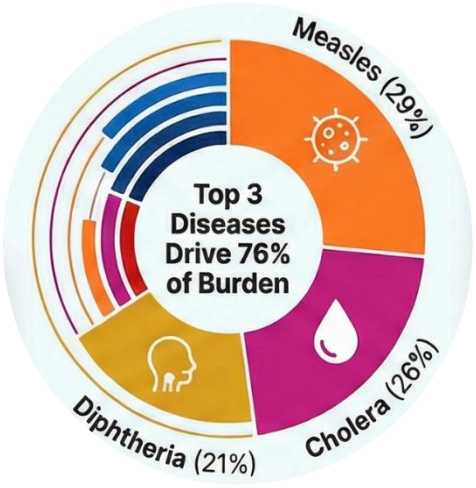
Across ten priority diseases; 36,963 cases were laboratory-confirmed with a 39% confirmation rate

Q3 Identified as Peak Crisis Period



992 deaths

driven by massive surges in Diphtheria and Cholera



The Challenge

Confronted with a severe Diphtheria crisis that drove Q3 mortality with a 10.2% Case Fatality Ratio, alongside multi-state outbreaks of Lassa Fever and Cholera, testing the limits of national response capacity.

The Breakthrough

Operationalized the Basic Healthcare Provision Fund (BHCPF) Gateway, successfully disbursing ₦489.9 million to all 36 states and the FCT, empowering state-level response and building sustainable domestic capacity.

The Verdict

Demonstrated growing operational maturity and strategic impact, but systemic gaps in subnational infrastructure, data systems, data systems, and workforce retention remain the primary focus for future investment.

Geographic Hotspots: North-West (Kebbi, Sokoto, Katsina) and North-Central (Benue, Nasarawa, Plateau) zones under severe, multi-outbreak pressure.

Priority Diseases Epidemiological Overview 2025

Priority Disease Outbreaks: Q1 January – March

Q1 Disease	States Reporting (Suspected)	Suspected Cases	Confirmed Cases	States with Confirmed Cases	Deaths (Suspected Cases)	CFR %
*Lassa Fever**	35 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Taraba, Yobe	3,789	658	18 Anambra, Bauchi, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Enugu, FCT, Gombe, Kaduna, Kogi, Nasarawa, Ogun, Ondo, Plateau, Taraba	123	18.7
Cerebrospinal Meningitis	25 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Ebonyi, Enugu, Abuja, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Ondo, Oyo, Plateau, Sokoto, Yobe, Zamfara	3,092	188	12 Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Katsina, Kebbi, Niger, Plateau, Sokoto, Yobe	267	8.6
Cholera	29 Bayelsa, Zamfara, Adamawa, Delta, Niger, Rivers, Lagos, Kebbi, Abia, Katsina, Bauchi, Akwa Ibom, Benue, Gombe, Kogi, Borno, Ekiti, Ebonyi, Imo, Ondo, Enugu, Nasarawa, Osun, Oyo, Yobe, Taraba, FCT, Sokoto, Jigawa	2,223	42	10 Rivers, Adamawa, Bayelsa, Delta, Zamfara, Kogi, Nasarawa, Taraba, Akwa Ibom, Enugu	84	3.8
Dengue	3 Edo, Imo, Ogun	31	16	1 Edo	0	0
Diphtheria	24 Adamawa, Akwa Ibom, Bauchi, Borno, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Lagos, Nasarawa, Niger, Ogun, Oyo, Plateau, Rivers, Sokoto, Yobe, Zamfara	3,077	2,048	18 Adamawa, Akwa Ibom, Bauchi, Borno, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Lagos, Nasarawa, Niger, Oyo, Plateau, Rivers, Yobe	178	5.7
Influenza	5 FCT, Borno, Kano, Anambra, Lagos	747	50	3 Abuja, Kano, Lagos	0	0
Measles	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	12,485	8,592	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	83	0.7
*Mpox**	26 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Borno, Cross River, Delta, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Kaduna, Kano, Katsina, Lagos, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers	645	125	28 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Cross River, Delta, Ebonyi, Edo, Enugu, FCT, Gombe, Imo, Kaduna, Kano, Katsina, Kwara, Lagos, Niger, Ogun, Ondo, Osun, Plateau, Rivers, Sokoto, Zamfara	1	0.8

Q1 Disease	States Reporting (Suspected)	Suspected Cases	Confirmed Cases	States with Confirmed Cases	Deaths (Suspected Cases)	CFR %
Yellow Fever	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Ebonyi, Edo, Cross River, Delta, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	768	5	6 Abia, Adamawa, Anambra, Edo, Niger, Nasarawa	4	0.5

Case Fatality Rate (CFR) is calculated using **suspected cases as the denominator for all diseases except Lassa fever, for which **confirmed cases** are used as the denominator.*

Priority Disease Outbreaks: Q2 April – June

Q2 Disease	States Reporting (Suspected)	Suspected Cases	Confirmed Cases	States with Confirmed Cases	Deaths (Suspected Cases)	CFR %
Diphtheria	24 Adamawa, Akwa Ibom, Bauchi, Borno, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Lagos, Nasarawa, Niger, Ogun, Oyo, Plateau, Rivers, Sokoto, Yobe, Zamfara	2,021	1278	21 Abia, Adamawa, Akwa Ibom, Bauchi, Borno, Delta, FCT, Edo, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Lagos, Ogun, Oyo, Plateau, Rivers, Sokoto, Yobe	132	6.5
Dengue	8 Delta, Edo, Enugu, FCT, Gombe, Jigawa, Ogun, Osun	243	112	2 Edo, Osun	1	0.4
Cholera	29 Zamfara, Adamawa, Lagos, Plateau, Bauchi, Niger, Katsina, Sokoto, Benue, Ebonyi, Enugu, Kaduna, FCT, Imo, Delta, Ondo, Kogi, Cross River, Abia, Akwa Ibom, Ogun, Gombe, Yobe, Ekiti, Anambra, Edo, Borno, Oyo, Kwara	1,780	27	5 Adamawa, Benue, Lagos, Plateau, Zamfara	49	2.8
Measles	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	9,784	7,878	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	68	0.7
Cerebrospinal Meningitis	26 Abia, Adamawa, Akwa Ibom, Bauchi, Benue, Borno, Delta, Ebonyi, Edo, Ekiti, Enugu, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Lagos, Niger, Ondo, Plateau, Sokoto, Yobe, Zamfara	1,317	96	10 Adamawa, Bauchi, Borno, Gombe, Jigawa, Katsina, Kebbi, Plateau, Sokoto, Yobe	39	2.9
Influenza	6 Abuja, Anambra, Akwa Ibom, Borno, Kano, Lagos	1,024	37	5 Abuja, Borno, Anambra, Kano, Lagos	0	0

Q2 Disease	States Reporting (Suspected)	Suspected Cases	Confirmed Cases	States with Confirmed Cases	Deaths (Suspected Cases)	CFR %
*Lassa Fever**	34 Abia, Adamawa, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Taraba, Yobe, Sokoto, Zamfara	2,346	132	12 Bauchi, Benue, Delta, Ebonyi, Edo, Gombe, Jigawa, Kaduna, Kano, Nasarawa, Ondo, Taraba	25	18.9
*Mpox**	26 Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kebbi, Kogi, Lagos, Nasarawa, Ogun, Ondo, Osun, Plateau, Rivers, Sokoto, Zamfara	342	96	16 Akwa Ibom, Bayelsa, Cross River, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Kaduna, Lagos, Ogun, Ondo, Plateau, Rivers, Zamfara	3	3.2
Rabies	1 FCT	10	3		1	10
Yellow Fever	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Ebonyi, Edo, Cross River, Delta, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	558	7	6 Edo, Ekiti, Kaduna, Lagos, Ondo, Rivers	1	0.2

Case Fatality Rate (CFR) is calculated using **suspected cases as the denominator for all diseases except Lassa fever, for which **confirmed cases** are used as the denominator.*

Priority Disease Outbreaks: Q3 July – September

Q3 Disease	States Reporting (Suspected)	Suspected Cases	Confirmed Cases	States with Confirmed Cases	Deaths (Suspected Cases)	CFR %
Diphtheria	26 Abia, Anambra, Adamawa, Bauchi, Borno, Delta, Edo, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Oyo, Plateau, Rivers, Sokoto, Yobe, Zamfara	7,606	5,272	17 Adamawa, Anambra, Bauchi, Borno, FCT, Edo, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Lagos, Ogun, Plateau, Sokoto, Yobe	619	8.1
Cholera	29 Zamfara, Sokoto, Bauchi, Adamawa, Niger, Katsina, Kebbi, Plateau, Gombe, Oyo, Lagos, Ekiti, Ondo, Osun, Abia, Kaduna, Ogun, Kano, Yobe, Nasarawa, Kogi, Imo, FCT, Rivers, Benue, Borno, Enugu, Jigawa, Anambra	15,783	110	5 Adamawa, Bauchi, Kebbi, Sokoto, Zamfara	336	2.1

Q3 Disease	*States Reporting (Suspected)*	*Suspected Cases*	*Confirmed Cases*	*States with Confirmed Cases*	*Deaths (Suspected Cases)*	*CFR %*
Measles	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	4,166	2,723	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	2	0.05
Dengue	12 Akwa Ibom, Borno, Cross River, Delta, Edo, FCT, Imo, Ondo, Osun, Oyo, Rivers, Sokoto	399	90	3 Delta, Edo, Sokoto	7	1.8
Yellow Fever	37 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	747	7	6 Abia, Adamawa, Anambra, Edo, Niger, Nasarawa	0	0
Cerebrospinal Meningitis	19 Adamawa, Bauchi, Borno, Delta, Ebonyi, Ekiti, Enugu, Gombe, Jigawa, Kaduna, Kano, Katsina, Ogun, Ondo, Osun, Oyo, Plateau, Sokoto, Yobe	100	6	None	8	6.0
Influenza	5 Abuja, Anambra, Borno, Kano, Lagos	1,210	44	5 Abuja, Anambra, Borno, Kano, Lagos	0	0
Lassa Fever	33 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Ogun, Ondo, Oyo, Plateau, Rivers, Taraba, Yobe Sokoto	1,833	128	11 Anambra, Bauchi, Benue, Ebonyi, Edo, Enugu, Kaduna, Kogi, Lagos Ondo, Taraba	20	15.6
*Mpox**	27 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Borno, Cross River, Delta, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Kaduna, Kano, Katsina, Lagos, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers	384	135	20 Abia, Akwa Ibom, Anambra, Bayelsa, Cross River, Delta, Edo, Enugu, FCT, Gombe, Imo, Kaduna, Kano, Lagos, Ogun, Ondo, Osun, Oyo, Plateau, Rivers	2	1.5

Case Fatality Rate (CFR) is calculated using **suspected cases as the denominator for all diseases except Lassa fever, for which **confirmed cases** are used as the denominator.*

Priority Disease Outbreaks: Q4 October – December

Q4 Disease	States Reporting (Suspected)	Suspected Cases	Confirmed Cases	States with Confirmed Cases	Deaths (Suspected Cases)	CFR %
Diphtheria	19 Adamawa, Bauchi, Borno, Delta, Edo, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Lagos, Niger, Ogun, Oyo, Plateau, Sokoto, Zamfara	7,327	6,675	10 Bauchi, Borno, Delta, Jigawa, Kaduna, Kano, Katsina, Ogun, Plateau, Sokoto	233	3.1
Cholera	24 Zamfara, Adamawa, Borno, Sokoto, Gombe, Bauchi, Niger, Rivers, Kebbi, Katsina, Plateau, Jigawa, Ogun, Lagos, Akwa Ibom, Osun, Kano, Abia, Enugu, Taraba, Ebonyi, Ekiti, Ondo, Delta	4,563	34	4 Adamawa, Borno, Kebbi, Sokoto	79	1.7
Measles	31 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Ogun, Ondo, Osun Oyo, Rivers, Taraba, Zamfara	995	32	32 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun Oyo, Rivers, Taraba, Zamfara	0	0
Dengue	5 Anambra, Delta, Edo, Osun, Sokoto	62	3	3 Anambra, Edo, Sokoto	1	1.6
Yellow Fever	25 Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe, Zamfara	224	0	None	0	0
Cerebrospinal Meningitis	21 Abia, Bauchi, Borno, Delta, Ebonyi, Ekiti, Enugu, FCT, Gombe, Jigawa, Kano, Katsina, Kebbi, Kogi, Kwara, Nasarawa, Osun, Oyo, Plateau, Sokoto, Yobe	119	0	None	12	10.1
*Mpox**	28 Abia, Adamawa, Akwa Ibom, Anambra, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Imo, Jigawa, Kaduna, Kebbi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers	407	396	24 Abia, Adamawa, Akwa Ibom, Anambra, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT, Imo, Kebbi, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Plateau, Rivers	0	0
*Lassa Fever**	32 Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, FCT, Gombe, Jigawa, Plateau, Kaduna, Kano, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, Taraba, Yobe Sokoto, Zamfara	1,421	230	10 Bauchi, Benue, Ebonyi, Edo, Kogi, Nasarawa, Ondo, Plateau, Sokoto, Taraba	47	20.4
Influenza	5 FCT, Anambra, Borno, Kano, Lagos	609	16	3 Abuja, Borno, Lagos	0	0

Case Fatality Rate (CFR) is calculated using **suspected cases as the denominator for all diseases except Lassa fever and Mpox, for which **confirmed cases** are used as the denominator.*

Overall Priority Disease Data 2025

Across the reporting period, **94,237 suspected cases** were documented, with **36,963 confirmed** infections and **2,423 attributable deaths**.

Quarter	Suspected Cases	Confirmed Cases	Confirmation Rate	Total Deaths
Q1	26,857	11,724	44%	740
Q2	19,425	9,666	50%	319
Q3	32,228	8,509	26%	992
Q4	15,727	7,064	45%	372

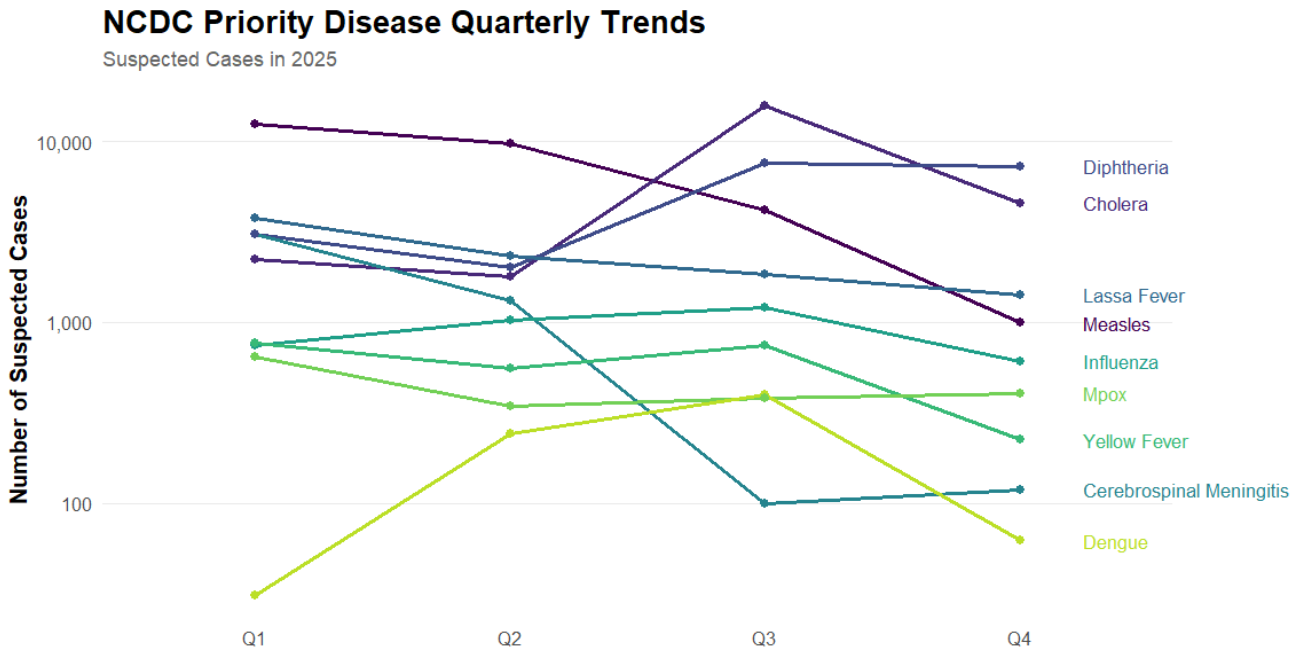


Table 1 Priority Disease Epidemiological Overview

Diseases	Suspected Cases	Confirmed Cases	Confirmation Rate	Deaths	States Affected
Cerebrospinal Meningitis	4,628	284	6%	324 (7%)	27
Cholera	19,786	213	1%	548 (2%)	36
Dengue	735	220	30%	9 (1%)	16
Diphtheria	20,031	15,273	76%	1,162 (6%)	28
Influenza	3,590	147	4%	0	6
Lassa Fever*	9,389	1148	12%	215 (19%)	36
Measles	27,430	19,225	70%	153 (0.6%)	36 + FCT
Mpox*	1,778	431	24%	6 (1%)	28
Rabies	10	3	30%	1 (10%)	1
Yellow Fever	2,297	19	1%	5 (0.2%)	36 + FCT

Case Fatality Rate (CFR) is calculated using **suspected cases as the denominator for all diseases except Lassa fever and Mpox, for which **confirmed cases** are used as the denominator.*

Geographical Dynamics

1. Northern states (Bauchi, Katsina, Sokoto, Borno) appear as hotspots for multiple diseases
2. Southern states (Edo, Ondo, Delta) consistently report Lassa Fever

Quarterly Disease Burden Comparison

Number of priority diseases affecting each state by quarter

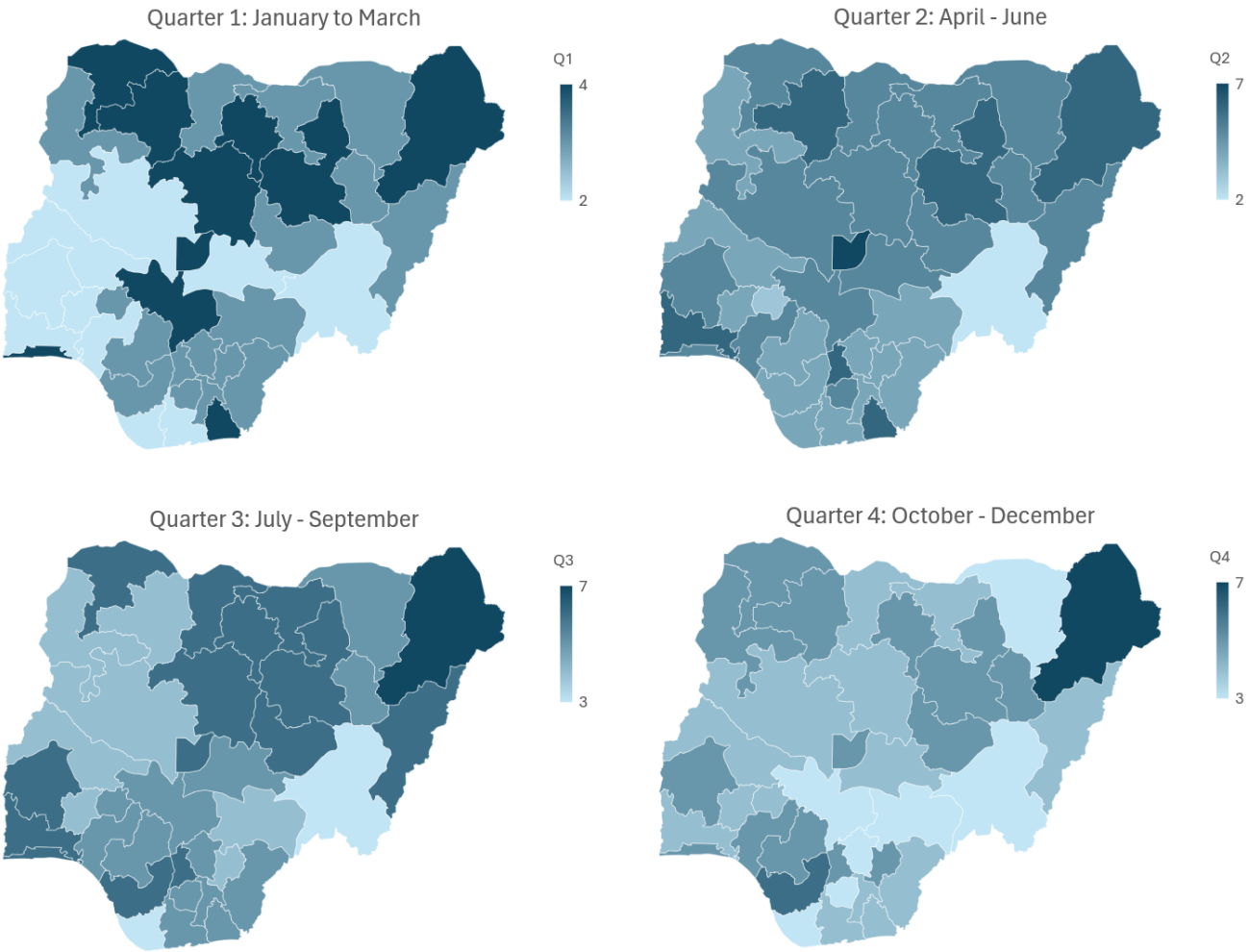


Figure 2 Suspected Priority Diseases Burden Map, Q1-Q4 2025

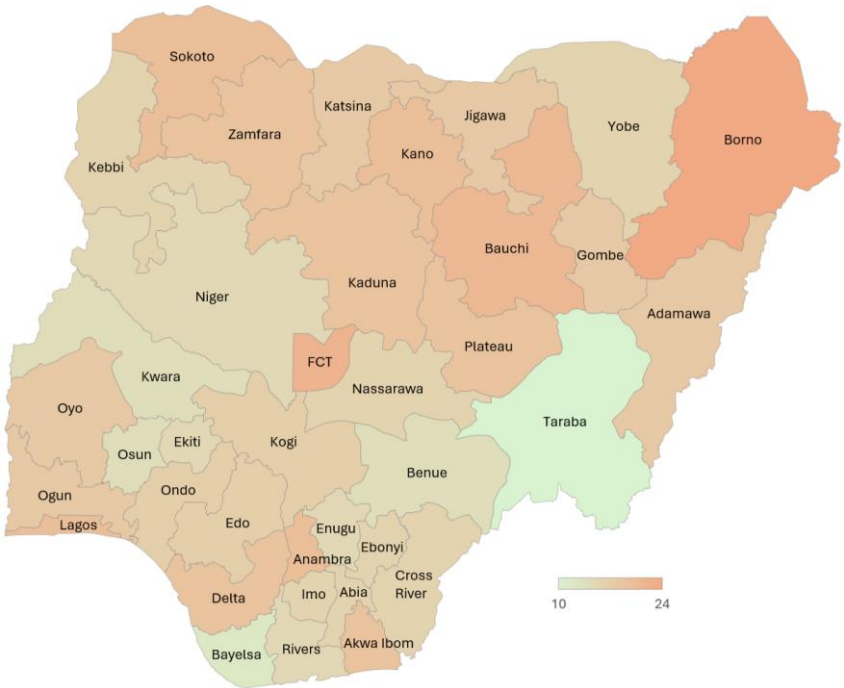


Figure 3 State Frequency in 2025 Priority Disease Reports

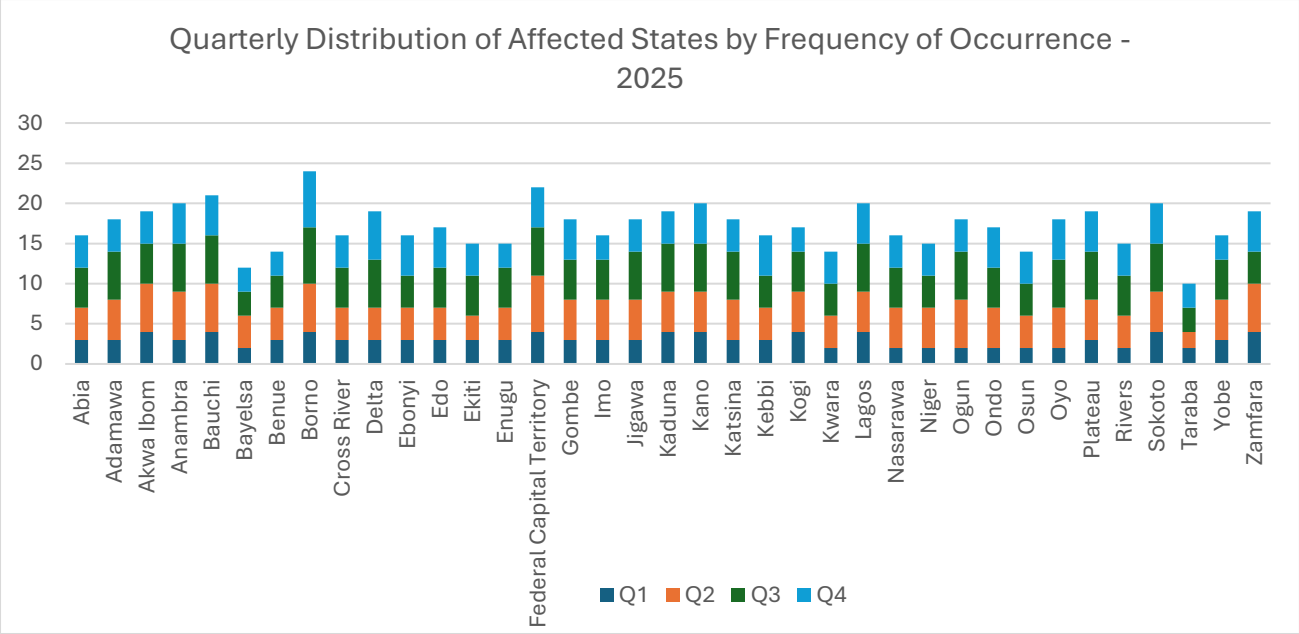


Figure 4 Quarterly Distribution of Affected States by Frequency of Occurrence - 2025

Burden of Disease

In 2025, national surveillance data demonstrate a high burden of vaccine-preventable and epidemic-prone diseases, with measles, cholera, and diphtheria accounting for most suspected cases. While laboratory confirmation rates are strong for measles and diphtheria, confirmation remains low for cholera, yellow fever, and meningitis. The disease burden disproportionately affects children under 15 years, highlighting the need for strengthened immunisation, surveillance, and laboratory systems.

Rank	Disease	Suspected Cases	% of Total Burden
1	Measles	27,430	29%
2	Cholera	24,349	26%
3	Diphtheria	20,031	21%
4	Lassa Fever	9,389	10%

A total of 95,478 suspected cases were reported across the ten priority diseases in 2025, with 36,745 confirmed cases, yielding an overall confirmation rate of approximately 39%. Measles, cholera, and diphtheria together accounted for over 75% of all suspected cases, indicating sustained transmission and significant public health pressure.

Total disease burden highest: Cholera, Diphtheria, Measles.
Most laboratory-confirmed burden: Diphtheria and Measles.
Most affected population: Children under 15.
Working-age adults: High risk for Lassa, Mpox, Dengue.

Epidemiological Insights

1. Top Fatality: Lassa Fever (Q1) and Diphtheria (Q2-Q3) were the most fatal diseases.
2. Hotspots: The North-West zone (Kebbi, Zamfara, Sokoto, Katsina), North-East (Borno) and North-Central zone (Benue, Plateau) were consistent multi-disease hotspots. Ondo, Bauchi, and Benue states carried the highest aggregate burden.

3. Seasonal Patterns: Clustering was observed for CSM, cholera, dengue, and measles, each demonstrating peak-to-trough ratios exceeding 8 and more than 45% of annual suspected cases occurring within a single quarter. Lassa fever and diphtheria exhibited moderate seasonal concentration, whereas influenza and Mpox showed relatively limited quarterly variation.

Age Distribution Patterns

Across all diseases combined:

Age Group (Years)	% of Total Suspected Cases
0–4	High burden
5–14	Highest burden overall
15–24	Moderate
25–44	Moderate
45–64	Lower
65+	Lowest

Children 0–14 years account for the largest proportion of cases, particularly for measles, diphtheria, and CSM. This pattern is consistent with vaccine-preventable disease epidemiology.

Table 2 Age Distribution Patterns

Ages	***Diseases***	***Interpretation***
Children (0 – 4 years)	*Diseases most concentrated in this group:* • *Measles (very high suspected and confirmed cases)* • *Diphtheria* • *Cholera*	*Suggests vaccine-preventable diseases are heavily affecting young children.*
School-Age Children (5 – 14 years)	*Very high burden of:* • *Diphtheria* • *Cholera* • *Cerebrospinal Meningitis* • *Measles*	*School-age children appear to be a key transmission group.* *High clustering of respiratory and contact-transmitted infections.*
Youth (15 – 24 years)	*Dominant diseases:* • *Cholera* • *Lassa Fever* • *Diphtheria* • *Mpox*	*Shift from purely vaccine-preventable diseases to environmental/zoonotic exposure.* *Increased mobility and occupational exposure.*
Adults (25 – 44 years)	• *Lassa Fever* • *Cholera* • *Mpox* • *Dengue Fever*	*Working-age adults disproportionately affected by:* *- Rodent exposure (Lassa)* *- Vector exposure (Dengue)* *- Close-contact transmission (Mpox)*
Middle-Age (45 – 64 years)	• *Lassa Fever* • *Cholera* • *Diphtheria (reduced compared to children*	*Zoonotic risk remains important.* *Lower measles burden*
Elderly (65+ years)	*Overall case numbers drop in most diseases.* *Exceptions:* • *Lassa Fever* • *Cholera* • *Mpox* • *Dengue Fever* • *Yellow Fever confirmed remains low in all ages.*	*Overall lower-case numbers*

Gender Distribution Patterns

Males	Females
Slightly higher in: • Cerebrospinal Meningitis • Lassa Fever • Mpox (notably 25–44 and 65+ confirmed)	Slightly higher in: • Diphtheria • Cholera • Influenza • Measles (small margin)

No disease demonstrated extreme gender disparity (>1.5 ratio), but some occupational/exposure patterns may exist (e.g., Lassa Fever in adult males). Exposure patterns may be largely community-based rather than occupation-specific. Overall, disease burden is relatively balanced between males and females, with mild variations by disease:

- Male predominance observed in:
  - Lassa Fever
  - Cerebrospinal meningitis
- Balanced distribution in:
  - Measles
  - Cholera

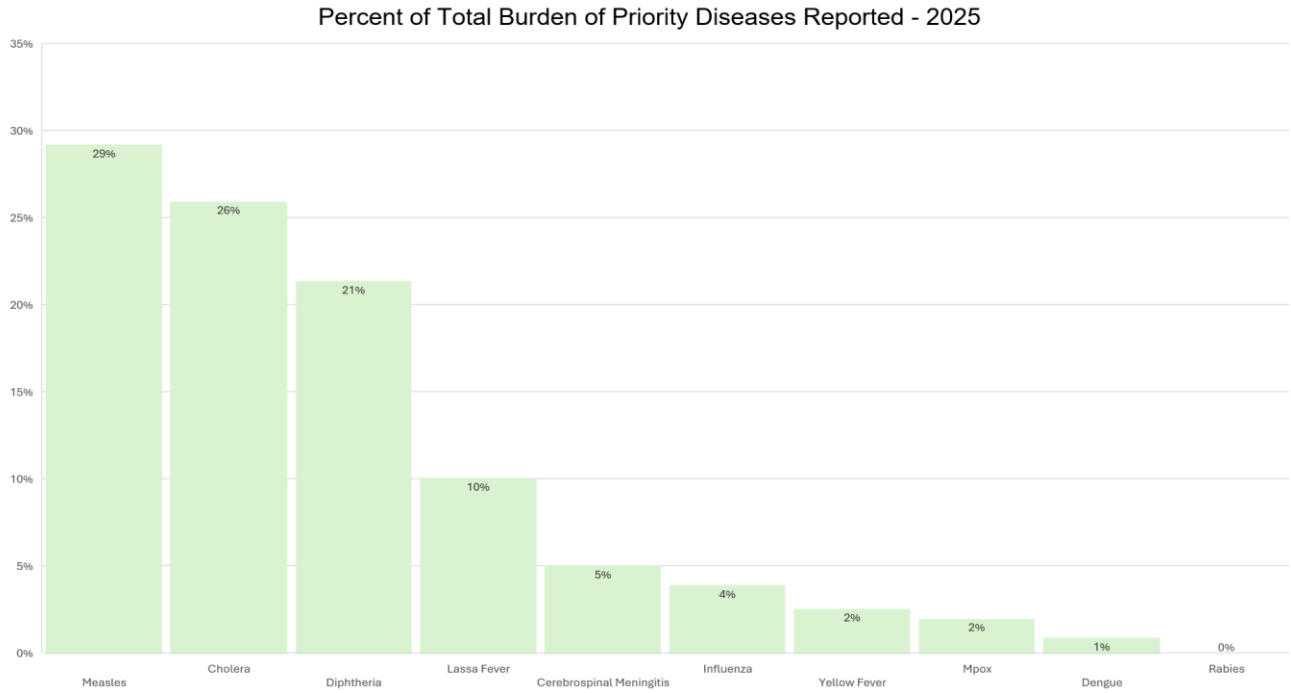
Summary: High-Burden Disease Profiles

1. **Diphtheria**: Highest burden in children 5-14 years (40% of cases), slight female predominance
2. **Measles**: Primarily affects children 0-4 years (63% of cases), predominantly affects children <15 years, relatively even gender distribution
3. **Lassa Fever**: Adults 25-44 years most affected (34% of cases), slight male predominance
4. **Cholera**: Peaks in children 5-14 years and adults 25-44, relatively even gender distribution
5. **Meningitis**: Children 5-14 years most affected (43% of cases), male predominance
6. **Dengue**: Adults 25-44 years most affected, slight female predominance
7. **Influenza**: Young children (0-4) and adults (25-44) peaks, relatively even
8. **Yellow Fever**: Children 5-14 years most affected, even sex distribution
9. **Mpox**: Adults 25-44 years most affected, male predominance

Epidemiological Risk Categorisation

Very High Burden • Measles • Cholera • Diphtheria	High Burden • Lassa Fever
Moderate Burden • Cerebrospinal Meningitis • Influenza	Lower Burden • Mpox • Yellow Fever

Table 3 Percent of Total Burden of Priority Diseases Reported in 2025

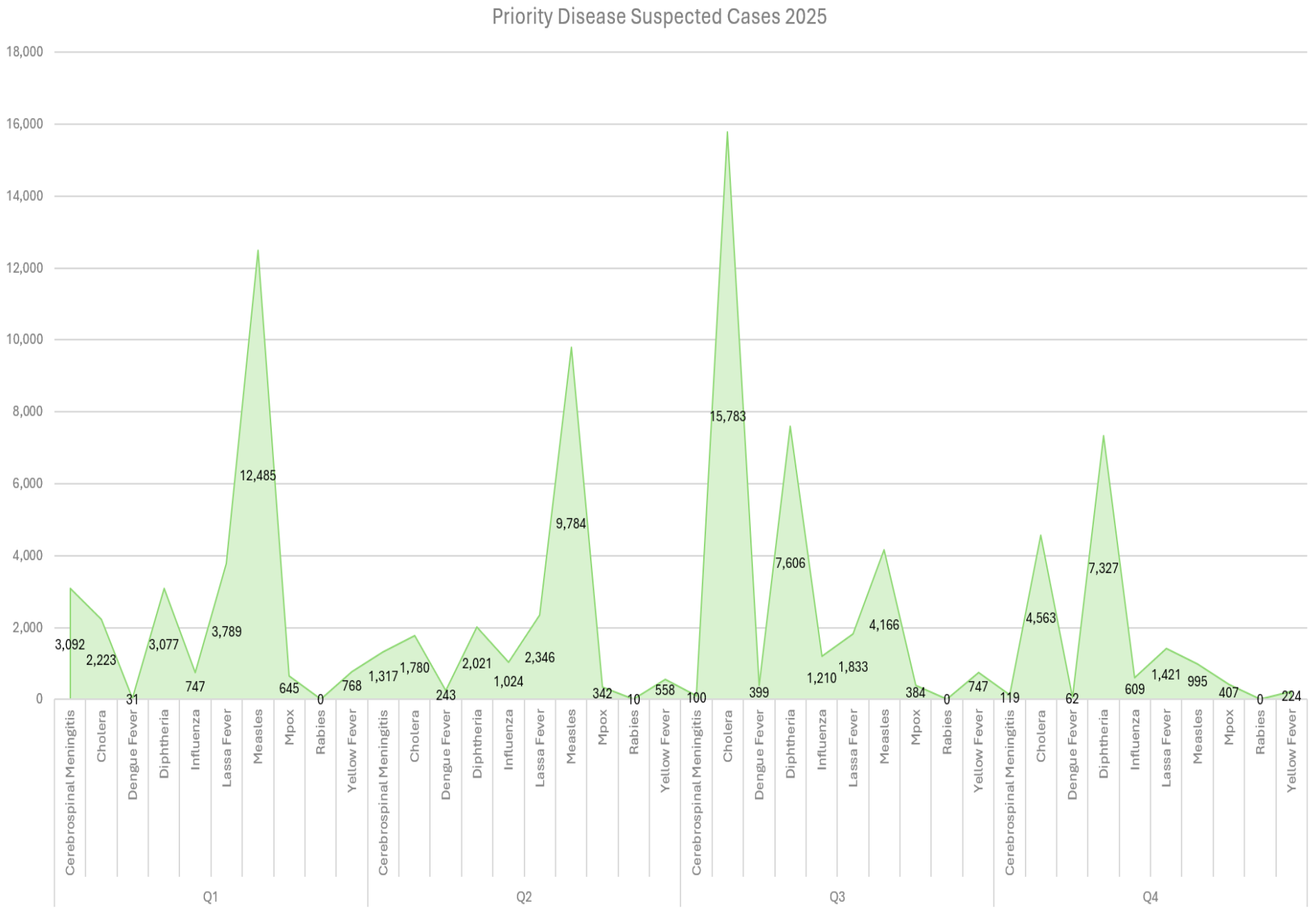


SITAware Reported Events 2025

SITAware (Situational Awareness) is a surveillance and information-sharing platform used to track, assess, and monitor public health events across the country in real time. It supports early detection of potential public health threats, coordination of response activities, and informed decision-making. SITAware captures reported health events, which may include alerts, signals, or suspected cases. Not all reported events result in confirmed outbreaks, as many are ruled out after investigation or are contained early through public health interventions.

1. Cholera
2. Scabies
3. Unknown Illness
4. Meningitis
5. Diphtheria
6. Measles
7. Gas Explosion
8. Lassa Fever
9. Mpox
10. Cerebrospinal Meningitis
11. Plant Poisoning
12. Yellow Fever
13. Polio
14. Schistosomiasis
15. Chemical Air Pollution
16. Acute Watery Diarrhoea
17. Rabies
18. Dog bite
19. Flooding
20. Whooping Cough
21. Acute Flaccid Paralysis
22. Food Poisoning
23. Neonatal Tetanus
24. Dengue
25. Viral Haemorrhagic Fever
26. Avian Influenza

These events were reported for situational awareness and risk assessment; however, only a subset progressed to outbreaks requiring full response measures.


Priority Disease Suspected Cases 2025
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
3,092
2,223
31
3,077
747
3,789
12,485
645
0
768
1,317
1,780
243
2,021
1,024
2,346
9,784
342
10
558
100
15,783
399
7,606
1,210
1,833
4,166
384
0
747
119
4,563
62
7,327
609
1,421
995
407
0
224
Cerebrospinal Meningitis
Cholera
Dengue Fever
Diphtheria
Influenza
Lassa Fever
Measles
Mpox
Rabies
Yellow Fever
Q1
Q2
Q3
Q4

Pillar 1: Prevention


AYI HATTARA
DA YAWAN
AMFANI
IBIOTIC
oticGuardian

PILLAR 1: Prevention – Health Promotion & Disease Prevention

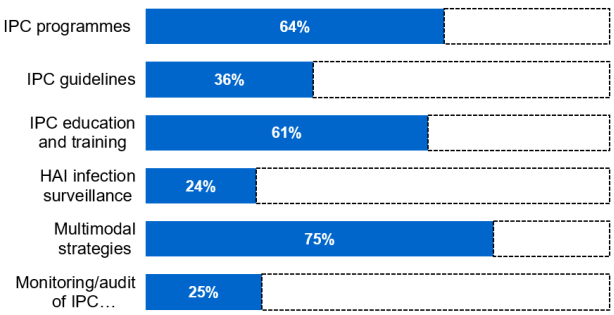
A new department, Disease Prevention and Health Promotion (DPHP), was established to lead and coordinate national efforts toward disease prevention and promotion of healthier communities. This is a strategic shift from reactive outbreak response to a proactive approach to Nigeria's health security architecture. This focus will align public health messaging, empowering communities, and addressing the social and behavioural drivers of disease spread.

Nigeria demonstrated strong global leadership in infection prevention and control (IPC), achieving the highest mobilisation rate in the WHO Global IPC Survey—highlighting improved coordination and commitment across all levels of the health system. Significant progress was also made in Risk Communication and Community Engagement (RCCE), including the scale-up of Infodemic Management efforts. Capacity was strengthened nationwide with the training of State Health Promotion Officers in all 36 states and the FCT, LGA Health Education Officers on infodemic management, and community media practitioners on rumour detection and reporting—enhancing early response and community trust in public health interventions.

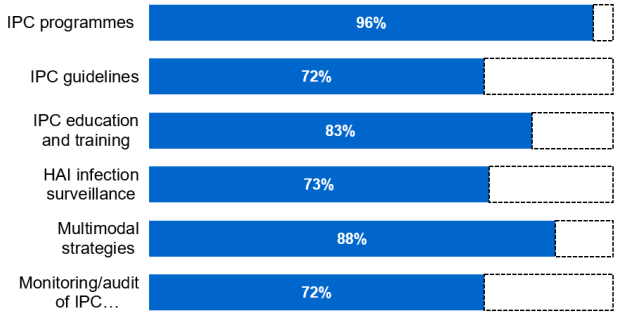
Infection Prevention and Control

The NCDC continues to strengthen Infection Prevention and Control (IPC) systems across the country. Through its National IPC programme, NCDC provides strategic guidance, technical support, and capacity-building to healthcare facilities and public health institutions, ensuring the prevention and control of healthcare-associated infections and the safe delivery of health services. In 2024, significant progress was recorded across key IPC components, including surveillance of healthcare-associated infections, monitoring and auditing of IPC practices, and feedback mechanisms, reflecting the programme's commitment to improving patient safety and national health security.

A comparison of the National Infection Prevention and Control Assessment Tool (IPCAT) scores between 2021 and 2024 demonstrates the progress achieved by the National Infection Prevention and Control (IPC) programme across the six core components of IPCAT2 applicable at the national level. Notably, the areas of healthcare-associated infection (HAI) surveillance, monitoring and auditing of IPC practices, and feedback mechanisms recorded the most significant improvements, reflecting strengthened national IPC systems and enhanced compliance with best practices.



IPCAT2 scores for the National IPC programmeme in 2021



IPCAT2 scores for the National IPC programmeme in 2024

Figure 5 Data in Practice: National IPC Programme

IPC Value for Health Security

- Built institutionalised IPC capacity across all states and facilities.
- Provided baseline HAI data for policy and practice.
- Strengthened state-level ownership of IPC through TWGs and facility-led workplans.
- Advanced Nigeria's regional leadership in IPC, with recognition at global scientific fora.
- Positioned IPC as a cornerstone for combating AMR, outbreaks, and pandemics.

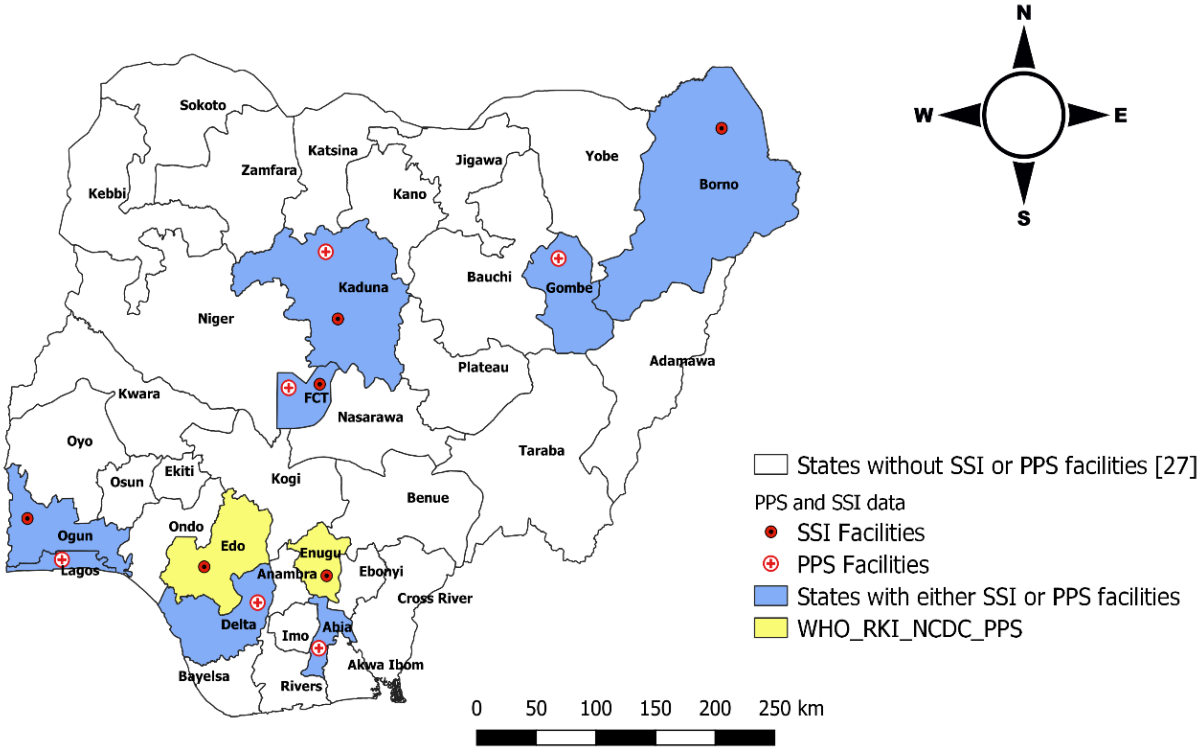


Figure 6 HAI surveillance network

Antimicrobial Resistance

Combating Antimicrobial Resistance (AMR) is a strategic priority, focused on pre-emptively curbing the emergence and spread of resistant pathogens. The cornerstone of this effort is a national AMR surveillance network, currently anchored by 16 (89%) tertiary hospitals - Teaching Hospitals and Federal Medical Centres - which provide the necessary advanced laboratory capacity to detect complex resistance patterns where the burden is often highest. This network is strategically expanded with a pilot initiative integrating 2 secondary facilities in Abuja, a crucial step for understanding AMR dynamics at a different level of care.

NCDC leads Nigeria's progress in implementing its National Action Plan on AMR, highlighting both significant achievements in surveillance and critical gaps in governance and stewardship. So far, the National AMR Surveillance System is strong with high a reporting rate - 78% of designated sentinel sites consistently report monthly AMR surveillance data, indicating a functional core network. Nigeria maintains a 100% record of annual data submission to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS), demonstrating strong international engagement.

The National AMR Technical Working Group (TWG) and AMR Coordinating Committee (AMRCC) are highly active, having held 3 of its 4 targeted quarterly meetings in 2025. However, only 13.5% of states have functional AMR governance structures, severely limiting state-level ownership and the sustainability of the national response. Only 21% of tertiary hospitals conducted the essential Antimicrobial Use Point Prevalence Survey (AMU PPS), leaving a major gap in understanding and optimising antibiotic use.

Prescribing practices are off target with only 57% of antibiotics used belong to the WHO's recommended "ACCESS" group, against a global target of 70%. While 1,109 healthcare workers were trained, this represents a tiny fraction of the target, which includes all workers in 86 tertiary hospitals and thousands of primary healthcare centres (PHCs). AMR has a strong national-level technical framework that is not yet fully operationalised at the subnational level, highlighting governance and institutionalisation as the primary challenges to be addressed.

In 2024, there were 18 functional AMR surveillance sentinel sites, however only 9 sentinel sites submitted data for GLASS submission As at October 2025, 14 sites have been submitting monthly data to the national, which will be submitted to GLASS in 2026.

- There are 58 tertiary hospitals and 12 secondary hospitals (Total 70 HCFs) implementing AMS/IPC program across the country
- Expanded AMR surveillance with significant improvement in data quality and submission using digital tools (e.g. WHONET)
- Improved capacity in laboratory quality management system across sentinel surveillance sites
- Power back up has been provided across all the sentinel sites to ensure optimal performance of the lab equipment and sample storage systems

In 2025, capacity-building efforts continued, with zonal workshops reaching 391 state and secondary facility IPC focal persons to support the establishment and sustainability of IPC programs under the Global Fund C19RM. One hundred and fifty IPC focal persons have completed the IPC Basic Course. Support was provided to 41 Orange Network facilities to conduct follow-up hand hygiene assessments and compliance monitoring. The first quarterly IPC TWG meeting was held, and a National IPC E-Learning Course was launched for widespread access by healthcare workers across the country.

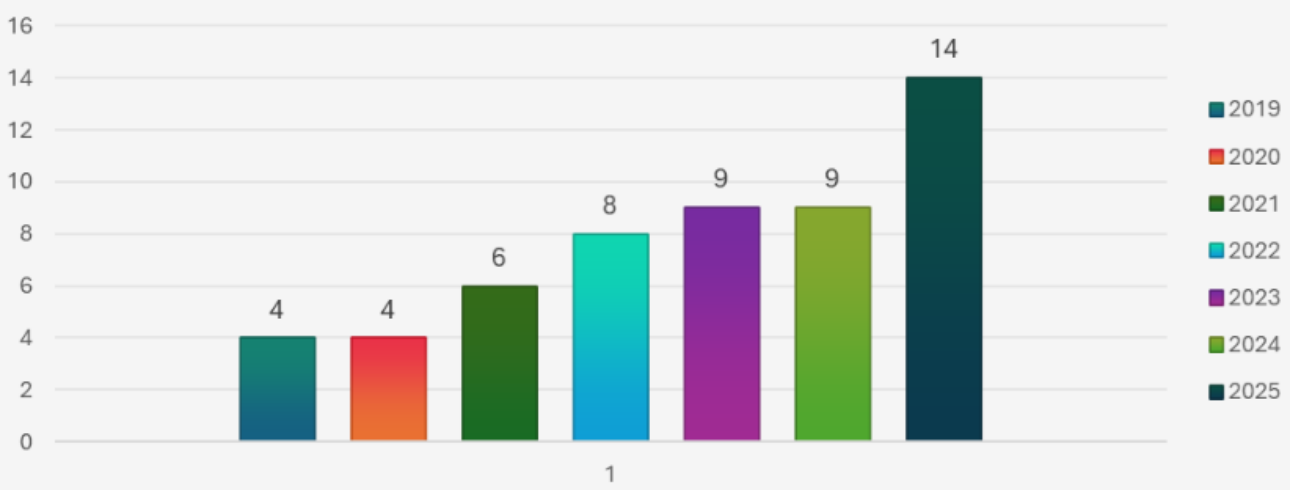


Figure 7 Annual Trend on Monthly AMR surveillance data submission (2019 - 2025) from sentinel sites

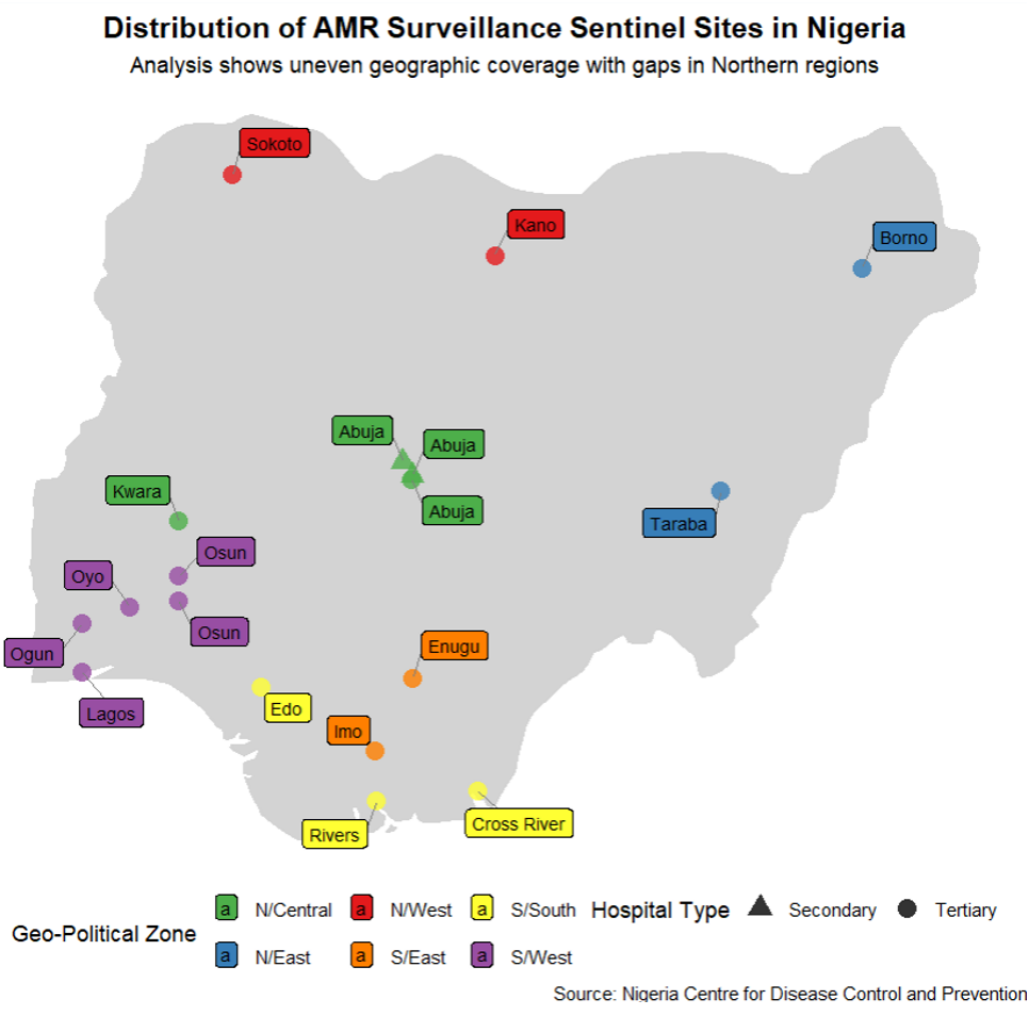


Figure 8 AMR Surveillance Sentinel Sites

Organism	Number of isolates	Multidrug Resistance (MDR)	Extensive Drug Resistance (XDR)	Pan-drug Resistance (PDR)
Staphylococcus aureus	651	350 (54%)	256 (39%)	55 (8%)
Acinetobacter sp.	126	47 (37%)	43 (34%)	12 (10%)
Escherichia coli	109	70 (64%)	61 (56%)	8 (7%)
Klebsiella pneumoniae	170	106 (62%)	98 (58%)	41 (24%)
Pseudomonas aeruginosa	63	22 (35%)	22 (35%)	11 (17%)

Figure 9 Priority Multidrug Resistant (MDR), Extensive Drug Resistant (XDR) and Pandrug Resistant (PDR) bacteria isolated from 2019 – 2025

Key Achievements in Antimicrobial Resistance (AMR) Control

Significant progress has been made in strengthening Nigeria's national capacity to prevent and combat AMR through a multi-faceted approach.

1. Data-Driven Surveillance & Stewardship: The foundation of the response has been solidified through a 71% increase in digital AMR data reporting, providing a clearer national picture. This data revealed a critical finding: one in three hospitalized patients receives an antibiotic, with less than half of these prescriptions adhering to guidelines. This evidence is now directly informing targeted antimicrobial stewardship (AMS) interventions in healthcare facilities.
2. Systems Strengthening and Innovation: Laboratory capabilities have been enhanced through quality improvements in 11 sites and the pioneering adoption of Whole Genome Sequencing for advanced surveillance. A groundbreaking innovation—local production of sheep blood for culture media—has been initiated to ensure sustainability and reduce dependency on imports.
3. Strategic Leadership and Collaboration: Nigeria has positioned itself as a regional leader by convening 15 West African nations to establish a coordinated platform for AMR. Domestically, governance has been strengthened through regular technical meetings and the development of key national strategies for surveillance and stewardship.
4. Groundbreaking Public Engagement: The launch of the "SayAMR" Hackathon represents a novel approach to public health communication. By engaging university students to translate AMR terminology into major local languages (Hausa, Igbo, Pidgin, and Yoruba), the initiative aims to break down critical language barriers and drive community-level awareness and understanding of AMR.

AMR Control Value to Nigeria's Health Security

- Improved antibiotic prescribing and stewardship practices, for mitigating AMR.
- Expanded surveillance and data systems to cover more facilities nationwide, approaching the desired representativeness of the national data.
- Advanced laboratory quality and molecular diagnostics
- Strengthened national coordination and regional leadership, positioning Nigeria as a key player ahead of the 2026 High-Level Ministerial Conference on AMR.

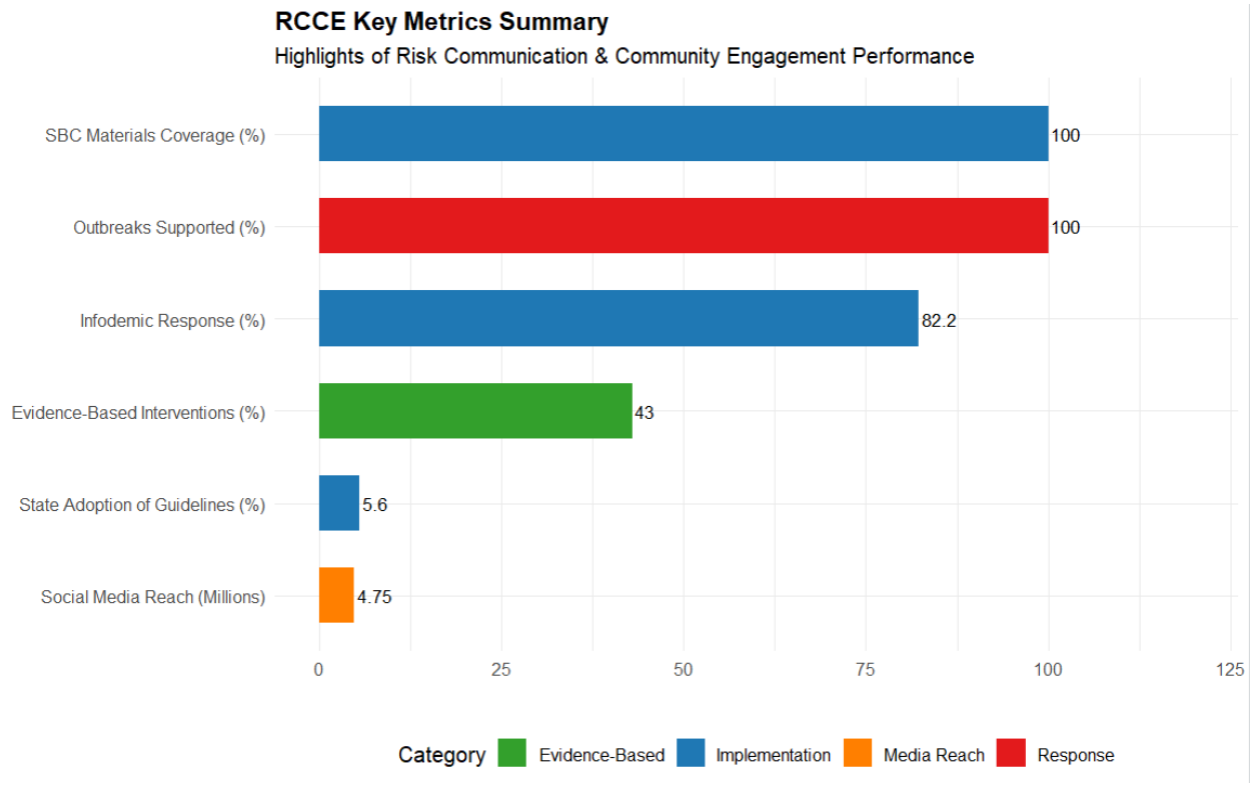
Risk Communication ad Community Engagement

The analysis of RCCE activities reveals a strong national foundation with key successes and areas requiring targeted attention. At the national level, Nigeria has demonstrated high functionality across all RCCE components, supported by comprehensive guidelines, frameworks, and institutional tools. A robust multi-channel communications strategy is evident, with over 60 engagements across traditional media, 4.75 million social media impressions, and execution of five major health security campaigns. Additionally, 100% of outbreaks were supported with real-time communications, complemented by a consistent flow of advisories and situation reports, totalling 56 over the reporting period.

Despite these achievements, subnational implementation remains a critical challenge. Only 5.6% of states have formally adopted RCCE guidelines, highlighting a major gap in state-level uptake. While social and behavior change (SBC) materials distribution and review achieved full coverage, and rumor management recorded an 82.2% response rate, evidence-based interventions remain limited, with only 43% informed by data. Coordination issues and institutional rivalries at subnational levels further impede optimal implementation, underscoring the need for strengthened governance and capacity at state and local levels

Overall, the visualisations underscore that Nigeria's RCCE program has a solid national backbone, effectively leveraging both traditional and digital media platforms. The main priorities moving forward are

to enhance state adoption of RCCE guidelines, improve data-driven interventions, and resolve coordination challenges to ensure comprehensive, equitable engagement across all levels.



Strengthening National Infodemic Management

The NCDC convened a two-day Infodemic Management Action Planning Workshop in Abuja, bringing together representatives from government ministries, health agencies, media organisations, civil society groups, and development partners. The workshop aimed to strengthen Nigeria's coordinated response to health misinformation and enhance national preparedness for managing infodemics during public health emergencies. The workshop focused on developing a unified national reference document for infodemic management, strengthening rumour reporting and tracking mechanisms, and fostering cross-sectoral collaboration. Participants shared lessons from the COVID-19 pandemic, including community-based sensitisation, leadership engagement, and proactive rumour monitoring, while highlighting the growing threat of misinformation to public health interventions.

The Head of Risk Communication, Community Engagement and Infodemic Management at NCDC underscored the importance of collaboration, noting that a united approach involving health professionals, media organisations, community actors, and digital platforms is critical to safeguarding public health - building trust and ensuring access to accurate health information must remain central to all communication strategies. The World Health Organization (WHO) Nigeria Country Office highlighted the workshop's objectives, which included strengthening cross-sector partnerships, improving accountability and rumour tracking systems, and promoting a data-driven approach to infodemic management. These efforts were identified as essential for rebuilding public confidence in government-led health initiatives.

Figure 10 Infodemic Management Performance Assessment & One-Year National Roadmap Development

Sessions during the workshop addressed proactive and evidence-based approaches to infodemic management, factchecking and misinformation verification, and the use of digital tools for monitoring online and offline rumours. Participants also explored practical communication tools for creating locally relevant content and discussed challenges such as resource constraints and the rising spread of misinformation around antimicrobial resistance. Contributions from partner institutions, including the National Orientation Agency, media organisations, and civil society groups, highlighted ongoing efforts in community engagement, public awareness campaigns, and the dissemination of verified health information. Overall, the workshop strengthened national coordination on infodemic management, promoted innovation and trust-building, and advanced Nigeria's capacity to respond effectively to health misinformation and emerging public health threats.

Hand Hygiene Day

In commemoration of World Hand Hygiene Day 2025, DPHP led national advocacy efforts to promote improved hand hygiene as a critical infection prevention and control (IPC) measure. The event, held at Maitama District Hospital, Abuja, provided a platform for NCDC to reaffirm the importance of hand hygiene in preventing healthcare-associated infections and controlling the spread of infectious diseases. Speaking on behalf of NCDC, the Head of DPHP emphasised that hand hygiene remains one of the most effective and cost-efficient public health interventions, with proven impact in reducing morbidity, mortality, and the transmission of multidrug-resistant organisms.

NCDC used the occasion to call for sustained investments in IPC and Water, Sanitation and Hygiene (WASH) infrastructure, including dedicated budget lines at subnational levels, to institutionalise hand hygiene practices beyond outbreak periods. The engagement also highlighted the need for continuous training of healthcare workers and renewed stakeholder commitment to sustaining gains made during previous public health emergencies such as Ebola and COVID-19. Through this advocacy, NCDC reinforced its leadership role in strengthening IPC systems, promoting behaviour change, and advancing national health security.

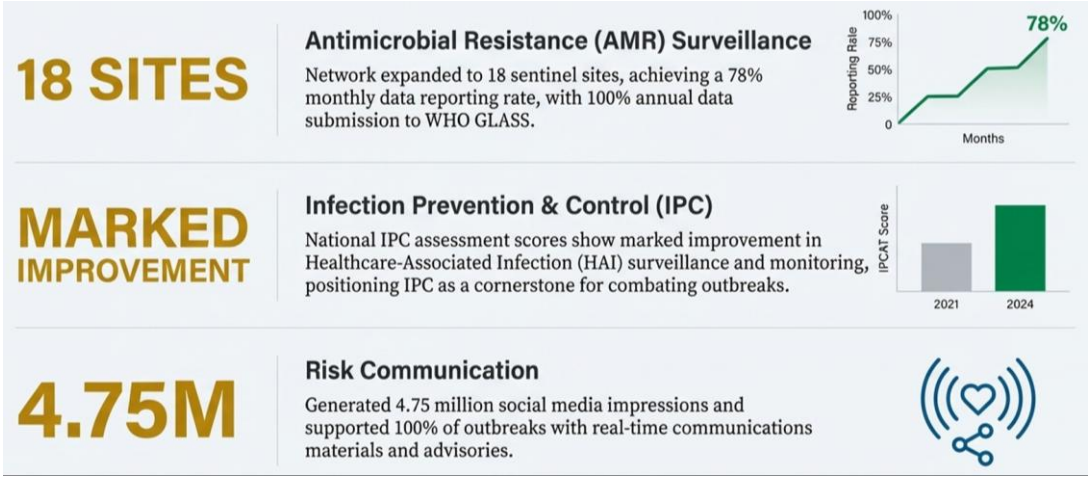
Figure 11 Hand Hygiene Day in Maitama General Hospital

Infection Control African Network (ICAN) Conference

The 9th Infection Control African Network (ICAN) Conference was held in Cape Town, South Africa, from 29 June to 2 July, under the theme "Advancing Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) for a Safer Tomorrow." The conference convened a diverse group of global and regional health professionals to discuss emerging issues and best practices in IPC and AMS. NCDC, through the NiCaDe IPC sub-project, was invited to present two posters showcasing the Participatory Approach to Learning in Systems (PALS)—an innovative methodology that highlights the importance of social and behavioural competencies such as teamwork, interprofessional collaboration, effective communication, and organizational development in strengthening infection control and improving quality of care.

Figure 12 Head of DPHP at ICAN Conference

NCDC's technical contributions were further strengthened by presentations on re-emerging infectious diseases and cholera as an ongoing public health threat, sharing Nigeria's experiences and response strategies. The conference facilitated technical discussions, knowledge exchange, and networking, strengthening existing partnerships and forming new collaborations. Participation also supported team building and strategic visibility for NCDC, with plans underway to deliver an oral presentation at the upcoming ICPIC Conference in Geneva, further reinforcing NCDC's leadership in IPC and health system strengthening at the global level.



Lessons Learned from the 2025 Outbreaks in Nigeria

The 2025 outbreaks highlighted how delayed healthcare-seeking, reliance on self-medication and informal providers, and unsafe home remedies worsen disease outcomes. Misinformation, myths, and rumours about diseases and vaccines fuel fear, stigma, and vaccine hesitancy, while some illnesses are normalised as seasonal events, reducing long-term behaviour change after outbreaks subside. Misinformation includes beliefs that vaccines cause infertility, cholera is a spiritual punishment, and Lassa fever is perceived as witchcraft, a foreign disease, or a disease affecting only health workers.

Delayed Access

Reliance on patent medicine vendors, self-medication, and unsafe home remedies.

Myths & Rumors

Vaccines linked to 'infertility'; Cholera seen as 'spiritual punishment'; Lassa as 'witchcraft'.

Normalisation of Risk

Cholera viewed as a seasonal norm, reducing urgency for behavioural change.

Stigma

Vaccine hesitancy and social stigma against affected families.

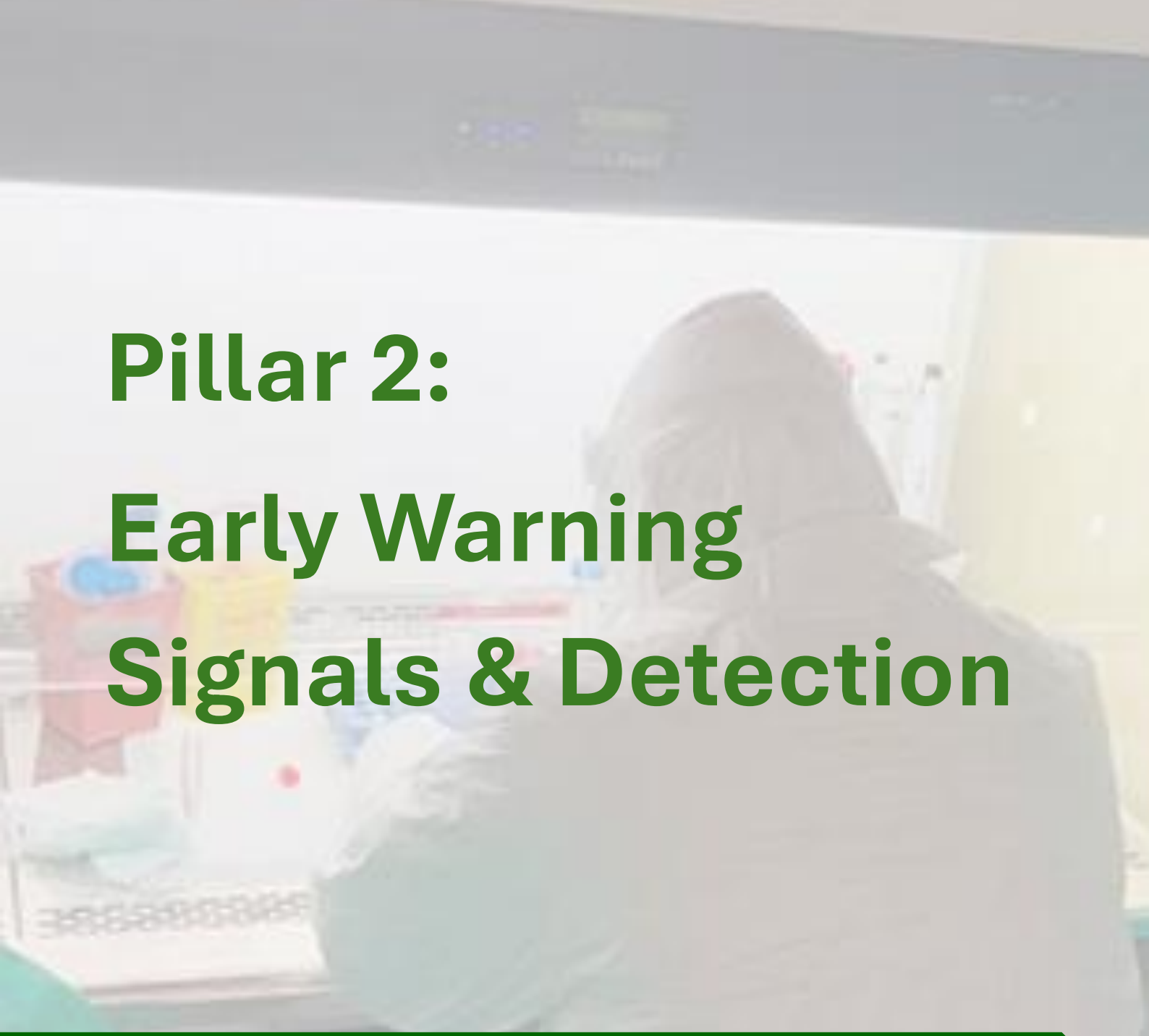
Environmental Gaps

Unsafe food drying (roadside) and consumption of rats as a food source.

WASH Challenges

Reliance on contaminated wells and open defacation due to insuficient infraestructure.

Poor environmental and WASH conditions — such as unhygienic food practices, unsafe water sources, and inadequate sanitation — continue to drive transmission. Unsafe practices, including open defecation, further increased risk, especially when communities access contaminated or unprotected water sources.



Pillar 2:

Early Warning Signals & Detection

PILLAR 2: Early Warning Signals & Detection – Integrated Disease Surveillance

Early Warning Signals

Towards the end of the year, the NCDC, with support from Africa CDC, adapted the Continental Event-Based Surveillance (EBS) framework for Nigeria. EBS training was successfully completed in 12 states, with plans underway to expand both EBS and Community-Based Surveillance (CBS) to additional states. Additionally, capacity-building trainings on Mpox surveillance were conducted in five states: Ogun, Benue, Imo, Abia, and Rivers.

One Health

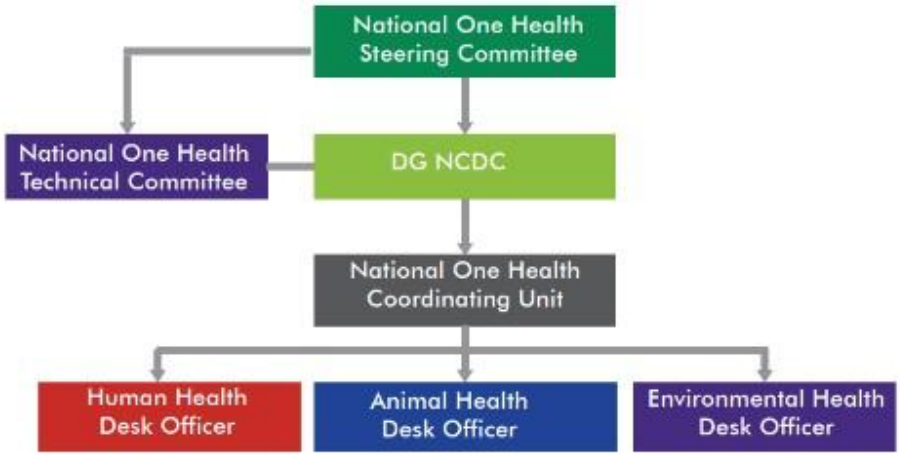
Following the International Health Regulations and Performance of Veterinary Services (IHR-PVS) bridging workshop, Nigeria has One Health fully operationalised to the highest level of government as outlined in the National One Health Strategic Plan (2019-2023). The National One Health Steering committee comprises key ministers across the human-animal-environment interphase provides strategic oversight to the National One Health Technical Committee. The technical committee provides oversight to the National One health Coordinating Unit which serves as the secretariat and resides in the NCDC. Through this coordination mechanism a national stakeholders meeting has been held to support operationalisation of One Health across 36 states and the FCT.

A Joint Risk Assessment (JRA) has been conducted for several priority zoonotic diseases, including Highly Pathogenic Avian Influenza (HPAI), Lassa fever, Rabies, Anthrax, Blue tick, Mpox, Yellow fever, and Fruit bats. The findings from these assessments have informed the development of specific prevention and control plans for key diseases such as Rabies, Anthrax, Brucellosis, and Antimicrobial Resistance (AMR), as well as the formulation of the National Action Plan for Health Security (NAPHS).

Nigeria has successfully conducted two zoonotic disease prioritisation to guide prevention and control of zoonotic diseases. Currently, Rabies, HPAI, Lassa fever, mpox, Bovine Tuberculosis and Yellow fever are the top six priority zoonotic diseases. To strengthen coordination, communication, collaboration and capacity building the National One Health Strategic Plan mid-term review was done and operationalization of the Surveillance Information Sharing and Multisectoral Coordination Mechanism tools of the tripartite zoonosis guide. Additionally, Public health Emergency Operations Centres (PHEOCs) use the one health approach to prevent and control diseases of public health importance.

The NCDC leads the One Health agenda through strengthened multi-sectoral collaboration and improved coordination of zoonotic disease surveillance and response. Although national and subnational JRAs were successfully conducted for some priority zoonotic diseases, this approach can also be used to assess other types of threats, such as chemical poisoning or flooding. This reinforces evidence-based decision-making across human, animal, and environmental health threats prevention and control.

Following the One Health National stakeholders training in 2022, some states have established State-level One Health Steering and technical committees, and the developed State-specific One Health Strategic Plans - currently achieved in 10% of states: representing key milestones in expanding subnational One Health implementation.



Institutional/operational framework of National One Health Coordination Unit (NOHCU)

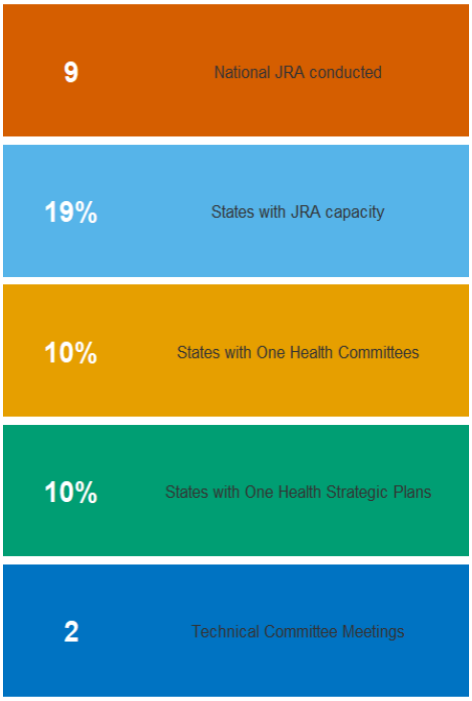
Additionally, 2 National One Health Technical Committee meetings were convened to review progress, enhance coordination among MDAs, and align with the broader National Action Plan for Health Security (NAPHS). While only 19% of states currently have functional capacity for joint risk assessment, these achievements mark steady progress toward institutionalising the One Health approach nationwide and strengthening Nigeria's preparedness for emerging and re-emerging zoonotic threats.

One health-related achievements led and supported by the One Health division/NOHCU toward the operationalization of the one health strategy in Nigeria

1. Capacity Building & Risk Mitigation: Strengthened subnational capacity for risk response through the Joint Risk Assessment (JRA), successfully implemented in 7 states. This initiative fosters the development of joint, targeted risk mitigation plans across various sectors.

2. National Joint Risk Assessments: Led the national JRA for 8 zoonotic diseases and an incident of pathogen spread from bats to humans, enhancing preparedness and response to emerging public health threats.

3. Enhanced Multi-sectoral Surveillance & Information Sharing: Strengthened One Health (OH) coordinated surveillance and information-sharing mechanisms across multiple sectors. Assessed 32 systematic activities through the SIS-OT framework, improving inter-sectoral communication and data-driven decision-making. Outcome and recommendations are being gradually implemented.



4. Cross-Sector Coordination via OH Technical Committee Meetings: Convened routine technical meetings involving stakeholders from zoonoses, AMR, climate change, environment, health, the NGF, and other MDAs to streamline coordination efforts and ensure effective implementation of One Health objectives.

5. Integrated National Environmental Health Surveillance System (INEHSS): Provided technical support through National One Health Coordinating Unit (NOHCU) to develop, validate, and revalidate the INEHSS, improving integration between health and animal and environment sector surveillance systems and fostering a comprehensive approach to public health.

6. IHR Core Capacity Assessments & SAPHS Development: Supported technically the assessment of sub-national core IHR capacities in 13 states and the development of the State Action Plans for Health Security (SAPHS) in 4 states, with significant contributions to Zoonoses, Surveillance, MCM, safer health, risk communication, AMR, and laboratory technical areas.

7. Expansion of Wastewater & Environmental Surveillance: Contributed to the scaling-up of wastewater and environmental surveillance from single-disease to multi-disease monitoring, utilising the One Health approach to improve early detection and response capacity.

8. Development of Vulnerability Matrix & M&E Framework: Spearheaded the development of a vulnerability matrix tool and an integrated monitoring and evaluation (M&E) framework, enhancing early warning systems across relevant MDAs and sectors for improved national preparedness.

9. Research & Policy Support: Provided pivotal technical support for key research projects such as the COPE project, Mpox surveillance, and other embedded research activities, contributing to evidence-based policy development across all levels of government.

10. Strengthening Sub-National One Health Governance: Provided technical assistance across 10% of states in the development of state specific One Health Strategic Plans (OHSPs) and the establishment of subnational One Health committees, thereby ensuring aligned efforts for sustainable public health interventions at the state level significantly enhancing governance structures and optimising coordination across sectors. Plans for additional states are currently in progress, with prioritization based on available funding, ensuring a targeted and impactful approach to sub-national One Health implementation.

Strengthening One Health Capacity in Borno and Gombe States

In collaboration with the Federal Ministry of Livestock Development (FMLD), Federal Ministry of Environment (FMEnv), the UK Health Security Agency, the World Health Organization (WHO), the Global Polio Eradication Initiative–supported Core Group Polio Project (CGPP), and the Africa Society for Development Initiatives (ASDI), NCDC conducted a three-day Subnational Joint Risk Assessment (JRA) Operationalization Training for stakeholders from Borno and Gombe States.

The training in Abuja, brought together participants from the State Ministries of Health, Agriculture, and Environment. It focused on building capacity to apply the Tripartite Joint Risk Assessment tool for the identification, prioritization, and management of zoonotic diseases and other shared health threats. Through this initiative, partners strengthened cross-sectoral collaboration and advanced Nigeria's One Health approach, enhancing preparedness, early detection, and effective response to public health risks.

Table 4 Coverage and Participation in One Health Strategic Activities

Activity	Participants engaged	Percentage proportion of states
Capacity Building & Risk Mitigation	200	19%
National Joint Risk Assessments	50	5 (50%) of Nationally prioritised zoonotic diseases
Enhanced Multi-sectoral Surveillance & Information Sharing	60	0% (National)
Multi-Sectoral Coordination via One Health Steering Committee Meetings	60	2 (National)
Cross-Sector Coordination via One Health Technical Committee Meetings	100	2 (National)
Integrated National Environmental Health Surveillance System	120	10%
IHR Core Capacity Assessments & SAPHS Development	300	35%
Expansion of Wastewater & Environmental Surveillance	150	22%
Development of Vulnerability Matrix & M&E Framework	80	5%
Research & Policy Support	100	22%
Strengthening Sub-National One Health Governance	150	10%
Technical Support for Training on One Health Risk Communication and Zoonotic disease prioritization	1,000	100%

Disease Surveillance Systems

Nigeria strengthened its Integrated Disease Surveillance and Response (IDSR) system, with working progress in timeliness and completeness of reporting across states. Innovations such as electronic surveillance tools and real-time data dashboards enhanced early detection and response to priority diseases. NCDC's strengthened surveillance systems enable real-time monitoring, allowing for faster detection of health security threats and timely public health interventions. This generates reliable epidemiological data that informs research, guide evidence-based policies, and supports long term strategic planning for health security.

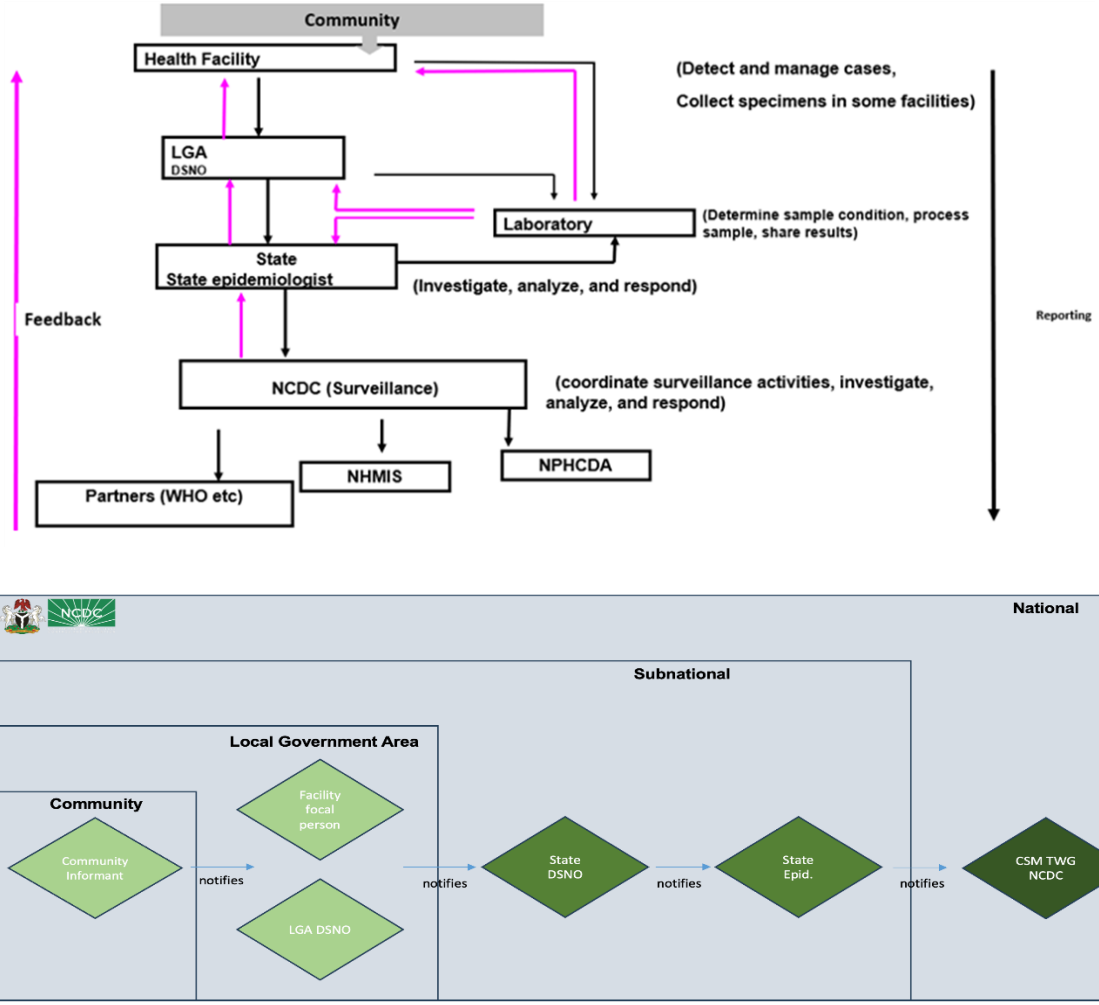


Figure 13 IDSR Data Flow in Nigeria

Surveillance Approach	Surveillance Tools and Application
Indicator-based Surveillance (IBS)	▪ SORMAS – Real time case-based/immediate reporting ▪ IDSR 002/003 reporting forms for aggregate reporting
Event-based Surveillance (EBS)	▪ NasCall – Phone calls for reporting public health concerns ▪ Tataafo, Epidemic Intelligence from Open Sources (EIOS) and social media – Media scanning for public health concerns ▪ SitAware – recording public health events
Community-based Surveillance (CBS)	▪ Phone calls and SMS – immediate reporting of signals picked from the community by the community informants

Major strides were made in optimising Nigeria's disease surveillance architecture, enhancing early warning capabilities, and promoting One Health approach to public health security. Achievements are categorised below:

1. Digitalisation and Optimisation of Surveillance Systems

   National Scale-Up of SORMAS: Deployed the Surveillance Outbreak Response Management and Analysis System (SORMAS) to secondary and tertiary health facilities across 35 states and the FCT, creating a unified digital platform for real-time disease reporting and response. SORMAS has been optimised with disease specific case investigation forms (CIFs) for real time reporting.

   Expansion of Event-Based Surveillance (EBS): Operational tools were deployed to 27 states and are fully functional in 12 states, enabling rapid detection of public health threats from informal sources.

   Pilot of Community-Based Surveillance: Launched a CBS pilot in 3 states, empowering local communities to act as sentinels for early threat detection.

2. Capacity Building for a Skilled Workforce

   Nationwide Training on Revised Guidelines: Healthcare workers and surveillance officers across the country were trained in the use of the revised Integrated Disease Surveillance and Response (IDSR) Technical Guidelines, 3rd Edition.

   Advanced Data Skills Development: Trained state surveillance teams (State Epidemiologists and DSNOs) in all states on Excel data analysis and QGIS (Geographic Information Systems), enhancing data-driven decision-making and spatial analysis of outbreaks. Trained national surveillance team on Public Health Informatics, computer programming, database development and management, Web App Development, Data Analytics (R, Stata and Excel) and Mathematical Modelling.

   Leadership Enhancement: Conducted specialised leadership training for State Epidemiologists to strengthen strategic management of surveillance and response activities.

3. Strengthening Early Warning and Risk Assessment

   Development of Early Warning Tools: Launched a Vulnerability Matrix Tool and an integrated M&E Framework, which have been piloted to the FCT and Nasarawa State.

   Institutionalising Joint Risk Assessment (JRA): Strengthened subnational capacity by successfully implementing JRA in 7 states, developing cross-sectoral, targeted risk mitigation plans.

   National-Level Risk Analysis: Led a national JRA for 8 zoonotic diseases and an incident of pathogen spillover from bats to humans, directly enhancing national preparedness for emerging threats.

4. Advancing the One Health Agenda

   Coordinated Surveillance and Information Sharing: Assessed 32 systematic activities using the Surveillance and Information Sharing Operational Tool (SIS-OT), leading to improved inter-sectoral communication and data-driven decisions. Recommendations are under implementation.

   Stakeholder Coordination: Convened routine technical meetings with stakeholders from zoonoses, AMR, climate change, environment, the Nigeria Governors' Forum (NGF), and other Ministries, Departments, and Agencies (MDAs) to ensure aligned One Health objectives.

   System Integration Support: Through the National One Health Coordinating Unit (NOHCU), provided technical support to develop and validate the Integrated National Environment and Health Surveillance System (INEHSS), promoting synergy between human, animal, and environmental health sectors

Nationwide training on revised IDSR guidelines and advanced data skills development

5. Enhancing National Health Security Architecture

Strategic Policy Development: Coordinated the end-term review of the National Action Plan for Health Security (NAPHS) 1.0 and the subsequent development of NAPHS 2.0 (pending ministerial assent).

State-Level Capacity Building: Coordinated the assessment of International Health Regulations (IHR) core capacities in 2 new states (bringing the cumulative total to 13 states) and supported the development of State Action Plans for Health Security (SAPHS) in 2 states (cumulatively 5 states).

Framework Adaptation: Adapted the Africa CDC Event-Based Surveillance Framework for the Nigerian context, aligning national systems with continental standards.

Coordinated surveillance and information sharing

These efforts have substantially reinforced Nigeria's capacity for early detection, rapid risk assessment, and effective response to public health threats.

Surveillance Outbreak Response Management and Analysis System

The optimisation of the Surveillance Outbreak Response Management and Analysis System (SORMAS) and the Data Analytics and Visualisation Tool (DAVT) mark a major milestone in the NCDC effort to strengthen public health data systems and advance global health security. Through targeted technical, capacity, and systems improvements led by NCDC in collaboration with the Institute of Human Virology Nigeria (IHVN) and other partners, the optimisation has bridged critical infrastructure and capability gaps that allows for measurable outcomes, justifying sustained investment.

State-level capacity building

SORMAS Optimisation Achievements

The SORMAS Nigeria platform was successfully upgraded from version v1.82.0 to v1.101.0, aligning it with the current global standard release and bridging a 19-version technical gap. This reestablished the interoperability of SORMAS with third-party systems such as DAVT through the restoration of previously broken API connections.

A total of 16 electronic Case Investigation Forms (e-CIFs) covering priority diseases were developed and integrated, improving real-time reporting and disease-specific monitoring. To enhance operational efficiency, a new download manager was deployed for disease-specific data exports, and automated data quality checks were embedded to detect and correct data anomalies in real-time. Legacy datasets from fragmented or siloed state instances, such as FCT, were harmonised and migrated into the unified national SORMAS instance, ensuring data continuity and completeness.

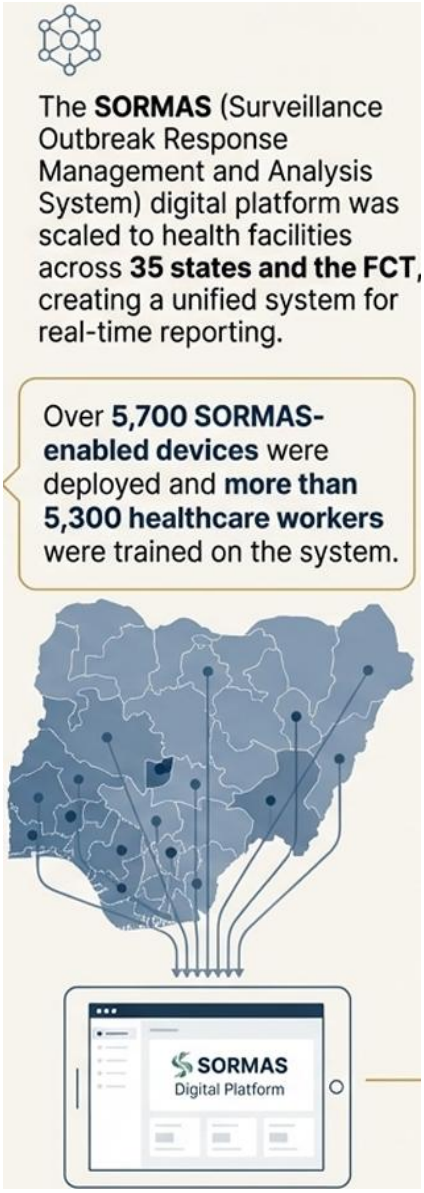
Furthermore, all 38 pre-existing and optimisation-stage issues - ranging from synchronization errors to data bugs - were comprehensively investigated and resolved, substantially improving reliability and user

experience. A core element of sustainability was built through capacity strengthening: 12 members of the NCDC Public Health Intelligence (PHI) team were trained through a structured blended program (8 virtual and 2 physical workshops) covering frontend, backend, database, and DevOps aspects of SORMAS management. The process culminated in hands-on projects and the development of three Standard Operating Procedures (SOPs) to institutionalise the upgrade and maintenance processes.

DAVT Optimisation Achievements

The DAVT Optimisation advanced Nigeria's capacity for high-speed outbreak data analysis, visualisation, and reporting. The system was fully optimised and enhanced with automated Weekly Epidemiological Reports (WER), integration of line list data as an additional source, and improved system algorithms for trend analysis across concurrent data streams.

Through significant backend enhancements, the optimisation drastically reduced dashboard and wallboard load times, improving rendering performance and user responsiveness. The DAVT system now supports anonymized patient-level data exchange via a new API endpoint from SORMAS, ensuring real-time and secure interoperability between the two systems. A new data quality module was incorporated to support automatic validation and flagging of inconsistent data across linked surveillance platforms. These upgrades collectively strengthened the NCDC's data analytics ecosystem, enabling faster and more accurate decision-making during outbreak detection and response.



SORMAS and DAVT now form an integrated, real-time surveillance ecosystem that supports national and sub-national outbreak analytics, reporting, and decision support. Continued investment will sustain these gains by enabling further automation, advanced analytics integration, and sub-national scale-up, ensuring Nigeria remains at the forefront of digital public health intelligence in the region.

Sentinel Sites

AMR Sentinel Sites

Human - AKTH Kano, FMC Jalingo, FMC Owerri, LUTH Lagos, National Hospital Abuja, NRL Gaduwa Abuja, OAU Ife, UCH Ibadan, UCH NRL Ibadan, UCTH Calabar, UDUTH Sokoto, UI Ilorin (UITH), UMTH Maiduguri, UNIOSUNTH Osogbo, UNTH Enugu, UBTH Benin, UPTH Port Harcourt

Animal - Animal Care Centre Asaba, National Epidemiology Laboratory (NEL) Port Harcourt, National Field Laboratory (NFL) Lagos, NVRI Reference Lab, NVRI Sentinel Lab, VTH Ibadan, VTH Ilorin, VTH Maiduguri, VTH Nsukka, VTH Sokoto, VTH Zaria

Influenza Sentinel Sites

Federal - Asokoro District Hospital (ADH), Defence Headquarters Medical Centre (DHQMC), Maitama General Hospital (MGH), Bwari General Hospital (BGH), Nyanya General Hospital (NGH)

State - Lagos State University Teaching Hospital (LASUTH), Aminu Kano Teaching Hospital (AKTH) University of Maiduguri Teaching Hospital (UMTH), Nnamdi Azikiwe University Teaching Hospital (NAUTH), Ikot-Ekpene General Hospital (IGH)

Public Health Laboratories Systems

Public health laboratory capacity was expanded through investments in molecular diagnostics, genome sequencing, and the national laboratory network, supporting timely outbreak confirmation and antimicrobial resistance (AMR) monitoring. Stronger coordination between surveillance and laboratory systems enabled effective case detection, data-driven response, and cross-border health security collaboration.

The National Reference Laboratory (NRL) was established to support the diagnosis of IDSR priority diseases and to provide laboratory support during epidemic responses. However, given Nigeria's population size and the frequency of disease outbreaks, efforts have been made to build a tiered network of Public Health laboratories for the different priority diseases in line with the Joint External Evaluation (JEE) recommendations. Considering the significant investments made in strengthening the public health laboratory system, efforts are ongoing to activate these laboratories for integrated disease testing. This initiative has yielded positive results, as a substantial number of laboratories now have the capacity to test most of the priority pathogens.

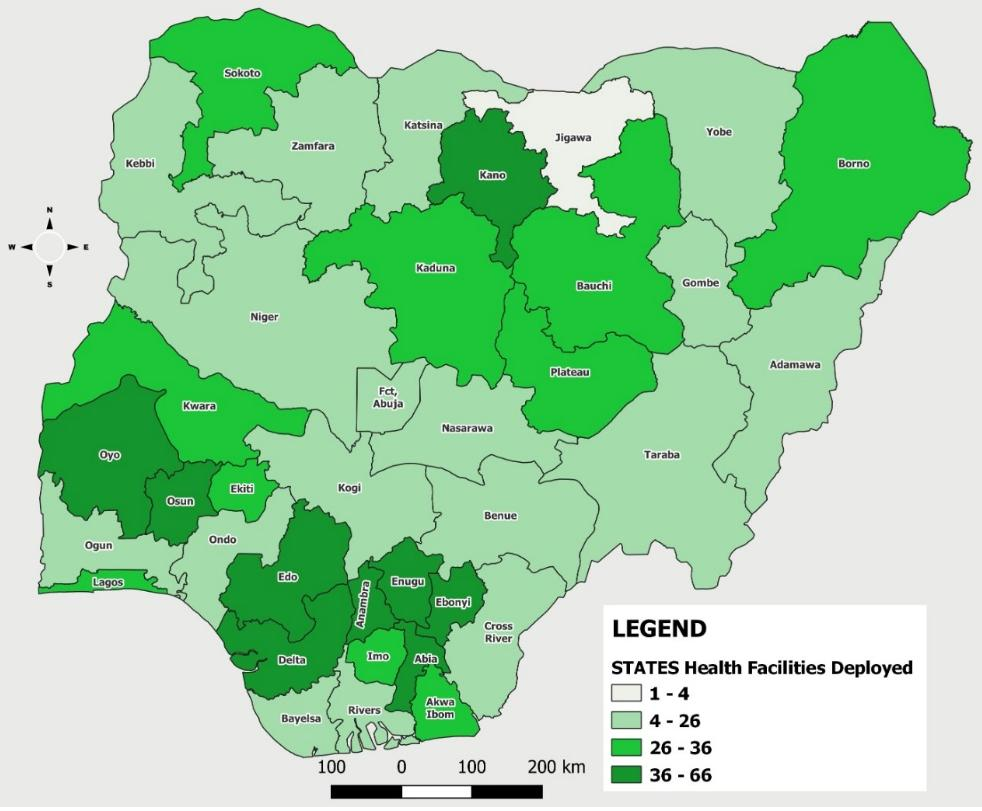


Figure 14 SORMAS Deployment in States

Additionally, NCDC has initiated the establishment of Zonal Reference Laboratories (ZRLs) across the 3 geopolitical zones viz South-west, Southeast, and Northwest. The purpose is to establish a strong linkage of testing laboratories for the surveillance of diseases of public health importance. It is also a mechanism to integrate and consolidate resources, ensure a wider geographic diagnostic coverage for epidemic-prone diseases, and generally standardise methods/outputs from the laboratories for improved national representation. When fully operational, the ZRL will close the surveillance gaps in these geopolitical zones as the laboratories will be optimised for the diagnosis of all Viral Haemorrhagic Fever (VHFs), Lassa Fever, Mpox, Yellow Fever, Measles, Rubella, Diphtheria, Cholera, Meningitis, and SARS-CoV-2.

These laboratories are designed to decentralise diagnostic services, reduce turnaround times, and strengthen outbreak preparedness and response. The NCDC laboratories (NRL and CPHL, Lagos) have successfully implemented a Quality Management System (QMS) in line with the ISO 15189:2012 standard and obtained full national accreditation from the Medical Laboratory Science Council of Nigeria (MLSCN). This milestone underscores the laboratory's adherence to international best practices and its dedication to continuous improvement in service delivery.

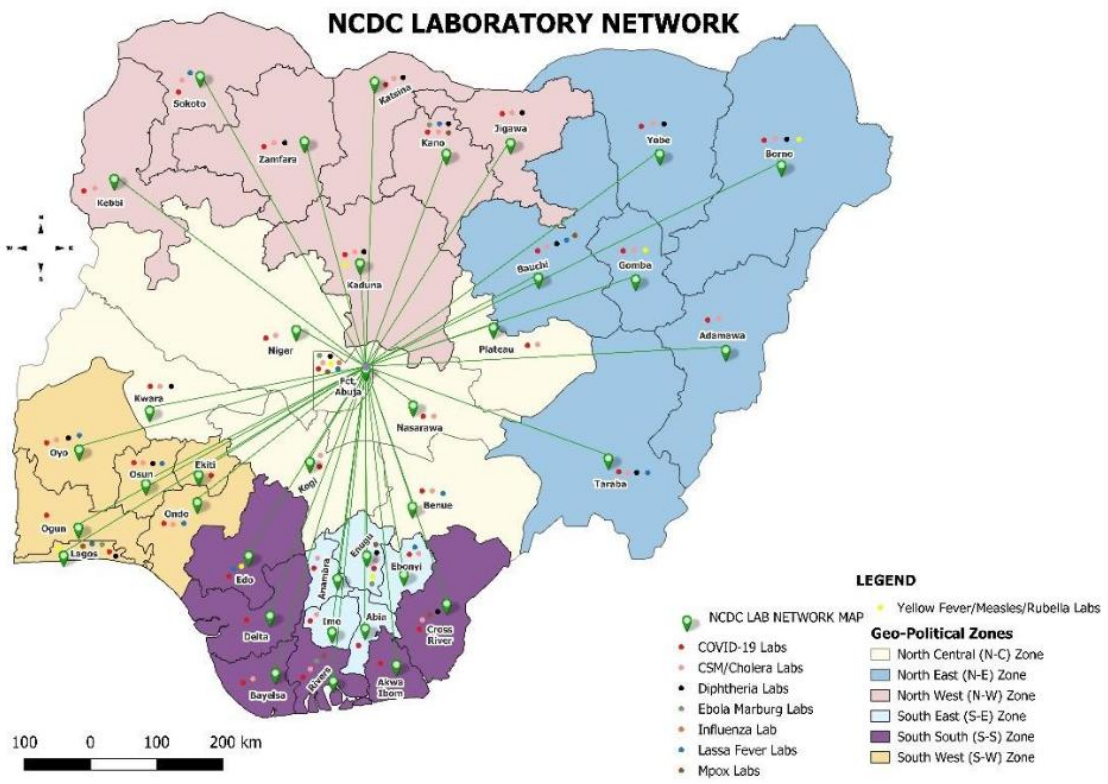
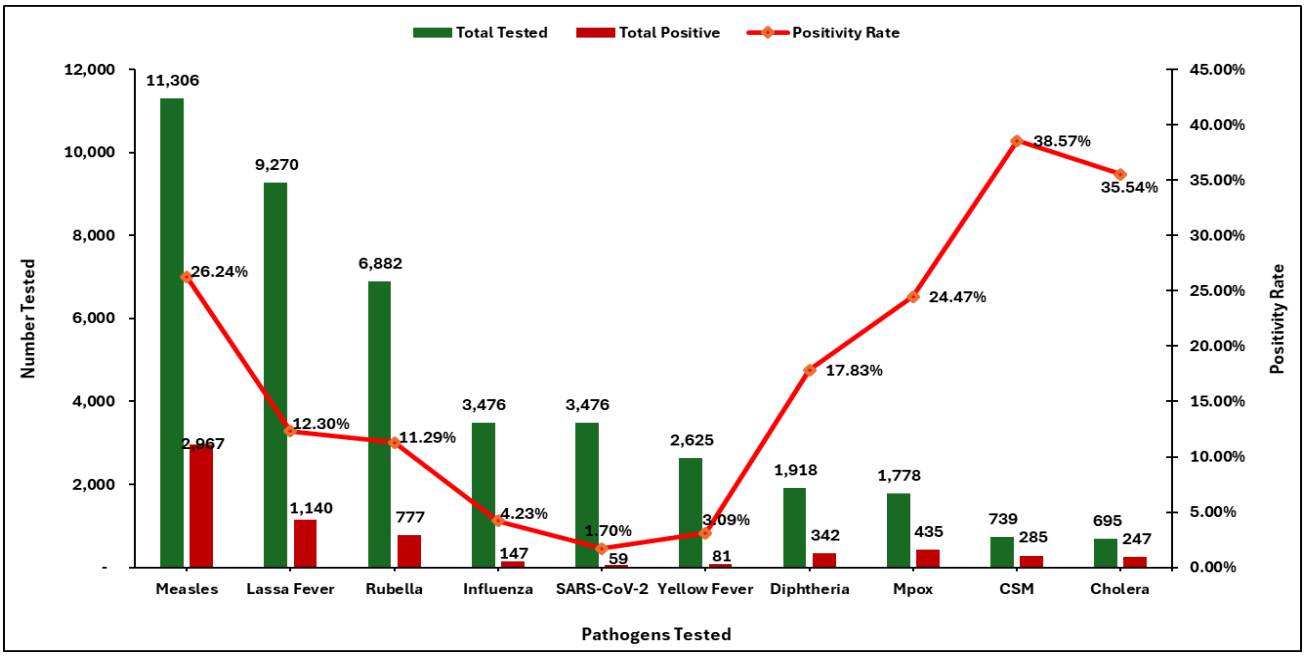


Figure 15 NCDC Public Health Laboratory Services Network

1. **Wide Geographic Coverage**: Laboratories in 31 states, covering ~84% of Nigeria's states
2. **Dominant Testing Platform**: 30 bacteriology labs vs only 1 molecular reference lab
3. **State-Owned Majority**: 29 state-owned labs (93.5%) vs 2 federal labs (6.5%)
4. **Centralised Molecular Capacity**: Only National Reference Laboratory in FCT has molecular testing capability
5. **Regional Distribution**: Good coverage across all geo-political zones

A total of 38,689 samples were tested, with measles (11,306 cases) and Lassa fever (9,270 cases) accounting for the highest diagnostic volumes, followed by rubella, influenza/SARS-CoV-2, yellow fever, diphtheria, Mpox, CSM, and cholera.

Cumulative Breakdown of Test Positivity Rates in 2025



CSM has the highest test positivity rates (38.57%) while Yellow Fever has the least test positivity rates (3.09%) in 2025

Diphtheria Laboratory Network

1. Smaller Network: 20 labs compared to 31 for cholera
2. Federal Dominance: 11 federal labs (55%) vs 9 state labs (45%)
3. Limited Geographic Coverage: Only 14 states covered (37.8% of Nigeria's states)
4. Uniform Testing Platform: All labs use bacteriology method
5. Regional Concentration: Strong presence in Northwest and Southwest zones
6. Multiple Labs in Key States: Kano, Kaduna, Yobe have multiple testing sites

The diphtheria network has strong federal involvement, its geographic coverage is significantly more limited compared to the cholera laboratory network, potentially creating access challenges during outbreaks in uncovered states.

Ebola/Marburg Laboratory Network

1. Highly Specialised: All 6 labs use molecular testing (PCR)
2. Limited Geographic Coverage: Only 4 states covered (10.8% of Nigeria)
3. Federal Dominance: 5 federal labs (83.3%) vs 1 state lab (16.7%)
4. Strategic Locations: Labs in key points - Lagos (2), Rivers (2), Kano, Enugu
5. High-Tech Focus: 100% molecular capacity indicates advanced capability
6. Critical Gaps: Limited to Southwest, South South, Northwest, and Southeast zones

The network is highly specialised but geographically limited network, optimised for quality but with significant coverage gaps that could challenge rapid response to VHF outbreaks in uncovered regions.

Influenza Laboratory Network

1. Extreme Centralization: Only 1 laboratory serving entire country (2.7% coverage)
2. High Technical Capacity: Molecular testing available at national level
3. Critical Vulnerability: Single point of failure for influenza surveillance
4. Massive Coverage Gap: 36 states (97.3%) without local testing capacity
5. Smallest Network: Significantly smaller than other disease networks
6. Pandemic Risk: Limited capacity for surge testing during outbreaks

The Influenza labs highlight high-quality influenza testing capability, the extreme centralisation creates significant vulnerabilities for national surveillance and pandemic response, making expansion to regional laboratories a critical priority.

Lassa Fever Laboratory Network

1. Strong Network: 13 laboratories - largest among viral haemorrhagic fevers
2. Good Geographic Spread: Coverage in 13 states (35.1% of Nigeria)
3. Federal Dominance: 12 federal labs (92.3%) with 1 public/private partnership
4. Advanced Technology: 100% molecular testing capacity
5. Endemic Zone Coverage: Good coverage in known high-transmission states
6. Regional Balance: Presence across all geo-political zones
7. Multiple Labs in Key States: Edo state has 2 laboratories

The Lassa Fever network is a technologically advanced laboratory network, with strong coverage in endemic zones, making it one of the better-developed disease-specific lab networks in the country.

Mpox Laboratory Network

1. Moderate Network Size: 7 laboratories - mid-range among disease networks
2. Good Geographic Spread: Coverage in 7 states (18.9% of Nigeria)
3. Federal Dominance: 6 federal labs (85.7%) vs 1 state lab (14.3%)
4. Advanced Technology: 100% molecular testing capacity
5. Strategic Distribution: Labs in key regions including national hubs (FCT, Lagos)
6. Balanced Zonal Coverage: Presence in all 6 geo-political zones
7. Response Ready: Strong technical capacity but limited geographic coverage

The Mpox network is a technically advanced but geographically limited testing network, with strong federal leadership and standardised molecular platforms.

Yellow Fever/Measles/Rubella Laboratory Network

1. Integrated Multi-Disease Network: 8 laboratories serving three vaccine-preventable diseases
2. Moderate Coverage: 8 states covered (21.6% of Nigeria)
3. Federal-State Balance: 5 federal labs (62.5%) and 3 state labs (37.5%)
4. Consistent Technology: 100% bacteriology testing platform
5. Good Zonal Distribution: Coverage across all 6 geo-political zones
6. EPI Program Support: Strong alignment with Expanded Program on Immunisation needs
7. Strategic Gaps: Limited coverage in high-population zones with low vaccination rates

The network insights show a well-distributed but moderately sized network that efficiently serves multiple vaccine-preventable diseases, with opportunities for expansion in zones with high child populations and low vaccination coverage.

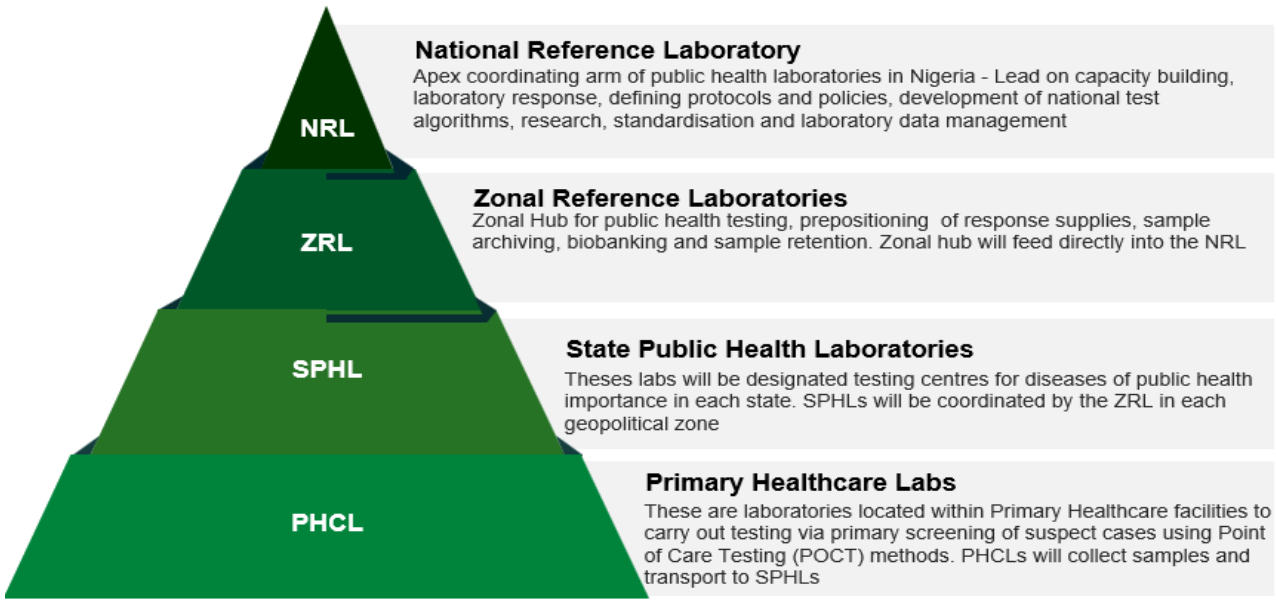


Figure 16 Public Health Laboratory Systems

Genomic Surveillance and Sequencing

Since the emergence of SARS-CoV-2, genomics has continued to be a valuable tool for understanding the genetic diversity, spread, and evolution of pathogens, including the detection of variants for informed public health decision-making. The routine use of genomics as part of global surveillance systems has helped to spot potential threats earlier and faster. The NCDC established the genomics laboratory at the National Reference Laboratory as part of its response to the coronavirus disease 2019 (COVID-19) pandemic caused by the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2). This has helped to track variants of concern, which could impact transmission as well as lead to vaccine escape.

Although the genomics capability was initially established to support the COVID-19 response, the facility is currently supporting multi-pathogen sequencing activities, particularly Mpox, to determine the circulating clades. In addition, sequencing efforts now extend to other pathogens of public health importance, including Cholera, Influenza, and Measles.

The National Genomic Surveillance Strategy (NGSS) was developed and launched as a landmark initiative aimed at strengthening the country's capacity to detect, monitor, and respond to infectious diseases and other public health threats using genomic technologies. This achievement represents a significant step towards enhancing disease surveillance, outbreak response, and research in Nigeria.

In May 2024, the Nigeria Genomics Consortium was inaugurated. The main aim of the genomic consortium is to provide leadership, coordination, and promote collaboration among various stakeholders to advance genomic research, improve healthcare, and address public health challenges. Members of the consortium were drawn from Public Health Institutions, the Federal Ministry of Environment (FMEnv), the Federal Ministry of Agriculture and Food Security (FMAFS), Federal Ministry of Livestock Development (FMLD), Academic and Research Institutions, Private Sector, International Organisations, and Implementing Partners. The consortium is expected to drive national genomic surveillance efforts, harmonise sequencing activities across multiple institutions, and facilitate data sharing for better public health interventions.

The first meeting of the NGSS was held in January 2025 in Abuja – a milestone in the implementation genomics strategy. The consortium was established to serve as a national One Health asset, integrating genomics, multiomics, and precision health into Nigeria's disease surveillance, prevention, and response systems for both communicable and non-communicable diseases, while supporting innovation, economic growth, and sustainable development.

Five technical working groups were established to drive implementation:

1. Engagement, Advocacy and Public Integration;
2. Quality Management Systems, Capacity Building and Workforce Development;
3. Research, Bioinformatics, Data Management and Innovation;
4. Ethical, Legal and Regulatory Frameworks; and
5. Laboratory Infrastructure, Funding and Resource Mobilization.

These TWGs will support the Consortium's six strategic pillars, spanning research priorities, surveillance, precision medicine, workforce development, strategic planning, and the genomics data value chain.

4 states: National Environmental Surveillance Programme operational

8 states covered by operational research on sample transport systems

19 states supported with cholera diagnostics training

> 90% turnaround time performance achieved across priority testing

310 pathogens sequenced, supporting multi-pathogen genomic surveillance

38,689 samples tested for priority pathogens

Biosafety Level 3 laboratory handed over at CPHL

Genomic sequencing has been instrumental in monitoring pathogen variants, determining evolutionary relationships, and informing evidence-based public health decisions. Technology was established during the SARS-CoV-2 pandemic, and the application enabled the timely detection and tracking of variants of concern and variants of interest. Building on this capacity, genomic sequencing has been scaled up for multi-pathogen sequencing and integrated into routine surveillance for other priority pathogens, including Mpox, influenza viruses, *Vibrio cholerae*, and *Corynebacterium diphtheriae*. This integrated sequencing approach strengthens early outbreak detection, improves understanding of transmission dynamics and antimicrobial resistance, and supports more targeted and effective public health interventions at national and global levels.

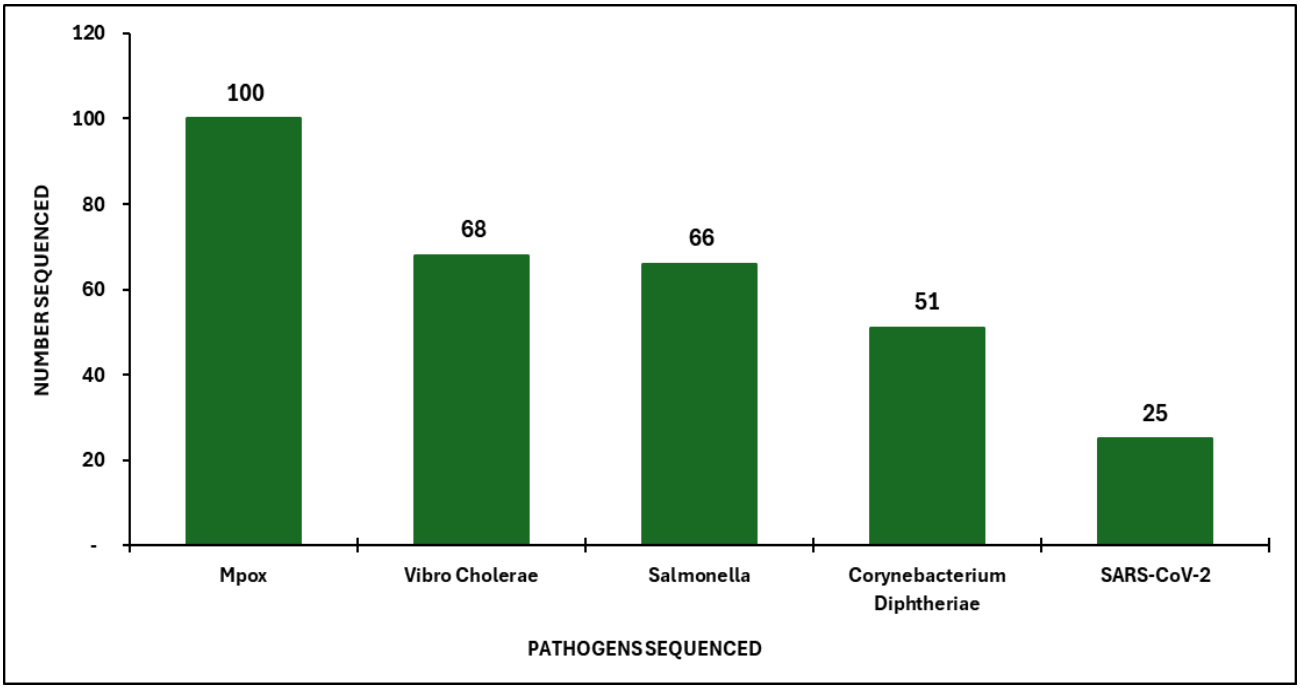


Figure 17 Cumulative Breakdown of Pathogens Sequenced in 2025

A total of 310 pathogens were sequenced in 2025 with Mpox recording highest number (100).

Commissioning of The Biosafety Level 3 Laboratory

The FGoN, through the NCDC, implemented the project "Strengthening the Diagnostic Capacity of NCDC" in collaboration with the Government of Japan, through the Japan International Cooperation Agency (JICA) – a strategic investment in enhancing Nigeria's capacity to detect, report, and respond to infectious diseases, including antimicrobial resistance (AMR).JICA's investment in Biosafety Level 3 (BSL-3) laboratories at NRL and CPHL Lagos was a major achievement, providing infrastructure for high-consequence pathogen work.

A key deliverable of the project is the construction of Biosafety Level 3 (BSL-3) laboratories at the NRL and the CPHL. These facilities constitute critical national assets for outbreak preparedness, biosafety, and biosecurity, and the advancement of national and global health security. The BSL-3 laboratory at CPHL was formally handed over to NCDC on 19 December 2025, while the handover of the NRL BSL-3 laboratory is scheduled for 29 January 2026.

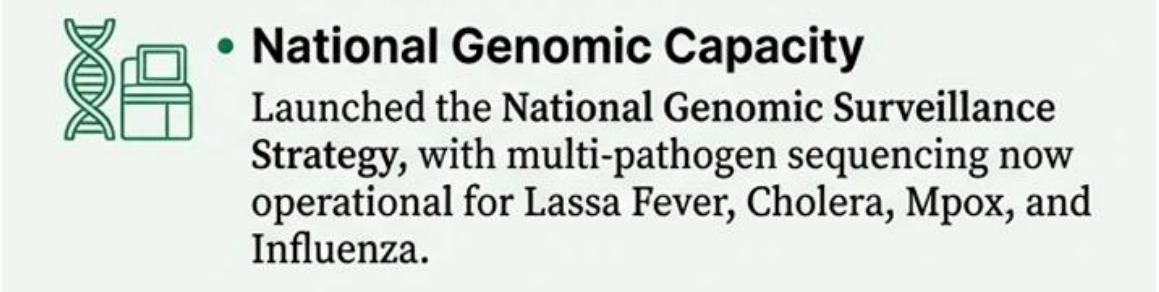
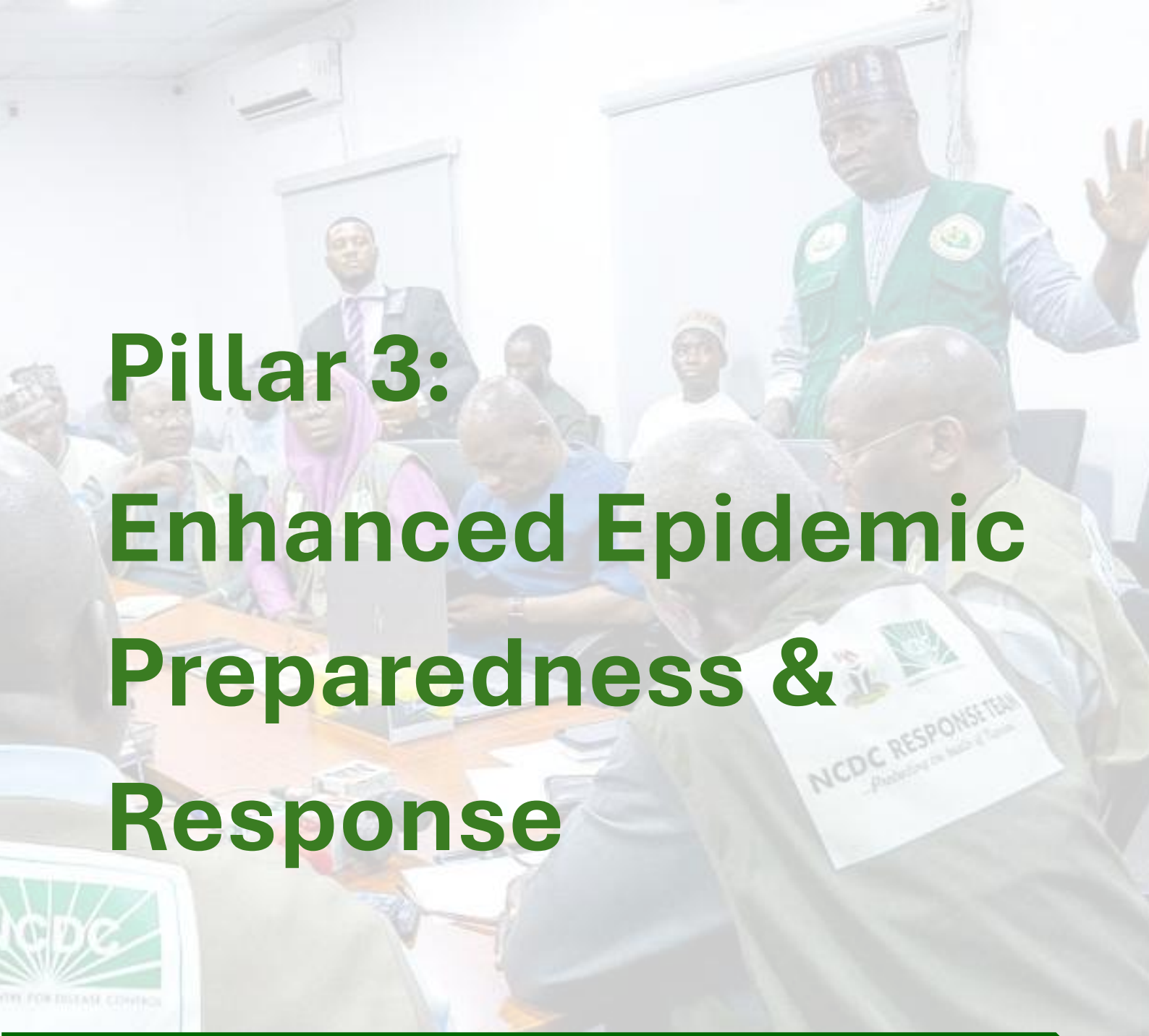


Figure 18 Handover of the CPHL BSL 3 laboratory documents



Pillar 3: Enhanced Epidemic Preparedness & Response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PILLAR 3: Enhanced Epidemic Preparedness & Response

Public health emergencies are events or conditions that pose a serious risk to population health, require urgent and coordinated multisectoral action, and may result from infectious, environmental, technological, or humanitarian causes. Nigeria is among the top countries for outbreak frequency, with over 20 emergencies between 2016-2018 alone. The HEPR department institutionalised evidence-based risk intelligence in 2025, shifting Nigeria's health security posture from reactive crisis management to proactive, coordinated, and resilience-oriented planning.

Area of Focus	Key Activities & Scope	Primary Outcomes & Impact
Multi-Hazard Risk Assessment (MHRA)	Conducted using WHO STAR tool at national level and in Jigawa, Niger, Oyo, and Borno states.	Produced validated risk matrices, seasonal hazard calendars, and all-hazard reports. These now form the evidence-based backbone for state and national contingency planning and resource prioritization.
Dynamic Risk Assessment (DRA)	Executed for priority diseases: Lassa fever, CSM, Dengue, and Ebola (following DRC outbreak).	Provided real-time intelligence to guide specific actions: early commodity deployment, EOC activation/de-escalation, heightened border surveillance, and targeted public health measures.
Subnational Performance & Planning	Led Joint External Evaluation (JEE) engagements in Kaduna, Yobe, Jigawa, Kano, and Lagos states.	Strengthened subnational ownership of health security. Resulted in the development/update of State Action Plans for Health Security (SAPHs), enhancing multi-sectoral preparedness and emergency planning.

National Multi-Hazard Risk Assessment and Strategic Planning

The NCDC, through its Health Emergency Preparedness and Response (HEPR) Department, successfully finalised the National Multi-Hazard Risk Assessment (NMHRA) in September 2025. This effort, conducted in collaboration key stakeholders, provided an evidence-based understanding of priority hazards affecting Nigeria and informed the strategic planning process for public-health emergency preparedness and response at both national and subnational levels.

The NMHRA process engaged over 70 representatives from MDAs, security agencies, academia, humanitarian partners, and civil society, using the WHO Strategic Tool for Assessing Risks (STAR) framework. The assessment covered biological, hydrometeorological, societal, environmental, and technological hazards to guide coordinated investments in preparedness, strengthen IHR core capacities, and align with the Health Security Program (HeSP) results framework.

A total of 40 hazards were identified and prioritised across the 5 hazard categories. Fifteen were rated very high risk, including antimicrobial resistance (AMR), cerebrospinal meningitis (CSM), cholera, cyber-attack, diphtheria, Lassa fever, flood, fire outbreak, banditry, road-traffic crashes, drug/substance abuse, terrorism, erosion, rabies, and heavy-metal poisoning. Nineteen others were classified as high risk, including Mpox, anthrax, yellow fever, dengue fever, oil spillage, heat waves, building collapse, and occupational/workplace accidents. The NMHRA reinforced Nigeria’s capacity to conduct structured, evidence-based risk analysis, providing a foundation for risk-informed contingency planning, simulation exercises, and performance-based investments under the HeSP. The following are critical outputs:

1. National Risk Matrix and Hazard Prioritization Framework
2. National Seasonal Hazard Calendar
3. Evidence-based All-Hazard Risk Assessment Report
4. Policy recommendations for integration into the National Health Security Strategy (2026–2030)

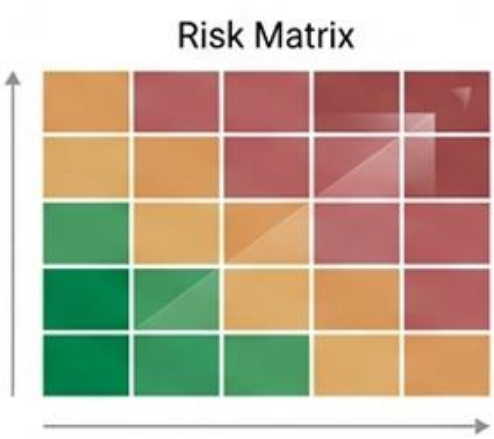
Hazard Category	Hazard
Biological	Antimicrobial Resistance (AMR), CSM, Cholera, Diphtheria, Lassa Fever, Rabies, Dengue Fever, HPAI, Measles, Mpox, Yellow fever, Anthrax, Food Poisoning, and Ebola.
Hydrometeorological	Drought, Flood, Heat Waves, and Storm (wind, thunder, and rain)
Societal	Banditry, Communal clash, Drug and Substance abuse, Farmers/Herders clash, Human Trafficking, Kidnapping, Road Traffic Crashes, and Terrorism
Environmental	Erosion, Heavy Metal poisoning, and Soot.
Technological	Air accident, Building collapse, Chemical poisoning, Cyber-attack, Explosion (CNG, Petrol), Fire outbreak, Mining accident, Occupational/Workplace Accidents, Oil spillage, Radiation exposure, and Water Accidents (Boat Mishaps)

National Risk Matrix

Key		Very Low	Low	Moderate	High	Very High
Risk Level						
Impact		NATIONAL RISK MATRIX				
Critical	^^^^^					
Severe	^^^	1. Explosion (CNG, Petrol)	1. Ebola virus disease 2.Radiation exposure	1. Anthrax 2. Chemical Poisoning 3. Communal Clash 4. Oil Spillage	1. Dengue fever 2. Farmers - Herders Clash 3. Highly Pathogenic Avian Influenza (HPAI)	1. Antimicrobial Resistance (AMR) 2. Banditry 3. Cerebro-Spinal Meningitis (CSM) 4. Cholera/Acute Watery Diarrhea 5. Cyber Attack 6.Diphtheria 7. Drug and Substance Abuse 8. Erosion 9. Fire Outbreak 10. Flood 11. Heavy Metal Poisoning 12. Lassa Fever 13. Rabies 14. Road Traffic Crashes 15. Terrorism
Moderate	^^^		1. Air Accidents	1. Mining Accidents	1. Building Collapse 2. Drought 3. Food Poisoning 4. Heat waves 5. Storm (wind, thunder, and rain) 6. Water Accidents (Boat Mishaps)	1. Kidnapping 2. Measles 3. Mpox (formerly monkeypox) 4. Occupational/Workplace Accidents 5. Soot 6. Yellow fever
Minor	^^			1. Human Trafficking		
Negligible	^					
Likelihood		Very Unlikely	Unlikely	Likely	Very Likely	Almost Certain
		>	>>	>>>	>>>>	>>>>>

Figure 19 Oyo State Multi-Hazard Risk Assessment

Figure 20 National Multi-Hazard Risk Assessment



40 hazards identified — *Across 5 categories: biological, environmental, societal, technological, hydrometeorological*

19 high-risk hazards — *Mpox, anthrax, yellow fever, dengue, oil spillage, heat waves, building collapse, workplace accidents*

15 very high-risk hazards — *AMR, CSM, cholera, cyber-attack, diphtheria, Lassa fever, flood, fire, banditry, road crashes, drug abuse, terrorism, erosion, rabies, heavy-metal poisoning*

National Hazard Risk Calendar

Key													
Seasonality	No Seasonality	Lowest			Moderate			High			Peak		
S/N	Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Antimicrobial Resistance (AMR)	Very High												
2	Banditry	Very High												
3	Cerebro-Spinal Meningitis (CSM)	Very High												
4	Cholera/Acute Watery Diarrhea	Very High												
5	Cyber Attack	Very High												
6	Diphtheria	Very High												
7	Drug and Substance Abuse	Very High												
8	Erosion	Very High												
9	Fire Outbreak	Very High												
10	Flood	Very High												
11	Heavy Metal Poisoning	Very High												
12	Lassa Fever	Very High												
13	Rabies	Very High												
14	Road Traffic Crashes	Very High												
15	Terrorism	Very High												
16	Dengue fever	High												
17	Farmers - Herders Clash	High												
18	Highly Pathogenic Avian Influenza (HPAI)	High												
19	Kidnapping	High												
20	Measles	High												
21	Mpox (formerly monkeypox)	High												
22	Occupational/Workplace Accidents	High												
23	Soot	High												
24	Yellowfever	High												
25	Anthrax	High												
26	Building Collapse	High												
27	Chemical Poisoning	High												
28	Communal Clash	High												
29	Drought	High												
30	Food Poisoning	High												
31	Heat waves	High												
32	Oil Spillage	High												
33	Storm (wind, thunder, and rain)	High												
34	Water Accidents (Boat Mishaps)	High												
35	Mining Accidents	Moderate												
36	Ebola virus disease	Moderate												
37	Radiation exposure	Moderate												
38	Air Accidents	Low												
39	Human Trafficking	Low												
40	Explosion (CNG, Petrol)	Low												

Subnational Multi-Hazard Risk Assessment and Strategic Planning

Oyo State Multi-Hazard Risk Assessment

In May, in alignment with the national framework, Oyo State conducted its first comprehensive STAR-based Multi-Hazard Risk Assessment (MHRA) to strengthen preparedness planning and operational readiness. The exercise engaged over 60 participants from relevant MDAs, security agencies, development partners, academia, and traditional institutions. The assessment identified 21 hazards across biological, hydrometeorological, societal, environmental, and technological domains. Cholera, rabies/dog bite, and erosion were rated very high risk, while 12 hazards- including Lassa fever, flood, gas explosion, and RTA - were high risk. The process applied quantitative risk-scoring

metrics (likelihood, seasonality, severity, coping capacity) to develop a validated risk matrix and seasonal hazard calendar, which now serve as decision tools for the forthcoming State Emergency Preparedness and Response Plan (EPR).

Key Outputs

- Oyo State Risk Matrix and All-Hazard Report
- State Seasonal Hazard Calendar
- Draft framework for simulation exercise to test the EPRP
- Strengthened inter-sectoral collaboration and institutional capacity for preparedness

Table 5 Prioritised hazards in Oyo state

Hazard Category	Hazard
Biological	Cholera, Rabies/Dog bite, Diphtheria, Measles, Mpox, Yellow fever, Lassa fever, and Food poisoning
Hydrometeorological	Flood and Thunderstorm
Societal	Communal clash, Kidnapping, Farmers/Herders clash, Stampede, and Substance abuse
Environmental	Deforestation and Erosion
Technological	Road traffic accident, Fire outbreak, Building collapse, and Gas explosion

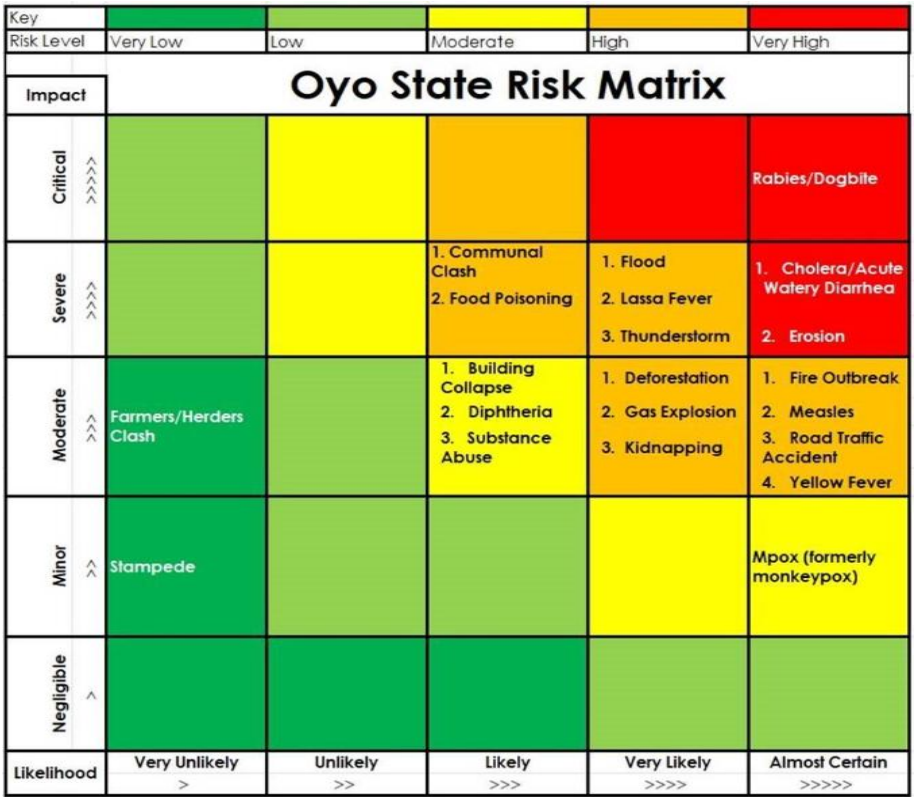


Figure 21 Oyo State Hazard Risk Matrix

Key													
Seasonality	Not Seasonal	Lowest			Moderate			High			Peak		
SN	Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Rabies/Dog Bite	Very High												
2	Cholera/Acute Watery Diarhea	Very High												
3	Erosion	Very High												
4	Flood	High												
5	Lassa Fever	High												
6	Thunderstorm	High												
7	Fire Outbreak	High												
8	Measles	High												
9	Road Traffic Accident	High												
10	Yellow Fever	High												
11	Communal Clash	High												
12	Deforestation	High												
13	Gas Explosion	High												
14	Kidnapping	High												
15	Food Poisoning	High												
16	Mpox (formerly monkeypox)	Moderate												
17	Building Collapse	Moderate												
18	Diphtheria	Moderate												
19	Substance Abuse	Moderate												
20	Farmers/Herders Clash	Very Low												
21	Stampede	Very Low												

Figure 22 Oyo state Hazard Risk Calendar

In May, Niger State conducted its MHRA to identify, analyse, and prioritise hazards likely to impact public-health security, using the WHO STAR methodology. More than 30 participants from MDAs, security services, humanitarian partners, and academia participated. The assessment identified 18 hazards across biological, societal, environmental, hydrometeorological, and technological categories. Flood, banditry/kidnapping, boat mishap, cholera, deforestation, and road-traffic accidents were rated very high risk, while fire and windstorm were high risk.

Key Outputs

- Niger State Risk Matrix, Hazard Calendar, and Risk Profile Report
- Recommendations for strengthening surveillance infrastructure, risk communication, and cross-sector coordination
- Framework for community engagement and contingency planning

The Niger MHRA established the basis for evidence-driven investment and response planning, linking directly to PBC 3.3 under the HeSP and advancing Nigeria's 7-1-7 timeliness and readiness objectives.

Table 6 Prioritised hazards in Niger state

Hazard Category	Hazard
Biological	Meningitis, Measles, Cholera, Diphtheria, Lassa Fever, anthrax
Hydrometeorological	Flood, windstorm
Societal	Banditry, kidnapping Substance Abuse, Food insecurity
Environmental	Erosion, Deforestation, Drought
Technological	Fire, boat mishap, RTA

Key					
Risk Level	Very Low	Low	Moderate	High	Very High
Impact	NIGER STATE RISK MATRIX				
Critical ^^^^^				Rain/windstorm	Flooding
Severe ^^^^		Anthrax		Fire Outbreak	1.Banditry/Kidnapping 2.Boat Mishap 3.Cholera 4.Deforestation 5.Road Traffic Accident
Moderate ^^^			1.Food Insecurity 2.Cerebrospinal Meningitis	1.Drought 2.Substance Abuse	1.Erosion 2.Lassa Fever 3.Measles
Minor ^^			Diphtheria		Acute Flaccid Paralysis
Negligible ^					
Likelihood	Very Unlikely >	Unlikely >>	Likely >>>	Very Likely >>>>	Almost Certain >>>>>

Figure 23 Niger State Hazard Risk Matrix

Key													
Seasonality	Not Seasonal	Lowest			Moderate			High			Peak		
SN	Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Flooding	Very High												
2	Banditry/Kidnapping	Very High												
3	Boat Mishap	Very High												
4	Cholera	Very High												
5	Deforestation	Very High												
6	Rain/wind Storm	Very High												
7	Road Traffic Accident	Very High												
8	Fire Outbreak	High												
9	Erosion	High												
10	Lassa Fever	High												
11	Measles	High												
12	Drought	High												
13	Substance Abuse	High												
14	Acute Flaccid Paralysis	Moderate												
15	Food Insecurity	Moderate												
16	Meningitis	Moderate												
17	Anthrax	Moderate												
18	Diphtheria	Low												

Figure 24 Niger State Hazard Risk Matrix

Jigawa State Multi-Hazard Risk Assessment

By January, Jigawa State implemented its MHRA as part of the national risk-assessment cascade to improve multisectoral preparedness for public-health events and natural disasters. The exercise brought together over 30 participants from MDAs, security agencies, the health system, and partners to operationalise the STAR framework. Participants identified 36 hazards, prioritising 17 key threats as the most significant. CSM, measles, cholera, farmer-herder clashes, road-traffic accidents, fire outbreaks, and substance abuse were rated very high risk, while Lassa fever, rabies, GBV, erosion, deforestation, and flooding were rated high risk.

Key Outputs

- Jigawa State Validated Risk Matrix and Seasonal Hazard Calendar
- All-Hazard Assessment Report
- Strengthened inter-agency collaboration and baseline data for contingency planning

Table 7 Prioritised hazards in Jigawa state

Hazard Category	Hazard
Biological	CSM, Measles, Cholera, Diphtheria, Lassa Fever, Pertussis, Rabies
Hydrometeorological	Flooding
Societal	Farmer-Herder clashes/ Cattle rustling, Motorbike snatching, Land disputes, RTA, Substance Abuse, Gender-Based Violence
Environmental	Erosion, Deforestation
Technological	Fire outbreak

Risk Matrix with Diseases					
Legend →	Very Low	Low	Moderate	High	Very High
Impact ↑					
Critical					
Severe				Diphtheria, Lassa Fever, Rabies	Cholera/Acute Watery Diarrhea, Farmer - Herder clashes / Cattle rustling, Fire Outbreak, Measles, Meningococcal Disease, Road Traffic Accident, Substance Abuse
Moderate				Erosion	Deforestation, Flooding, Gender Based Violence, Motorbike snatching, Pertussis
Minor			Land disputes		
Negligible					
Likelihood →	Very Unlikely	Unlikely	Likely	Very Likely	Almost Certain

Figure 25 Jigawa State Hazard Risk Matrix

JIGAWA STATE RISK CALENDER													
								Legend	No Seasonality	Lowest	Moderate	High	Peak
Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cholera/Acute Watery Diarrhea	Very High												
Farmer - Herder clashes / Cattle rustling	Very High												
Fire Outbreak	Very High												
Measles	Very High												
Meningococcal Disease	Very High												
Road Traffic Accident	Very High												
Substance Abuse	Very High												
Diphtheria	High												
Lassa Fever	High												
Rabies	High												
Deforestation	High												
Flooding	High												
Gender Based Violence	High												
Motorbike snatching	High												
Pertussis	High												
Erosion	High												
Land disputes	Low												

Figure 26 Jigawa State Hazard Risk Calendar

Figure 28 Jigawa State Multi-Hazard Risk Assessment

Figure 29 Borno State Training

Figure 30 Subnational Joint Risk Assessment Operationalisation Training

Building Readiness and System Capacity

In 2025, HEPR successfully translated risk intelligence into concrete operational readiness, systematically strengthening workforce capabilities and institutional systems to shift Nigeria's health security from reactive control to anticipatory, systems-driven preparedness. Integrating risk assessments, standardised tools, performance frameworks, and skilled personnel, HEPR laid a stronger foundation for a more resilient, predictable, and coordinated national health security architecture.

Focus Area	Key Activities	Primary Outcomes & Deliverables
Structured Readiness Planning	• National cholera readiness workshop for 10 high-burden states. • Finalization & dissemination of standardised preparedness checklists for Lassa fever, Mpox, cholera, and CSM.	• Development of state-level Performance Improvement Plans (PIPs) aligned with the 7-1-7 framework. • Established clear national benchmarks for states to self-assess and close preparedness gaps.
Workforce & Digital System Capacity	• Large-scale 7-1-7 framework training for over 100 subnational leaders across northern and southern states. • Focus on optimising the SITAware event management platform.	• Enhanced real-time detection, reporting, and response capabilities. • Improved data migration, reporting templates, and real-time situational awareness for decision-making.
System Institutionalisation	Application of a mixed-methods evaluation (pre/post-tests, surveys, interviews) to gather insights.	Data-driven actionable insights to guide the national scale-up of readiness tools and ensure continuous improvement.

State Party Self-Assessment Annual Report (SPAR)

The NCDC, as the designated IHR National Focal Point, leads the coordination and submission of Nigeria's SPAR. In accordance with Article 45 of the IHR, all State Parties are required to submit an annual self-assessment report to the World Health Assembly, detailing progress made in implementing the IHR core capacities. This process involves close collaboration with relevant Ministries, Departments, and Agencies (MDAs) to assess national health security capacities across surveillance, laboratory systems, emergency response, risk communication, and points of entry. Through this coordinated approach, NCDC ensures that Nigeria's SPAR submission accurately reflects progress, identifies capacity gaps, and informs strategic planning for strengthening preparedness and response in line with global health security commitments.

Average Capacities per WHO Region (updated 19th May 2025)

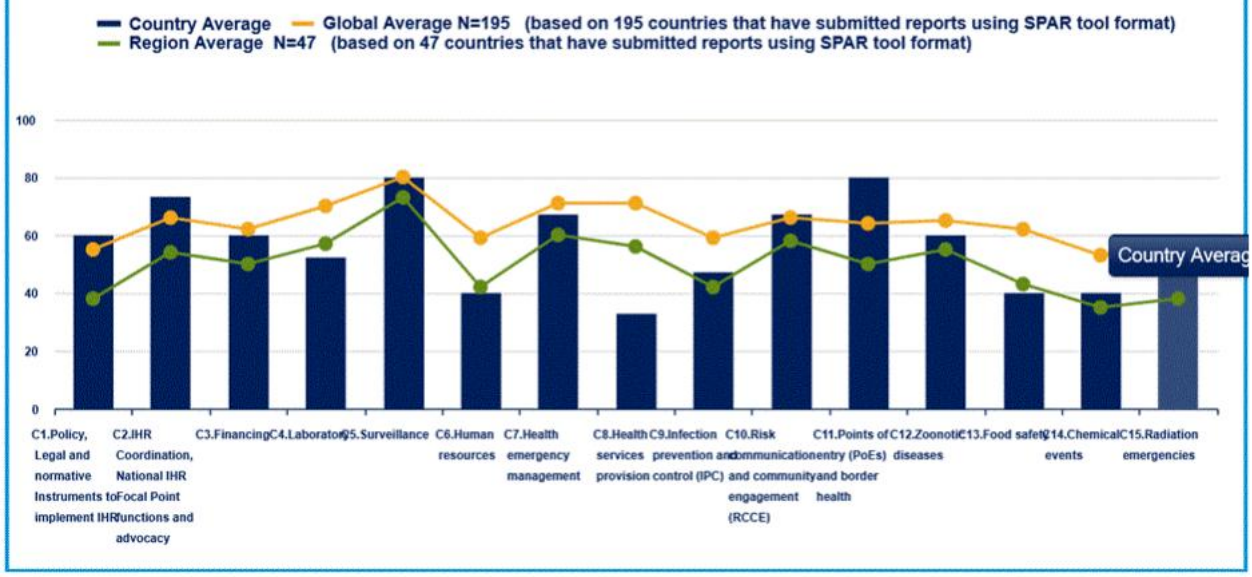
Main strengths

Based on the analysis of the latest annual reporting data, the top strengths are:

Main challenges

Based on the analysis of the latest annual reporting data, the top challenges are:

IHR Score per capacity AFRO Nigeria 2024 (Updated on 19-05-2025)



Logistics Management, Strategic Stockpile, and Emergency Commodities Distribution

Effective logistics and stockpile management are vital to Nigeria's ability to respond rapidly to outbreaks and health emergencies. The HEPR department of the NCDC strengthens national supply-chain systems to ensure timely availability and traceability of essential medical and laboratory commodities. The NCDC has built a highly effective, resilient logistics system capable of supporting complex emergency responses while continuously improving performance through strategic partnerships and operational excellence.

Logistics & Emergency Commodities (2025)

In 2025, HEPR significantly strengthened Nigeria's emergency supply chain, establishing more reliable, timely, and accountable logistics operations to support nationwide outbreak response.

1. Operational Excellence: 95% serviceability rate with zero stock losses
2. Supply Chain Optimisation: 26% faster delivery times and 25% faster customs clearance show systemic improvements
3. Massive Commodity Deployment: Over 100,000 antibiotics and 75,000 cholera RDTs distributed across multiple states
4. Multi-Agency Coordination: Effective partnerships with Customs, NAFDAC, and Finance Ministry enabling efficient operations
5. Continuous Operations: 24/7 warehouse functionality ensuring constant readiness for emergency responses
6. Evidence-Based Management: Annual distribution reports and stock balance analysis driving informed decision-making

Warehousing and inventory control were maintained at the Infectious Disease Unit (IDU) and Gaduwa National Stockpile Facility, which together serve as the central hubs for emergency commodities. In 2025, the warehouses received and processed priority consignments including diphtheria response materials, Illumina sequencing reagents, cholera RDT kits, PPE, antibiotics, and cold-chain consumables. Regular physical verification and temperature monitoring helped sustain stock integrity and compliance with good-storage practice. Off-shore logistics were coordinated with the Federal Ministry of Finance, NAFDAC, and Nigeria Customs Service to expedite clearance of donor-funded shipments. Early engagement with freight forwarders and IDEC pre-processing reduced average clearance turnaround by roughly 25 percent, limiting risk of reagent stock-outs at national laboratories.

Between January and September 2025, emergency commodities were dispatched nationwide through a combination of airfreight and road consignments. Routine replenishment also supported baseline readiness across other states. The typical delivery lead-time from requisition to arrival averaged 6–8 days, compared with 9–10 days in 2024.

Continuous warehouse operations at Gaduwa and IDU maintained more than 95 percent serviceability of stored commodities; no major stock losses or expiries were recorded. The Annual Distribution Report 2025 and National Stock Balance Report provided an evidence base for forecasting and resource allocation. Timely release of PPE and antibiotics during the Lassa-fever, diphtheria, and cholera responses directly supported containment efforts at sub-national level.

The strengthened logistics and stockpile system enhanced Nigeria's operational readiness and responsiveness to health emergencies. By maintaining consistent supply to frontline states and

improving the speed of commodity flow, NCDC minimized disruptions to outbreak operations and reinforced partner confidence in national logistics coordination. These achievements illustrate tangible progress toward a predictable, accountable, and performance-driven emergency-supply chain.

Focus Area	Key Activities & Improvements	Primary Outcomes & Impact
Warehousing & Stockpile Management	• Reinforced operations at IDU and Gaduwa facilities. Conducted routine inspections to safeguard commodity integrity. Nationwide distribution of PPE, cholera RDTs, antibiotics, and other supplies tied to risk assessments.	• Maintained critical stock availability for outbreak response. Reduced losses and strengthened operational accountability.
Supply Chain Visibility & Planning	• Introduced the first Annual Distribution Report and National Stock Balance Report.	• Achieved comprehensive visibility into stock movements and consumption. Improved operational planning and strengthened donor confidence.
Large-Scale Distribution & Preparedness	• Scaled up distribution of WHO-supplied Mpox commodities across all geopolitical zones. Distributed chlorine powder for water/sanitation emergencies.	• Reinforced national readiness for multiple disease threats. Ensured nationwide coverage of essential emergency commodities.
Offshore Logistics Optimisation	• Sustained engagement with Finance Ministry, Customs, and NAFDAC. • Onboarded a new clearing agent (Aonomy Limited) for better tracking.	• Halved import clearance times (from 6 to under 3 weeks). • Improved shipment tracking and recovery of untracked consignments.
Data-Driven Management	• Compiled and uploaded comprehensive stock reports into the Logistics Management Information System (LMIS).	• Institutionalised data-driven decision-making for supply chain management.

Medical Countermeasure Distribution by Disease Outbreaks

Effective logistics and stockpile management are vital to Nigeria's ability to respond rapidly to outbreaks.

	Priority Hazard	States / Facilities Supported	No. of States/ Facilities Supported	Commodities Delivered	Frequency of Deliveries
1	**Lassa Fever**	Abia, Akwa Ibom, Anambra, ATBU Bauchi, Bayelsa, Bauchi, Benue, Borno, Cross River, Delta, Edo, Ebonyi, Enugu, FCT, FMC Owo, Gombe, Irrua Specialist Teaching Hospital (ISTH), IRRUA, Kano, Katsina, Kebbi, Nasarawa, Niger, NRL Gaduwa, Ondo, Oyo, Rivers, Sokoto, Taraba, Yobe, Zamfara	29	Reagents, lab consumables, and case management commodities	Very high (continuous, year-round)

	Priority Hazard	States / Facilities Supported	No. of States/ Facilities Supported	Commodities Delivered	Frequency of Deliveries
2	**Cholera**	36 States and FCT	36 + FCT	Cholera RDT kits, IV fluids, ORS, antibiotics, case management & lab items	Moderate to High (Mar–Jul, incl. May national dispatch)
3	**Diphtheria**	Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Borno, Delta, Edo, FCT, Gombe, Kaduna, Kano, Katsina, Kebbi, Lagos, Niger, Ogun, Oyo, Plateau, Rivers, Sokoto, Yobe, Zamfara	23	Diphtheria Antitoxin (DAT), lab reagents and consumables, case management commodities	High (Feb–Sept)
4	**Cerebrospinal Meningitis**	Adamawa, Anambra, Bauchi, Borno, Ebonyi, Ekiti, Gombe, Jigawa, Kano, Katsina, Kebbi, Ondo, Osun, Oyo, Plateau, Sokoto, Yobe, Zamfara	18	CSM sample collection, testing and case management commodities	High (Dec–Mar)
5	**Measles / Rubella**	Adamawa, AKTH Kano, ATBU Bauchi, Bauchi, Borno, CPHL Lagos, Cross River, Edo, Enugu, FCT, FMC Makurdi Lab, FMC Owo, Gombe, GSSH Gombe, Kaduna, LASUTH, Maitama District Hospital Lab, NRL Gaduwa, Oyo, Plateau, YDMH Kaduna	21	Reagents, kits, and other lab commodities	Medium (Jan–Aug)
6	**Mpox**	Cross River, Ebonyi, Edo, Enugu, Lagos, Rivers	6	Mpox/Lassa fever mixed consignments	Moderate (Dec–Jan)
7	**Influenza**	Asokoro District Hospital, BGH, Defence HQ Medical Centre, IKGH, Kano, NAUTH Abuja, NGH, Borno	8	Influenza commodities and consumables	Low (Mar)
8	**Yellow Fever**	Edo, Enugu	2	Yellow fever reagents and consumables	Low (Apr)
9	**Suspected VHF / Ebola / Marburg / Dengue**	FCT (EVDI), NRL Gaduwa (VHF Support), CHAZVY Lagos (Marburg), UBTH Edo (Dengue)	4	VHF investigation kits, PPEs, consumables, laboratory reagents and laptop for Dengue Fever testing	Single (Isolated Support)
10	**Acute Ascites Study**	Sokoto, Zamfara PHEOCs	2	Ascites commodities	Single (Feb)
11	**CEPI Project**	Adamawa, Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, Taraba, Yobe, Zamfara	13	CEPI Project commodities	Single (May)
12	**AMR Passive Surveillance (Human Health)**	AKTH Kano, FMC Jalingo, FMC Owerri, LUTH Lagos, National Hospital Abuja, NRL Gaduwa Abuja, OAU Ife, UCH Ibadan, UCH NRL Ibadan, UCTH Calabar, UDUTH Sokoto, UI Ilorin (UITH),	17	Laboratory test kits, reagents, and consumables for AMR testing & culture	Twice (May & September)

	Priority Hazard	States / Facilities Supported	No. of States/ Facilities Supported	Commodities Delivered	Frequency of Deliveries
		UMTH Maiduguri, UNIOSUNTH Osogbo, UNTH Enugu, UBTH Benin, UPTH Port Harcourt			
13	**AMR Passive Surveillance (Animal Health)**	Animal Care Centre Asaba, National Epidemiology Laboratory (NEL) Port Harcourt, National Field Laboratory (NFL) Lagos, NVRI Reference Lab, NVRI Sentinel Lab, VTH Ibadan, VTH Ilorin, VTH Maiduguri, VTH Nsukka, VTH Sokoto, VTH Zaria	11	Laboratory test kits, reagents, swabs, and transport media for AMR sampling	Twice (May & September)

NCDC Supply Chain provided commodities across 36 states and the FCT, covering 13 priority hazards and surveillance activities from January to October 2025. Commodities delivered spanned cold chain, ambient, and mixed conditions, with lab reagents and case management items constituting the bulk of consignments.

Heavy Metal Poisoning

Investigation in Kebbi and Niger, confirmed heavy metal poisoning, remediation efforts initiated.

Cerebrospinal Meningitis

Rapid intervention in Kebbi, Sokoto, and Katsina states, with case investigations and immediate vaccinations.

Lassa Fever

Strengthened case management in Ondo, Edo, reducing case-fatality rate to 16.9%.

Non-Candida albicans

Quick response to non-*Candida alibicans* cluster, outbreak contained within 10 days.

Diphtheria

Focused on contact tracing, prophylaxis, and effective risk communication during outbreak.

Cholera & Measles

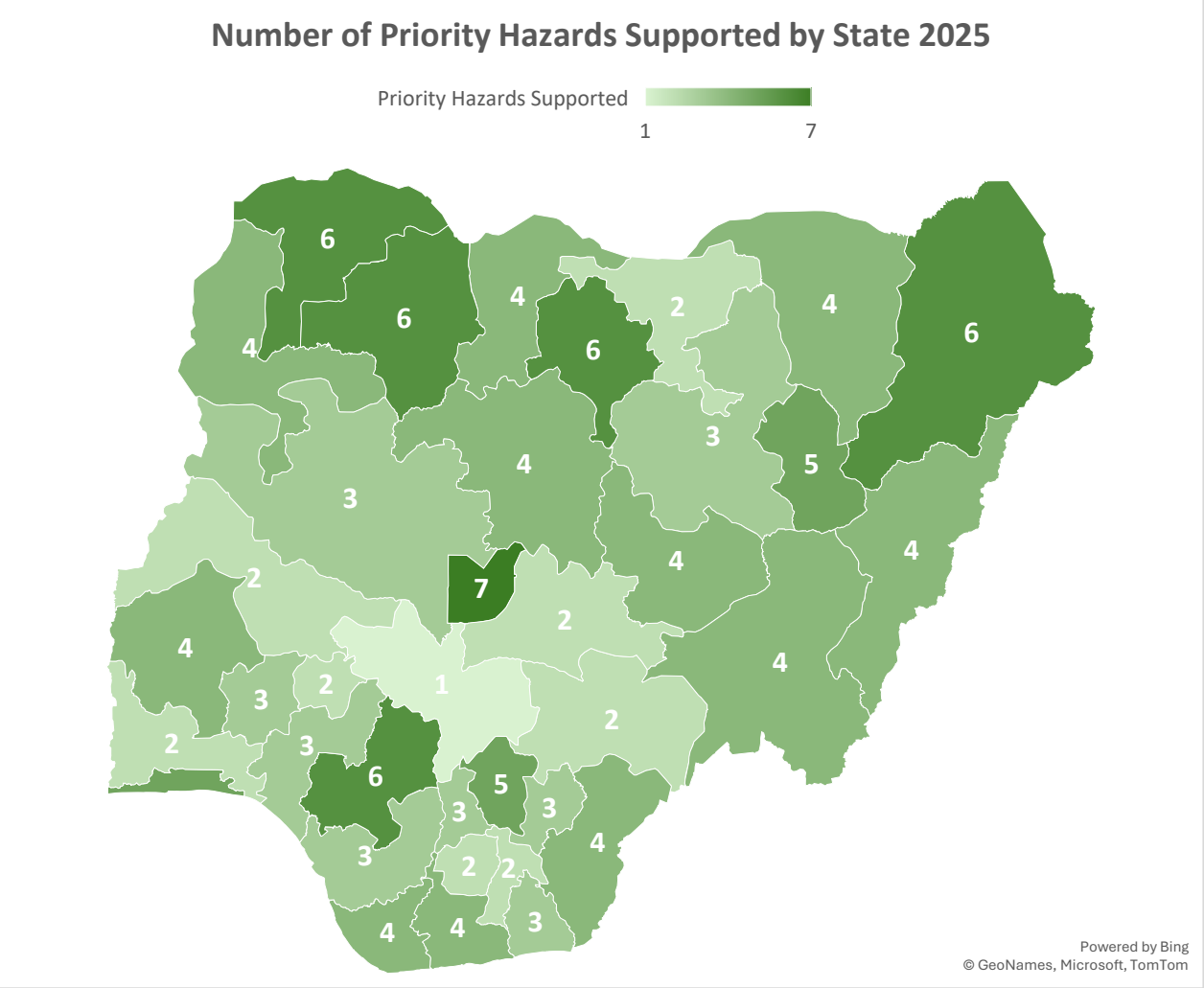
Cholera attack rates cut by 62%; improved measles immunisation coverage in high-risk LGAs.

High Impact Outbreaks

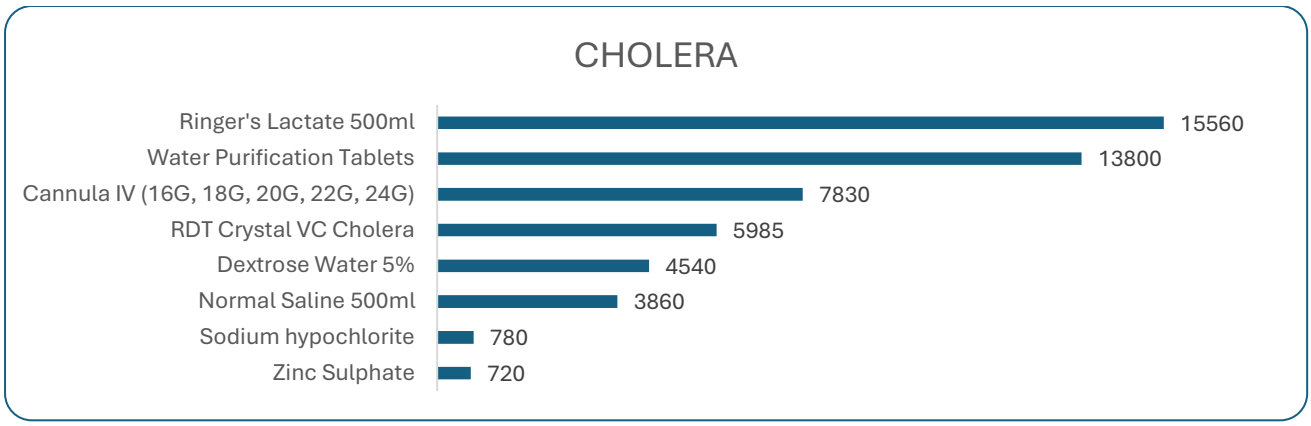
a. Cholera response items were deployed to all states and FCT during May 2025, forming the largest single nationwide distribution of the year
b. Lassa Fever interventions remained continuous year-round, with deliveries spanning 29 states and reference facilities, the highest frequency and cold chain dependency among all diseases
c. Diphtheria support expanded to 23 states, reflecting the sustained outbreak since early 2024.
d. Cerebrospinal Meningitis interventions covered 18 states, focused on the northwestern belt.
e. Measles and Rubella support reached 21 laboratories and facilities, including tertiary centres.

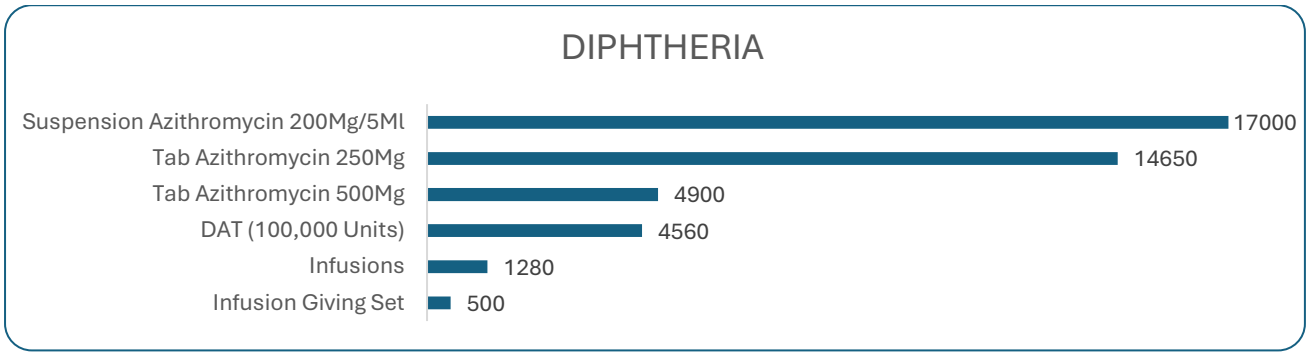
Project-Specific & Research Interventions

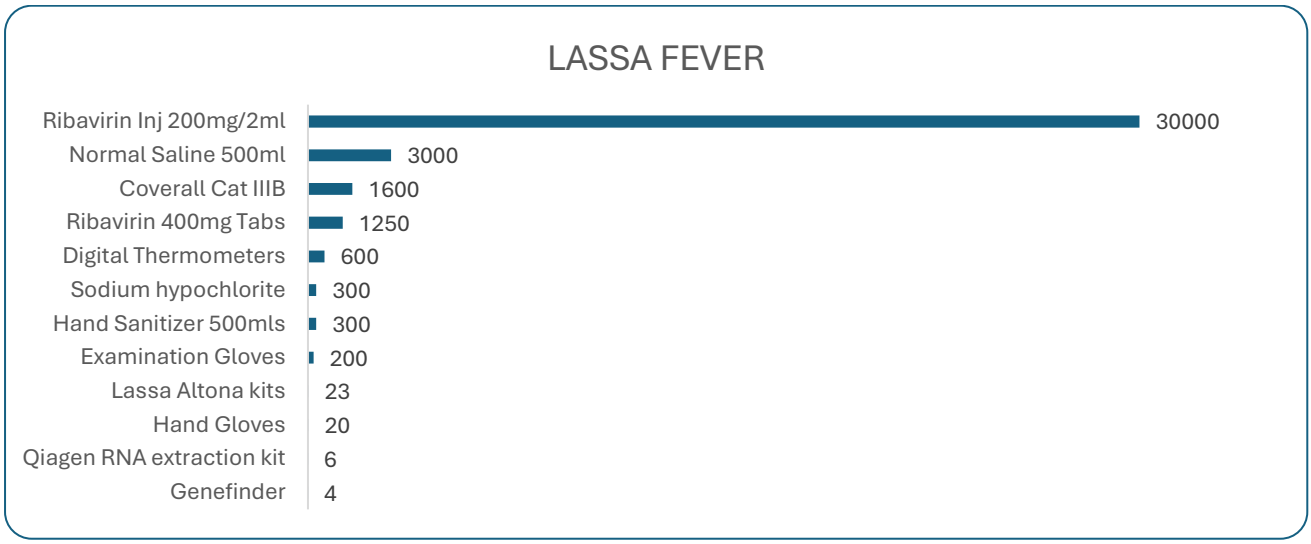
a. AMR Passive Surveillance: AMR distribution activities were conducted twice with support from Fleming Fund and MSH (May & September 2025) across 17 human health and 11 animal health sentinel sites, strengthening One Health laboratory surveillance capacity nationwide.
b. CEPI project commodities were distributed to 13 northern states to strengthen regional Lassa Fever diagnostics capacity.
c. An Acute Ascites study supported Zamfara and Sokoto for heavy metal and toxicological analysis.

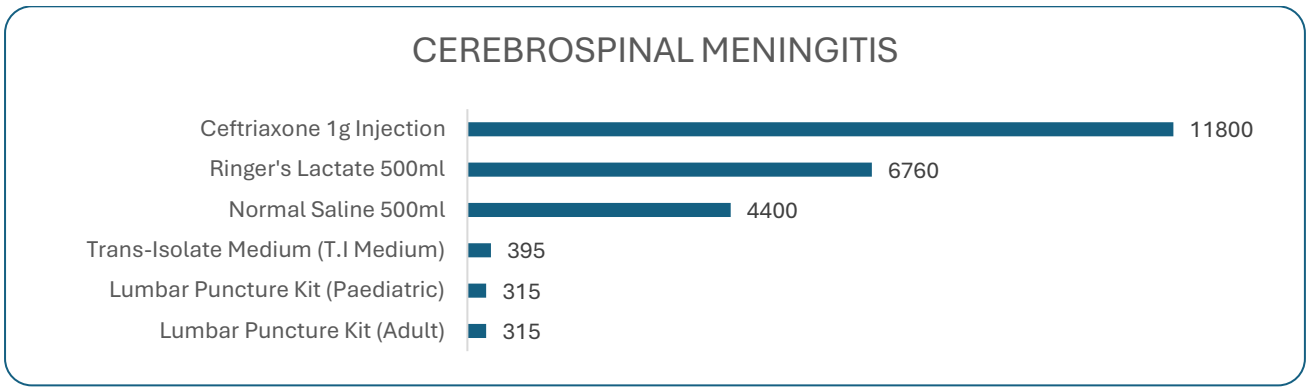


Breakdown Of Tracer Commodities Distributed by Priority Hazards









Simulation Exercises (SimEx)

To Strengthen Subnational Outbreak Preparedness, from November 2024 to January 2025, the Subnational Department conducted Simulation Exercise to Assess PHEOC Functionality and One Health Coordination Workshop. The SIMEX conducted in 12 states, tested preparedness and response capabilities using realistic Lassa fever outbreak scenarios with structured injects. About 20 personnel from each state's Public Health Emergency Operations Centre (PHEOC), along with key stakeholders from human, animal, and environmental health sectors, participated.

Activities were designed to achieve SMART objectives and included real-time scenario briefings, activation of PHEOCs, and deployment of Incident Management Systems (IMS). Teams were tasked with implementing existing SOPs, coordination plans, and outbreak response protocols. Joint planning meetings simulated press briefings, and cross-sectoral coordination drills were conducted to evaluate decision-making, risk communication, and resource mobilization.

Participants engaged in mock surveillance, laboratory sample transportation, case tracking, and reporting exercises to test operational capacity. Debriefing sessions identified gaps and generated recommendations. All activities were implemented under the One Health approach for multi-sectoral integration, emphasising unified response strategies to zoonotic and public health emergencies

The "Exercise Keep Pushing VI", conducted annually, has evolved over the past 6 years from the first edition through to the sixth. The February exercise in 6 states focused on assessing the national and subnational systems' readiness to respond to a potential influenza outbreak with participants from the human, animal, and environmental health sectors. Simulation exercises played a critical role in validating national and subnational preparedness plans. In February 2025, HEPR conducted "Exercise Keep Pushing VI," a three-day influenza preparedness drill involving the National PHEOC and six subnational PHEOCs in Ondo, Kano, Borno, FCT, Abia, and Kwara. The exercise tested surveillance, incident management, logistics, risk communication, and interagency collaboration under a One Health framework. Its findings led to an Improvement Plan Workshop in May 2025, which translated identified gaps into actionable corrective measures, complete with timelines and assigned responsibilities.

In Oyo State, a tabletop cholera simulation was conducted to test the draft preparedness plan produced through the STAR assessment. The exercise validated key assumptions, highlighted operational gaps in coordination, and reinforced the need for intersectoral collaboration at state level. Collectively, these simulations demonstrated that Nigeria's preparedness frameworks are functional but require continuous testing, updating, and decentralization to states.

Figure 31 Exercise Keep Pushing VI

Public Health Emergency Operating Centres

The joint assessment of the Public Health Emergency Operations Centres (PHEOCs) reveals modest average performance, with an overall compliance score of 50.7% across core operational domains. All states demonstrate varying strengths in physical infrastructure, ICT systems, and governance structures, especially in Legal Authority and Steering Committees. However, consistent gaps exist in training & exercises, planning, human resources, and policy alignment.

A common concern is the disruption caused by staff attrition, turnover, and political transfers, leading to institutional memory loss and weakened emergency response capacity. The lack of formalised and tested plans (in some Polio EOC states) limited operational integration, and overreliance on external funding continue to hinder the PHEOCs' ability to lead and coordinate timely public health responses fully. This 50.7% score highlights the need for targeted improvements in human capacity development, institutional planning, legal governance, and operational sustainability to ensure that these PHEOCs can effectively respond to future public health emergencies.

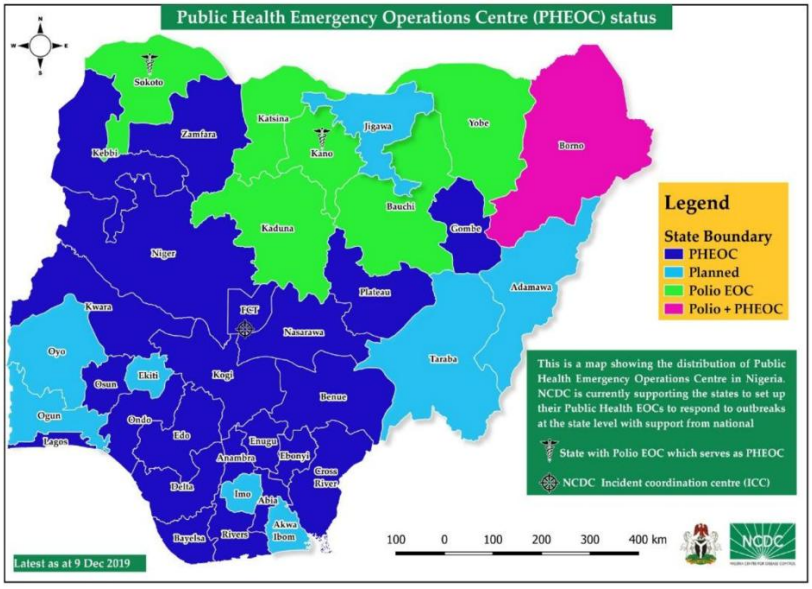


Figure 32 Emergency Operating Centres in 2019

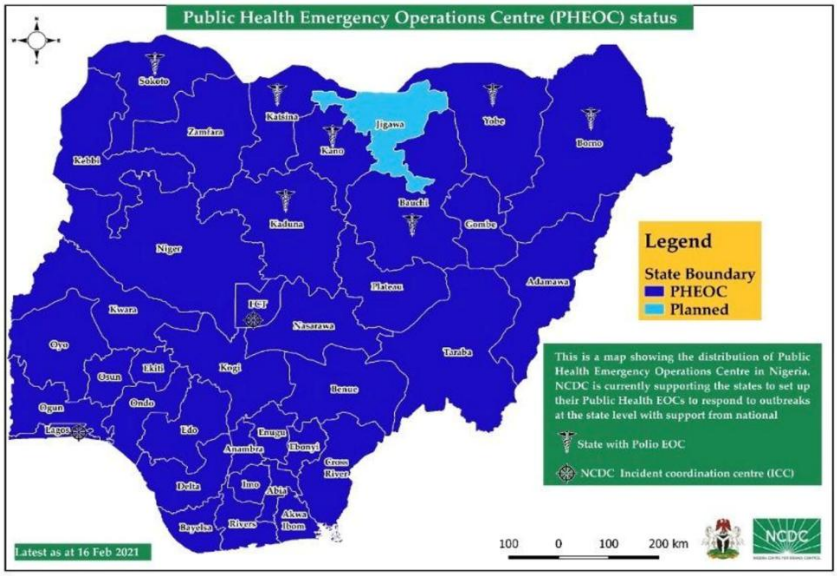


Figure 33 Emergency Operating Centres in 2021

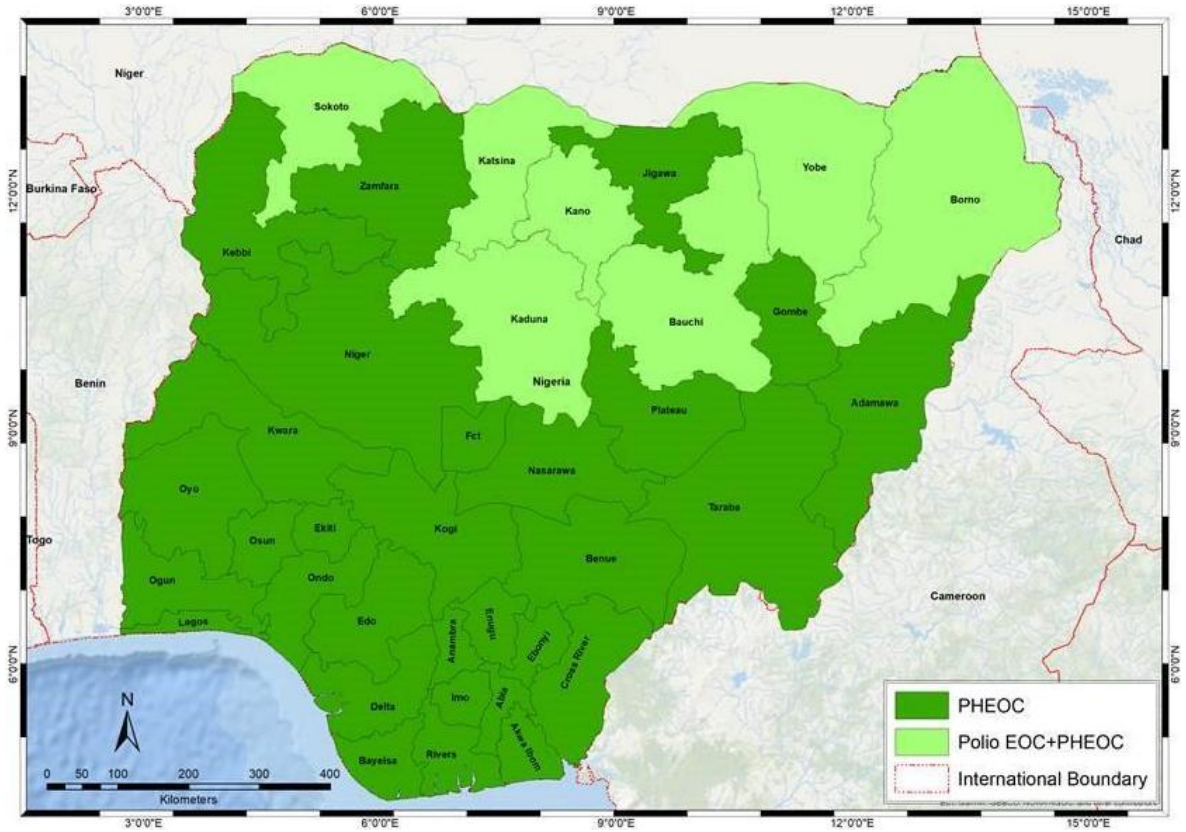


Figure 34 Emergency Operating Centres in 2025

86.48% of state PHEOCs (32 States) meet the minimum standards for functionality. However, there is a pressing need to optimise existing systems, enhance ICT and telecommunications infrastructure, and invest in capacity building to address the high rate of staff attrition. A key priority moving forward is the effective transition of Polio EOCs into fully integrated Public Health EOCs with broader mandates.

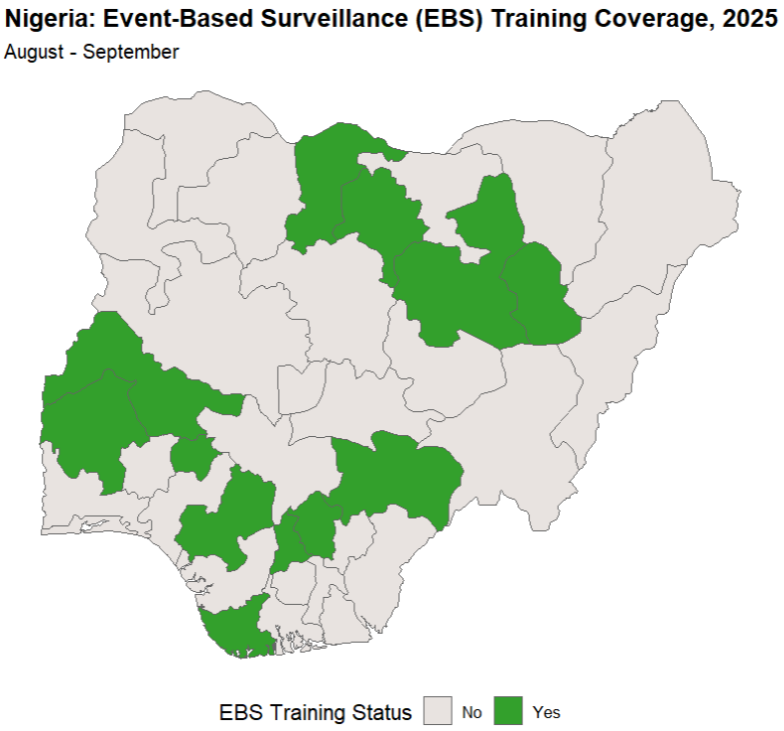
Event Based Surveillance Capacity Strengthening

Event-Based Surveillance (EBS) is key in Nigeria's public health intelligence system, complementing Indicator-Based Surveillance (IBS) by enabling the early detection of unusual public health threats from non-traditional sources such as community reports, media monitoring, and hotline alerts.

To enhance subnational capacity for early warning and response, the Nigeria Centre for Disease Control and Prevention (NCDC) conducted a six-day EBS training for surveillance stakeholders across 12 states — Kwara, Kano, Katsina, Gombe, Bauchi, Benue, Edo, Bayelsa, Anambra, Enugu, Ekiti, and Oyo — from August to September 2025. The multisectoral training brought together participants from key state institutions, including Ministry of Health, State Emergency Management Agency, Ministry of Livestock and development, Ministry of Environment, the State Malaria Programme, and LGAs.

The training aimed to strengthen participants' skills in signal detection, verification, reporting, and response, while promoting the use of digital surveillance tools such as Tatafo, Epidemic Intelligence from Open Sources (EIOS), and SITAware. The course combined lectures, interactive demonstrations, scenario-based exercises, and simulations, with pre- and post-tests used to assess learning outcomes. Core topics included:

- Principles of public health surveillance and linkages with IDSR and IHR (2005);
- Fundamentals of EBS and its integration with IBS;
- Connect Centre operations and call management protocols;
- Digital tools for media and signal monitoring;
- Signal management and risk assessment workflows;
- Infodemic management strategies; and
- The 7-1-7 timeliness metric for early detection, reporting, and response.



The training also emphasised the One Health approach and multi-sectoral collaboration, promoting stronger coordination between the human, animal, and environmental health sectors. Overall, this initiative significantly enhanced states' capacity for epidemic intelligence, contributing to stronger national health security and improved outbreak preparedness.

Figure 35 33 Exercise Keep Pushing

Subnational Joint External Evaluation (JEE) and State Action Plan for Health Security

Refresher Training for National Evaluators on Subnational JEE & SAPHS Development

On the 17th to 18th of October, NCDC, in collaboration with Resolve to Save Lives (RTSL), conducted a two-day Refresher Training for National Evaluators on the Subnational Joint External Evaluation (JEE) process and the development of State Action Plans for Health Security (SAPHS). Held at the NCDC National Reference Laboratory in Abuja, the training strengthened national-level expertise required to guide states through health security assessments and planning in line with IHR (2005).

The refresher training will enhance national evaluators' technical capacity to apply the Subnational JEE tool and scoring methodology, strengthen facilitation skills for supporting states in translating JEE findings into actionable, context-specific SAPHS, and reinforce alignment with national frameworks, including the 7-1-7 approach, and promote consistency in state-level preparedness assessments.

Highlights of the Training

- Technical presentations and interactive sessions jointly delivered by NCDC and RTSL experts.
- Participants received a comprehensive walkthrough of the Subnational JEE tool, including scoring guidance and practical application principles.
- Dedicated sessions focused on converting JEE results into structured SAPHS priorities, timelines, and operational activities.
- Discussions emphasised strengthening state-level coordination, preparedness, and response capacities.
- The training enabled experience sharing and peer learning among evaluators, drawing on field insights from ongoing state assessments.

Challenges Identified

- Limited training duration restricted opportunities for hands-on group exercises.
- Need for periodic refresher trainings to harmonise understanding of updated methodologies.
- Certain components of the Subnational JEE tool require refinement to better align with the global JEE 3.0 framework.

Recommendations

- Extend future refresher trainings to allow more time for practical application and group work.
- Institutionalise continuous mentorship and feedback mechanisms for evaluators.
- Update the Subnational JEE tool to integrate relevant elements of JEE 3.0 and strengthen its applicability at state level.

The refresher training successfully reinforced the technical competency of national evaluators and strengthened NCDC's capacity to support states in conducting subnational JEE assessments and developing SAPHS. The collaboration between NCDC and RTSL contributed to a cohesive, updated understanding of methodologies critical to Nigeria's decentralised health security agenda.

Strengthening Rapid Response

Rapid deployment of skilled personnel remained a cornerstone of effective outbreak response throughout 2025. Between January and July, National Rapid Response Teams (NRRTs) were deployed to support states during outbreaks of Lassa fever, cerebrospinal meningitis (CSM), cholera, diphtheria, measles, dengue, heavy metal poisoning, and neonatal intensive care unit infections. These deployments provided timely technical support for outbreak investigation, case management, surveillance, and risk communication, significantly reducing morbidity and mortality in affected communities. The National Emergency Operations Centre (EOC) was activated for Lassa fever, cholera, and CSM outbreaks, facilitating structured incident management, daily situation reporting, and inter-agency coordination. The EOC's role in orchestrating logistics, technical support, and partner engagement was instrumental in ensuring rapid, evidence-based decision-making and effective epidemic containment.

To ensure consistency and quality, HEPR reviewed and validated the National RRT Training Manual through extensive stakeholder workshops. The manual now provides standardised guidance on outbreak investigation and response, aligned with One Health principles. Complementing this, the continued roll-out of the 7-1-7 framework supported states including Kano, Kebbi, Enugu, and the FCT to institutionalise monthly surveillance and outbreak management review meetings (StaSORM). These meetings linked surveillance data to immediate corrective actions, demonstrating measurable improvements in outbreak response timeliness.

In the fourth quarter, NRRTs continued to play a critical role in rapid response. On the 9th of December, teams were deployed to Adamawa State to support an ongoing cholera outbreak, providing technical assistance in outbreak investigation, case management, surveillance strengthening, and risk communication. The EOC was activated to coordinate the response, enabling structured incident management, daily situation updates, and enhanced inter-agency collaboration. Coordinated logistics, streamlined technical support, and timely communication ensured rapid decision-making, strengthened partner engagement, and contributed to the effective containment of the outbreak. Through sustained deployment of skilled personnel, activation of the EOC, and standardised operational frameworks, HEPR strengthened Nigeria's rapid response capacity, ensuring timely, coordinated, and professional outbreak management across national and subnational levels.

Workforce Training

Building a skilled and coordinated workforce remained central to HEPR's strategy for strengthening emergency preparedness and response throughout 2025. Investments in human resource capacity focused on developing technical competencies, promoting multisectoral collaboration, and professionalizing the public health emergency management (PHEM) workforce at national and regional levels. HEPR prioritised the professionalisation and expansion of Nigeria's public health emergency management (PHEM) workforce to build a more resilient and coordinated national response system. Investments were made across three tiers—state, regional, and national—through targeted courses that

developed technical competencies in incident management, enhanced multi-sectoral collaboration, and positioned Nigeria as a regional training hub. These initiatives have created a larger, more skilled pool of emergency managers, ensuring a workforce capable of leading timely and effective responses to public health threats.

Between April and July 2025, HEPR conducted Batch 3 of the PHEM Basic Course across Lagos, Cross River, and Zamfara States, training twenty officers drawn from health, environment, veterinary services, security agencies, and academia in incident management, emergency coordination, and outbreak response. In June and July, Abuja hosted the first Regional PHEM Intermediate Certification Course in collaboration with the US CDC, providing advanced training to eighteen professionals from seven West African countries in situational awareness, planning, logistics, finance, legal frameworks, and risk communication. These initiatives enhanced technical skills, fostered regional collaboration, and strengthened ownership of preparedness capacity. At the national level, a One Health PHEM Training conducted in August brought together thirty-five professionals from the human, animal, and environmental sectors. The training culminated in a cholera simulation exercise, allowing participants to apply newly acquired skills in practical, real-world scenarios. These programs collectively expanded Nigeria's pool of emergency managers, reinforced cross-sector collaboration, and positioned the country as a regional hub for PHEM training.

In the fourth quarter, HEPR delivered the first cohort of the Basic PHEM Training from 8th–13th December 2025, convening 50 NCDC staff across departments including HEPR, Surveillance, Laboratory Services, Special Duties, the Office of the Director-General, DPRS, Finance, Administration & HR, and DPHP. Supported by eight facilitators, the training reinforced foundational competencies in incident management, emergency coordination, and public health response leadership, while enhancing multisectoral communication and coordination across departments. Participants were equipped to support PHEOC operations at national and subnational levels, contributing to a more agile, professionalized, and responsive emergency workforce.

Through these initiatives, HEPR strengthened the readiness, effectiveness, and professionalism of Nigeria's emergency management personnel, ensuring a workforce capable of coordinating timely and efficient responses to outbreaks and other public health emergencies.

Table 8 HEPR Workforce Training Initiatives 2025

Program	Date & Location	Participants	Key Focus & Skills Developed	Primary Outcome / Impact
PHEM Basic Course (Batch 3)	Apr–Jul 2025 Lagos, Cross River, Zamfara	20 officers from health, environment, veterinary services, security, academia.	Foundational incident management, emergency coordination, outbreak response protocols.	Enhanced technical preparedness and multi-sectoral collaboration at the state level.
Regional PHEM Intermediate Certification Course	Jun–Jul 2025 Abuja	18 professionals from 7 West African countries.	Advanced skills: situational awareness, operational planning, logistics, finance, legal frameworks, risk communication.	Strengthened regional collaboration and positioned Nigeria as a centre of excellence for PHEM training in West Africa.

Program	Date & Location	Participants	Key Focus & Skills Developed	Primary Outcome / Impact
National One Health PHEM Training	Aug 2025	35 professionals from human, animal, and environmental health sectors.	Integrated One Health response, cross-sectoral coordination, culminating in a practical cholera simulation exercise.	Fostered a unified, collaborative approach to health security and improved practical, real-world response capabilities.
First Cohort: NCDC Basic PHEM Training	8–13 Dec 2025	50 NCDC staff from across 8 departments (HEPR, Surveillance, Lab, DG's Office, etc.).	Standardised foundational competencies in incident management and emergency coordination for internal agency staff.	Built a core of agile, professionally trained personnel ready to support PHEOC operations at all levels, enhancing internal coordination.

Through systematic risk anticipation including Multi-Hazard and Dynamic Risk Assessments, rapid risk evaluations for Lassa fever, CSM, Dengue, and EVD, and subnational JEE engagements. HEPR strengthened early warning, contingency planning, and resource prioritization at both national and state levels. These efforts were complemented by targeted readiness actions, including disease-specific preparedness checklists, state-level performance improvement plans, workforce capacity-building, and system-wide exercises, which collectively enhanced operational readiness, surveillance-to-response timeliness, and multisectoral coordination.

Logistics and supply chain management were significantly reinforced, ensuring timely, accountable deployment of essential commodities across all geopolitical zones. National Rapid Response Teams and the EOC consistently demonstrated their effectiveness in outbreak containment, while standardised operational frameworks such as the 7-1-7 performance framework and validated RRT manuals institutionalised rapid, coordinated, and professional response practices. Workforce development initiatives—including PHEM basic, intermediate, and One Health trainings further strengthened Nigeria's human resource capacity for epidemic preparedness and response, positioning the country as a regional leader in health security capacity building.

Despite challenges including resource limitations, customs and regulatory bottlenecks, subnational infrastructure gaps, insecurity, and risk communication constraints lessons learned from outbreak responses, notably the 2024/2025 Lassa fever AAR, informed improvements in logistics, community engagement, and coordination across pillars. Integrating risk intelligence, workforce development, logistics, rapid response, and RCCE into a cohesive operational framework proved essential to enhancing preparedness effectiveness and resilience.

Overall, the achievements of 2025 demonstrate that Nigeria is increasingly capable of anticipating, preventing, and responding to complex multi-hazard public health threats. Strengthened evidence-based planning, operational readiness, rapid response capacity, and workforce professionalism have reinforced national and subnational health security systems, laying a strong foundation for continued progress in epidemic preparedness and response in 2026 and beyond.

Strengthening Subnational Health Security

The Subnational Department has made notifiable strides in building resilient public health systems across Nigeria's states, directly advancing national health security objectives. This year's achievements were marked by foundational system-building, including the inauguration of health security coordination units in 3 states and the training of 47 national evaluators to drive local capacity.

Strategic frameworks were established through the development of State Action Plans for Health Security (SAPHS) in 5 states, providing a clear roadmap for epidemic preparedness and response. Key performance indicators show tangible progress, with 35% of states (13 states) having completed comprehensive health security assessments. However, significant challenges remain, primarily limited domestic funding and variable political commitment at the state level, which have constrained the pace of implementation.

Risk anticipation was further institutionalised through strategic leadership of subnational Joint External Evaluation (JEE) engagements across Kaduna, Yobe, Jigawa, Kano, and Lagos States between 10th–28th November 2025, with a focus on the Health Emergency Management pillar. These engagements supported midterm reviews of JEE capacities, the development of State Action Plans for Health Security (SAPHs) in selected states, and reprioritization of existing SAPHs through Annual Operational Reviews (AORs) in others. The process strengthened multi-sectoral and multi-hazard preparedness, enhanced emergency response planning and risk profiling, and reinforced evidence-based prioritization of actions, contributing to improved subnational ownership of health security priorities, enhanced preparedness capacities, and strengthened health security systems for more effective and efficient outbreak and public health emergency response.

Looking ahead, priorities are set on institutionalising these gains by completing assessments in all remaining states, accelerating SAPHS implementation, and establishing State Public Health Institutes to ensure sustainable and locally owned health security architecture.

Figure 36 Lagos StateSAPHS Development Workshop

Summary of Subnational Health Security and Emergency Preparedness Activities

The Subnational department implemented a wide range of activities aimed at strengthening outbreak preparedness, response coordination, and health security at subnational levels. These interventions focused on improving the functionality of PHEOCs, advancing One Health collaboration, strengthening surveillance and response systems, and supporting states to meet IHR 2005 obligations.

A major milestone was the conduct of simulation exercises (SIMEX) in 9 states between March and May 2025 to assess PHEOC readiness and One Health coordination using realistic Lassa fever outbreak scenarios. The exercises tested incident management systems, surveillance, laboratory coordination, risk communication, logistics, and inter-agency collaboration. Key outcomes included strengthened multisectoral coordination, validation of existing SOPs and response plans, and the identification of critical operational, logistical, and policy gaps, which informed actionable recommendations for improving outbreak response efficiency.

Targeted assessments and capacity-building activities were also carried out in Ebonyi, Ondo, and Sokoto States to address disruptions caused by staff attrition and political transitions. Through baseline assessments, stakeholder workshops, and post-assessment training supported by the US CDC, the initiative strengthened PHEOC functionality, updated incident management documents, enhanced One Health collaboration, and improved staff capacity in surveillance, incident coordination, risk communication, and resource management.

In parallel, Joint External Evaluations (JEEs) were conducted in Nasarawa and Ogun States between May and June 2025 to assess subnational health security capacities across 19 technical areas. While both states demonstrated political commitment and multisectoral engagement, the assessments highlighted low readiness scores and significant gaps in laboratory systems, emergency preparedness planning, financing mechanisms, and One Health coordination. The process catalysed legal reforms, strengthened state ownership, and initiated the development of costed State Action Plans for Health Security (SAPHS).

To support sustainability and scale-up, national evaluators were trained in October 2025 on the subnational JEE methodology and SAPHS development. This enhanced national capacity to support states in conducting health security assessments and translating findings into actionable plans aligned with global standards. Recommendations from the training emphasised the need for tool updates, continuous mentorship, and periodic refresher sessions.

Further SAPHS development and midterm JEE activities were conducted across six states—Borno, Yobe, Kano, Kaduna, Jigawa, and Lagos—between October and November 2025, with support from multiple partners. These engagements resulted in the development of costed SAPHS and annual operational plans, reprioritization of health security actions, strengthened One Health coordination, and the establishment of monitoring and implementation frameworks. Overall, thirteen states were supported to initiate or advance their subnational health security assessment processes in 2025.

Figure 37 Cross section of Ebonyi State SPHEOC KPI participants and facilitators

In addition, the NCDC Basic Healthcare Provision Fund (BHCPF) Gateway transitioned to full operational delivery in 2025, providing sustainable financing for outbreak preparedness and response nationwide. With ₦820.98 million disbursed, 31 states actively implemented BHCPF-supported activities, achieving

83.8% national coverage. Investments strengthened surveillance infrastructure, outbreak investigation capacity, financial accountability, and state readiness to meet the 7-1-7 targets for outbreak detection, notification, and response.

Complementary departmental activities—including simulation exercises, rapid response deployments, infection prevention and control workshops, SORMAS deployment, laboratory systems strengthening, emergency readiness initiatives, and workforce capacity building—further reinforced Nigeria's subnational preparedness and response architecture. Collectively, these efforts significantly strengthened subnational health security, improved PHEOC functionality, advanced One Health collaboration, and enhanced Nigeria's capacity to prevent, detect, and respond to public health emergencies in line with the IHR (2005) and the NAPHS 2.0.

Figure 38 Cross section of Sokoto State SPHEOC KPI participants and facilitators

PHOEC Document Review and Development Workshop

From 15–19 December 2025, HEPR conducted a PHEOC Document Review and Development Workshop to strengthen national public health emergency preparedness and response. The workshop addressed documentation gaps identified during recent Global PHEOC simulations and external evaluations, aiming to enhance the functionality and operational readiness of the National PHEOC.

Figure 39 Head of Response (HEPR) and EPR officer during the workshop

Forty-five participants attended from key institutions, including the Federal Ministries of Health and Social Welfare, Environment, and Livestock Development, Office of the National Security Adviser ONSA), National Emergency Management Agency (NEMA), Sydani, AFENET, WHO, and Resolve to Save Lives (RTSL), supported by 5 technical facilitators.

During the workshop, 11 core PHEOC documents were reviewed and updated. These included 4 strategic documents — the PHEOC Handbook, Incident Management System Activation Plan (IMSAP), Business Continuity Plan, and Concept of Operations (CONOPS) — and 7 Standard Operating Procedures (SOPs) covering risk assessment, SitAware usage, national-state information sharing, the 7-1-7 framework, epidemic intelligence, ICT equipment use, and PHEOC documentation and reporting.

The workshop aimed to standardise and strengthen operational guidance, integrate lessons learned from simulations and real-world responses, and clarify roles, coordination mechanisms, and information flows. The activity improved the quality, coherence, and usability of core documents, enhancing inter-agency coordination, operational efficiency, and professionalism in PHE management, thereby contributing to improved national health security and emergency response capacity.

Figure 40 PHEOC Document Review and Development Workshop Attendees

Action Reviews (AR)

Action Reviews (AARs, IARs, EARs) conducted across priority outbreaks (Lassa Fever and Diphtheria) provided evidence to guide strategic preparedness, response planning, coordination, and implementation at national and subnational levels. These reviews highlighted gaps in early detection and response, including poor health-seeking behaviour, late presentation to treatment centres, low clinical suspicion among healthcare workers, inadequate funding, limited human resources, weak subnational coordination, surveillance challenges, and constrained laboratory and logistics capacity. The reviews also identified cross-cutting challenges such as weak referral systems, misinformation, insecurity affecting community engagement, and over-reliance on national rapid response teams and partner support to initiate early response actions. The reviews reinforced the use of evidence-driven decision-making to improve health security and resilience of the public health system.

Evidence from the reviews informed risk assessments, activation of EOCs and PHEOCs, early deployment of RRT, and improved coordination across response pillars. Recommendations led to increased funding for case management and outbreak response, enhanced multisectoral coordination, strengthened surveillance and laboratory systems, improved logistics and stock management, and

expanded workforce capacity through training and surge deployments. Reactive vaccination campaigns and strengthened routine immunisation were implemented to rapidly close immunity gaps, while advocacy, press briefings and risk communication activities improved public awareness and community engagement.

Progressive improvements were observed following implementation of AR recommendations. These included improved access to treatment through decentralisation of treatment centres in high-burden states, strengthened infection prevention and control practices in health facilities and schools, expanded subnational laboratory capacity, regular EOC and PHEOC meetings, improved decision-making through root cause analyses, and early prepositioning and distribution of medical countermeasures and essential diagnostics. Additional system-wide gains included the launch of the Nigeria Preparedness and Readiness Alert System, continued capacity development of case managers, implementation of readiness assessments across states, and strengthened preparedness planning ahead of outbreak seasons.

Action Reviews proved to be effective strategic management tools for strengthening global health security by translating lessons learned into concrete policy, planning and operational improvements. Evidence-based adjustments to response strategies contributed to measurable improvements in preparedness and response performance across outbreaks. However, a persistent challenge remains the limited documentation and systematic tracking of issues, recommendations, implementation actions and outcomes. To address this gap, there is need to establish a structured framework to monitor and document progress on AR recommendations, ensuring accountability, sustained learning and continuous improvement of the national health emergency preparedness and response system.

Common Cross-Cutting Findings

- Gaps in early detection driven by poor health-seeking behaviour, late presentation, and low clinical suspicion.
- Funding constraints and delayed release of resources for preparedness and response.
- Inadequate human resources, logistics, laboratory capacity, and IPC infrastructure.
- Weak coordination at subnational levels and over-reliance on national/partner-led response mechanisms.
- Surveillance challenges including delayed diagnosis, poor sample quality, and transport limitations.
- Weak referral systems and limited access to treatment centres in high-burden states.
- Misinformation, insecurity, and limited community engagement affecting response effectiveness.

Key Recommendations

- Increase and decentralise funding for preparedness and outbreak response.
- Strengthen coordination mechanisms including EOCs and PHEOCs at national and subnational levels.
- Improve case management capacity, laboratory systems, IPC implementation, and logistics management.
- Enhance RCCE, advocacy, and multisectoral engagement.
- Expand and train the health workforce, including surge staff.
- Strengthen research capacity and align research priorities with response needs.

- Institutionalize readiness assessments, early deployment of RRTs, and prepositioning of medical countermeasures (MCMs).

Findings and recommendations from ARs were systematically integrated into response strategies and preparedness planning through:

- Activation of EOCs and PHEOCs based on risk assessments.
- Early deployment of RRTs and surge personnel.
- Strengthened reactive vaccination campaigns and routine immunization.
- Prepositioning and early distribution of MCMs and essential diagnostics.
- Enhanced coordination, planning, and implementation across response pillars.
- Use of root cause analyses to guide targeted corrective actions in high-burden states.

Preparedness and Response Improvements

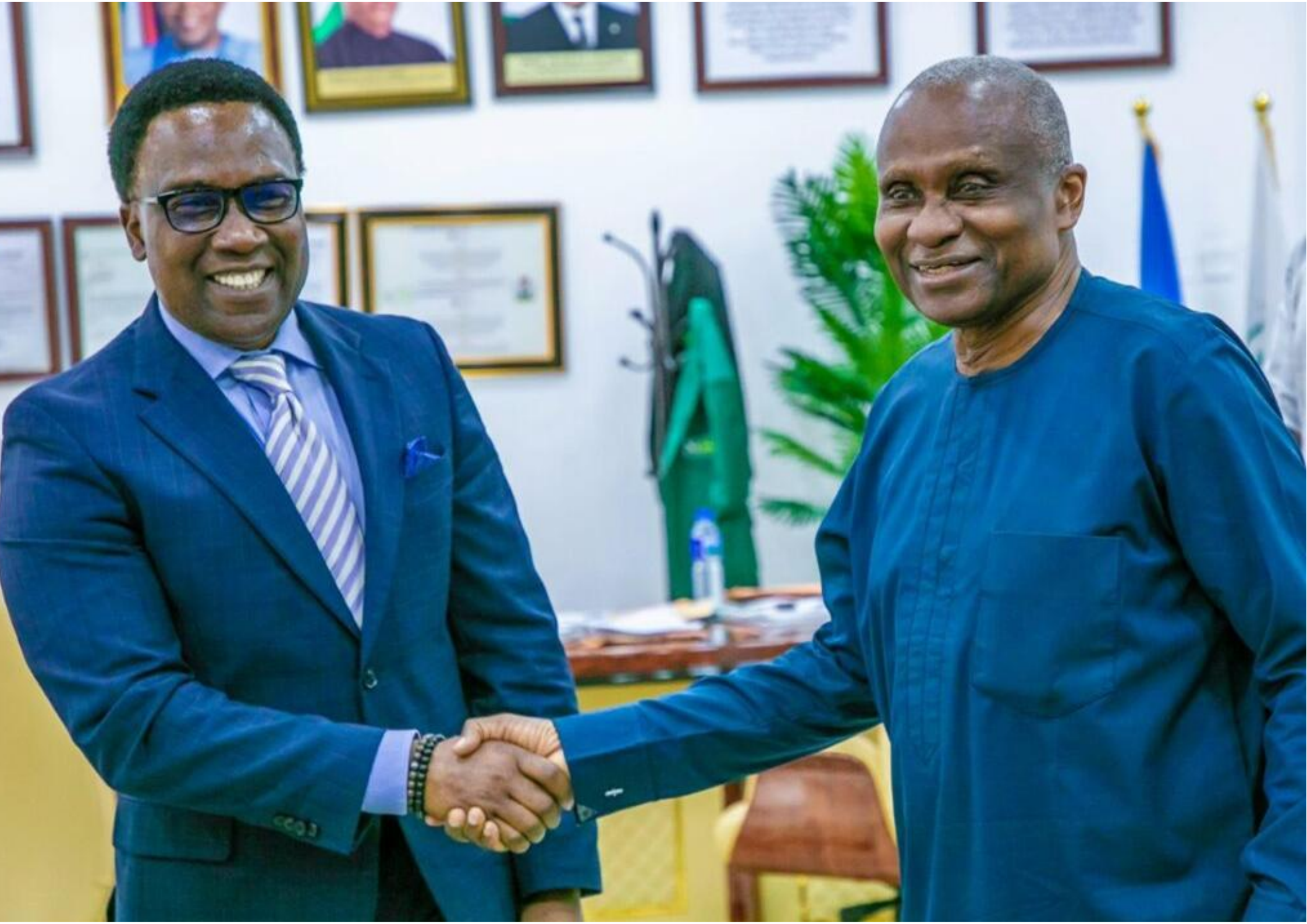
- Improved funding for treatment and response activities for Lassa Fever and Diphtheria.
- Expansion of subnational laboratory capacity and improved sample management.
- Decentralization of treatment centres in high-burden states, improving timely access to care.
- Strengthened multisectoral coordination and routine EOC/PHEOC meetings.
- Improved IPC practices, including school-based IPC interventions.
- Enhanced RCCE through advocacy, press briefings, and sustained messaging.
- Strengthened reactive vaccination to rapidly close immunity gaps.
- Launch of the Nigeria Preparedness and Readiness Alert System.
- Continued capacity development of case managers and implementation of clinical fellowships.
- Conduct of readiness assessments nationwide to guide seasonal preparedness.

Action Reviews are strategic management tools that drive continuous improvement rather than performance appraisal. Across multiple outbreak responses, ARs demonstrated their value in translating evidence into action, informing national and subnational preparedness and response planning, and strengthening coordination and implementation. Progressive improvements were observed across key response indicators following implementation of recommended actions, contributing to a more resilient health system and enhanced global health security.

Legal Unit

This year, the Legal Unit played a pivotal role in strengthening Nigeria's public health security through legal reform, capacity building, and policy development at both national and subnational levels. The Unit led the development of Nigeria's position paper on the WHO Pandemic Treaty (CA+) and proposed amendments to the International Health Regulations (IHR 2005), ensuring alignment with national interests while contributing to global health governance. It also organized the second Public Health Legal Training for legal officers nationwide, enhancing legal capacity for emergency preparedness and response. At the subnational level, the Unit supported comprehensive legal assessments and drafting processes in Ogun, Nasarawa, and Cross River States, resulting in strengthened public health emergency and health security legislation. Additionally, the Unit advanced Nigeria's collaborative surveillance agenda through legal mapping and multi-sectoral engagement to address data-sharing gaps among MDAs. Collectively, these interventions reinforced legal preparedness, intergovernmental coordination, and Nigeria's resilience to public health emergencies.

Pillar 4: Strategic Partnerships



PILLAR 4: Partnerships & Collaboration: Strategic Partnerships

Basic Healthcare Provision Fund – NCDC Gateway

Following approval by the Ministerial Oversight Committee in 2023, the NCDC operationalised its role as the fourth BHCPF Gateway, strategically deploying resources to strengthen Nigeria's public health emergency preparedness and response infrastructure across all 36 states and the FCT.

Fund Allocation & Disbursement

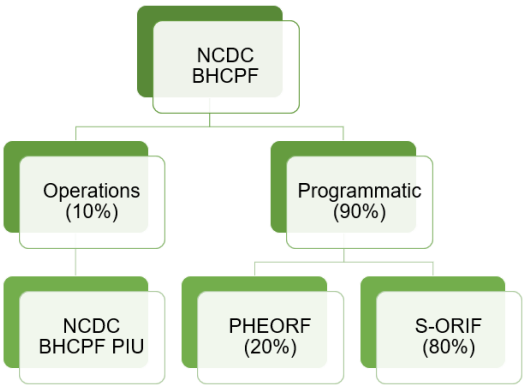


Figure 41 BHCPF NCDC Gateway

Total Received

- Programmatic Fund: ₦1,936,989,418.38
- Operations Fund: ₦108,724,619.98

Total Fund Distribution

- Operations Fund: 10% allocated to NCDC infrastructure and capacity building
- States Outbreak Investigation and Response Fund (S-OIRF): 80% allocated for programmatic interventions

State-Level Disbursements (2024)

Metric	Value
Per-State Allocation	₦13,240,020.12
Total Disbursed to States	₦489,888,269.44
States Actively Implementing	21 (56.8%)
States in Pre-Implementation Phase	16 (43.2%)

Performance Outcomes

The S-OIRF has directly contributed to measurable improvements in state epidemic preparedness and response capacity, aligning with the 7–1–7 target (detect within 7 days, notify within 1 day, and respond within 7 days). States have utilised the funds to:

- Conduct simulation exercises to test emergency readiness.
- Carry out monthly supportive supervision of surveillance and response activities.
- Develop and operationalize Multi-Hazard Emergency Preparedness and Response Plans (EPRPs) in line with national guidelines.
- Deployed Rapid Response Teams (RRTs) to manage outbreaks of cholera, diphtheria, mpox, cerebrospinal meningitis (CSM), and other priority diseases.

- Strengthen coordination through regular State Public Health Emergency Management Committee meetings and quarterly EPR Committee meetings.
- Enhance State and LGA Public Health Emergency Operations Centres (PHEOCs) functionality, improving real-time response coordination.
- Improve sample transportation and prepositioning of medical countermeasures for timely outbreak response.

Figure 42 BHCPF 2.0 Launch at the Ministerial Oversight Committee Meeting

The Public Health Emergency Operations and Response Fund (PHEORF) is 20% of the programmatic fund. In 2025, it was used for:

- Resolution of processing fees for CSM medical commodities and priority diseases testing
- Provision of data bundles for State Epidemiologists, DSNOs (State and Local Government)

Quantitative Achievements

- ₦489.9 million disbursed to strengthen state-level emergency preparedness and response
- 21 states (56.8% coverage) actively implementing emergency preparedness activities
- 4 major disease outbreaks (cholera, mpox, diphtheria, CSM) responded to with RRT deployment

Qualitative Impact

1. Enhanced state capacity to detect, notify, and respond to public health emergencies within the 7-1-7 framework
2. Strengthened coordination between state and LGA Public Health Emergency Operations Centres (PHEOCs)
3. Improved laboratory sample management and medical countermeasure availability
4. Established sustainable emergency preparedness governance structures

Key Achievements

- NCDC received Q1 and Q2 S-OIRF disbursement totalling ₦390,452,271.00, enabling timely outbreak investigations and response activities.
- The Public Health Emergency Outbreak Response Fund (PHEORF) was activated once in Q3 2025 to settle outstanding payments for data bundles provided to state epidemiologists and disease surveillance notification officers (DSNO) amounting to ₦4,430,060.28.

- By the end of Q3 2025, all states had recorded disease incidences. In response, 15 Rapid Response Teams (RRTs) were deployed within 7 days, and 17 outbreak investigations were initiated, underscoring the strengthened capacity for timely detection and containment.
- Training programs and infrastructure upgrades strengthened frontline health workers' capabilities, with ongoing supportive supervision and coordination meetings enhancing operational readiness.

States shared positive experiences on how BHCPF has helped with timely access to funds, addressing previous delays in state budget allocations. The funding mechanism improved the availability of resources that strengthened state-level emergency response capacity.

Subnational Highlights – BHCPF NCDC Gateway

- Through the BHCPF NCDC Gateway, states have utilised funds in strengthening public health emergency preparedness and response capacities. These interventions, implemented under the coordination of the NCDC, have enhanced surveillance systems, improved rapid response mechanisms, and boosted coordination at both state and local government levels. 30 of 37 states are currently operationalising the BHCPF NCDC Gateway. The following highlights summarise key achievements across selected subnational entities.

Ekiti State

- Strengthened the Public Health Emergency Operations Centre (PHEOC) and Event-Based Surveillance (EBS) Centre through a comprehensive simulation exercise (SIMEX).
- Developed multi-hazard Emergency Preparedness and Response (EPR) plans tailored to local risks.
- Conducted rapid deployment of Rapid Response Teams (RRTs) to investigate and contain Yellow Fever outbreaks in Ekiti Southwest, Ilejemeje, and Ado LGAs.
- Enhanced surveillance by providing stipends, transport, and airtime to State and LGA Disease Surveillance and Notification Officers (DSNOs), leading to improved case detection, reporting, and response.
- Conducted monthly supportive supervision and quarterly EPR committee meetings to strengthen emergency coordination at state and LGA levels.

Kaduna State

- Deployed State RRTs for Diphtheria response in Birnin Gwari, Sabon Gari, Zaria, and Jama'a LGAs.
- Coordinated sample transportation from 23 LGAs to the state capital over six weeks for laboratory confirmation.
- Prepositioned medical countermeasures, including sample collection equipment, to improve outbreak preparedness.

Kaduna State

- Conducted capacity building for PHEOC core team to enhance emergency response efficiency.
- Sustained enhanced disease surveillance through support to DSNOs and regular EPR committee meetings.

Gombe State

- Rapid deployment of State RRTs effectively controlled a Cholera outbreak in Balanga LGA within four days.
- Responded promptly to Diphtheria outbreaks in Gombe and Akko LGAs, ensuring timely hospital case management.
- Built capacity of PHEOC staff and surveillance officers on Public Health Emergency Management (PHEM).
- Improved data generation, transmission, and analysis to support evidence-based decision-making.
- Strengthened coordination through regular State Public Health Epidemic Management Committee meetings.

Abia State

- Deployed State RRT for Monkeypox (Mpox) response in Osisioma LGA.
- Enhanced surveillance by supporting DSNOs with stipends, transport, and airtime, improving case detection, timely reporting, and rapid response.
- Strengthened capacity of the PHEOC core team on surveillance operations.

Osun State

- Deployed State and LGA RRTs to investigate Yellow Fever and Diphtheria outbreaks in Orolu and Obokun LGAs, respectively.
- Strengthened PHEOC coordination, logistics, and communication support for outbreak response activities.
- Convened a One Health multi-sectoral meeting to enhance collaboration across human, animal, and environmental health sectors.
- Held an Emergency Preparedness Committee meeting to review preparedness plans, evaluate response activities, and strengthen readiness for future outbreaks.

Oyo State

- Deployed State RRTs for Lassa Fever outbreak response in Iwajowa LGA.
- Held three IMS and RRT meetings during the outbreak to enhance PHEOC operations.
- Provided internet data and airtime to state and LGA surveillance officers to improve timely reporting and communication.
- Conducted two One Health meetings to reinforce multi-sectoral collaboration and coordination.

Bayelsa State

- Supported three joint RRT deployments for Mpox active case search and contact tracing in communities across Yenagoa LGA.
- Supported PHEOC/IMS technical meetings on Mpox response and flood alerts.

Bayelsa State

- Facilitated PHEOC Watch Review Meetings on Mpox, Cholera, Measles, and Flood Alerts, ensuring ongoing preparedness and situational awareness.

Nasarawa State

- Strengthened PHEOC operations through regular weekly coordination meetings.
- Deployed State RRTs for Diphtheria outbreak response in Keffi LGA.
- Enhanced surveillance through the provision of data support and transport allowances for LGA DSNOs, improving case detection, reporting, and response timeliness.

Ebonyi State

- Conducted capacity building for core PHEOC staff on Public Health Emergency Management (PHEM).
- Held monthly Emergency Preparedness and Response (EPR) committee meetings to strengthen coordination and preparedness.

Taraba State

- Conducted daily outbreak EOC meetings to coordinate Measles and Diphtheria outbreak investigations and response activities.

Borno State

- Strengthened emergency response operations and coordination through routine PHEOC meetings.
- Improved data generation, transmission, and utilization to support evidence-based decision-making.
- Enhanced surveillance through sustained support to DSNOs and regular EPR committee meetings.

Imo State

- Strengthened PHEOC operations through routine meetings and enhanced coordination.
- Improved surveillance via active case search and supportive supervision at health facility level.
- Conducted outbreak investigations and response for Diphtheria and Mpox.
- Held bi-weekly PHEOC workplan review meetings to monitor progress across response pillars.
- Provided data bundles to LGA and State surveillance officers to facilitate real-time reporting.
- Supported PHEOC facility maintenance (repairs, plumbing, ventilation improvements, and staff stipends for cleaning and security).
- Ensured vehicle fueling, tire replacement, and general maintenance for EOC mobility and field operations.

Kogi State

- Conducted capacity building for the PHEOC core team to strengthen readiness for emergency response.
- Held weekly PHEOC meetings to review epidemic intelligence signals and incidents.
- Developed a Health Security Annual Operational Plan for the state, integrating the One Health approach.

Kogi State

- Provided airtime support to the state surveillance team, LGA Disease Surveillance and Notification Officers (DSNOs), and their assistants to enhance epidemic intelligence activities.
- Conducted supportive supervision and active case searches in selected surveillance focal sites to improve case finding for epidemic-prone diseases and strengthen documentation.
- Ensured uninterrupted PHEOC operations through regular generator fueling during working hours.
- Procured and installed 24 new conference chairs in the PHEOC to replace worn-out furniture and improve the work environment.

Plateau State

- Deployed State and LGA Rapid Response Teams (RRTs) to investigate a suspected Cholera outbreak in Mangun, Mangu LGA.
- Conducted weekly PHEOC meetings and data validation/review sessions to strengthen surveillance data quality and emergency response coordination.

Adamawa State

- Enhanced Outbreak Investigation and Response: Ensured prompt investigation and response to outbreaks of Cholera, Diphtheria, Mpox, suspected Buruli ulcer, and Yellow Fever across affected LGAs.
- Strengthened Emergency Response Capacity: Built the capacity of 30 PHEOC members on the Incident Management System (IMS) and the operationalization of a standard Public Health Emergency Operations Centre (PHEOC).
- Supported Flood Mitigation Efforts: Provided first aid support and mobilized essential relief items to flood-affected communities across impacted LGAs.
- Improved Sample Transportation: Enhanced sample transport logistics by supporting LGA DSNOs to facilitate timely movement of specimens from health facilities and communities to the state public health laboratory.
- Enhanced Early Case Detection and Surveillance: Strengthened surveillance activities across LGAs, leading to improved early case detection and increased reporting of epidemic-prone diseases.
- Improved Case Management: Supported and motivated Cholera Treatment Centre (CTC) staff, ensuring stable and efficient management of Cholera and Diphtheria cases.
- Timely Supply of Medical Commodities: Facilitated prompt delivery of medicines and essential commodities to affected communities to support outbreak mitigation efforts.
- Increased Public Awareness and Hygiene Promotion: Conducted media engagements, developed and aired public health jingles, and intensified community sensitisation on epidemic-prone diseases and hygiene practices.
- Strengthened Data Reporting and Management: Improved data upload on SORMAS through the provision of internet data bundles to LGA surveillance officers, ensuring timely reporting.
- Improved Surveillance Outcomes: Increased the number of detected cases per LGA through intensified surveillance across affected communities.
- Enhanced Coordination and Partner Engagement: Sustained regular weekly PHEOC meetings with partners and pillar leads, promoting joint planning and decision-making.
- Reduced Cholera Mortality: Minimised fatalities from Cholera outbreaks through prompt interventions, rapid resource mobilization, and coordinated response.

Adamawa State

- Strengthened PHEOC Coordination: Held regular weekly coordination meetings of the Public Health Emergency Operations Centre (PHEOC) Technical Working Group to deliberate on and address emerging public health threats.
- Reactive Measles Vaccination: Conducted reactive vaccination campaigns in selected LGAs to curb the spread of Measles.
- Humanitarian Health Response Planning: Developed a Health Sector Humanitarian Response and Localisation Plan to guide coordinated emergency health interventions.

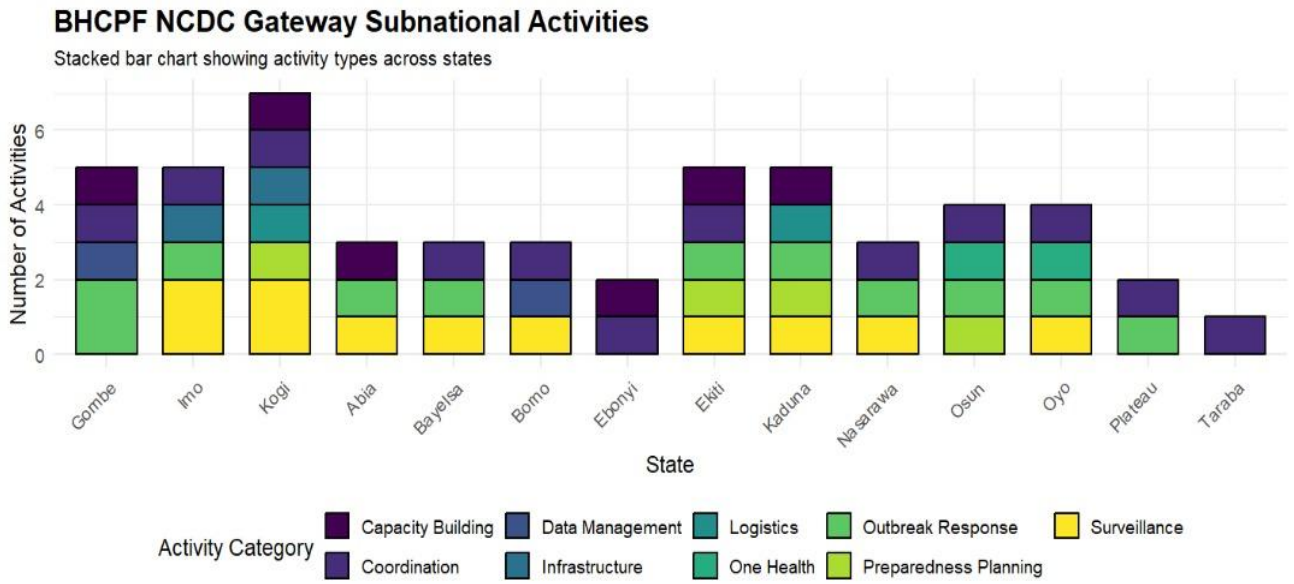
Cross River State

- Strengthened Public Health Emergency Operations Centre (PHEOC) operations through logistical support, including provision of fuel for generators and surveillance vehicles, as Fwell as routine vehicle service to ensure rapid outbreak response.
- Deployed State and LGA Rapid Response Teams (RRTs) for outbreak investigation and response, including contact tracing and case line listing across affected LGAs.
- Enhanced surveillance activities through monthly community active case search, health facility supportive supervision by both State and LGA surveillance teams, and transportation support to DSNOs for timely sample movement.
- Improved coordination and data management through weekly PHEOC core team meetings for data synchronization and decision-making.
- Strengthened surveillance intelligence and information management by printing and disseminating monthly epidemiological bulletins, supporting infodemic management teams, and maintaining PHEOC equipment and internet services.
- Sustained smooth PHEOC operations through monthly operational running costs for project coordination and financial management teams, and timely submission of BHCPF reports and retirements.

7-1-7 Implementation Zonal Workshop

NCDC hosted State Epidemiologists, DSNOs, SitAware Focal persons, and SLOs, with WHO zonal and state coordinators to strengthen state actors' capacity to track outbreak response timeliness using the 7-1-7 metrics. The BHCPF was a key session as a domestic financing mechanism for Epidemic Preparedness & Response (EPR). States shared positive experiences how BHCPF has helped with timely access to funds, addressing previous delays in state budget allocations. The funding mechanism improved the availability of resources that strengthened state-level emergency response capacity.

Figure 43 Continuing 7-1-7 Implementation in Nigeria: Zonal Training of Subnational Actors



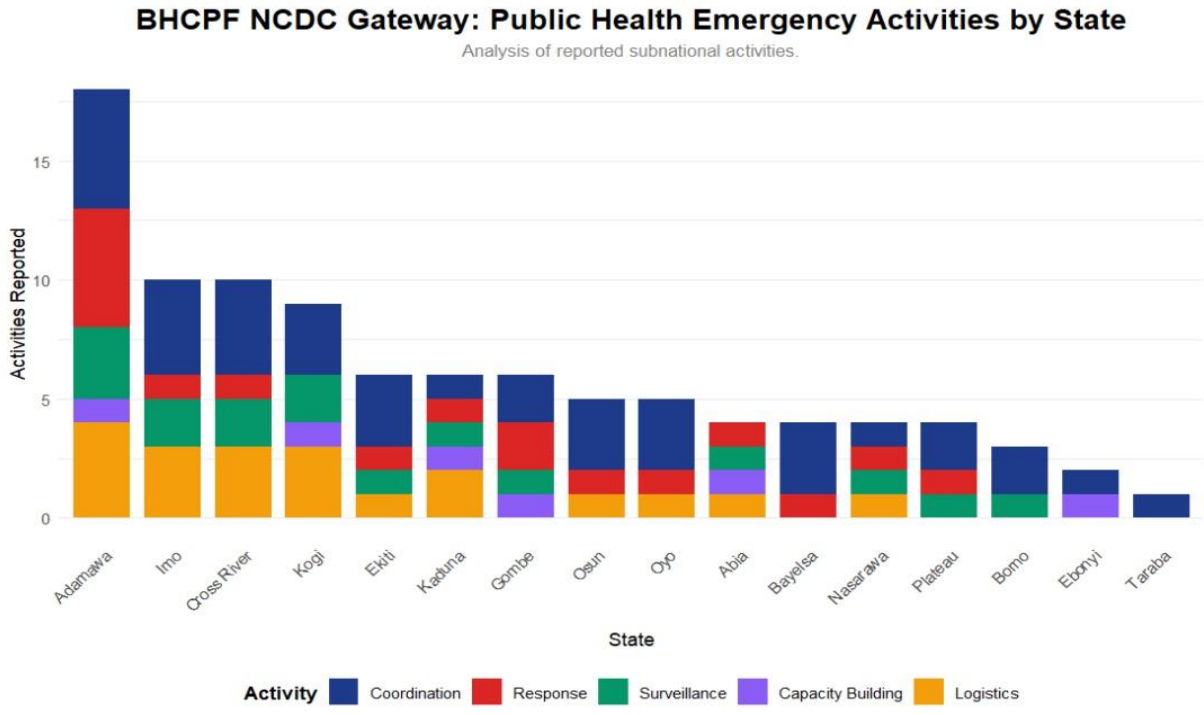
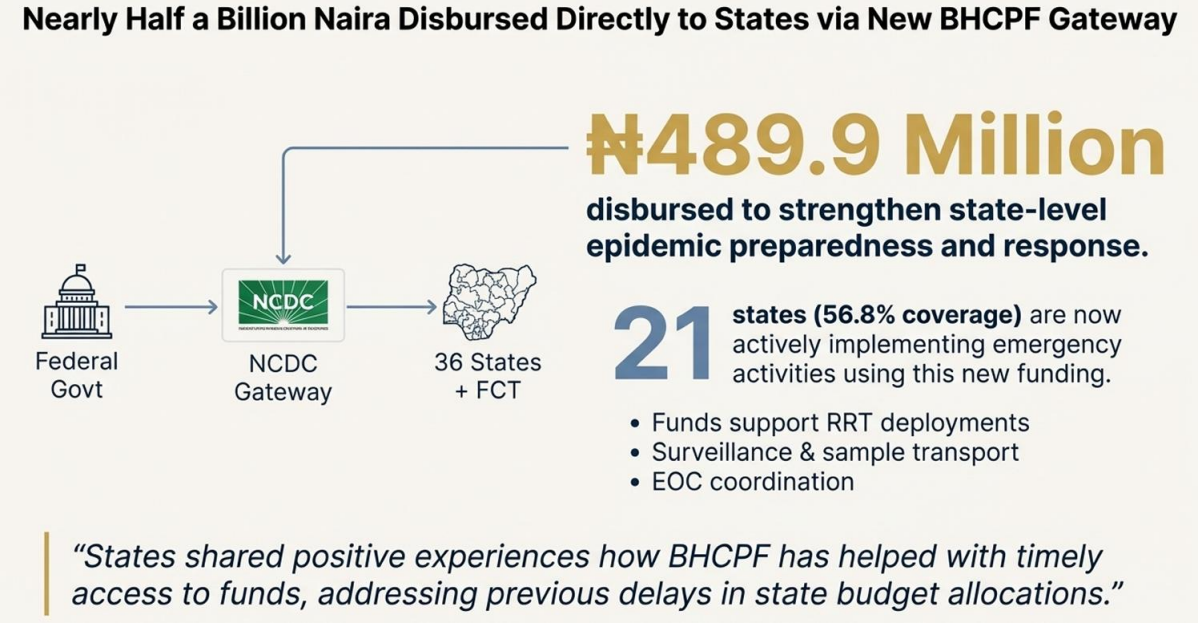


Table 9 Summary Table BHCPF Activities

Category	Activities
Outbreak Response	RRT deployment, outbreak investigation, case management, reactive vaccination
Surveillance	DSNO support, case detection, SORMAS reporting, data management
Coordination	PHEOC meetings, TWG meetings, partner engagement
Preparedness & Planning	EPR plan development, One Health meetings, operational plans
Capacity Building	Trainings, simulation exercises, IMS training
Logistics & Infrastructure	Sample transport, generator fuelling, furniture procurement, supplies
Risk Communication & Community Engagement	Media jingles, public awareness campaigns, hygiene promotion
Humanitarian Response	Flood response, relief support, humanitarian plan

Category	Description of Activities
Outbreak Response	Deployment of RRTs, outbreak investigations (Diphtheria, Cholera, Lassa Fever, Mpox, Yellow Fever, Measles).
Surveillance Strengthening	Support to DSNOs (stipends, transport, airtime), community active case search, sample transportation.
Coordination & Meetings	PHEOC meetings (weekly/monthly), EPR committee sessions, IMS/RRT reviews, One Health meetings.
Capacity Building	Training of PHEOC staff, RRTs, and DSNOs on PHEM, IMS, and preparedness.
Logistics & Operations Support	Fuel, generator maintenance, printing supplies, vehicle servicing, data bundles.
Data Management & Reporting	Epidemiological bulletins, SORMAS data upload, report preparation, dissemination, and infodemic management.
Multi-sectoral Preparedness & Planning	One Health collaboration, EPR plans, simulation exercises, and humanitarian response plans.



Sector-Wide Approach (SWAp) Health Security Technical Working Group

For BHCPF implementation and SWAp, a Health Security TWG was inaugurated. Nigeria is applying the Sector-Wide Approach to unify and improve the health sector by aligning national priorities with state and donor funding. It addresses fragmentation by creating a unified plan, budget, and reporting system to improve governance, accountability, and resource management across the federal, state, and local levels, with a focus on strengthening primary healthcare and pandemic preparedness.

High-Level Achievements

- Development and dissemination of EPR guideline to states for DLI9 implementation.
- Facilitated the accelerated development and launching of NAPHS 2.0
- Facilitated the legislative reform reviews of the Public Health Emergency Bill and the NCDC Amendment Bill currently awaiting second reading at the floor of the NASS.

- Mainstreamed health security as a national development agenda through global, regional, and national scientific events
    - 2024 Global Health Security Conference, Sydney
    - 2024 Nigeria Science Implementation Science conference
    - 2024 APIN Symposium
    - 2025 2nd LF Int Conference, Abidjan
- Facilitated the Launch of Priority Area for Multisectoral Intervention (PAMI) and National Strategic Plan of Action on Cholera (NSPACC) launch
- Engaged with the NGF and incorporated national health security indicators in the first ever national scorecard

Figure 44 SWAp Health Security TWG meeting in NCDC

National Action Plan for Health Security (NAPHS) 2.0

The NAPHS 2.0 serves as Nigeria's strategic framework to strengthen health security across the country, aligned with the International Health Regulations (IHR 2005) and the Global Health Security Agenda (GHSA). The NCDC has been paramount in driving implementation progress across thematic areas. As a strategic national action plan, it lays out specific responsibilities for human, animal, and environmental health sectors, with focus on climate change and health.

Nigeria Health Sector Renewal Investment Initiative: Emergency Preparedness and Response Action Plan for States - Disbursement Linked Indicators 9

The State Emergency Preparedness and Response (EPR) standards and action plan was developed as part of DLI 9 under the NHSRII framework, which clearly defines the minimum emergency readiness requirements and delineates the roles and responsibilities of states, relevant institutions, and key stakeholders to ensure a coordinated and effective response to public health emergencies.

For ownership and alignment with national priorities, the NCDC held a meeting with State Commissioners of Health. This engagement aimed to align state-level emergency preparedness efforts with the national strategic framework and to encourage active participation in the implementation of the EPR plan. The finalised EPR document has been circulated for review and feedback. This initiative is expected to significantly reinforce the health security architecture at both national and subnational levels.

Figure 45 NCDC DG, state commissioners, and partners at the NHSRII State EPR Action Plan Launch (DLI9) meeting

Global Fund

NCDC has delivered high-impact, nationally owned results under the Global Fund's COVID-19 Response Mechanism (C19RM) grant, executing 37 budget lines across eight thematic areas with exceptional rigor and strategic alignment. This success has been driven by a team of deeply committed professionals and enabled by the sustained technical and fiduciary support of the Global Fund Agent (GFA) and Principal Recipient (PR), NACA. Critically, the disciplined execution of C19RM activities, coupled with demonstrable improvements in financial management, procurement systems, and program oversight, has directly addressed prior grant management gaps. These institutional gains have significantly elevated NCDC's credibility and operational maturity, positioning the agency to transition from a zero-cash Sub-Recipient to a fully accredited Sub-Recipient with direct funding authority, a milestone that reflects both earned trust and strengthened capacity in global health grant stewardship.

Strengthened Subnational Emergency Preparedness and Coordination

NCDC successfully optimised PHEOCs in 12 priority states and enhanced internet and power infrastructure across national and subnational sites. PHEM training reached 240 frontline responders across all 12 states, with an expanded rollout now underway in 24 additional states. Simulation exercises (SIMEX) have been completed in 11 of 12 states, demonstrating functional readiness and informing post-exercise improvements. Notably, Enugu State independently organised a field-based SIMEX in December 2025, a testament to the institutionalisation of emergency preparedness capacities catalysed by C19RM support.

Enhanced Disease Surveillance and Digital Health Systems

Through C19RM, NCDC scaled up digital surveillance by procuring and deploying over 5,700 SORMAS-enabled devices to health facilities nationwide and training more than 5,300 healthcare workers across 34 states. Integrated Disease Surveillance and Response (IDSR) capacity was reinforced through the training of over 40,000 healthcare workers in 20,783 facilities across 20 states, complemented by the nationwide distribution of standardised IDSR reporting tools. Community-Based Surveillance (CBS) was successfully piloted in Enugu, Kano, and Oyo States, training 7,035 community informants and laying the groundwork for expansion to 12 additional states. Event-Based Surveillance (EBS) infrastructure is now in place across 12 states, with agent training scheduled for Q3 2025.

Advanced Laboratory, Genomic Surveillance, and Multiomics Capabilities

C19RM investments have accelerated Nigeria's genomic surveillance ambitions. The National Genomics Surveillance laboratory infrastructure is 95% complete, with critical equipment installed and staff training underway. This positions Nigeria to lead pathogen detection and characterization for not only SARS-CoV-2 but also priority pathogens like Lassa fever, cholera, and monkeypox, enhancing early warning and response. Beyond systems strengthening, C19RM investments have catalysed Nigeria's emergence as a regional leader in public health science and life sciences innovation.

The grant has facilitated the launch of Nigeria's National Genomics Surveillance Strategy and the establishment of the National Genomics Surveillance Consortium, which unites academia, public health institutions, and international partners to advance pathogen intelligence. At the heart of this transformation is the development of Africa's second most advanced multiomics laboratory, located at the NCDC's Central for Public Health Laboratory (CPHL) in Lagos. This state-of-the-art facility integrates genomics, proteomics, metabolomics, and bioinformatics capabilities, enabling comprehensive pathogen characterization for SARS-CoV-2, Lassa fever, cholera, antimicrobial-resistant organisms, and other priority threats. With infrastructure key instrumentation including Gas Chromatography–Mass Spectrometry (GC-MS), Liquid Chromatography–Mass Spectrometry (LC-MS), Matrix-Assisted Laser Desorption/Ionization – Time-of-Flight (MALDI-TOF), and Ultra-High-Performance Liquid Chromatography (UHPLC) platforms installed and undergoing validation, the lab is set to become a continental hub for infectious disease research and diagnostics.

Transformed Infection Prevention and Control (IPC) Nationwide

With Global Fund investments, the NCDC executed an IPC strengthening program across all states and the FCT, alongside an academic diploma in collaboration with the University of Lagos, College of Medicine. The initiative trained 36 states + FCT and 325 facility IPC focal persons, conducted 164 IPC assessments, and supported 6 targeted states to develop IPC strategic plans. A national REDCap-based data platform for IPC, WASH, and HAI surveillance was deployed, enabling real-time monitoring. Preliminary Point Prevalence Survey (PPS) data reveal insights into HAI burden, informing interventions. Nigeria's IPC leadership has gained global recognition, with NCDC invited to present its data-driven approach at the International Conference on Prevention and Infection Control (ICPIC) in 2025.

Strategic Alignment with National and Global Mandates

C19RM implementation has directly advanced Nigeria's compliance with the International Health Regulations (IHR 2005), supported the development of the National Action Plan for Health Security (NAPHS 2.0), and contributed to Joint External Evaluation (JEE) follow-up through subnational action

planning. The grant has also enabled cross-cutting integration across One Health sectors, risk communication, and workforce development, creating a resilient, multisectoral public health system ready for future threats.

In summary, NCDC's strategic, results-driven stewardship of the C19RM grant has not only addressed the immediate challenges of the pandemic but has fundamentally transformed Nigeria's public health infrastructure, turning crisis response into lasting health security gains. The grant has not only supported NCDC's focus on strengthening Nigeria's compliance with the International Health Regulations (IHR 2005) but is actively positioning Nigeria as a life sciences research powerhouse in Africa, capable of generating homegrown evidence, driving innovation, and contributing to global health security for decades to come.

ECOWAS Lassa Fever Conference

The NCDC participated in the Annual Lassa Fever Conference in Abidjan, Côte d'Ivoire from 8-11 of September. Organised by the West African Health Organisation (WAHO) in partnership with key global and regional health institutions, the conference is a global platform that assembled public health professionals, researchers, clinicians, and policymakers to share the latest advances in Lassa fever prevention, surveillance, clinical management, and research. NCDC was represented by the DG and NCDC's multidisciplinary team, who engaged in technical sessions, panel discussions, and collaborative workshops.

The conference provided a unique opportunity for NCDC to showcase Nigeria's experiences in Lassa fever control. Attendance at the conference enabled NCDC staff to deepen their understanding of emerging scientific evidence, best practices, and innovative tools for Lassa fever diagnosis and management, enhancing opportunities for knowledge exchange, technical cooperation, and resource mobilization. NCDC's engagement reinforced its leadership role in Lassa fever control nationally and regionally, contributing to improved public health outcomes and national health security.

Figure 46 NCDC in Côte d'Ivoire

Figure 47 NCDC and legislative committee members and partners at the legislative retreat

High-Level Legislative Retreat on Public Health Reform

On November 26–27, 2025, the NCDC convened a strategic retreat with the Joint Legislative Health Committees of the National Assembly at the Eko Hotel and Suites, Lagos. The aim was to deepen legislative understanding of the NCDC's mandate, strengthen collaboration, and secure critical legislative support for public health reforms. Key outcomes of the meeting include:

- Legislative Support for NCDC Act Amendment: Lawmakers affirmed a commitment to the speedy passage of the pending NCDC Amendment Act to update the agency's legal framework.
- Commitment to Enhanced Domestic Funding: A consensus emerged on the urgent need for sustainable domestic financing. Legislators committed to advocating for placing the NCDC on first-line charge in the national budget to ensure predictable funding and to pushing for increased appropriations.
- Exploration of Governance Repositioning: Support was expressed for exploring governance models to strengthen NCDC's autonomy and effectiveness, including the potential for repositioning the agency under a more central authority like the Presidency for better strategic coordination.
- Action Plan for NCDC: The NCDC was urged to intensify proactive engagement with legislative committees, particularly on appropriation, and to develop formal proposals for alternative funding, including leveraging the Basic Healthcare Provision Fund (BHCPF) and private sector partnerships.

The retreat solidified a unified legislative front on health security, encapsulated in the declared principle that "Health security is national security".

Private Sector Engagement Roundtable on National Health Security

NCDC hosted leaders from across Nigeria's private sector at the Private Sector Engagement Roundtable on National Health Security, held at the Art Hotel, Lagos. The Roundtable, themed "Strengthening Nigeria's National Health Security: Private Sector dialogue, innovation, investment, and partnerships for a Resilient Future," provided a platform to deepen dialogue on strengthening epidemic preparedness, expanding digital surveillance, advancing laboratory and genomics systems, supporting emergency readiness, and exploring sustainable financing models.

Figure 48 Presentations at the Private Sector Engagement Roundtable on National Health Security

Key highlights

- Keynote address by the DG on the economic and national security value of health security.
- A presentation on Nigeria's NAPHS 2.0, AMR strategy, and National Genomics Plan.
- Panel discussion on "Beyond CSR: Building Sustainable Private Sector Co-Investment in National Health Security."
- Sector-driven insights on digital infrastructure, supply chain systems, workforce readiness, risk communication, and co-financing opportunities.

The Roundtable strengthened the foundation for a structured partnership framework, a forthcoming NAPHS 2.0 Private Sector Call to Action, and future public–private pilot collaborations.

Figure 49 Private Sector Engagement Roundtable on National Health Security

Project Management Office

As NCDC continues to mature and scale up its health security initiatives, standardised procedures are necessary to effectively deliver the agency's mandate to prevent, detect, and respond to public health threats and emergencies. To strengthen institutional efficiency and accountability, the NCDC established a Project Implementation Unit (PIU) under the Office of the Director-General.

The PIU oversees planning, implementation, and monitors projects across departments, ensuring that all initiatives align with NCDC's strategic priorities. Using structured project management frameworks, the PIU promotes consistency, transparency, and results-based management in the execution of national and donor-funded projects. The PIU supported the implementation of multiple high-impact projects - including capacity-building programmes and policy documents - by providing technical oversight, budget tracking, and performance monitoring. The unit also strengthened collaboration with development partners and ensured timely reporting and compliance with donor requirements.

Prior to the PIU's establishment, project and grant management at NCDC was largely decentralised, reactive, and donor-driven, resulting in compliance risks, delayed implementation, financial reconciliation challenges, and audit findings. In its first year of operation, the PIU has made foundational progress: the completion of a PMO maturity assessment, development of a Grant Management Policy, improved grant compliance and financial reconciliation across multiple donor-funded projects, and the introduction of standardised tools for project implementation, retirement, and data sharing. The PMO has also played a coordination role, bridging gaps between senior management, programme teams, finance, legal, and donors.

While the PMO remains at an emerging maturity level, its first year demonstrates a clear shift from ad-hoc project management to a more structured, coordinated, and preventive approach. Looking ahead, the PIU aims to further enhance coordination, build staff capacity in project management, and ensure long-term sustainability of funded interventions.

PMO Intervention	Resolution & Outcome
Facilitated senior management-project team dialogue; enforced grant terms.	Unblocked project; recovered financial accountability.
Structured a corrective action plan; managed closure/extension processes.	Addressed compliance issues; successfully closed grants.
Accelerated reconciliation; reviewed work plans and timelines.	Cleared retirement backlog; unblocked implementation.
Initiated process to consolidate contracts into a single master agreement.	Launched effort to reduce future administrative burden.

5th High-Level Ministerial Meeting on Antimicrobial Resistance 2026

In July, the DG convened the inaugural meeting of the Ministerial Advisory Committee for the planning of the 2026 Global High-Level Ministerial Conference on Antimicrobial Resistance (AMR). This marks the first AMR Ministerial Meeting on African soil, highlighting Nigeria's leadership and advancing African and LMIC priorities in global AMR governance. The platform aims for regional solidarity, amplifying African voices and showcasing progress while ensuring LMIC perspectives shape the global AMR response.

The Committee proposed flagship initiatives across five strategic areas:

- Equitable Access to Antimicrobials and Diagnostics: Promote sustainable access, local manufacturing, and adopt a One Health, equity-driven approach.
- Optimising Technology-Driven Solutions for Surveillance and Stewardship: Leverage AI for real-time surveillance, strengthen cross-sectoral digital infrastructure, and invest in capacity-building to address technological gaps.
- Sustainable Financing for AMR Action: Establish a dedicated AMR Fund to unlock catalytic investments, align disbursements with national priorities, and ensure scalable, long-term financing.
- Infection Prevention, Control (IPC) and WASH as Cornerstones of AMR Prevention: Integrate WASH interventions in healthcare, animal health, agricultural, and environmental settings, emphasising its critical role in reducing infections and antimicrobial misuse.
- Youth Engagement and Leadership: Support youth-led initiatives, empower young leaders to co-develop solutions, and promote behavioural change to ensure a future-facing and inclusive AMR movement.

At the Ministry of Health and Social Welfare, in the 1st Ministerial Committee meeting with the ministers from Ministries of Health and Social Welfare, Environment, and Livestock Development, the DG presented NCDC's planning progress. The expectations from the ministerial meeting include an Abuja Outcome Document capturing progress, renewed commitments, and endorsed initiatives; strengthened regional and intergovernmental cooperation; increased investment and resource mobilization in LMICs; and elevated visibility and influence of African countries in global AMR discussions.

To operationalise planning, four subcommittees were established — Scientific; Partnerships & Resource Mobilization; Media & Publicity; and Operations & Logistics — ensuring One Health representation. Partner engagement includes quadripartite organizations (WHO, UNEP, FAO, WOAH), the private sector, and other stakeholders, strengthening a multisectoral approach to AMR preparedness and response.

Figure 50 DG presenting at the Inaugural Ministerial Advisory Meeting for the upcoming 5th High-Level Ministerial Conference on AMR at the Federal Ministry of Health & Social Welfare

Federal & State Ministries, Departments, and Agencies Collaboration

Effective public health delivery in Nigeria depends on strong collaboration among Federal, State, and Local Government Ministries, Departments, and Agencies (MDAs). This coordinated approach ensures efficient disease surveillance, emergency preparedness, outbreak response, service delivery, and policy implementation across all levels of government. At the federal level, national institutions provide strategic leadership, regulatory oversight, financing, and technical coordination, while subnational MDAs translate policies into action through frontline service delivery, surveillance, and community engagement. This multi-level collaboration that is strengthened by One Health and multi-sectoral partnerships enables Nigeria to respond to health security threats in a timely, integrated, and sustainable manner. Listed below are the federal and subnational MDAs that continue to join forces with NCDC.

Figure 51 High-Level Engagement, Joint Legislative Health Committees of NASS and NCDC

Federal Level MDAs

Lead & Coordinating Agencies

- Nigeria Centre for Disease Control and Prevention (NCDC)
  - National technical lead for surveillance, laboratories, emergency preparedness, outbreak response, TWGs, and One Health coordination.
- Federal Ministry of Health & Social Welfare (FMoH&SW)
  - Policy oversight, national health strategy alignment, immunisation and disease control governance.

Health & Public Sector Institutions

- National Primary Health Care Development Agency (NPHCDA)
  - Routine and supplementary immunisation (SIAs), vaccine delivery, community-level implementation.
- Medical Laboratory Science Council of Nigeria (MLSCN)
  - Laboratory accreditation, regulation, and quality assurance (ISO 15189).
- National Emergency Operations Centre (EOC)
  - Multi-agency emergency coordination during public health events.
- Hospital Services

Finance, Regulation & Governance

- Office of the Accountant-General of the Federation (OAGF)
  - Treasury Single Account (TSA) administration, BHCPF financial oversight.

- Federal Ministry of Finance
    - Customs facilitation, emergency importation processes.
- National Agency for Food and Drug Administration and Control (NAFDAC)
    - Regulatory clearance for vaccines, diagnostics, and emergency commodities.
- Office of the Head of the Civil Service of the Federation (OHCSF)
    - Performance management system alignment and workforce governance.
- National Council on Health (NCH)
    - National policy dialogue and intergovernmental coordination platform.

One Health & Multi-Sector Federal MDAs

- Federal Ministry of Agriculture & Food Security (FMAFS)
    - Food safety, agricultural biosecurity, and plant–animal interface risk management.
- Federal Ministry of Environment (FMEnv)
    - Environmental health, waste and environmental surveillance.
- Federal Ministry of Livestock Development (FMLD)
    - Animal health, livestock disease surveillance, and zoonotic disease coordination.
- Nigeria Customs Service
    - Clearance of emergency health commodities at ports of entry.
- Nigeria Meteorological Agency (NiMet)
    - Climate and weather surveillance, forecasting, and early warning systems.

Security Agencies

- Office of the National Security Advisor
    - National Cybersecurity Centre, Directorate of Critical National Information Infrastructure
    - Risk assessments, access support in insecure and hard-to-reach areas.
- Federal Ministry of Foreign Affairs (FMFA)
- Federal Ministry of Justice (FMoJ)
- Federal Ministry of Education (FMoE)
- Federal Ministry of Water Resources (FMoWR)
- Port Health Services

Information

- Federal Ministry of Information and National Orientation

Subnational Level MDAs

State-Level Health Authorities

- State Ministries of Health (SMoH) – 36 States + FCT
    - Surveillance implementation, outbreak response, SAPHS, JEEs, immunisation oversight.
- State Primary Health Care Development Agencies / Boards
    - Frontline service delivery, SIAs, vaccination campaigns, community engagement.
- State Public Health Emergency Operations Centres (State PHEOCs)
    - Incident management, coordination of state outbreak response.
- State Epidemiology Units
    - Case investigation, reporting, SORMAS data entry and analysis.
- State Ministries of Agriculture & Veterinary Services
- State Ministries of Environment

Local Government Level

- Local Government Area (LGA) Health Authorities
    - Case detection, reporting, community mobilisation, outbreak response.
- Disease Surveillance & Notification Officers (DSNOs)
    - IDSR implementation, SORMAS reporting, event-based surveillance.
- LGA Health Education Officers
    - Risk communication, rumour management, RCCE implementation.

State-Owned & Teaching Hospitals

- General Hospitals & Teaching Hospitals
    - Sentinel surveillance (Influenza, PRDS)
    - Case management and laboratory sample collection
        - Asokoro District Hospital (FCT)
        - Aminu Kano Teaching Hospital (Kano)
        - University of Maiduguri Teaching Hospital (Borno)
        - Lagos State University Teaching Hospital (Lagos)
        - Nnamdi Azikiwe University Teaching Hospital (Anambra)

State Laboratories

- State Public Health Laboratories
    - Cholera, measles, diphtheria, meningitis, AMR testing.
- Zonal Reference Laboratories (ZRLs)
    - Expanded diagnostic and geographic coverage.

One Health Coordination – Federal & State

- Human Health Sector (FMoHSW, SMoH, LGAs)
- Animal Health / Veterinary Services (Federal & State)
- Environmental Health Agencies (Federal & State)
- Joint One Health Platforms & TWGs
    - Avian Influenza
    - Environmental Surveillance
    - AMR
    - Zoonotic diseases

Figure 52 Kano State Midterm Assessment and SAPHS Reprioritisation Workshop & Lagos State SAPHS Development

Global Engagements

NCDC Delegation visit to Japan International Cooperation Agency, Japan

Figure 53 NCDC official visit to Japan to strengthen collaboration

An NCDC delegation went for an official visit to Japan from 19–24 January 2025 under the Japan International Cooperation Agency (JICA) Invitation Programme. The visit was aimed at advancing discussions on the implementation framework for the Phase 2 Technical Cooperation Project: "Strengthening Detection of and Response to Public Health Threats in Nigeria".

Figure 54 NCDC official visit to Jaoan led by JICA

During the visit, the NCDC delegation held a series of technical engagements with key Japanese institutions, including the National Institute of Infectious Diseases (NIID), Hokkaido University, Nagasaki University, Yamaguchi University, and JICA. Discussions focused on strengthening laboratory capacity, research collaboration, workforce development, and institutional systems for public health preparedness and response. The visit further strengthened bilateral collaboration between NCDC and JICA and reaffirmed their shared commitment to enhancing Nigeria's capacity to detect and respond to public health threats.

Figure 55 NCDC and JICA in Japan

NCDC Delegation visit to Robert Koch Institute, Germany

From June 24-26, 2025, a high-level delegation from the NCDC, led by the Director General, conducted a strategic visit to the Robert Koch Institute (RKI) in Berlin, Germany. This engagement aimed to consolidate existing collaborations and align future partnerships with Nigeria's public health priorities, particularly in prevention, evidence-based programming, and health security.

Figure 56 DG NCDC, Dr. Jide Idris welcomed by the president of RKI

The visit built upon a foundation of collaboration, including the NiCaDe (Nigeria Centre for Disease Control: Capacity Development for Preparedness and Response for Infectious Diseases) and COPE (Community-Based One Health Participatory & Empowerment Strategy) projects. These initiatives have strengthened Nigeria's capacity in IPC, AMR stewardship, disease surveillance, and community-based outbreak response.

Structured over three days, the visit featured bilateral meetings, strategic planning sessions, technical briefings, facility tours, and stakeholder engagements. Notably, the NCDC team engaged with RKI leadership, the WHO Hub for Pandemic and Epidemic Intelligence, the Charité Global Health Centre, and the International Association of National Public Health Institutes (IANPHI).

Figure 57 WHO HUB in Berlin

NCDC in Ghana for VacAMR

NCDC participated in the inaugural meeting of the NIHR Global Research Group on Vaccines to Control Respiratory Pathogens and Antimicrobial Resistance across Africa (VacAMR), held from 6–9 May 2025 in Big Ada, Ghana. The meeting brought together researchers and policymakers to advance collaborative research on vaccines, respiratory pathogens, and AMR across Africa. NCDC was represented at the highest level, with the Director General, Dr Jide Idris, delivering the keynote address. He emphasized the critical role of policymakers in translating research evidence into impactful public health policy and highlighted the importance of sustained collaboration between scientists and government institutions. Dr Idris also invited VacAMR to partner with NCDC in the 5th Global High-Level Ministerial Meeting on AMR to be hosted by Nigeria in 2026. VacAMR brings together NCDC, Nigerian research institutions, Africa CDC, and international partners to strengthen Africa-led research and capacity building on AMR using multimodal vaccine and non-vaccine approaches.

Figure 58 NCDC in Ghana

Human Resources for Health - Capacity Building Through Partnerships

NCDC built health workforce capacity through its health security partnerships network to deliver more than 60 training programs and multiple initiatives across six technical departments: DPHP, PHLS, Surveillance & Epidemiology, HEPR, DPRS, and the Subnational Department. The trainings engaged more than 30 partners across 17 thematic areas, reaching NCDC staff and subnational personnel both domestically and internationally. Capacity building was achieved through partner-supported resources, technical execution, and specialised training expertise.

Portfolio by Department

Table 10 Portfolio by Department

Department	Programs/Initiatives	Key Partners	Thematic Areas
National Reference Laboratory	33	UKHSA, Africa CDC, SANDIA, JICA, Global Fund	Biosafety, Genomics, QMS, AMR
Health Emergency Preparedness & Response	16	RTSL, UKHSA, WHO, Lafiya Pallidum, IFRC	PHEM, MHRA, 7-1-7 Framework, Simulation Exercises
Surveillance & Epidemiology	9	Global Fund, RTSL, UKHSA, GIZ, IHVN	SORMAS, EBS, PHEM, Public Health Informatics
Subnational	2 (multi-year)	US CDC, LAFYA-UK, RTSL, FHI 360	PHEOC Assessment, JEE/SAPHS
Disease Prevention & Health Promotion	Multiple initiatives	WHO, UNICEF, Fleming Fund, US CDC, IFRC, NOA	RCCE, Infodemic, IPC, AMR, Health Promotion
Planning, Research & Statistics	Multiple initiatives	US CDC, AFENET, RKI, UI, ABU, TEPHINET	NFELTP, NISS, COPE Project, PMS, Research

NCDC's partnership-driven training portfolio expanded its geographic reach in 2025.

- 18 international programs across more than 10 countries including the United Kingdom, Japan, Germany, Ghana, Kenya, Ethiopia, China, South Africa, Senegal, and Sierra Leone
- State-level engagements: 24 nationwide programs reaching 36 states and the FCT
- Multi-state initiatives covering 12-16 states for specialised programs like the 7-1-7 framework and Event-Based Surveillance

Strategic Partner Contributions

Partners such as UKHSA (10 programs across 3 departments), US CDC (PHEOC assessments in 5 states), Global Fund (PHEM trainings and simulation exercises in 12 states), and RTSL (7-1-7 framework in 16 states) provide both financial resources and technical expertise. Partners including BMGF (PHEM trainings, PHEOC optimisation), LAFYA-UK (JEE/SAPHS funding), and Fleming Fund (AMR Fellows) provide essential financial resources while relying on NCDC or implementing partners for technical execution. Academic and technical institutions such as SANDIA (4 biorisk management programs), Africa CDC (5 bioinformatics programs), Nigerian Universities, and Japanese Universities contribute specialised expertise without direct funding, representing high-value technical partnerships.

NCDC and health security partners demonstrated commitment to subnational capacity building through multi-state initiatives:

- Resolve to Save Lives implemented the 7-1-7 framework across 16 states
- Global Fund supported PHEM trainings and simulation exercises in 12 states

- US CDC completed Phase 1 PHEOC assessments in 3 states, with Phase 2 (Ogun and Kano) planned for 2026
- LAFYA-UK / RTSL / FHI 360 consortium advanced JEE/SAPHS activities across multiple states

International Exposure and Advanced Training

NCDC staff benefited from significant international exposure in 2025, with 18 programs conducted outside Nigeria. International trainings included:

- JICA-supported programs in Japan (BSL-3 operations, laboratory techniques)
- Africa CDC fellowships in Kenya, Ethiopia, and Ghana (bioinformatics, genomic surveillance)
- UKHSA trainings in the United Kingdom (media preparation, laboratory leadership)
- RKI collaboration in Germany (manuscript development)
- WAHO regional programs in Senegal, Ghana, and Sierra Leone

Partnerships is the cornerstone of NCDC's workforce development strategy, enabling world-class training and international exposure for Nigerian public health professionals.

Human Resources for Health


PHEM
PARTICIPANTS GUIDE
BASIC LEVEL 3 COURSE

Health Security Workforce – Capacity Building

The NCDC has proven to be committed to workforce development through strategically designed trainings – a substantial investment of trainees across different initiatives. Between 2017 and 2025, the agency implemented several training programs, reaching trainees across a wide spectrum of laboratory and public health competencies. These initiatives covered biosafety, quality management, data analytics, disease-specific modules, advanced technologies, leadership, and outbreak response, ensuring that both foundational and specialised skills were developed. Training delivery included a mix of large-group sessions and small, specialised technical programs, allowing for both broad awareness and targeted skill-building.

Strategic emphasis was placed on modern laboratory techniques, including bioinformatics, genomic sequencing, and proteomics, as well as high-priority areas such as antimicrobial resistance and environmental surveillance. There was strategic focus on disease prevention and health promotion, covering AMR, IPC, and RCCE. Multiple Training of Trainers (ToT) programs were conducted to ensure sustainability and national capacity-building. International collaboration with partners enhanced global knowledge exchange and alignment with international best practices.

Capacity Building for Disease Prevention

To strengthen disease prevention, nationwide capacity-building initiatives were implemented in 2025 to enhance risk communication, IPC, and AMR awareness across multiple sectors.

- Risk Communication & Infodemic Management training for health promotion officers, Red Cross, MDAs, and media practitioners – 1,000+ personnel trained nationwide
- RCCE training for zoonotic disease prevention under the One Health approach – 60+ livestock extension officers trained nationally
- Social Media & Infodemic Management capacity building for government communicators – 36 states + FCT covered
- IPC focal persons training across geopolitical zones – 391 focal persons trained nationwide
- IPC Basic Course for frontline health workers – 150 health workers trained nationally
- IPC e-learning platform launched to support continuous professional development nationwide
- Antimicrobial Stewardship (AMS) training for healthcare workers – 4,000 HCWs trained nationwide
- AMR leadership and stakeholder training (including WHO AMS modules) – 52 leaders and stakeholders trained nationally
- AMR awareness through school clubs – 4,000 students engaged across 75 schools

Genomics Sequencing Trainings

NCDC staff have participated in several training courses, both locally and internationally, aimed at strengthening technical competence, leadership, and laboratory management. Training courses include:

a. Biorisk Management (Biosafety and Biosecurity): This training enhanced staff understanding and implementation of safe laboratory practices, ensuring the protection of personnel, the environment, and the community from potential biological hazards.

b. Technical Capacity Building on Quality Management Systems (QMS): This improved adherence to international laboratory standards and strengthened the framework for continuous quality improvement, accreditation readiness, and data reliability.

c. NSF Biosafety Cabinet Certification: Staff gained hands-on skills in certifying and maintaining biosafety cabinets, ensuring that all containment equipment operates optimally for safe and compliant laboratory work.

d. Technical Trainings on Disease Diagnosis, Bioinformatics Analysis, and Inventory Management: These trainings expanded capacity in molecular diagnostics, genomic data interpretation, and efficient resource management, enabling prompt and accurate disease detection and response.

e. Laboratory Leadership Training: This equipped key personnel with skills necessary for effective leadership, decision-making, team coordination, and strategic management of lab operations.

Collectively, these trainings have significantly strengthened our capacity for disease detection and response, while promoting efficient, safe, and quality-driven laboratory operations.

Nigeria Field Epidemiology & Laboratory Training Programme

The Nigeria Field Epidemiology and Laboratory Training Programme (NFELTP) is a competency-based in-service training programme in applied epidemiology and public health that builds capacity to strengthen Nigeria's health security, surveillance, and response systems. NFELTP operates a three-tier model comprising Advanced, Intermediate, and Frontline FETPs. Residents were assigned primary and secondary academic advisors from Ahmadu Bello University (ABU) and University of Ibadan (UI) to strengthen research supervision.

Advanced NFELTP combines didactic clusters with extensive field postings:

- First year: 8-week didactic + 44-week field posting
- Second year: 6-week didactic + 46-week field posting
- Field activities include outbreak investigations, secondary data analysis, surveillance system evaluations, and dissertation work

Since inception, the programme has trained over 400 field epidemiologists who have been instrumental in managing outbreaks including Ebola, Mpox, Avian influenza, Lassa fever, and Lead poisoning. To date, 11 cohorts of the Advanced NFELTP have been successfully trained, with the 12th cohort currently in session.

Figure 59 A-NFELTP Cohort 12

Key activities and achievements in 2025 include several programme management and training activities to support Cohort 12 residents and strengthen programme systems. Academic deliverables include Secondary Data Analysis (SDA), Surveillance System Evaluation (SSE), and outbreak investigation reports. A refresher training on the Resident-Driven Project Tracking Tool (ReDPeTT) improved residents' ability to track and manage deliverables. Programme monitoring through the updated bound volume tracker showed significant progress – 23 residents completed SDA reports, 19 completed SSE reports, all 29 residents participated in their first outbreak investigation, and 13 completed a second investigation.

In August 2025, the programme hosted a TEPHINET accreditation site visit, which provided positive feedback on programme operations and training quality. Governance and sustainability efforts included engagement with the National One Health Technical Committee (NOHTC) for interim programme oversight, development of a financial sustainability plan, and initiation of a revised MoU to strengthen institutional commitments.

Programme visibility was enhanced through participation in the Second Lassa Fever International Conference, where seven abstracts from NFELTP residents and graduates were accepted and presented. Field site supervisory visits were conducted across 20 training sites to assess resident progress and provide technical support. Additionally, the six-week Cluster 2 training for Cohort 12 was delivered from October to November 2025, covering advanced epidemiology, outbreak investigation, data analysis using R, research methodology, leadership, and Public Health Emergency Management.

Key priorities for the coming year include implementing the NFELTP Strategic Plan (2025–2030), graduating Cohort 12 residents, launching the next cohorts of the Advanced and Intermediate programmes, finalising and signing the revised MOU, completing the TEPHINET accreditation process, and strengthening financial sustainability and mentorship systems.

Figure 60 Field Site Advisory Visits

North Central NCDC BHCPF Workshop

NCDC hosted the North Central state epidemiologists and TSA signatories in Abuja to introduce the BHCPF 2.0 guidelines. The workshop was designed to build capacity and strengthen relationships between the states, epidemiologists and TSA signatories

Public Health Emergency Management Training

Between April and July 2025, the HEPR department conducted Batch 3 of the PHEM Basic Course across Lagos, Cross River, and Zamfara States, training twenty officers drawn from health, environment, veterinary services, security agencies, and academia in incident management, emergency coordination, and outbreak response. In June and July, Abuja hosted the first Regional PHEM Intermediate Certification Course in collaboration with the US CDC, providing advanced training to eighteen professionals from seven West African countries in situational awareness, planning, logistics, finance, legal frameworks, and risk communication. These initiatives enhanced technical skills, fostered regional collaboration, and strengthened ownership of preparedness capacity.

At the national level, a One Health PHEM Training conducted in August brought together thirty-five professionals from the human, animal, and environmental sectors. The training culminated in a cholera simulation exercise, allowing participants to apply newly acquired skills in practical, real-world scenarios. These programs collectively expanded Nigeria's pool of emergency managers, reinforced cross-sector collaboration, and positioned the country as a regional hub for PHEM training.

In the fourth quarter, HEPR delivered the first cohort of the Basic PHEM Training from 8th–13th December 2025, convening 50 NCDC staff across departments including HEPR, Surveillance, Laboratory Services, Special Duties, the Office of the Director-General, DPRS, Finance, Administration & HR, and DPHP. Supported by eight facilitators, the training reinforced foundational competencies in incident management, emergency coordination, and public health response leadership, while enhancing multisectoral communication and coordination across departments. Participants were equipped to support PHEOC operations at national and subnational levels, contributing to a more agile, professionalized, and responsive emergency workforce.

Through these initiatives, HEPR strengthened the readiness, effectiveness, and professionalism of Nigeria's emergency management personnel, ensuring a workforce capable of coordinating timely and efficient responses to outbreaks and other public health emergencies.

ITSON Training

The Integrated Training for Surveillance Officers in Nigeria (ITSON) program was concluded in Ebonyi, Nasarawa, Sokoto states, and the Federal Capital Territory (FCT). The workshops were designed to strengthen the technical capacity of surveillance officers and improve the effectiveness of public health surveillance systems at sub-national levels. The training provided participants with practical, hands-on instruction in disease surveillance, data collection, analysis, and timely reporting, while also reinforcing standard operating procedures and national surveillance guidelines. Emphasis was placed on improving coordination among surveillance personnel and enhancing their ability to detect, investigate, and respond promptly to public health events. The ITSON workshops contributed to building a more skilled and responsive surveillance workforce, supporting improved data quality and evidence-based decision-making, thereby strengthening surveillance across the country and advancing national preparedness and response efforts.

NCDC Engagement in Nigeria ART Impact Survey (AIS) 2025: Lagos Stepdown Training

To support the implementation of the Nigeria State-Level ART Impact Survey (AIS) 2025, a national survey led by the National AIDS and STIs Control Programme (NASCP) to assess the coverage, effectiveness, and impact of antiretroviral therapy (ART) programmes in Nigeria. The AIS Non-Laboratory/Laboratory Materials Adaptation Training was held in Lagos State from 11–15 August 2025. The training, hosted by NASCP, brought together representatives from the FMoHSW, National Agency for the Control of AIDS (NACA), Lagos State Ministry of Health, implementing partners, and the NCDC, which participated as a key stakeholder in discussions on surveillance, data quality, and operational readiness. Participants were trained on survey procedures, ethics, informed consent, data collection tools, and standard operating procedures (SOPs) to prepare for step-down trainings and field implementation. In the spirit of inter-MDA collaboration, NCDC's engagement reinforced its role in supporting high-quality data generation and evidence-based decision-making, contributing to a successful survey that will strengthen Nigeria's HIV surveillance and national response.

Public Health Informatics Fellowship in Ethiopia

Figure 61 NCDC during group work

In August, NCDC staff successfully completed a two-week Public Health Informatics Fellowship facilitated by The Task Force for Global Health (TFGH) in collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC) in Addis Ababa, Ethiopia. The fellowship provided intensive, hands-on training using real-world public health scenarios, equipping participants across leadership and technical tracks with essential informatics competencies aligned with global standards. NCDC became the first institution in Nigeria — and one of the first in Africa — to benefit from this highly specialised fellowship, emphasising the agency's leadership in strengthening informatics capacity for public health decision-making. All participants were awarded certificates, with outstanding performance recognised through merit-based awards.

The fellowship delivered immediate and tangible benefits to NCDC, including fast-tracking the draft NCDC Data Management Strategy by clarifying key data governance stakeholders and strengthening alignment with international best practices. Participants demonstrated enhanced capacity to independently lead public health informatics initiatives, identify critical data challenges within NCDC, and develop actionable mitigation plans.

Figure 62 Presenting PHI capstone project at Africa CDC

The program also strengthened institutional partnerships, with TFGH facilitating high-level engagements between NCDC and Africa CDC on IT infrastructure support. Key lessons from the fellowship highlighted the value of a all-inclusive, systems-based approach to public health informatics. As a result, NCDC has recommended establishing an internal community of practice for public health informatics to promote sustained knowledge transfer, mentorship, and continuous capacity development, further strengthening surveillance systems and national health security.

Strengthening Cybersecurity for Digital Public Health Systems

In 2025, NCDC staff participated in the "Cybersecurity Resilience for Digital Transformation" event hosted by Sophos, which highlighted that evolving cyber threats pose a direct risk to national health security, especially given NCDC's management of critical digital platforms like SORMAS and the APHIDS system. Staff engagement in the event provided technical insights and practical strategies to enhance protection of sensitive health data, ensuring continuity of vital disease surveillance and outbreak response operations.

The participation of NCDC personnel enabled knowledge transfer on modern cybersecurity practices, including Managed Detection and Response (MDR), Extended Detection & Response (XDR), and proactive threat monitoring. These insights can be applied to strengthen NCDC's internal cybersecurity posture, improve resilience of digital health platforms, and safeguard real-time surveillance data critical to managing diseases from Lassa fever to Cholera. By integrating these learnings into its IT strategy, NCDC is enhancing operational readiness, protecting national health data, and reinforcing its role as a trusted hub for evidence-based decision-making. This proactive approach strengthens Nigeria's overall public health security, ensuring the country's digital health systems remain secure, reliable, and capable of supporting timely outbreak response.

WHO Operations and Supply Chain Logistics Training of Trainers Program

In December, to fortify national and continental emergency preparedness, the NCDC was part of the inaugural, elite cohort of the World Health Organization's Operations and Supply Chain Logistics (OSL) Training of Trainers program. The Head of Supply Chain was among the first 15 specialists from a continental pool of 108 professionals to undergo this advanced training in Kenya.

The intensive curriculum equipped participants with mastery in critical domains essential for crisis response: adult education methodologies, sophisticated forecasting and demand management, optimised warehousing and distribution, expedited customs clearance, and robust data management

systems. The training emphasised the practical application of global best practices to overcome real-world logistical challenges.

This strategic participation positions NCDC at the forefront of emergency supply chain capacity in Africa. As a member of this pioneer cohort, NCDC is now tasked with cascading this expertise to its national teams, thereby building a more competent, responsive, and institutionally resilient supply chain workforce. Furthermore, this initiative underscores NCDC's commitment to continental health security, fostering structured knowledge transfer and peer-to-peer learning to enhance coordinated, timely responses to public health emergencies across Africa.

Figure 63 World Health Organization's Operations and Supply Chain Logistics (OSL) Training of Trainers

Public Health Laboratory Services

Staff participated in several national and international capacity-building training initiatives to strengthen laboratory operations and improve institutional performance. These trainings have enhanced staff competencies across key areas of laboratory practice, including risk assessment, biosafety and biosecurity, bioinformatics, laboratory information management systems (LIMS), maintenance of high-end equipment, and leadership development. The leadership training was aimed at strengthening managerial and supervisory skills to support effective laboratory governance and service delivery.

Figure 64 Laboratory Leadership Training

The knowledge and skills acquired through these trainings are expected to improve the quality, safety, efficiency, and resilience of lab operations, while also supporting the broader public health mandate of the NCDC.

Figure 65 LIMS training in NRL

Figure 66 Laboratory Scientists training in the Cholera Diagnosis Network

Partnerships in Health Security: Training and Capacity Building

In 2025, NCDC and health security partners invested in workforce development through a combination of in-house training, international fellowships, and partnership-delivered programs. Training programs were conducted across the six technical departments, reaching NCDC staff and subnational personnel. Partnership-driven trainings in 2025:

- 73 NRL staff received specialised training (counting individual attendances)
- 40,000+ healthcare workers trained in IDSR across 20 states (Global Fund)
- 1,972 health workers trained in 13 measles hotspot states (US CDC/AFENET)
- 48 NCDC staff trained by UKHSA
- 5,300+ healthcare workers trained on SORMAS
- 7,035 community informants trained in Community-Based Surveillance
- 4 NCDC staff pursuing postgraduate degrees in Japan (JICA)
- 19 Lassa fever clinical fellows trained (ISTH)

National Rapid Response Teams


Running Order

National Rapid Response Teams: Outbreak Investigations and Response Initiated

The NRRT serves as Nigeria's front line for early outbreak investigation and control, bridging national and state-level coordination. In the first half of 2025, the NRRT system managed by the HEPR department sent RRT to provide surge support to states experiencing complex and simultaneous public-health events. In this reporting period**,** Nigeria has faced multiple Public Health Emergencies (PHE), including disease outbreaks. Notable among them are unknown illnesses, Lassa fever, CSM, Diphtheria, Mpox, and an environmental-toxicity incident linked to heavy-metal poisoning. The NCDC supported 18 states investigation and response efforts by deploying NRRT to strengthen Emergency Coordination, Surveillance, Case Management, RCCE, and Laboratory Capacity.

Between January and July 2025, multidisciplinary NRRTs were deployed within an average of 36 hours of notification to affected states. Eight distinct public-health emergencies were investigated across 13 states, each requiring specialised technical support.

- In Kebbi and Niger States, teams investigated an unknown disease outbreak later confirmed as heavy-metal poisoning, working with the Federal Ministry of Environment (FMEnv) to trace contamination sources and initiate environmental remediation.
- In Kebbi, Sokoto, and Katsina, NRRTs supported CSM outbreak control, leading to rapid case investigation, lumbar-puncture specimen transport, and immediate reactive vaccination in priority LGAs.
- During the Lassa fever surge, teams were deployed to Ondo, Edo, Ebonyi, Bauchi, Taraba, Kogi, Plateau, Nasarawa, Gombe, and Benue, where they strengthened case-management and infection-prevention capacity, contributing to a drop in the case-fatality rate from 18.6% (2024) to 16.9% (2025).
- A specialised mission to Lagos State investigated a non-Candida albicans cluster in a neonatal intensive-care unit, containing the outbreak within 10 days through improved IPC protocols.
- Zamfara State received 2 deployments — one for cholera, which cut attack rates by 62 percent within three weeks, and another for measles, which improved routine immunisation coverage in high-risk LGAs.
- Imo State was supported during a diphtheria outbreak, focusing on contact tracing, prophylaxis, and risk communication.
- In Edo State, suspected dengue fever cluster was investigated, leading to laboratory confirmation and enhanced vector-control measures.

Each deployment included epidemiologists, laboratorians, clinicians, IPC experts, logisticians, and risk-communication officers working in close coordination with state EOCs and development partners.

Notable Successes in Outbreak Management

- Enhanced outbreak coordination leading to early containment of the outbreak
- Viral assay of the mosquitoes collected to determine the presence of yellow fever & Dengue viruses
- Assessment of the knowledge, attitude and perception to vaccination uptake among the communities and facilities in the LGAs
- Entomological survey to determine the vectors involved in YF virus and Dengue virus transmission in the affected LGAs. Different Specimens of mosquito larvae were collected and forwarded to National Arbovirus and Vectors Research Centre, Enugu for entomological testing, analysis and virological investigation concerning Dengue fever and yellow fever.

- Development of costed Incident Action Plan (IAP) for the response activities
- Analysis of data and development of daily SITREP
- Activation of treatment centres (Diphtheria, Cholera, Lassa Fever) in key locations
- Intensive active case search (ACS) was conducted across affected LGAs and health facilities
- Data quality improvement including cleaning and harmonisation line list
- Improvement in sample collection and improved sample turnaround time
- Integrated outbreak response in states where there are multiple outbreaks ongoing concurrently
- Multi-hazard preparedness and readiness activities ongoing including AARs, planned simulation exercises to improve outbreak response

Rapid Response

National Rapid Response Teams (NRRTs) were deployed to **18 states** for **8 distinct public health emergencies**, often within an average of **36 hours** of notification.

Strengthened case management contributed to reducing the Lassa fever case fatality rate from **18.6% (2024) to 16.9% (2025)**.

7-1-7 to Outbreak Response

In 2025, Nigeria tracked 23 Public Health Events (PHEs), including Lassa fever, Diphtheria, Mpox, Yellow fever and others, utilising the 7-1-7 timeliness metric (detection within 7 days, notification within 1 day, response within 7 days). Quarterly performance data reveals trends in the health system's ability to rapidly address these events, as shown in the diagram below.

In Q1, a total of 12 PHEs were recorded, mostly Lassa fever, with 75% detection within 7 days from emergence in the population. 100% of the PHEs were notified to public health authorities within 24 hours while response was initiated within 7 days for 50% of the events. Overall, only 33% of the events were able to meet all 7-1-7 targets.

In Q2, only 2 PHEs were recorded. All were detected within 7 days, and notified within 1 day, however response initiation was delayed for one of the events, diphtheria. The delay in response for diphtheria was attributed to the lack of a biosafety cabinet, impacting laboratory confirmation. This highlights a critical infrastructure gap.

In Q3, a total of 9 PHEs were recorded. There was a decline in meeting the detection target as only 67% of the events were detected within 7 days. Notification target was met for all the events while response initiation was achieved within 7 days for only 44% of the events. Again, only 33% of the events met all three targets.

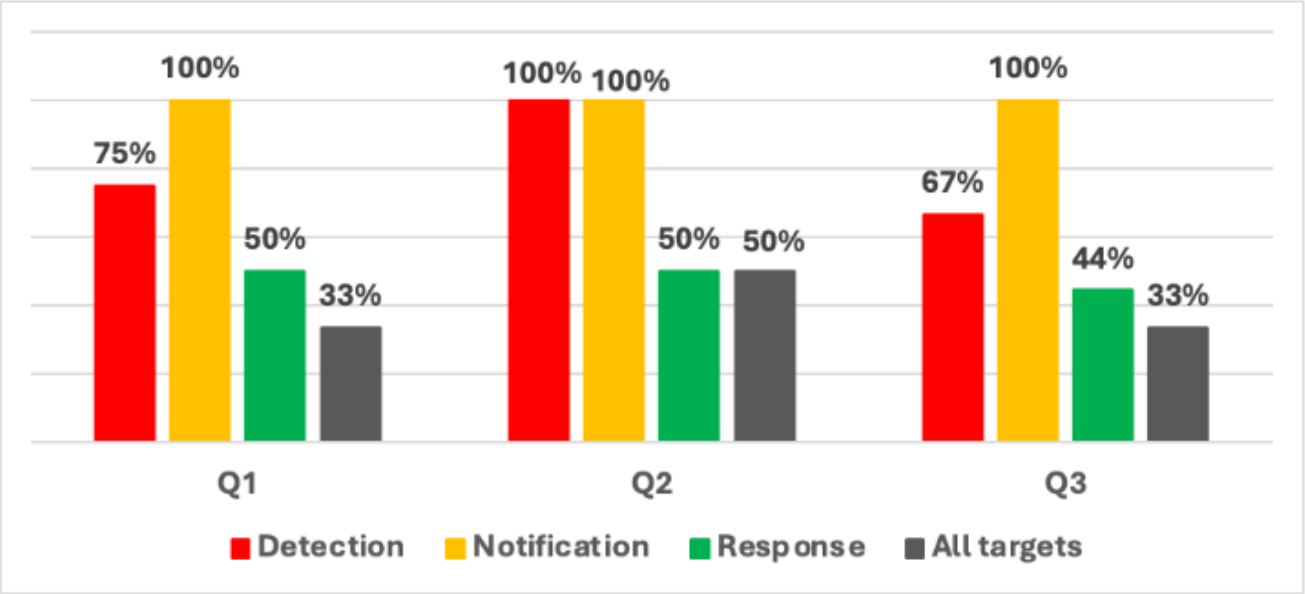


Figure 67 7-1-7 Metrics

Overall System Performance and Bottlenecks

The consistently low overall 7-1-7 target achievement (33% across all quarters) indicates a systemic issue. While notification is consistently strong, response timeliness is the primary limiting factor. The lack of a Yellow Fever reference laboratory and biosafety cabinets are concrete examples of infrastructural deficits directly impacting response times.

Recommendations for Decision-Making

1. Prioritise Investment in Response Capacity: Given response timeliness is the major bottleneck, resource allocation should prioritise strengthening response capabilities at both national and subnational levels.
2. Address Infrastructure Gaps: Urgent investment in critical infrastructure, such as biosafety cabinets and a Yellow Fever reference laboratory, is essential.
3. Performance Monitoring and Evaluation: Continuously monitor the 7-1-7 metrics and conduct regular evaluations to identify emerging bottlenecks and track the impact of interventions.
4. Capacity Building: Invest in training for healthcare workers on PHE detection, reporting, and response protocols.
5. Strengthen Laboratory Networks: Improve laboratory capacity and coordination to ensure timely and accurate diagnoses.

While Nigeria demonstrates strengths in PHE notification, significant improvements are needed in detection and, particularly, response timeliness to achieve the 7-1-7 targets. Addressing infrastructure gaps, standardizing protocols, and continuous monitoring are crucial for strengthening the health system's ability to effectively manage public health emergencies.

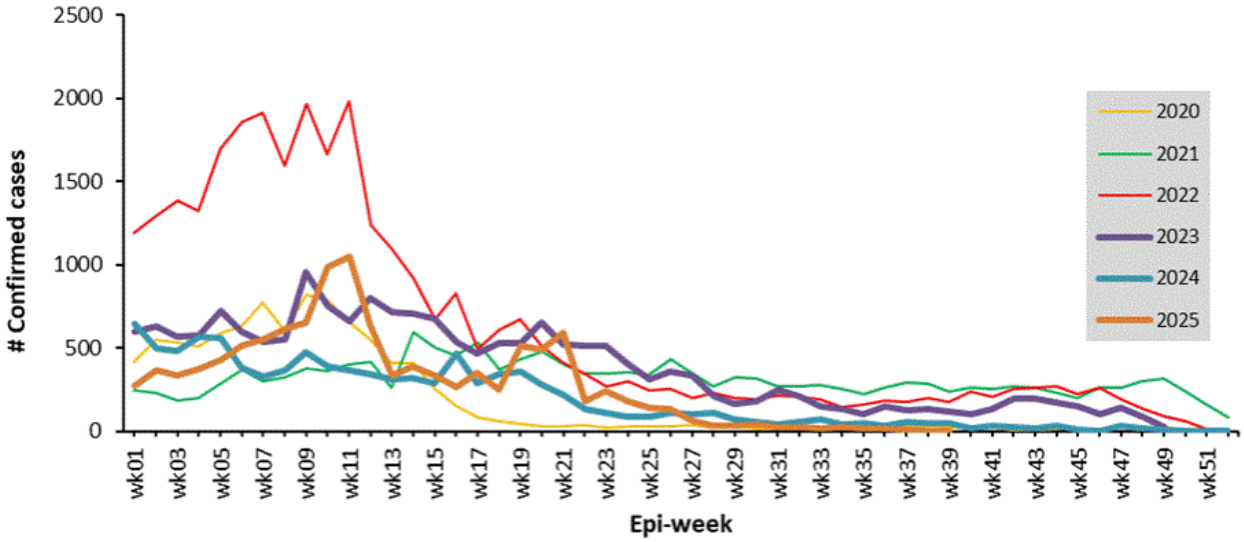
Technical Working Groups

Technical Working Groups

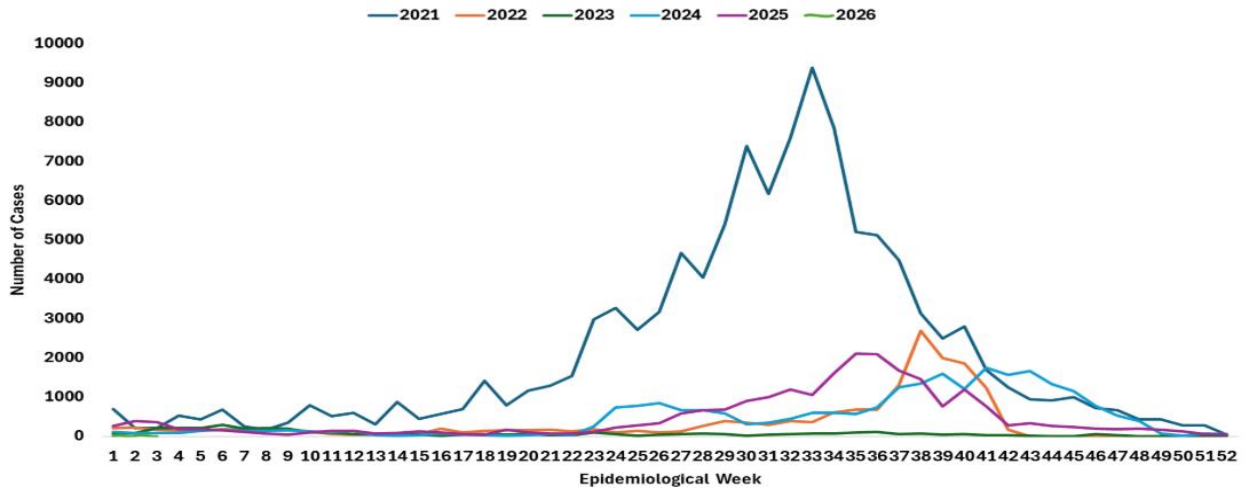
The NCDC prioritises a set of epidemic-prone and high-impact diseases that pose significant public health threats to the country. These include cholera, Lassa fever, yellow fever, cerebrospinal meningitis, measles, influenza, COVID-19, diphtheria, and Mpox among others. To effectively coordinate surveillance, preparedness, and response efforts, NCDC has established Technical Working Groups (TWGs) for each priority disease.

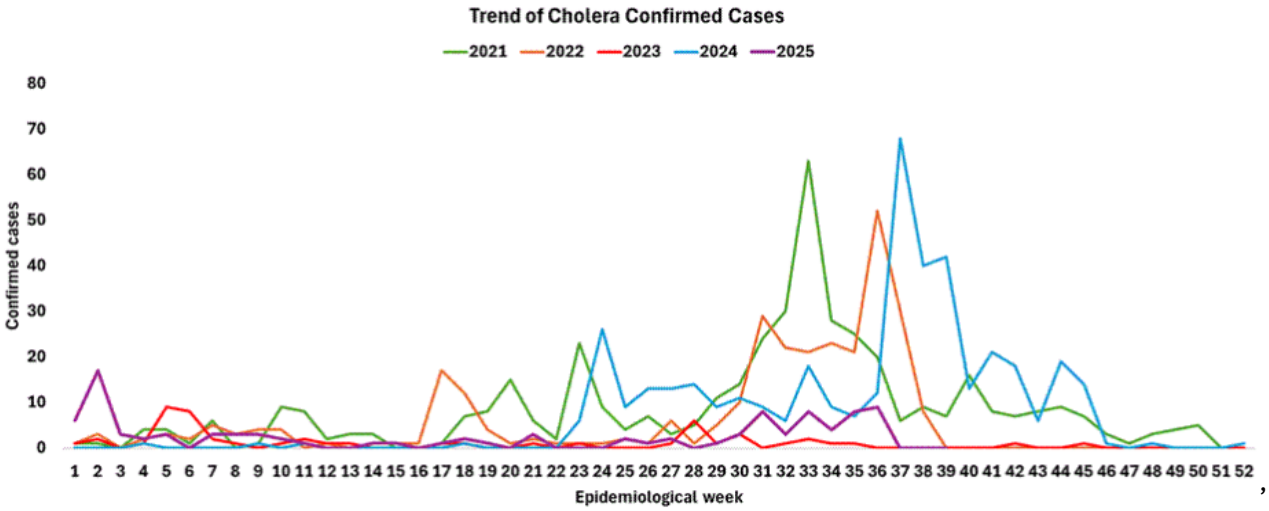
The disease specific TWGs serve as multidisciplinary coordination platforms bringing together experts from NCDC, relevant MDAs, as well as partners such as the World Health Organization (WHO), Africa CDC, and other stakeholders. Through these TWGs, NCDC ensures evidence-based decision-making, harmonised response strategies, research, and continuous capacity building to strengthen Nigeria's health security architecture. The TWGs strengthen coordination between NCDC, state actors, and partners. Furthermore, TWGs facilitate rapid information sharing, development of response plans, and continuous capacity building for field epidemiologists and public health responders.

1. **Measles:** ***6-year trend***

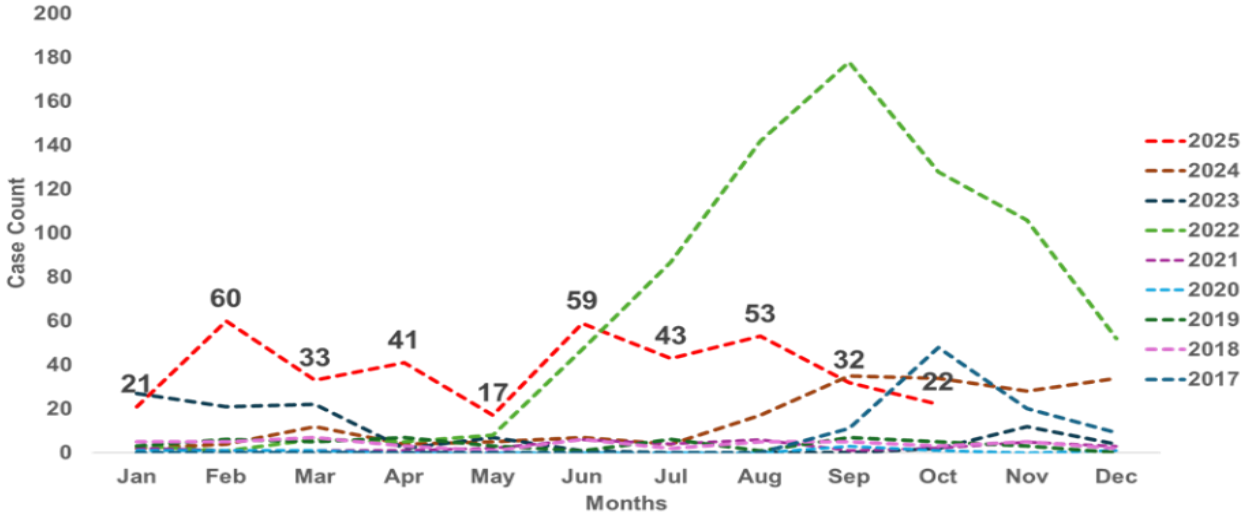


2. **Cholera:** ***6-year suspected cases trend & 5-year confirmed trend***

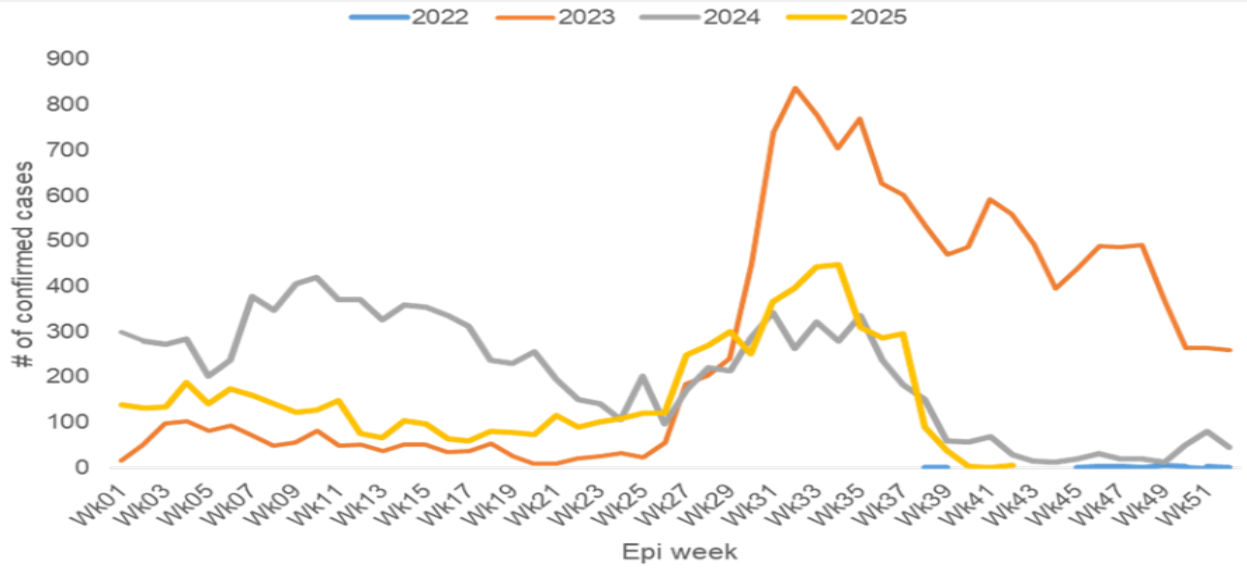




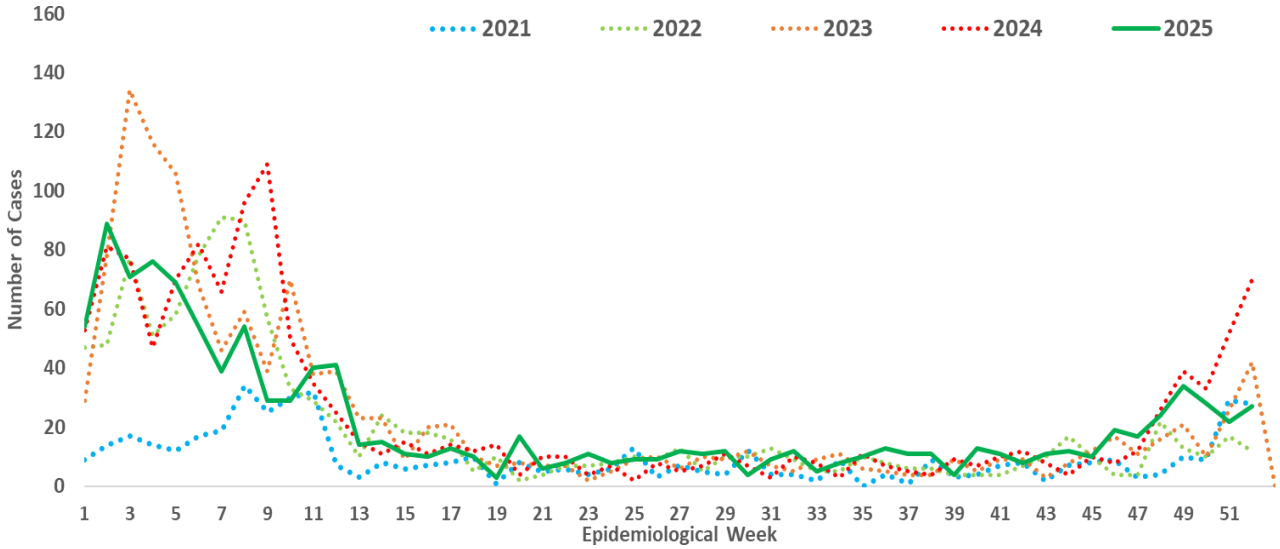
3. **Mpox: *9-year trend***



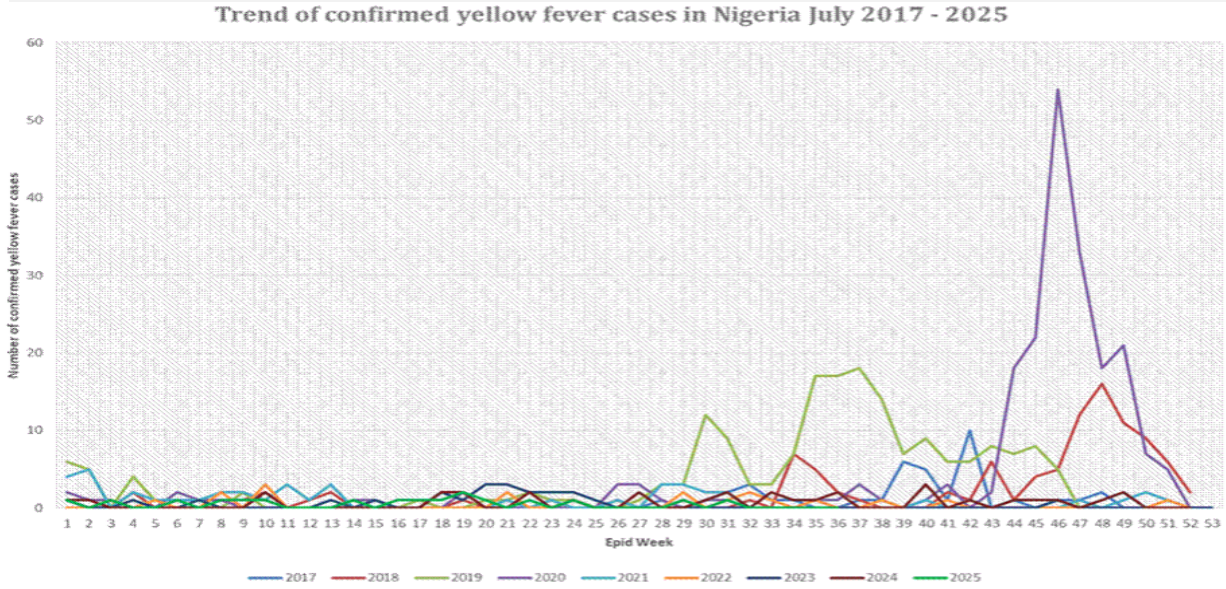
4. **Diphtheria: *4-year trend***



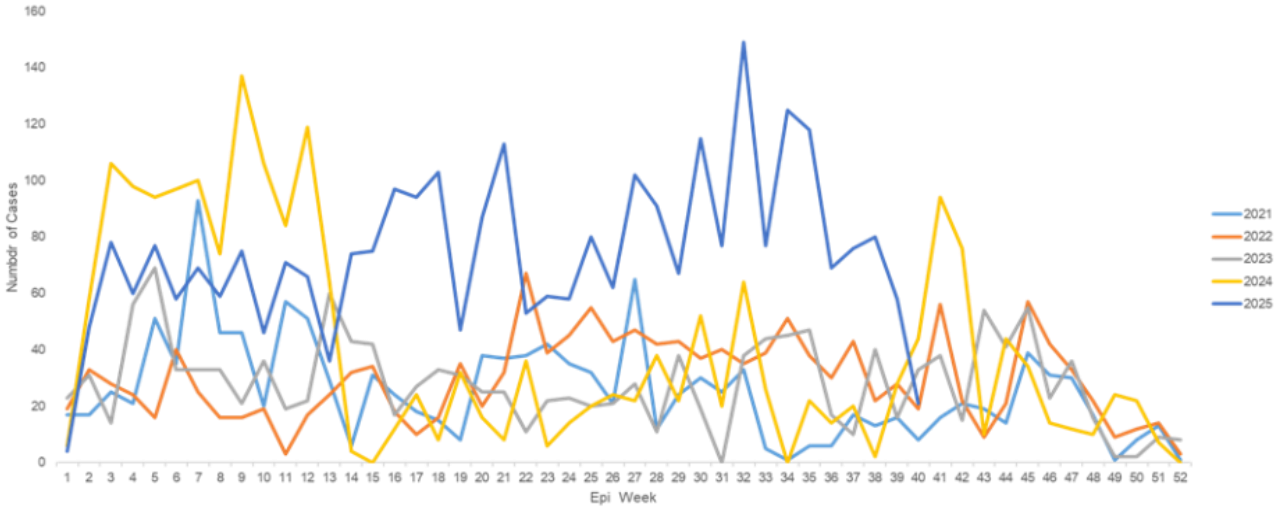
5. Lassa fever: *5-year trend*

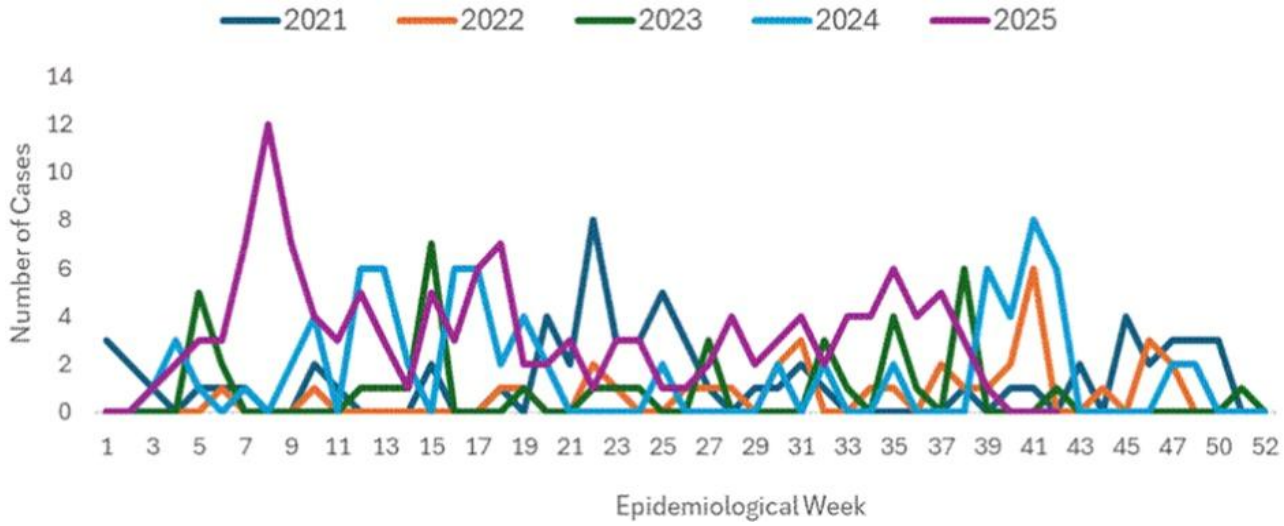


6. Yellow fever: *9-year trend*

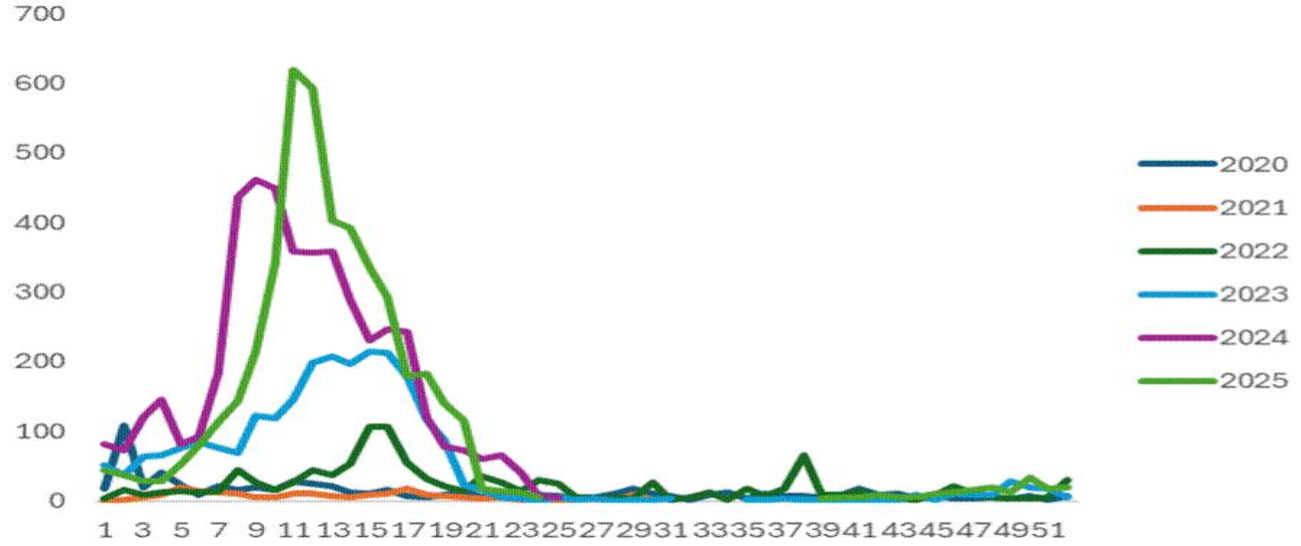


7. Influenza: *5-year trend*

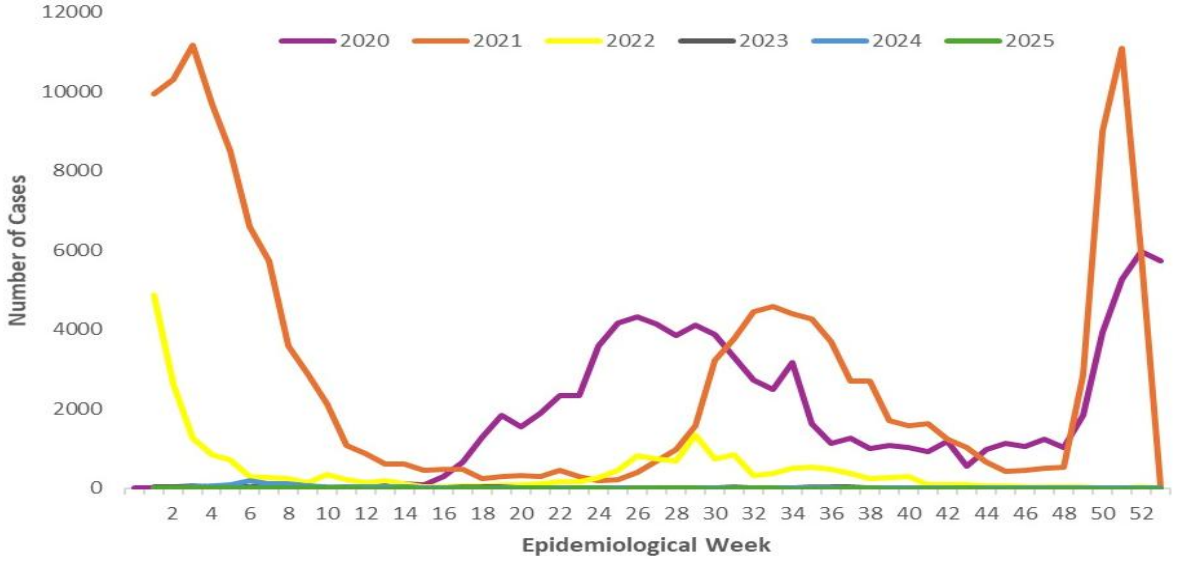




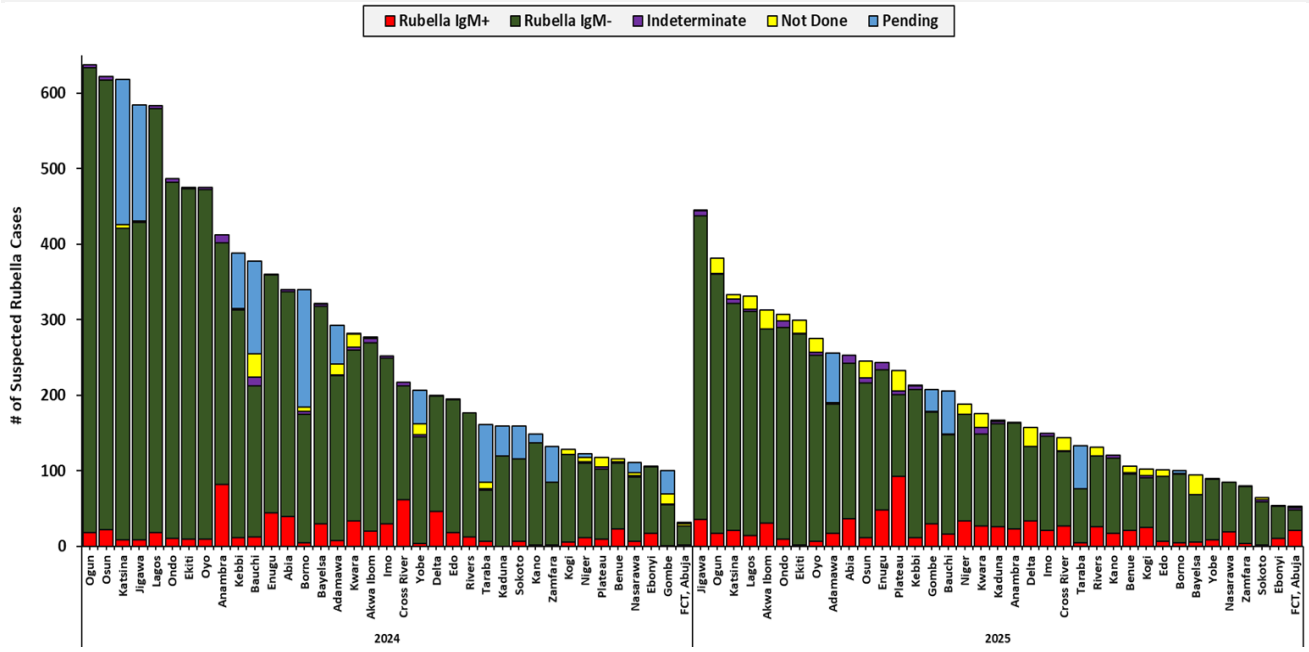
8. **Cerebrospinal Meningitis: *6-year trend***



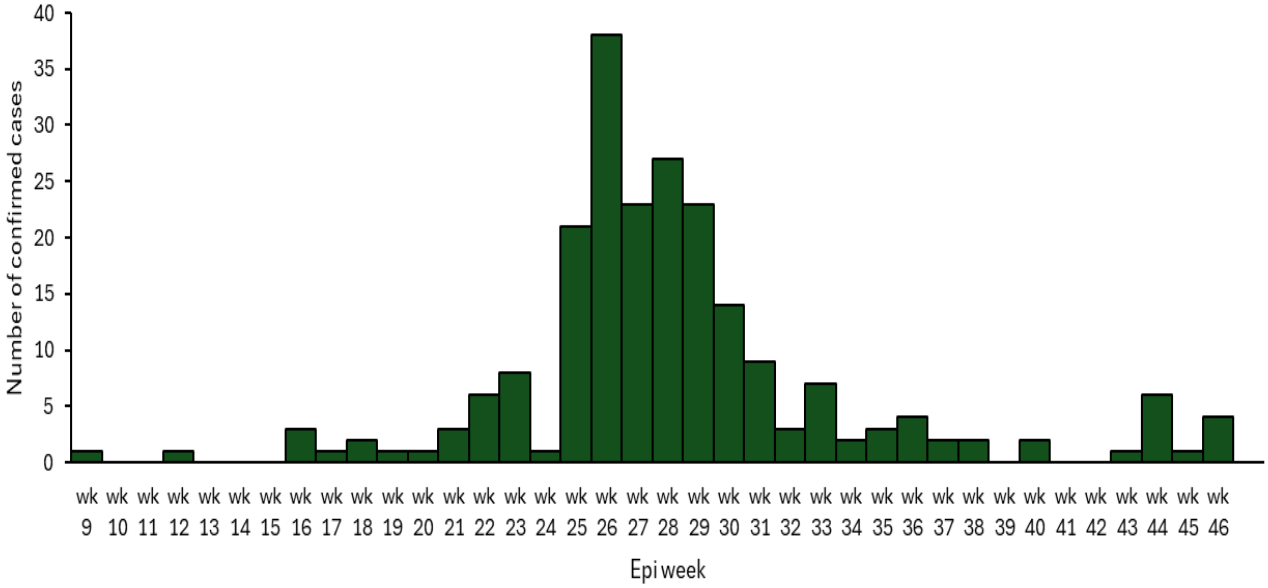
9. **COVID-19: *6-year trend***



10. **Rubella:** ***2-year trend***



11. **Dengue Fever:** ***2025***



The epidemic curves (epicurves) presented under each priority disease illustrate the temporal distribution of reported cases over the years, reflecting trends in outbreak occurrence, seasonality, and response effectiveness. These visualisations provide critical insights into epidemiological patterns, showing how external factors, early detection, improved laboratory confirmation, prevention measures, and coordinated response efforts - guided by the TWGs - may influence disease trajectories over time.

Notably, for several diseases such as Lassa fever and cholera, the epicurves demonstrate enhanced detection and reporting in recent years, a reflection of expanded surveillance coverage and improved data quality rather than increased incidence alone. For others, such as meningitis and measles, observed fluctuations highlight seasonal dynamics and behavioural changes, which can potentially inform the impact of vaccination campaigns. Collectively, these curves serve as an evidence base for evaluating public health performance and guiding targeted interventions across Nigeria.

Figure 68 Review of National Measles Elimination Strategic Plan workshop

MEASLES

The Measles TWG provides strategic leadership and technical oversight for measles surveillance, outbreak preparedness and response, and immunisation activities in Nigeria. It serves as a coordination platform for key stakeholders, including government agencies, WHO, UNICEF, US CDC, Gavi, non-governmental organizations, and other partners. Through this collaborative framework, the TWG supports the development and periodic review of national measles strategies, policies, and action plans in alignment with global measles elimination goals.

A core function of the TWG is the strengthening of measles case-based surveillance and monitoring systems to ensure timely detection, reporting, and analysis of cases. The TWG promotes the integration of measles surveillance with other vaccine-preventable diseases to enhance efficiency and data utilization. During outbreaks, the TWG coordinates rapid investigations, supports the deployment RRTs, guides the implementation of outbreak response immunisation activities, and conducts after-action reviews to document lessons learned. The group also provides technical guidance for routine and supplementary immunisation activities, risk communication and community engagement to address vaccine hesitancy, and capacity building for public health workers and laboratory networks.

From November 2024 to October 2025, the Measles Outbreak Preparedness and Response Capacity Building Project, supported by USCDC/AFENET, trained 1,972 participants across 13 measles hotspot states. This initiative significantly strengthened national and subnational capacity to investigate and respond to measles outbreaks by enhancing the knowledge and skills of Local Government Area officers and state representatives in outbreak preparedness, response, and Root Cause Analysis.

The National Verification Committee on Measles and Rubella Elimination Review Meeting, supported by the World Health Organization (WHO), was held from 2–6 December 2025, with 23 participants in attendance. Key outcomes included the reactivation of the National Verification Committee and the development of the Measles and Rubella Elimination Report covering the 2020–2024 period.

In August 2025, a measles outbreak response was conducted in Zamfara State with support from USCDC and AFENET and implemented by a five-member response team. The intervention resulted in improved surveillance and data quality through data cleaning and harmonisation, resolution of system login challenges, and increased reporting on the SORMAS platform. Coordination was strengthened through commitments to weekly situation reports, enhanced outbreak coordination, implementation of reactive vaccination activities, improved cross-border surveillance, and outreach in insecure areas. In addition, 11 PHEOC staff were trained on measles surveillance, case classification, and outbreak management.

Measles

1,972 participants *trained in 13 measles hotspot states*

23 participants *reactivation of NVC committee*

11 PHOEC *staff trained in measles surveillance, case classification and outbreak management*

1 clinical trial *initiated in Ondo State*

INFLUENZA

The National Influenza Sentinel Surveillance (NISS) and Priority Respiratory Disease Surveillance (PRDS) activities focused on coordinating ten functional sentinel sites across Nigeria, ensuring the standardised collection of Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) data, and facilitating timely sample shipment to the National Reference Laboratory. The programme provides continuous, high-quality epidemiological and virological data using standardised case definitions. Surveillance activities were expanded beyond influenza to include other priority respiratory pathogens under PRDS, alongside routine risk assessments and analyses of seasonal trends to inform preparedness and response. The objectives of the NISS programme are:

- Generate epidemiological and virological data on influenza and other respiratory pathogens.
- Monitor circulating influenza strains to inform vaccine composition and risk assessment.
- Establish baseline disease trends to detect anomalies.
- Provide a scalable platform for monitoring other respiratory pathogens.
- Strengthen sentinel site coordination and network performance.

Cumulatively, over 3,500 respiratory samples were collected through the surveillance network, contributing to Nigeria's successful onboarding onto the Global Influenza Hospital Surveillance (GHIS) platform. Data generated from NISS are now routinely utilised for national risk assessments and preparedness planning, strengthening evidence-based decision-making. In addition, One Health collaboration was enhanced, particularly in the surveillance of avian influenza, through closer coordination between human, animal, and environmental health sectors.

Key milestones achieved include the transition from purely syndromic surveillance to laboratory-confirmed respiratory surveillance and the integration of PRDS into the national disease surveillance architecture, significantly strengthening Nigeria's capacity for early detection and monitoring of respiratory disease threats. During the reporting period, NISS successfully transitioned from a single-pathogen influenza surveillance system to a Pan-Respiratory Disease Surveillance (PRDS) platform. This

expansion was informed by a comprehensive national landscape assessment and strengthened Nigeria's capacity to monitor multiple respiratory threats without disrupting routine influenza surveillance.

Sentinel Site Network

Surveillance activities were implemented across a strategically distributed network of sentinel hospitals across the Federation. Specific supervisory focus was placed on ensuring site operationality at the following key locations:

Federal Capital Territory (FCT)

- Asokoro District Hospital (ADH)
- Defence Headquarters Medical Centre (DHQMC)
- Maitama General Hospital (MGH)
- Bwari General Hospital (BGH)
- Nyanya General Hospital (NGH)

State-Based Teaching and General Hospitals

- South-West - Lagos: Lagos State University Teaching Hospital (LASUTH)
- North-West - Kano: Aminu Kano Teaching Hospital (AKTH)
- North-East - Borno: University of Maiduguri Teaching Hospital (UMTH)
- South-East - Anambra: Nnamdi Azikiwe University Teaching Hospital (NAUTH)
- South-South - Akwa-Ibom**:** Ikot-Ekpene General Hospital (IGH)

Key achievements

- Sustained nationwide sentinel surveillance using standardised ILI and SARI case definitions
- Generation of high-quality epidemiological and virological data to inform risk assessment and preparedness
- Monitoring circulating influenza strains to support vaccine strain selection and seasonal risk analysis
- Successful pilot testing of PRDS tools and workflows, ensuring scalability and system resilience
- Onboarding of Nigeria onto the Global Influenza Hospital Surveillance Network (GIHSN), strengthening global data sharing and collaboration
- Expanded testing for SARS-CoV-2, Respiratory Syncytial Virus (RSV), and Human Metapneumovirus (HMPV)

Targeted Supportive Supervisory Visits (SSV)

Intensive supervisory visits were conducted this year to validate data quality and mentor facility staff. SSVs strengthened data quality, logistics, and sustainability. These interventions improved site performance, reporting consistency, and sample integrity across the network.

- NAUTH, Anambra: Resolved sample transport backlogs following advocacy with hospital leadership. The team addressed surveillance gaps. The Chief Medical Director (CMD) approved the release of funds for sample transportation, effectively resolving a backlog of samples.
- UMTH, Borno: Assessed molecular laboratory capacity and ILI/SARI patient flow case ID.
- ADH and DHQMC, FCT: Improved SORMAS data completeness and on-site mentorship for sample packaging practices
- Ikot-Ekpene GH, Akwa Ibom: Review of cold-chain logistics and management and debriefing with hospital management to ensure sustainability and institutional ownership

Figure 69 SSV to Defence Medical Centre Headquarters

Influenza

3,538 respiratory samples *collected through the network*

10 influenza sentinel surveillance sites *across 6 geopolitical zones*

147 lab-confirmed *influenza cases detected*

5 sites *located in the FCT, enhancing urban and peri-urban surveillance*

Network*: teaching hospitals, general hospitals, and district hospitals*

Supports *early detection, monitoring, and response to influenza outbreaks*

Between 2023 and 2025, NISS strengthened Nigeria's respiratory disease surveillance architecture, enhanced pandemic preparedness, and established a scalable, multi-pathogen platform capable of detecting and monitoring both seasonal and emerging respiratory threats. The programme is critical to Nigeria's national and global health security commitments.

CHOLERA

In February 2025, stakeholders convened to launch the National Strategic Plan of Action for Cholera Control (NSPACC). The TWG also participated in the Global Task Force on Cholera Control (GTFCC) Annual General Meeting and submitted Priority Areas for Multisectoral Interventions (PAMIs). The Case Management pillars developed updated guidelines for cholera treatment and infection prevention (IPC). The Laboratory pillar optimised diagnostic capacity in 13 states; received 74,000 cholera RDT kits from GAVI. The TWG coordinated efforts in 2024-2025 strengthened Nigeria's cholera response framework, from policy development to frontline action. Sustained investment in surveillance, vaccines, and WASH will be critical to achieving the NSPACC's goals. Key outcomes were:

- National Strategic Plan of Action for Cholera Control to the GTFCC
- Priority Areas for Multisectoral Interventions (PAMIs) to the GTFCC
- Participation in the Annual General Meeting of the GTFCC

- Reactive vaccination campaigns in Borno, Adamawa and Sokoto
- Laboratory optimisation in 13 states

Figure 70 NSPACC Launch

Cholera

***74,000** cholera RCT kits from GAVI*

***13 states**: Laboratory pillar optimised diagnostic capacity*

DIPHTHERIA

The Diphtheria TWG provides strategic leadership for the national prevention, detection, and response to diphtheria outbreaks in Nigeria. It serves as a central coordination mechanism that brings together relevant government institutions and key partners to harmonise preparedness and response efforts in alignment with national priorities and global best practices. The Diphtheria EOC was activated to ensure sustained situational awareness and effective coordination. The EOC convenes weekly multi-pillar coordination meetings to provide a structured platform to review evolving epidemiological trends, assess operational gaps, monitor partner contributions, and agree on priority actions across response pillars, including surveillance, case management, IPC, laboratory services, RCCE, logistics, and coordination. In 2025, the Diphtheria EOC coordinated and supported several critical preparedness and response interventions across affected states:

- RRT Deployment: In August 2025, Rapid Response Teams were deployed to Imo State. The deployment focused on outbreak investigation, strengthening field-level coordination, supporting case detection and reporting, and guiding immediate response actions to contain transmission.
- Root Cause Analysis (RCA) Missions: Comprehensive root cause analyses were conducted to identify systemic and operational gaps contributing to sustained transmission in Kano State, 20th – 24th October 2025, and Borno State, 24th – 28th November 2025.

These exercises involved participants from the NCDC, WHO, Surveillance Officers, State DSNOs, and State Immunisation Officers (SIOs). Findings from these RCAs informed state-specific corrective actions to strengthen outbreak preparedness, surveillance, immunisation response, and case management.

- Supportive Supervision to States**:** The EOC coordinated supportive supervision visits to Kano, Borno, and Kaduna States in July and October 2025, with support from CGGP. These visits focused on improving surveillance performance, strengthening IPC practices in healthcare facilities, enhancing case management, and addressing data quality and reporting challenges.
- Operational Support to EOC Functions**:** CGGP provided operational support to the Diphtheria EOC through the provision of recharge cards, facilitating effective off-site coordination, real-time communication with states, and timely follow-up on response actions.
- Capacity Building on Surveillance, Laboratory Diagnosis, and Data Harmonisation: A two-day workshop on strengthening surveillance, laboratory diagnosis, and data harmonisation was conducted on 10th – 11th November 2025, with support from the UKHSA. The workshop enhanced linkages between epidemiological and laboratory data streams, improved data completeness and consistency, and strengthened evidence-based decision-making at national and sub-national levels.
- Integrated Case Management, IPC, Surveillance, and Laboratory Engagement: An integrated engagement for clinicians and DSNOs was conducted in Kaduna State on 12th – 13th December 2025. The activity focused on strengthening clinical case management, IPC practices, surveillance reporting, and laboratory engagement to improve early detection, appropriate treatment, and interruption of transmission.

Diphtheria

Root Cause Analysis Report *to identify systemic and operational gaps*

State SOs, DSNOs, and SIOs *took part in the RCAs*

LASSA FEVER

During the reporting period, NCDC strengthened Lassa fever advocacy, risk communication, and stakeholder engagement through multiple national and regional activities. A webinar was held to support understanding and application of the Lassa fever advocacy toolkit, with technical support from Afrihealth for Social Development and Impact. Lassa fever risk communication was further reinforced through the dissemination of tailored jingles across key national and subnational platforms, and by integrating Lassa fever key messages into broader viral haemorrhagic fever risk communication strategies. NCDC also supported its ongoing collaboration with the Nigerian Medical Students' Association to promote Lassa fever prevention and control among future health professionals.

Progress was achieved in evidence generation, learning, and planning. NCDC supported the final review of Community-Based One Health Participatory and Empowerment (COPE) Phase I and the planning of COPE Phase II in collaboration with the Robert Koch Institute. A behavioural assessment on Lassa fever was conducted across 10 high-burden states with support from UNICEF, generating insights to inform targeted interventions. NCDC participated in the Lassa fever vaccine development and deployment needs assessment validation meeting supported by the Clinton Health Access Initiative (CHAI), and contributed to the Lassa fever End-to-End access plan workshop convened by the Nigeria Lassa fever

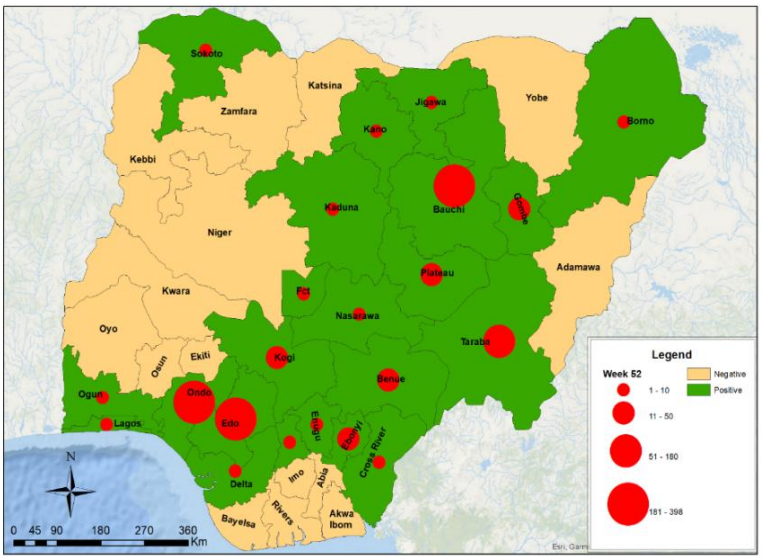


Figure 71 Confirmed Lassa fever cases by States in Nigeria, week 52, 2023

vaccine taskforce, co-chaired by NCDC and the National Agency for Food and Drug Administration and Control, with support from multiple national and international partners.

In line with commitment to learning and continuous improvement, NCDC conducted an AAR of the 2024/2025 national Lassa fever outbreak to identify lessons learned and inform future preparedness and response. A capacity development session was also held to introduce the Strengths, Opportunities, Aspirations, and Results (SOAR) analytical framework for strategic planning, strengthening internal planning and performance review processes. Efforts to build clinical and public health capacity for Lassa fever prevention and management were sustained throughout the year. NCDC supported the second cohort of the Lassa Fever Clinical Management Fellowship Programme in collaboration with Georgetown University and its partners, the Irrua Specialist Teaching Hospital, Federal Medical Centre Owo, the African Emerging and Infectious Diseases Research Network, and the FMoHSW.

An in-person training was also conducted at the Irrua Specialist Teaching Hospital for 19 fellowship participants, with support from additional partners including Médecins Sans Frontières. Health care workers were trained on Lassa fever case management in Bauchi, Ebonyi, and Benue States with support from the WHO, while NCDC also participated in regional training on Lassa fever clinical management in Economic Community of West African States member countries held in Togo. NCDC played an active role in regional and international collaboration and knowledge exchange.

The agency participated in the second ECOWAS Lassa fever international conference held in Côte d'Ivoire and supported multiple dry-run sessions for abstract presenters ahead of the conference, with support from the African Field Epidemiology Network and the United States Centres for Disease Control and Prevention. In addition, NCDC supported the commencement of the INTEGRATE clinical trial in Ondo State in collaboration with the Federal Medical Centre Owo, Alliance for International Medical Action, Bernhard Nocht Institute for Tropical Medicine, Irrua Specialist Teaching Hospital, and the French National Agency for Research on AIDS and Viral Hepatitis.

Laboratory and environmental response capacities were also strengthened. NCDC participated in the official handover of laboratory equipment donated by the Institute of Human Virology Nigeria to the Ondo State Public Health Laboratory. Infection prevention and control guidelines for viral haemorrhagic fevers were printed and disseminated to health facilities with support from the Robert Koch Institute. Additionally, Lassa fever environmental response campaigns were implemented in high-burden states in collaboration with the Federal Ministry of Environment, supporting integrated prevention and control efforts.

Lassa Fever

19 fellows *trained in specialist clinical management programme*

10 states *assessed for Lassa fever behavioural risk*

3 states *supported with health worker case management training*

1 national After Action Review *completed*

1 regional ECOWAS conference

1 clinical trial *initiated in Ondo State*

CEREBROSPINAL MENINGITIS

Nigeria recorded significant progress in strengthening CSM surveillance, preparedness, and response through strategic partnerships, capacity building, and evidence-driven interventions.

Unlocking Genomic Capabilities to Defeat Meningitis

Representatives of the CSM TWG participated in international and national workshops supported by the Meningitis Research Foundation (MRF) and the Centre Suisse de Recherches Scientifiques (CSRS), providing platforms for knowledge exchange on advances in meningitis research, surveillance, and control, with a strong focus on genomic surveillance and its application in public health decision-making. In November 2025, the workshop in the United Kingdom reviewed findings from the meningitis genomic surveillance situation analysis. This engagement brought together technical experts and stakeholders to review emerging evidence, identify gaps in genomic surveillance capacity, and agree on priority actions.

The strategic vision emphasises routine sequencing of archived samples and targeted analyses during outbreaks to generate a global overview of circulating strains and antimicrobial resistance patterns, thereby informing vaccine development and use, guiding treatment strategies, and strengthening diagnostic capacity.

Enhanced CSM Surveillance after Introduction of Men5CV Vaccine for Meningitis Control

Nigeria also made global public health history in 2024 as the first country worldwide to introduce the Men5CV vaccine, a five-valent meningococcal conjugate vaccine targeting serogroups A, C, W, Y, and X. Following its introduction, reactive Men5CV vaccination campaigns were conducted between March and June 2024 in 13 Local Government Areas across four states (Jigawa, Yobe, Gombe, and Bauchi). Twelve campaigns were implemented at LGA-wide scale, targeting populations aged 1–29 years through a mix of fixed and mobile vaccination posts, including school-based delivery in collaboration with the Ministry of Education. In total, over 2.1 million doses were administered.

To assess vaccine impact and strengthen early outbreak detection, enhanced CSM surveillance was conducted during the 2024–2025 meningitis season in 12 LGAs that implemented Men5CV campaigns. With support from AFENET, surveillance activities focused on improved case detection, reporting, and trend monitoring in Bauchi, Gombe, Yobe, and Jigawa states. Cerebrospinal fluid samples were tested by PCR at the NCDC reference laboratory, and data from national line lists, laboratory records, and enhanced case report forms were linked to support robust analysis.

Preliminary findings from the post-campaign effectiveness study indicate that Men5CV vaccination was 84% effective (95% CI: 30–96) in reducing the risk of laboratory-confirmed meningococcal meningitis. These first real-world effectiveness estimates provide strong evidence of the vaccine's protective impact and its potential to transform meningitis control in Nigeria and the wider meningitis belt.

In parallel, CSM case management trainings were conducted in Bauchi, Gombe, Yobe, and Katsina states, with support from WHO. These trainings improved clinical management, standardised treatment protocols, and strengthened the capacity of frontline health workers to effectively manage CSM cases during outbreaks. Collectively, these interventions enhanced Nigeria's CSM surveillance, preparedness, and response capacity, while reinforcing collaboration with key partners.

Cerebrospinal Meningitis

Large scale protection *in 13 LGAs in 4 states: Jigawa, Yobe, Gombe, Bauchi*

First real-world effectiveness evidence *for Men5CV*

ANTIMICROBIAL RESISTANCE

Though not a disease-specific TWG, the NCDC, in collaboration with the Federal Ministries of Livestock Development and Environment, with support from the Fleming Fund Country Grant (FFCG), coordinated meetings of the National AMR Technical Working Group (NAMRTWG) and the Antimicrobial Resistance Coordinating Committee (AMRCC). The meetings gathered representatives from relevant Ministries, Departments and Agencies, academia, and development partners.

The meetings reviewed progress in the implementation of the National Action Plan (NAP) 2.0 on Antimicrobial Resistance across sectors for Q1–Q3 2025. Updates were presented across the surveillance, antimicrobial stewardship, IPC, research, and awareness pillars. The Plant Health Sector was formally integrated into the AMR TWG structure, strengthening the One Health approach.

Major challenges identified included limited AMR surveillance capacity in underrepresented regions, weak infection prevention and control practices, inconsistencies in data reporting and laboratory standardization, inadequate antimicrobial stewardship programmes, low community-level awareness of AMR, and resource constraints affecting vaccine production and AMR research.

To address these gaps, the meetings agreed on several strategic actions, including strengthening national AMR surveillance and data management systems, reviving the AMR TWG Quarterly Newsletter and improving the AMRCC website, developing an AMR burden estimation model, expanding vaccine production and uptake, enhancing resource mobilization, aligning the Antimicrobial Stewardship Task Force with AMRCC priorities, and increasing engagement of key stakeholders such as NPHCDA and NHIA.

In addition, initial preparations for the 2026 High-Level AMR Ministerial Conference were discussed. A Planning Committee was established to oversee the process. All TWG pillars were tasked with identifying key AMR initiatives to be showcased at the conference.

Figure 72 National AMR TWG

Research & Development


BD Calibrated Disposable
Inoculating Loops, Green
REF 220214
(01)00382902202141
BD Calibrated Disposable
Inoculating Loops, Green
For Laboratory Use
REF 220214
10 x 1 µL

Research & Development

As the nation's public health institute, the NCDC drives evidence generation to inform policy, strengthen preparedness, and protect the health of Nigerians. Through the targeted expansion of genomic sequencing, in-depth epidemiological studies on priority diseases, surveillance systems, and the strengthening of a national antimicrobial resistance (AMR) surveillance network, the NCDC has systematically generated critical data to inform policy. These research initiatives have directly translated into tangible public health action, culminating in updated national guidelines, a novel AMR Policy Dashboard, and a strengthened laboratory network, collectively enhancing Nigeria's preparedness and evidence-based response to infectious disease threats. Achievements include:

Genomic Surveillance Advancement

- Expanded sequencing capacity at the National Reference Laboratory (NRL) and regional hubs in Lagos and Kano
- Enhanced detection of variants for Lassa fever, cholera, and COVID-19
- Regional data sharing through the Africa Pathogen Genomics Initiative
- Research publications on Lassa virus and AMR genes with Africa CDC, WHO AFRO, and ASLM

Antimicrobial Resistance (AMR) Research Expansion

- Strengthened national AMR surveillance to include environmental sampling and community-level patterns
- Developed Nigeria's first AMR Policy Implementation Dashboard
- Published 2025 National AMR Surveillance Report identifying trends in resistant pathogens
- Enhanced laboratory capacity through partnerships with University of Ibadan and global partners

Epidemiological Studies on Priority Diseases

- Lassa Fever Cohort Study (Edo, Ondo, Bauchi) evaluating disease progression and treatment effectiveness
- Mpox and Cholera outbreak investigations informing updated case definitions and vaccination strategies
- Research findings contributing to new National IDSR guidelines
- Developed global meningitis sequalae surveillance protocol to track aftereffects in CSM survivors

Public Health Laboratory System Strengthening

- Strengthened network of public health laboratories nationwide
- Development of updated policies, guidelines, and SOPs based on research evidence
- Enhanced laboratory-quality systems supporting national surveillance and outbreak response

The research portfolio has successfully translated scientific evidence into practical public health tools, including updated national guidelines, a functional AMR dashboard, expanded genomic surveillance, and strengthened laboratory networks, thereby creating a more evidence-based and responsive health security system for Nigeria.

Environmental Surveillance Programme

The NCDC is implementing the National Environmental Surveillance Programme (ESPN) to improve the detection of outbreak-prone pathogens and serve as an early warning system for disease outbreaks. The program targets national priority pathogens such as Hepatitis E, COVID-19, measles, *Salmonella typhi,* non-typhoidal Salmonella, toxigenic cholera, antimicrobial resistance threats and is flexible enough to add emerging pathogens. ESPN is expected to:

- Improve the detection of outbreak-prone pathogens and their variants
- Monitor the distribution of endemic pathogens
- Fill gaps in clinical surveillance
- Guide relevant vaccination programmes
- Serve as an early warning system for future outbreaks

ESPN has achieved full operational status in Nigeria, with active sample collection across 4 states, and commencement of real-time laboratory testing for both bacterial and viral pathogens.

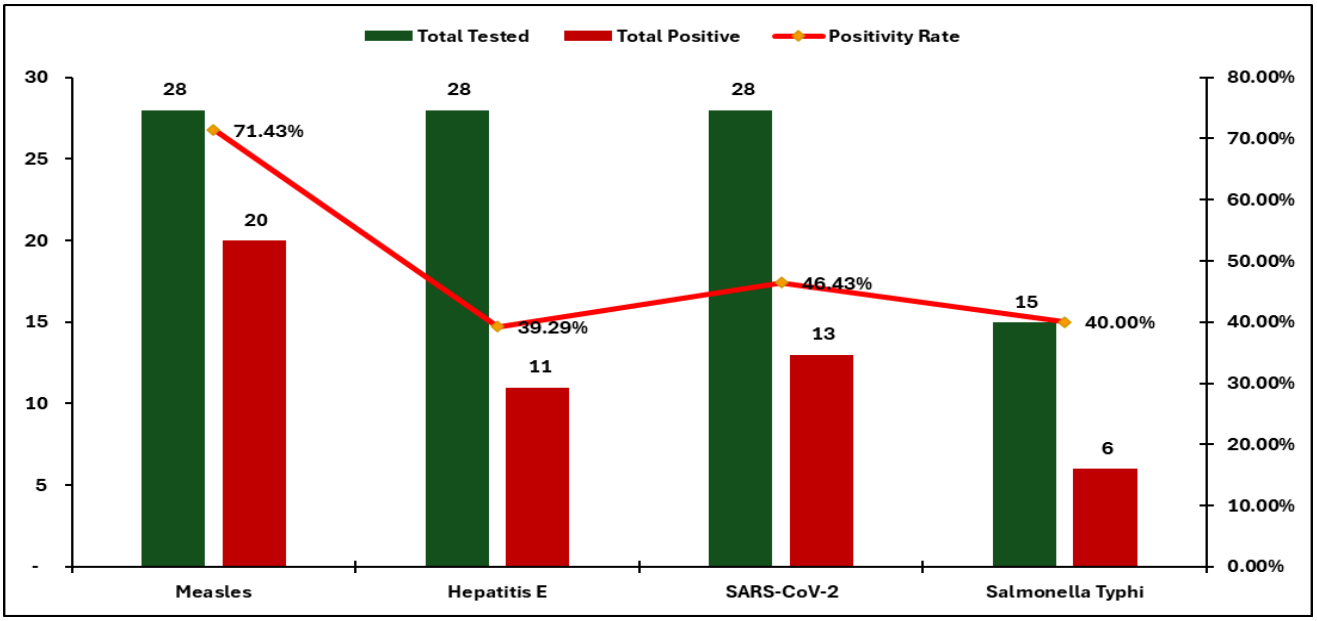


Figure 73 ESPN Pathogens Test-Positivity Rates in 2025

Alignment with NAPHS and One Health Strategic Plan

- The wastewater surveillance project will advance the national preparedness NAPHS directly in the following technical areas:
    - Surveillance
    - National laboratory systems
    - One Health
    - Human Resources
- This project will advance the preparedness levels in AMR, food safety, immunisation, and RCCE.
- The project will enhance the collaborative one health efforts, particularly in improving early detection and horizon scanning of Human–Animal–Environment (HAE) interface health threats and generally improve the one health surveillance and response architecture towards achieving better preparedness scores in future Joint External Evaluation (JEE).

- NCDC, coordinating the JEE, will record and monitor specific interventions contributed by ES to make a case for sustaining it.
- Breakdown of different pathogens tested and their corresponding positive cases from the ESPN, Measles has the highest positivity rates (71.43%).
- A total of 253 samples were collected, out of which 99 have been tested for the different ESPN pathogens in 2025.

Acute Febrile Illness Surveillance Study

The Acute Febrile Illness Surveillance (AFIS) study was successfully implemented with the aim to strengthen infectious disease research, surveillance, and laboratory capacity in Nigeria. The study was a hospital-based sentinel surveillance study implemented between 2020-2022 in two tertiary health facilities, Asokoro District Hospital (Abuja) and Nnamdi Azikiwe University Teaching Hospital (Anambra State) to generate critical epidemiological data on febrile illnesses.

During the planning phase, comprehensive study tools and operational frameworks were developed, including standardised data collection instruments, laboratory protocols, and Standard Operating Procedures, ensuring consistency and quality in implementation. Ethical approval was successfully obtained from the National Health Research Ethics Committee, reinforcing adherence to national research standards.

Stakeholder engagement was effectively conducted through advocacy visits and site assessments, which facilitated alignment with facility systems and strengthened collaboration with multidisciplinary hospital teams. These engagements informed context-specific adaptations that enhanced study implementation. Capacity building was also a major focus as the study teams across both sites were trained on surveillance protocols, specimen collection, infection prevention and control, and data management processes. Mock exercises further strengthened operational readiness and ensured efficient workflow from patient enrolment to laboratory analysis at the National Reference Laboratory.

The study achieved substantial participant enrolment, reaching 91% of its target sample size with a total of 2,155 participants recruited over the study period. Laboratory capacity was significantly enhanced through the introduction and optimization of advanced molecular diagnostic techniques. The use of TaqMan® Array Card (TAC) technology enabled the detection of a wide range of pathogens, while subsequent transition to multiplex PCR allowed for expanded testing coverage using a more cost-efficient and scalable approach. This allowed for increased sample analysis.

Analysis pf the data in 2023 generated important epidemiological findings, identifying a diverse range of pathogens associated with acute febrile illness. Notably, viral pathogens such as West Nile virus and Zika virus were among the most prevalent. The findings also offered valuable demographic and clinical study insights across patterns across age groups and sex

Lassa Vaccine Development Taskforce

Constituted by the Honourable Coordinating Minister of Health and Social Welfare, the Lassa Vaccine Development Taskforce serves as the high-level national body coordinating Nigeria's efforts to develop and deploy an effective Lassa fever vaccine. Key achievements this period have established the essential foundation for this ambitious goal:

- Strategic Coordination: Established a functional secretariat and fostered critical collaborations between key national institutions, international partners like the Oxford University Lassa Program and IAVI, and global funders such as CEPI.
- Evidence-Based Planning: Conducted comprehensive reviews of the existing vaccine landscape and has commissioned a detailed needs assessment to identify gaps and priorities.
- Roadmap Development: Developing a national strategic roadmap to guide subsequent vaccine development and deployment activities, ensuring they are aligned with national priorities.
- Regulatory Assurance: Integrated key regulatory bodies, including NAFDAC and NHREC, to ensure activities adhere to the highest ethical and regulatory standards.

The Taskforce successfully positioned Nigeria as a structured and strategic partner in the global effort to develop a Lassa fever vaccine.

Cerebrospinal Meningitis Sequelae Surveillance

Guided by the global roadmap to Defeat Meningitis by 2030, the NCDC pioneered the research agenda on meningitis sequelae to establish a sustainable national framework for CSM survivor aftercare – from surveillance to connection-to-care. Recognising that the burden of meningitis extends beyond the acute disease phase, the global strategy places strong emphasis on the Support and Care for People Affected by Meningitis pillar, which calls for systematic identification, follow-up, and support for individuals who experience long-term complications after meningitis infection.

In alignment with this global priority, NCDC has begun laying the foundational structures for sequelae surveillance in Nigeria. Early efforts are focused on developing a national framework to track post-meningitis disabilities — including hearing loss, cognitive impairments, motor deficits, behavioural challenges, and psychosocial consequences — and to establish linkages to appropriate care and rehabilitation services in collaboration with relevant MDAs. While these efforts are still at the preliminary stage, the development of this framework represents a bold step towards integrating survivor aftercare into national health security and public health programming.

NCDC's engagement in the global process has strengthened the technical direction of this work. In July 2024, NCDC participated in the first convening of global experts in Geneva, hosted by WHO to develop a global protocol for Meningitis Sequelae Surveillance. This meeting provided an opportunity for Nigeria to contribute insights from a high burden setting and to align future national protocols with international standards. The discussions highlighted the need for standardised assessment tools, referral pathways, community-based engagement mechanisms, and stronger integration between clinical and public health systems.

NCDC has initiated preliminary data collection and field assessments to better understand the magnitude and types of sequelae among meningitis survivors in Nigeria. Sequelae identified among CSM cases included visual and hearing impairment, motor and speech deficits, intellectual disability, epilepsy, cerebral palsy, unilateral weakness, back pain, neck stiffness, and overgrowth syndrome. All 8 confirmed CSM cases traced by NCDC surveillance officers and community health workers in Yobe and Jigawa States experienced CSM-related aftereffects, while all 29 suspected cases reviewed in collaboration with the Department of Paediatrics at the Federal Medical Centre and Federal University of Gusau in Zamfara State presented with severe complications. Additionally, a school survey conducted at the Government Comprehensive Special School in Nasarawa State revealed that caregivers attributed

approximately 45% of acquired disabilities among their special needs children to health-related causes, with illness, fever, and convulsions cited as the associated symptoms.

These findings call for an integrated approach to long-term meningitis surveillance, clinical follow-up, rehabilitation, and recovery — combining community-driven and NCDC-led sequelae surveillance (Jigawa, Yobe), health outcomes research (Zamfara), and stronger linkages with rehabilitation and special needs institutions (Nasarawa). The early findings from these assessments were presented at the Meningitis Research Foundation Global Conference in November 2025 in London, United Kingdom, where NCDC researchers were invited to share emerging evidence in implementing CSM sequelae surveillance.

To date, NCDC has integrated CSM sequelae surveillance into the national outbreak response guideline and readiness/preparedness tools to sensitise health workers on recognising, managing, and referring post-meningitis sequelae early.

Figure 74 NCDC at the Meningitis Research Foundation Conference in United Kingdom

Community-Based One Health Participatory & Empowerment (COPE) Project

The COPE project aims to reduce the burden of community-prioritised One Health challenges in a Lassa fever endemic area using a participatory needs assessment and intervention strategy. The project is meant to empower communities to identify, prioritise, and proffer solutions to One Health challenges and will also provide insight to the state and the nation on the best approach for dealing with the menace of Lassa fever and other One Health challenges. The project implemented a series of community-driven One Health activities, which included a baseline One Health Risk Assessment (OHRA), participatory needs assessment and intervention synthesis, community-led intervention implementation, post-intervention OHRA, results dissemination, and a project review meeting.

The baseline OHRA was conducted in 2024 by multidisciplinary One Health teams from NCDC, National Veterinary Research institute (NVRI), University of Ibadan, RKI, and Friedrich Loeffler Institute (FLI). Project communities were Oriuzor (intervention community) and Okaleru (control community), both in Ezza North LGA of Ebonyi state. It involved structured sampling, laboratory analysis, epidemiological surveys, and anthropological field studies to establish baseline risk profiles and community-specific

drivers of disease transmission. Laboratory analyses were completed by December 2024, providing evidence to inform intervention design. Intervention implementation began in June 2024 and continued through 2025, led by the community with technical oversight from NCDC. To assess intervention impact, a post-intervention OHRA was successfully conducted between March and April 2025 using comparable methodologies to the baseline assessment. Results dissemination took place in November 2025, with structured feedback provided to communities and stakeholders at local, state, and institutional levels.

Findings demonstrated positive behavioural change in the intervention community, reinforced trust through transparent reporting, and generated interest in future scale-up and policy translation. A project review meeting was held in December 2025, bringing together NCDC and partners to review achievements, address challenges, and define strategic priorities for the next phase of the COPE Strategy. COPE institutionalised as a flagship community engagement model.

Figure 75 Sessions during the CLPNA-IS at implementation community (Oriuzor)

Review Meeting

From 8–12 December 2025, the NCDC participated in the review meeting of the COPE Strategy Project, alongside partner institutions. The COPE project was implemented from 2023 to 2025. The meeting provided an opportunity to review progress made, celebrate key milestones, assess implementation challenges, evaluate outstanding actions, and strategically plan for the next phase of the project. Discussions also reaffirmed the collective commitment to strengthening One Health systems through community-driven approaches. NCDC looks forward to sustained collaboration, improved coordination, and enhanced impact as the COPE project transitions into its next phase.

Figure 76 COPE Strategy Project Review

ENABLE Project Quarterly Follow-Up & Blood Sampling

In August, NCDC, through the ENABLE Project Coordination Office, successfully supported the commencement of the third quarterly follow-up and blood sampling activities at the Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA). The activities were preceded by a one-day refresher training designed to reinforce study protocols, ethical standards, and quality assurance procedures. The refresher was supported by NCDC in collaboration with the Coalition for Epidemic Preparedness Innovations (CEPI), ensuring continued adherence to global best practices in clinical and epidemiological research.

This multi-partner collaboration is generating high-quality scientific data essential for advancing Lassa fever vaccine development and strengthening evidence-based outbreak preparedness and response. By coordinating and supporting longitudinal data and sample collection, NCDC is contributing to global efforts to accelerate vaccine research while strengthening national research capacity, surveillance systems, and epidemic preparedness. The ENABLE Project highlights NCDC's leadership in translating research into public health action and reinforces Nigeria's role in the global fight against Lassa fever.

Disease-Resistant African Dwarf Sheep Blood Production Site Visit

In October, a delegation from NCDC, led by the Head of the Antimicrobial Resistance (AMR) Division, conducted a monitoring visit to the Disease-Resistant African Dwarf Sheep Blood Production site at the Veterinary Microbiology Laboratory, University of Ibadan. The visit formed part of NCDC's routine project oversight activities and was aimed at assessing implementation progress, identifying operational challenges, and ensuring adherence to agreed timelines and deliverables. The engagement was an opportunity for technical discussions with the implementing team on laboratory processes, biosafety standards, and quality assurance measures.

This initiative is supported under the Nigeria Capacity Development for Antimicrobial Resistance (NiCaDe-AMR) Subproject, implemented by NCDC to strengthen Nigeria's national response to antimicrobial resistance. The project contributes to improving the availability of high-quality biological materials critical for diagnostics, research, and surveillance, while promoting local innovation and sustainability. By providing strategic leadership and oversight, NCDC continues to reinforce a One Health–driven approach to AMR containment, enhance national research capacity, and support evidence-based interventions that safeguard public health and strengthen health security.

Nigeria has made demonstrable progress in health security ecosystem, marked by strategic governance reforms, strengthened subnational coordination, and advancements in genomic surveillance and antimicrobial resistance monitoring. However, the nation's health security remains a work in progress, continuously tested by recurrent outbreaks, an escalating AMR crisis, and systemic challenges in funding

and human resources. The path forward demands sustained political commitment, increased domestic investment, and the deepened institutionalisation of these gains at state and local levels to ensure the country can effectively prevent, detect, and respond to the spectrum of public health threats.

NiCaDe HEV/Rota

Four sentinel sites are actively participating in HEV–Rotavirus surveillance, with two additional sites prepared for training. The HEV–Rotavirus sentinel surveillance protocol was developed, received ethical approval, and was printed, distributed, and implemented across all sites. Sentinel sites maintained an uninterrupted supply of reagents and materials, with no stock-outs recorded. On-site training and retraining of surveillance teams were conducted, alongside continuous advocacy to ensure sustained commitment from site authorities and leadership.

Routine collection of HEV and Rotavirus gastroenteritis samples and data continued throughout the reporting period. Laboratory staff received national and international capacity-building training in molecular diagnosis of HEV and Rotavirus. In addition, an HEV survey was conducted among internally displaced persons (IDPs) in three camps across seven LGAs in Maiduguri, Borno State, with 461 samples collected from pregnant and lactating women and other population groups. The resulting manuscript is currently undergoing final review.

Operational Research Subnational Sample Referral & Transport Systems

The NCDC conducted operational research to generate evidence-based, scalable models for subnational sample referral and transport systems in 8 states across 6 geopolitical zones: Lagos, Imo, Rivers, Jigawa, Kano, Nasarawa, and Taraba. This research considers Nigeria's diverse contexts, recognising that a one-size-fits-all approach may not be suitable for all states. The objectives of the research are to:

- Assess the current landscape of subnational sample referral and transport systems across the selected states.
- Identify enabling and limiting factors influencing effectiveness at national and subnational levels.
- Document and analyse existing formal and informal models, evaluating their performance and adaptability.
- Propose contextually appropriate, scalable, and sustainable models for implementation at the subnational level.

The evidence generated will support advocacy, policy development, and the establishment of sustainable sample transport systems at subnational levels.

Figure 77 Stakeholder inception meeting for operation research on subnational sample transport

NCDC Postgraduate Training & Research – Japan International Cooperative Agency

The NCDC benefits from staff professional development through postgraduate training and advanced research collaborations with leading institutions in Japan, notably Nagasaki University and Hokkaido-based research centres, with a focus on diagnostics, genomics, laboratory systems, and health communication. These studies focus on critical areas of public health, from improving disease diagnostics to exploring new financing models for climate resilience.

Nagasaki University

Doctor of Public Health (DrPH) Program (2022-2027): A staff member is conducting doctoral research on communicating diagnostic test results during the COVID-19 pandemic in Nigeria. The project examines preferences and perceptions among health workers and the public to improve future outbreak communication. The study builds on extensive prior experience at NCDC, AFENET, and the Nigeria Customs Service Medical Corps. While coordination challenges in collaborative decision-making across institutions have caused delays, plans are in place to complete the pilot survey and proceed with data collection after obtaining the necessary regulatory approvals, including applications for an NHREC study period extension and a protocol amendment. Next steps include regulatory feedback, nationwide data collection across six states, and publication in a peer-reviewed journal, followed by reintegration into NCDC service.

Masters/PhD Program (2025–2030): A senior laboratory scientist, who is also a biosafety officer with extensive molecular diagnostics experience, is initiating research to evaluate risk factors for Mpox transmission in Nigeria's high-burden regions. The study is currently at the conceptualisation stage and awaiting access to relevant surveillance data. The observational study seeks to address gaps in evidence by analysing existing data to better understand the drivers of infection, strengthen analytical capacity, and contribute to peer-reviewed outputs that enhance scientific communication from NCDC laboratories and field operations. This will inform more effective prevention and control strategies.

Doctor of Public Health (DrPH): Concurrently, another researcher is applying the Taskforce on Nature-related Financial Disclosures (TNFD) framework to Nagasaki University Hospital. This innovative work

assesses a health facility's environmental impact and dependencies, exploring how such models could help NCDC access "green" and climate adaptation financing to build more resilient health systems in Nigeria. The DrPH research applies the TNFD LEAP framework to assess how health facilities depend on and impact natural systems. The study addresses a key gap in public health by demonstrating how nature-related/environmental risk assessment can inform governance, sustainability, and financing decisions within health institutions. The researcher is currently finalising data governance and reviewing preliminary findings with the host institution to prepare for peer-reviewed publication.

Figure 78 NCDC JICA Scholars studying in Nagasaki University, Japan

The significance for NCDC, the study explores a new model for health sector financing – the potential of TNFD-informed approaches to strengthen access to climate, nature, and sustainability-linked financing. By systematically identifying and measuring environmental dependencies and risks, frameworks like TNFD can help public health institutions qualify for "green" and climate adaptation funds. This approach could position NCDC and Nigerian health facilities to access new finance streams for building climate-resilient infrastructure, climate-sensitive disease prevention and programs, reducing long-term pressure on traditional budgets and donor funding.

Ongoing engagements focus on validation of early results, clarification of publishable datasets, authorship and institutional approvals, and alignment with target peer-reviewed journals to ensure analytical rigor and ethical compliance. Planned outputs include academic publications, policy and financing briefs relevant to Japan and Nigeria, and structured engagement with NCDC to explore pilot applications of TNFD-based assessments in Nigeria, translating research into practical pathways for climate-resilient health financing.

Hokkaido University

PhD Program (2022-2026): This PREPARE training program is focused on advanced genomic surveillance of viral pathogens using an enhanced metagenomic group testing algorithm. The research is at an advanced stage with the first manuscript already published. The study has successfully demonstrated a novel, sensitive, and cost-effective method for detecting and characterising viral pathogens from pooled clinical samples. This unbiased approach is highly scalable for public health surveillance. This directly equips the NRL with cutting-edge expertise. The developed techniques and bioinformatic pipeline hold substantial promise for strengthening national monitoring and surveillance initiatives.

Activities through 2026 will focus on completing the PhD, submitting a second manuscript, and participating in capacity-building programs. Upon graduation, the researcher plans to directly apply

these outcomes to national public health programs and enhance genomic surveillance capacity. The researcher is actively engaged in international collaborations and capacity-building initiatives relevant to public health and biosecurity. She plans to continue genomic surveillance and outbreak-related research, while strengthening institutional and international research collaborations through knowledge transfer and contributions to ongoing programs.

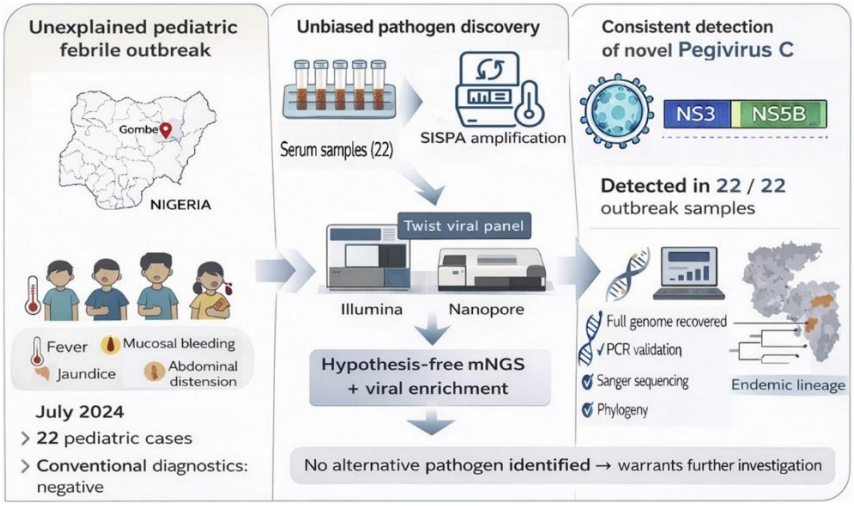


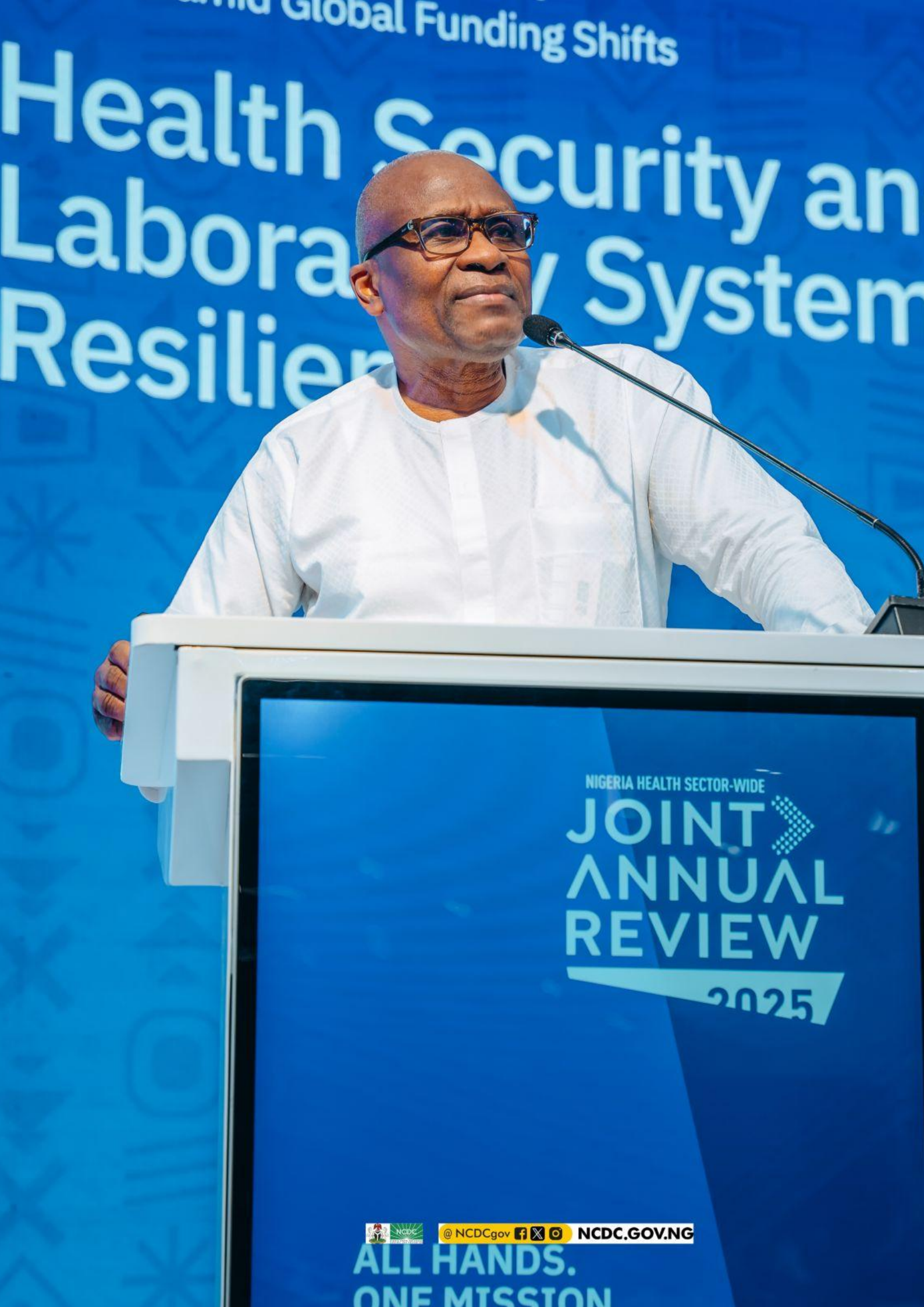
Figure 79 Graphical Abstract - Detection of Novel Pegivirus C Genome in an Unexplained Febrile Outbreak, Gombe State, Nigeria, 2024 by Enhanced mNGS Approach – Maryam Sani Lawal et al

PhD Program: A medical microbiologist is leading research on developing cost-effective whole genome sequencing and metagenomic next-generation sequencing (mNGS) approaches for genomic surveillance and diagnosis of genetically diverse Lassa virus strains. The project is at a preliminary stage, with pan-Lassa primers designed and undergoing optimisation with the goal of improving outbreak response through more accessible advanced diagnostics. Progress has been constrained by delays in finalising data-sharing agreements and ethical approvals. Planned work includes primer validation, mNGS analysis of Lassa samples, and application of findings to strengthen Nigeria's Lassa fever response. As a cost-effective genomic surveillance tool, the whole genome sequencing and metagenomic methods can accurately detect the virus's significant genetic diversity.

Figure 80 NCDC JICA Scholars studying in Hokkaido University, Japan

Academic initiatives strengthen NCDC's human resource capacity, advance applied research aligned with national public health priorities, and enhance Nigeria's engagement with global scientific and financing frameworks.

Strengthening Health Security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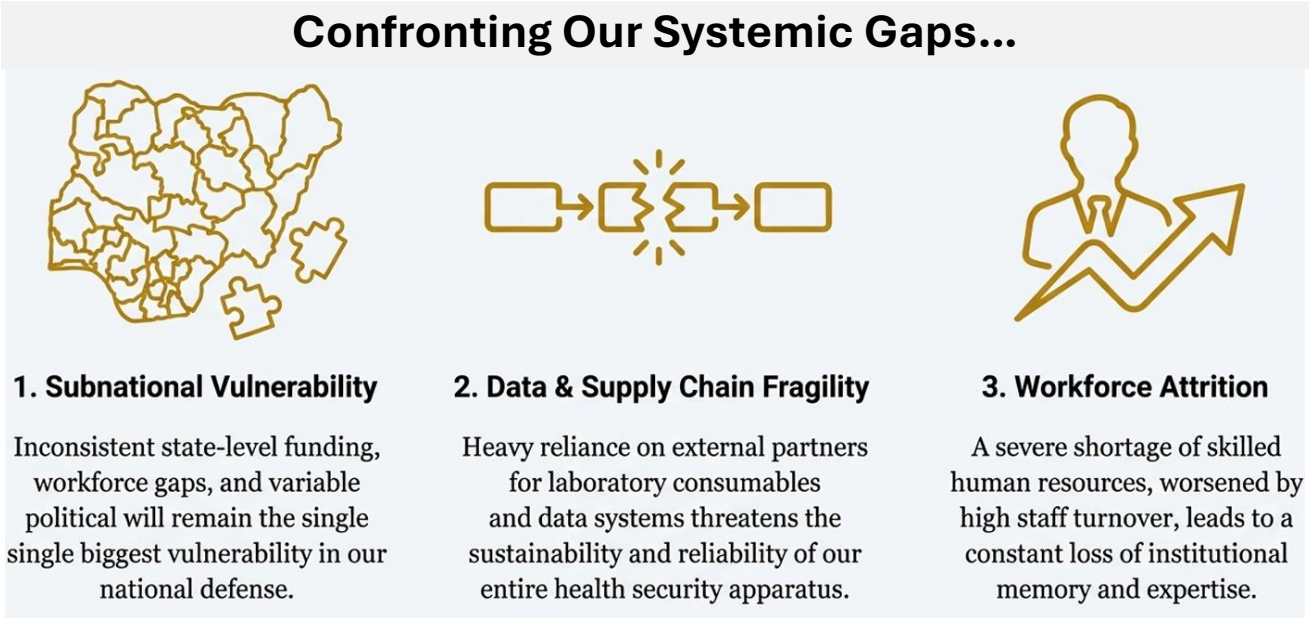
Advancing Health Security by Confronting Systemic Challenges

NCDC has demonstrated leadership by diagnosing the systemic challenges within Nigeria's health security space. The following summary outlines these challenges as strategically identified gaps that define the agency's priorities for future investment and action. Summarised in five key areas:

1. Vulnerable Subnational Infrastructure: The gap between national strategy and state-level implementation remains the single biggest vulnerability. This is characterised by inconsistent funding, workforce gaps, and variable political commitment at the state level, leaving a patchwork defence system across the country.
2. Inconsistent and Limited Data Systems: Surveillance and data generation, the backbone of public health decision-making, are hampered by inadequate geographic coverage, persistent stockouts of essential laboratory supplies, and a heavy reliance on external technical and financial partners, which threatens the sustainability and reliability of the entire health security apparatus.
3. Critical Workforce and Institutional Gaps: There is a severe shortage of skilled human resources across all technical areas at both national and subnational levels. This is made worse by high staff turnover, attrition, and the lack of institutionalised structures for critical functions like RCCE, leading to a constant loss of expertise.
4. Underdeveloped Multi-Sectoral Coordination: The One Health approach, essential for managing zoonotic diseases and AMR, remains disadvantaged by sub-optimal implementation at the state level, limited dedicated funding across the human, animal, and environmental sectors, and a significant capacity imbalance between these sectors.
5. Limited Private Sector Engagement: Underutilisation of the private sector's innovation, logistics, and financing capabilities.

In essence, the core challenge is a cycle of under-investment in the foundational systems - workforce, data, state-level capacity, and cross-sectoral collaboration - which forces the system into a reactive posture. Addressing these systemic issues is paramount for transforming Nigeria's health security from a conceptual framework into a durable, self-reliant, and effective national asset.



Health Security Recommendations

PILLAR 1: Prevention – Health Promotion & Disease Prevention

This pillar focuses on stopping threats before they emerge.

1. Expand the AMR surveillance network to all states. Mandate and fund AMS/IPC programs in all tertiary and secondary facilities. Launch public awareness campaigns on antimicrobial misuse.
2. Establish functional state-level One Health platforms with dedicated budgets. Conduct joint risk assessments for priority zoonotic diseases.
3. Institutionalise and fund RCCE, embedding it in all health security plans. Train community informants for community-based surveillance.

PILLAR 2: Early Warning & Detection – Integrated Disease Surveillance

Finding threats quickly.

1. Achieve Universal Surveillance: Complete the national roll-out of EBS and CBS to all states. Strengthen Point of Entry (PoE) surveillance.
2. Modernise Data Systems: Invest in integrated digital surveillance platforms and ensure stable internet connectivity for real-time data flow from all LGAs.
3. Secure Laboratory Supply Chains: Create a dedicated budget line for laboratory consumables to ensure uninterrupted testing and data generation.

PILLAR 3: Enhance Epidemic Preparedness & Response

Being ready to act when a threat is detected.

1. Operationalise PHEOCs by transitioning all state EOCs to multi-hazard PHEOCs with permanent staff, regular simulation exercises, and defined emergency plans.
2. Build a Response Workforce by creating a database of trained, deployable surge staff and invest in continuous capacity building for state-level responders.
3. Secure dedicated domestic funding for SAPHS implementation and establish a contingency fund for immediate outbreak response.

PILLAR 4: Strategic Partnerships

Leveraging collaboration for greater impact.

1. Strengthen national leadership to clearly define priorities and align all partner investments with the NAPHS.
2. Diversify partnerships by forming strategic alliances with the private sector for logistics, technology, and innovative financing.
3. Advocate globally and position Nigeria as a key voice in regional and global health security forums to shape agendas and mobilize resources.

CROSS CUTTING Foundation: Enablers

Invest in the workforce with clear and attractive career pathways for public health professionals.

1. Secure sustainable funding for permanent positions that build core competencies, including epidemiology, laboratory sciences, and data management.
2. Expand field epidemiology training programs with targeted recruitment from underserved regions to build local capacity.

Upgrade Core Infrastructure

1. Prioritise WASH improvements across all healthcare facilities, especially in underserved and rural areas.
2. Ensure reliable and sustainable power supply and internet connectivity to support uninterrupted emergency operations, and data reporting.

Institute Supportive Policies:

1. Develop and implement a national health security financing strategy that guarantees predictable, long-term funding for epidemic preparedness and response.
2. Establish robust data governance frameworks to safeguard data privacy while promoting timely and transparent sharing of health information.
3. Introduce policies and incentives to address brain drain, retain skilled personnel, and attract diaspora expertise.

Accelerate Digital Transformation:

1. Invest strategically in interoperable digital health systems that integrate surveillance, laboratory, and emergency operations data for real-time decision-making.
2. Digitise and automate operational tasks such as case reporting, contact tracing, and resource management to enhance efficiency and reduce delays.
3. Promote capacity building in digital literacy and data analytics among health workers.

Strengthen Multi-Sectoral Collaboration:

1. Enhance coordination mechanisms between human health, animal health, environmental sectors, and other relevant stakeholders through the One Health approach.
2. Institutionalise regular joint planning, simulation exercises, and information sharing to improve preparedness for zoonotic and other emerging health threats.

Enhance Community Engagement and Risk Communication:

1. Invest in culturally sensitive community awareness programs that leverage local leaders and media platforms.

2. Strengthen risk communication capacity at all levels to promote timely public adherence to preventive measures during outbreaks.

Ensure Sustainable Financing and Resource Mobilisation:

1. Explore innovative financing mechanisms including public-private partnerships, international donor alignment, and domestic budget allocations to sustain health security investments.
2. Establish transparent monitoring and accountability frameworks for resource utilisation.

These recommendations aim to move NCDC from a reactive outbreak response system to a proactive and resilient health security system for Nigeria.

Conclusion and Outlook for 2026

Institutionalisation – Scale-up – Sustainability – Delivery

The 2025 reporting period demonstrated both the progress made and the challenges that remain in strengthening Nigeria's health security. NCDC achieved significant gains across surveillance, laboratory capacity, outbreak response, and subnational preparedness. At the same time, recurring outbreaks and systemic constraints highlighted the need for continued investment in infrastructure, timely data interoperable reporting, workforce development, and integrated multisectoral collaboration. The recommendations outlined in this report provide a clear pathway for addressing these gaps.

Looking ahead to 2026, NCDC will prioritise:

- Enhancing routine and event-based surveillance
- Expanding genomic and laboratory capacity
- Strengthening subnational preparedness and rapid response systems
- Expanding One Health collaboration
- Scaling research, innovation, and community engagement
- Mobilising domestic resources for sustainable health security operations
- Digital transformation
- Domestic resource mobilisation

NCDC will continue safeguarding regional health through evidence-based public health action, strong partnerships, and resilient systems. With collective effort and sustained commitment, Nigeria will continue to advance towards a safer, healthier, and more prepared future.

NCDC 2025 Progress Overview at a Glance

LEGAL

1. HIGH-LEVEL LEGISLATIVE ENGAGEMENT

Joint Legislative Health Committee Retreat

- Participants: National Assembly Health Committee Members, NCDC Leadership
- NCDC Act Amendment: Commitment to speedy passage of pending amendments
- Domestic Funding Enhancement: Consensus on NCDC placement on first-line charge
- Action Plan Development: Proactive legislative engagement strategy

Legislative Commitments

- Budget Prioritisation: Increased appropriations advocacy
- Alternative Funding Models: Exploration of BHCPF and private sector partnerships
- Strategic Coordination: Potential repositioning under Presidency for enhanced authority
- National Security Linkage: Health security declared as national security priority

2. GLOBAL HEALTH GOVERNANCE AND POLICY DEVELOPMENT

- Developed Nigeria's position paper on the WHO Pandemic Treaty (CA+) and proposed IHR (2005) amendments.
- Reviewed legal and policy implications of proposed international health instruments.
- Supported Nigeria's official participation in Intergovernmental Negotiating Body (INB) meetings in Geneva.
- Ensured alignment of global commitments with national priorities, including sovereignty, health system resilience, and equitable access to medical countermeasures.

3. CAPACITY BUILDING AND TRAINING

- Organised the 2nd Public Health Legal Training for legal officers in Nigeria.
- Enhanced legal officers' understanding of public health law, health security, emergency preparedness, health security frameworks, and IHR compliance

4. COORDINATION AND SURVEILLANCE

- Participated in a Collaborative Surveillance meeting to strengthen intersectoral coordination.
- Supported multisectoral collaboration for improved public health preparedness and response.

5. SUBNATIONAL LEGAL ASSESSMENTS AND LAW REFORM

Ogun State

- Conducted a legal assessment of public health security laws.
- Supported drafting of a Public Health Emergency Law.
- Facilitated multi-sectoral stakeholder engagement and action planning.

Nasarawa State

- Conducted a comprehensive assessment of state public health security laws.
- Identified gaps in surveillance, emergency response, and enforcement mechanisms.
- Recommended legal reforms aligned with national and international standards.

Cross River State

- Supported drafting of State Health Security laws through a five-day stakeholder workshop.
- Strengthened provisions on surveillance, IDSR domestication, PHEOC establishment, and mandatory NCDC reporting.

6. COLLABORATIVE SURVEILLANCE AND DATA GOVERNANCE

- Supported implementation of the Collaborative Surveillance initiative.
- Conducted legal mapping across health-related laws of 10 MDAs.
- Identified fragmentation and gaps in data-sharing and reporting obligations.
- Recommended incorporation of enforceable data-sharing provisions, including amendments to the NCDC Act (2018).

7. IMPACT

- ✓ Strengthened legal preparedness for public health emergencies at national and state levels.
- ✓ Enhanced inter-sectoral collaboration and stakeholder engagement.
- ✓ Increased advocacy and awareness for investment in public health legal reforms.
- ✓ Advanced institutionalisation of collaborative surveillance and mandatory reporting mechanisms.

SPECIAL DUTIES

1. BASIC HEALTHCARE PROVISION FUND (BHCPF) NCDC GATEWAY

Fund Allocation & Disbursement

Total Funds Received (2025):

- Programmatic Fund: ₦1,936,989,418.38
- Operations Fund: ₦108,724,619.98

Fund Distribution Structure:

- Operations Fund (10%): NCDC infrastructure and capacity building
- States Outbreak Investigation and Response Fund (S-OIRF) (80%): Programmatic interventions
- Public Health Emergency Operations and Response Fund (PHEORF) (20%): Emergency response

Quantitative Achievements:

- ₦489.9 million disbursed for state-level emergency preparedness
- 4 major disease outbreaks responded to with RRT deployment (cholera, mpox, diphtheria, CSM)
- 15 Rapid Response Teams (RRTs) deployed within 7 days of notification
- 17 outbreak investigations initiated across states
- Second tranche (2022/2023) disbursements released to Ekiti and Kaduna following eligibility confirmation and fund retirement
- Received Q4 S-OIRF allocation totalling ₦251,535,395.88

State-Level Interventions Supported:

- Resolution of processing fees for CSM commodities
- Simulation Exercises: Testing emergency readiness
- Monthly Supportive Supervision: Surveillance and response activities
- Multi-Hazard EPRPs: Development and operationalization
- Rapid Response Teams: Deployment for priority disease outbreaks
- Coordination Meetings: State PHEM Committee and quarterly EPR Committee meetings
- PHEOC Enhancement: State and LGA functionality improvement
- Sample Transportation: Logistics for timely laboratory testing
- Medical Countermeasures: Prepositioning for outbreak response

PHEORF Utilization (20% Programmatic Fund):

- Resolution of processing fees for CSM commodities
- Priority disease testing support
- Data bundle provision for surveillance officers
- Emergency response coordination expenses

Sub-National Highlights

- 30/37 states operationalizing BHCPF NCDC Gateway
- Enhanced surveillance systems through coordinated investments
- Improved rapid response mechanisms across geopolitical zones
- Strengthened state-LGA coordination structures

2. SECTOR-WIDE APPROACH (SWAp)

- Health Security TWG Inaugurated: Unified planning and implementation
- Alignment Framework: National priorities with state and donor funding
- Governance Improvement: Unified plan, budget, and reporting system
- Primary Healthcare Focus: Integration with pandemic preparedness

3. GLOBAL FUND C19RM GRANT MANAGEMENT

Programmatic Achievements

- 37 Budget Lines Executed: Across 8 thematic areas
- Credibility Enhancement: Transition to fully accredited Sub-Recipient status

Strengthened Subnational Emergency Preparedness

PHEOC Optimisation

- 12 priority states with optimised operations
- Internet & Power Infrastructure: Enhanced across national and subnational sites
- 240 Frontline Responders: Trained in PHEM across 12 states
- Expansion Underway: 24 additional states targeted for 2026

Simulation Exercises

- 11/12 states: Completed functional SIMEX
- Enugu State Initiative: Independent field-based SIMEX (December 2025)
- Post-Exercise Improvements: Institutionalised preparedness capacities

Disease Surveillance

Digital Surveillance Scale-up

- 5,700+ SORMAS-enabled devices: Procured and deployed nationally
- 5,300+ Healthcare Workers: Trained across 34 states
- Community-Based Surveillance: Piloted in Enugu, Kano, Oyo (7,035 community informants trained)
- Event-Based Surveillance: Infrastructure in 12 states, agent training scheduled

IDSR Capacity Reinforcement

- 40,000+ Healthcare Workers: Trained in XXX# facilities across 20 states
- Standardised Reporting Tools: Nationwide distribution
- Facility Coverage: Comprehensive training network established

Laboratory & Genomics Capabilities

National Genomics Surveillance:

- 95% Infrastructure Complete: Critical equipment installed

- Multi-pathogen Focus: SARS-CoV-2, Lassa fever, cholera, monkeypox
- Multiomics Laboratory Development (CPHL Lagos). Africa's Second Most Advanced: State-of-the-art facility. Integrated Capabilities: Genomics, proteomics, metabolomics, bioinformatics
- Key Instrumentation
    - Gas Chromatography–Mass Spectrometry (GC-MS)
    - Liquid Chromatography–Mass Spectrometry (LC-MS)
    - MALDI-TOF Mass Spectrometry
    - UHPLC Platforms
- Validation Phase: Equipment undergoing operational validation
- Continental Hub: Positioning for infectious disease research

Infection Prevention & Control Transformation

National IPC Strengthening Program

- 36 States + FCT: Comprehensive coverage
- Academic Collaboration: Diploma program with University of Lagos College of Medicine
- IPC Focal Persons: 36 state-level + FCT, 325 facility-level trained
- IPC Assessments: 164 conducted nationwide
- Strategic Plans: 6 states supported in development

Data Systems & Surveillance

- REDCap-based Platform: National deployment for IPC, WASH, HAI surveillance
- Real-time Monitoring: Enabled through digital platform
- Point Prevalence Survey: Preliminary data informing interventions
- International Recognition: Presentation at ICPIC 2025

Strategic Alignment & Global Mandates

- IHR Compliance: Direct advancement of IHR (2005) requirements
- NAPHS 2.0 Support: Contribution to national action plan development
- JEE Follow-up: Subnational action planning enabled
- One Health Integration: Cross-sectoral collaboration enhanced
- Workforce Development: Sustainable capacity building programs

4. PARTNERSHIPS: PRIVATE SECTOR ENGAGEMENT

National Health Security Roundtable

- Partnership Framework: Structured collaboration mechanism
- NAPHS 2.0 Private Sector Call to Action: Development initiated

5. PARTNERSHIPS: REGIONAL & INTERNATIONAL COLLABORATION

ECOWAS Lassa Fever Conference

- Multidisciplinary Representation: DG and technical team participation
- Knowledge Exchange: Latest advances in prevention, surveillance, clinical management
- Regional Leadership: Nigeria's experiences showcased
- Resource Mobilization: Enhanced opportunities for technical cooperation

Global Health Security Alignment

- International Health Regulations: Compliance advancement
- Regional Collaboration: West African partnership strengthening
- Knowledge Sharing: Best practices exchange
- Technical Cooperation: Cross-border capacity building

6. PROJECT MANAGEMENT OFFICE (PMO)

Project Implementation Unit (PIU) established to coordinate all NCDC projects and grants.

- Office of DG Oversight: Direct reporting and strategic alignment
- Standardised Procedures: Project management frameworks drafted
- Accountability Mechanisms: Emerging transparent monitoring and reporting
- Development Partner Collaboration: Enhanced partnership management
- Budget Tracking: Financial oversight and accountability
- Performance Monitoring: Results-based management implementation
- 16 core project management topics assessed through a 3PM maturity survey across NCDC departments.
- 10 donor-funded projects supported, including US CDC, Global Fund, RKI, WAHO, Africa CDC.
- 3 major policies/guidelines drafted or standardised: Grant Management Policy, Data Sharing Agreements, and Retirement Protocols.
- Project and financial records reviewed and reconciled for compliance and audit readiness.

7. INFORMATION COMMUNICATION & TECHNOLOGY

Digital Public Health Systems Protection & Cybersecurity

- Collaboration with ONSA's National Cybersecurity Coordination Centre (NCCC) to obtain cybersecurity standards and regulations compliance certificate
- Cybersecurity Training: 3 NCDC staff participation from ODG, ICT, and NRL

S/N	Project / Activity	What Was Achieved
1	NGS Systems Deployment (CPHL Lagos)	70% completed genomic sequencing systems deployed and networked at CPHL Lagos, supporting national genomic surveillance
2	APHIDS ERP Full Implementation	Enterprise ERP system fully deployed and in routine use across 14 business functions at a compliance rate of 30%
3	Event-Based Surveillance (EBS) Upgrade	EBS platform upgraded and deployed across 12 states, improving real-time data visibility
4	LIMS Deployment (Pilot)	Laboratory Information Management System operational in 2 pilot laboratories
5	ESPN Platform Rollout	The ESPN platform was deployed nationally, including the deployment, hosting, and management of the data collection tool, supporting technical IT operations and environmental surveillance for NCDC.
6	Azure / Cloud Hosting Renewal & Backup	Azure subscription was renewed, and a hybrid backup and disaster recovery model was implemented, covering ALL critical systems with daily online backups and a defined Recovery Time Objective (RTO) of 24 hours during the reporting period.
7	Data Loss Recovery Implementation	Post-incident recovery completed and automated backup model adopted
8	ISP Bandwidth Upgrade	Internet bandwidth upgraded across the 3 NCDC campuses as follows: HQ; Primary: 100 Mbps. Secondary: 70 Mbps. NRL; Primary: 100 Mbps. Secondary 50 Mbps. CPHL; Primary: 70 Mbps. Secondary 50Mbps, enabling increased cloud usage and remote operations
9	Laptops & Desktops Distribution (Phase I)	47 laptops and 8 Desktops deployed to replace obsolete systems across 10 departments

S/N	Project / Activity	What Was Achieved
10	JICA Laboratory Network Integration (NRL & CPHL)	JICA-supported laboratory networks at NRL and CPHL were integrated with NCDC core ICT infrastructure, connecting the main laboratories and the new BLS3 Lab, enabling secure data exchange and supporting national surveillance. Percentage Completed: (15%).
11	AMR Programme ICT Support	AMR reporting platform was prepared and aligned with NCDC ICT systems, with 6 modules configured and 58 users were trained and authorised from all sentinel and active sites for Human, Animal, and Environment, Defence Reference Lab, NAFDAC, ready for deployment to support national antimicrobial resistance data reporting.
12	Performance Management System (PMS) Deployment	Digital PMS module deployed on APHIDS covering ALL member of staff - Compliance rate 0%
13	Access Control & Attendance System (Design Milestone)	Enterprise access control solution designed for 6 offices and 450 staff – Yet to be deployed

8. PARTNERSHIPS

Global & Multilateral

- WHO, UNICEF, Gavi, Africa CDC, WAHO, CEPI, Global Fund, BMGF, UNHCR, CHAI, RTSL

Bilateral & Development

- US CDC, UKHSA, JICA, Lafiya UK

Academic & Research

- Oxford University, IAVI, Georgetown University, BNITM, Nigerian Vaccine Consortium, MLSCN

Government & National

- FMoH&SW, OHCSF, NPHCDA, NAFDAC, OAGF, State Ministries of Health, Defence Medical Centre, Federal Ministry of Foreign Affairs (FMFA), Port Health Services, State Ministries of Agriculture, Environment, and other MDAs

Technology & Private Sector

- Microsoft, ISPs, ICT Vendors, Logistics Providers, Sophos

Support

- Laboratories & Genomics – BSL-3 labs, accreditation, sequencing
- Surveillance & Data – IDSR, SORMAS, EBS, MBA, NISS
- Emergency Preparedness – PHEOCs, SIMEX, outbreak response
- Research & Vaccines – Lassa fever vaccines, ENABLE project
- One Health – Environmental & avian influenza surveillance
- Workforce Development – NFELTP, PHEM, leadership training
- RCCE & IPC – Infodemic management, infection prevention

IMPACT

- ✓ Nationwide surveillance and laboratory coverage expanded
- ✓ Faster outbreak detection and response
- ✓ Stronger One Health coordination
- ✓ Sustainable financing for preparedness and response (BHCPF)
- ✓ Improved JEE and NAPHS implementation readiness

DISEASE PREVENTION & HEALTH PROMOTION

1. HEALTH PROMOTION

- Developed culturally tailored IEC materials for cholera, diphtheria, and AMR campaigns.
- Initiated engagement with schools and youth networks to mainstream health promotion and AMR awareness.

2. RCCE & INFODEMIC MANAGEMENT

Capacity Building

- 1,000+ personnel trained (State & LGA HPOs, Red Cross, MDAs, media practitioners).
- Trained over 60 livestock extension officers on RCCE for zoonotic disease prevention under the One Health framework.
- 36 + FCT states covered in social media & IM training.

Systems & Tools

- Established Nigeria's first Infodemic Management Cell
- National Infodemic Management Guidelines launched.
- Rumour Collection Log created (online & offline).
- 23 states using Community Listening Tools.
- RCCE+IM Dashboard deployed for real-time trend monitoring.

Coordination & Community Engagement

- Routine rumour updates integrated into national coordination.
- SBC materials produced for Cholera, Lassa, CSM, Mpox, Diphtheria, others.
- Draft RCCE+IM 2025 Workplan developed.

3. INFECTION PREVENTION & CONTROL (IPC)

National & Global Impact

- IHR JEE IPC score improved, contributing to national health security rise from 39% → 54%.
- Global Action Plan on IPC endorsed; Nigeria co-hosted UNGA side event.

Systems Strengthening

- 41 tertiary & 100+ secondary facilities enrolled in the Orange Network.
- 36 +1 states with functional IPC focal persons and strategic plans.
- National IPC Policy, manuals & legal framework finalized.

Capacity

- 391 focal persons trained across zones.
- 150 health workers completed IPC Basic Course.

- IPC e-learning platform launched.
- HAI surveillance rolled out in Orange Network facilities.

4. ANTIMICROBIAL RESISTANCE (AMR)

Policy & Governance

- NAP 1.0 evaluated (44% implementation).
- NAP 2.0 launched.
- AMR Governance Manual approved by NCH.
- Nigeria selected to host the 5th Global High-Level Ministerial Conference on AMR.

Surveillance & Infrastructure

- AMR sentinel sites expanded: 10 → 18.
- Solar power installed in all sentinel sites.
- QMS & WHONET rolled out nationwide.
- Diagnostic stewardship piloted in Abuja.
- Processed over 13,000 samples across sentinel sites, generating baseline resistance trend data.
- Supported quality management system (QMS) improvements in 11 sentinel laboratories, advancing ISO 15189 certification.

Capacity & Awareness

- 4,000 HCWs trained on AMS.
- 75 schools established AMR clubs (4,000 students).
- 30 AMR leaders trained; 22 AMS stakeholders trained using WHO modules.
- 7 AMR scientific publications produced.

5. CORPORATE COMMUNICATIONS

Visibility & Reach

- 30+ national media appearances and outbreak briefings across radio, TV, print, and online platforms.
- Millions of digital impressions across X, Facebook, Instagram, LinkedIn & YouTube.
- Expanded NCDC's digital presence with innovative campaigns (HealthTipMonday, #FactFriday) and initiated youth-focused TikTok outreach**.**

Internal & External Engagement

- 60+ official emails and 140+ WhatsApp updates to staff.
- Supported 37 institutional events (branding, documentation, media).
- Real-time outbreak communication and risk messaging amplified nationwide.

IMPACT

- ✓ Strengthened national health security systems across surveillance, IPC, AMR, and RCCE.
- ✓ Expanded frontline workforce capacity nationwide.
- ✓ Improved global visibility and compliance with international health frameworks.
- ✓ Enhanced evidence generation, community engagement, and real-time public health communication.

SURVEILLANCE & EPIDEMIOLOGY

1. EARLY WARNING SYSTEMS (EWS)

Digital Infrastructure & Tools

- Continental Framework Adaptation: Africa CDC Event-Based Surveillance (EBS) framework adapted for Nigeria
- Digital Platform Deployment: Tataafo, EIOS, SITAware operationalized in 12 states
- Community-Based Surveillance Pilot: Launched in 3 states with SMS/phone reporting systems
- Connect Centre Protocols: Established for signal management and verification

Capacity Building & Rollout

- 12 States Trained on EBS principles and digital tools (Kwara, Kano, Katsina, Gombe, Bauchi, Benue, Edo, Bayelsa, Anambra, Enugu, Ekiti, Oyo)
- 5 States received Mpox surveillance training (Ogun, Benue, Imo, Abia, Rivers)
- Multisectoral Participation: Ministries of Health, Environment, Agriculture, SEMA, LGAs engaged

2. ONE HEALTH

Governance & Coordination

- National Committees: Steering and Technical Committees fully operational
- Ministerial Representation: Key ministries engaged across human-animal-environment interface
- State-Level Structures: 10% of states developed One Health Strategic Plans

Capacity Building & Training

- 24 Participants: Trained from Borno & Gombe states on Tripartite Joint Risk Assessment (JRA) tool
- 40 Participants: Trained on Network for Evaluation of One Health (NEOH) framework
- 2 National Technical Committee Meetings: Convened for coordination and progress review

Risk Assessment & Surveillance

- 8 Priority Zoonotic Diseases: National JRA completed (HPAI, Lassa, Rabies, Anthrax, Mpox, etc.)
- 7 States: Developed functional JRA capacity (19% national coverage)
- Surveillance Information Sharing Tool: 32 systematic activities assessed

Systems Integration

- Integrated National Environmental Health Surveillance System (INEHSS): Validated
- Wastewater Surveillance: Expanded from single to multi-disease monitoring
- Vulnerability Matrix Tool: Developed for early warning systems

Performance Metrics

- 19%: States with functional JRA capacity (7/37)
- 10%: States with One Health Strategic Plans (4/37)
- 100%: Technical support provided for zoonotic disease prioritization

3. PUBLIC HEALTH INFORMATICS (PHI)

Digital Transformation & Optimisation

- SORMAS Platform Upgrade: v1.82.0 → v1.101.0 (19-version gap bridged)
- API Integration: Connections restored between SORMAS and Data Analytics Visualisation Tool (DAVT)
- 16 Electronic CIFs: Developed for priority disease reporting
- Legacy Data Migration: State datasets harmonised into unified national instance

Data Analytics & Visualisation

- DAVT Optimisation: Enhanced with automated Weekly Epidemiological Reports
- Real-time Analytics: Improved algorithms for trend analysis across data streams
- Data Quality Module: Incorporated for automatic validation and flagging
- Anonymised Data Exchange: New API endpoint established between systems

Capacity Building & Institutionalisation

- 12 PHI Team Members: Trained through structured blended program (8 virtual + 2 physical workshops)
- 3 Standard Operating Procedures: Developed for system maintenance and upgrades
- Technical Skills Training: Frontend, backend, database, and DevOps competencies built

Systems Performance

- Dashboard Load Times: Drastically reduced through backend enhancements
- Data Synchronisation: 38 pre-existing issues comprehensively resolved
- Interoperability: Third-party system integration reestablished

4. EPIDEMIOLOGY DIVISION

Routine Reporting & Analysis

- Weekly Epidemiology Reports (WER): Consistently produced throughout Q4
- Daily Signal Reviews: PHI/SITAware meetings for epidemiological signal detection
- State Bulletin Development: Peer-to-peer mentorship in 6 states

Capacity Building & Training

- ITSON Workshops: Completed 3 rounds (Ebonyi, Nasarawa, FCT, Sokoto)
- Leadership Workshop: Conducted for State Epidemiologists
- R Statistical Software: Mentorship program for NCDC staff
- Geospatial Training: Curriculum review and pilot training conducted

Research

- Antiretroviral Impact Assessment: Lagos stepdown training completed
- Pilot Survey: Analysis and documentation of lessons learned finalized
- HeSP Fund Development: Advanced planning and stakeholder coordination

Technical Contributions

- Obstetric Fistula Subcommittee: Epidemiological expertise provided
- Geospatial Training Curriculum: National-level review participation
- Weekly Epidemiological Report Workshop: Successfully convened

Performance Indicators

- WER Production: Ongoing throughout Q4
- State Bulletin Mentorship: 6 states supported
- ITSON Workshops: 3 completed with participants
- Signal Detection: Daily PHI and SITAware reviews maintained

5. CROSS-CUTTING ACHIEVEMENTS

Health Security Architecture

- NAPHS 2.0: Developed (awaiting ministerial assent)
- Subnational JEE: 13 states assessed cumulatively for IHR core capacities
- SAPHS Development: 5 states with completed State Action Plans for Health Security
- National Evaluators: Trained on Subnational JEE methodology

Digital Surveillance Ecosystem

- Unified Platform: SORMAS deployed to secondary/tertiary facilities across 35+FCT
- Real-time Integration: SORMAS-DAVT interoperability restored
- Community Engagement: CBS pilot empowering local sentinels
- Early Warning Tools: Vulnerability Matrix and M&E Framework established

Multi-sectoral Coordination

- One Health Integration: Environmental, livestock, and human health sectors aligned
- State-Level Readiness: EBS training covering 12 states with multisectoral participation
- National Frameworks: Continental standards adapted to Nigerian context

Activity	Participants engaged	Percentage proportion of states
Capacity Building & Risk Mitigation	200	19%
National Joint Risk Assessments	50	5 (50%) of nationally prioritised zoonotic diseases
Enhanced Multi-sectoral Surveillance & Information Sharing	60	0% (national)
Multi-Sectoral Coordination via One Health Steering Committee Meetings	60	2 (national)
Cross-Sector Coordination via One Health Technical Committee Meetings	100	2 (national)
Integrated National Environmental Health Surveillance System (INEHSS)	120	10%
IHR Core Capacity Assessments & SAPHS Development	300	35%
Expansion of Wastewater & Environmental Surveillance	150	22%
Development of Vulnerability Matrix & M&E Framework	80	5%
Research & Policy Support	100	22%
Strengthening Sub-National One Health Governance	150	10%
Technical Support for Training on One Health Risk Communication and Zoonotic disease prioritization	1,000	100%

IMPACT

Systems Strengthening

- ✓ Digital surveillance platform unified and optimised
- ✓ Real-time analytics capacity significantly enhanced
- ✓ Multi-sectoral coordination mechanisms institutionalised

Capacity Expansion

- ✓ 1,000+ surveillance personnel trained across levels
- ✓ Advanced technical skills developed nationwide
- ✓ Leadership capabilities enhanced for state teams

PUBLIC HEALTH LABORATORY SERVICES

1. NATIONAL REFERENCE LABORATORY (NRL)

- Central Hub: Primary reference facility for IDSR priority diseases
- ISO 15189:2012 Accreditation: Full national accreditation from MLSCN obtained
- National Coordination: Oversight of public health laboratory network

Capacity & Capabilities

- Molecular Diagnostics: Advanced testing platform for multiple pathogens
- Genomic Surveillance Hub: 95% infrastructure completion for sequencing centre
- Multi-pathogen Testing: SARS-CoV-2, Lassa fever, Cholera, Influenza, Measles
- Variant Tracking: Monitoring variants of concern for informed public health decisions

Strategic Initiatives

- National Genomics Surveillance Strategy (NGSS): Developed and launched
- Nigeria Genomics Consortium: Inaugurated (May 2024) with first meeting January 2025
- Technical Working Groups: 5 established to drive implementation
- Bioinformatics Capacity: Enhanced data analysis and interpretation capabilities

Performance Metrics

- Full ISO accreditation maintained
- Multi-pathogen sequencing capability established
- National coordination of genomic surveillance
- Reference testing for complex cases nationwide

2. CENTRAL PUBLIC HEALTH LABORATORY (CPHL) - LAGOS

- Multiomics Innovation Centre
- Africa's Second Most Advanced Multiomics Lab: Development supported by C19RM investments
- Integrated Capabilities: Genomics, proteomics, metabolomics, bioinformatics

State-of-the-Art Equipment:

- Gas Chromatography–Mass Spectrometry (GC-MS)
- Liquid Chromatography–Mass Spectrometry (LC-MS)
- MALDI-TOF Mass Spectrometry
- Ultra-High-Performance Liquid Chromatography (UHPLC)

Diagnostic Capabilities

- Comprehensive Pathogen Characterization: SARS-CoV-2, Lassa fever, cholera, AMR organisms
- Quality Assurance: ISO 15189:2012 accreditation from MLSCN
- Regional Leadership: Serving as continental hub for infectious disease research
- Validation Phase: Equipment undergoing validation for full operational status

Strategic Role

- Western Zonal Reference: Serving Southwest geopolitical zone
- Research & Innovation: Driving public health science advancement
- International Collaboration: Partnering with global research institutions
- Capacity Building: Training centre for advanced laboratory techniques

Performance Metrics

- Multiomics infrastructure 95% complete
- Advanced equipment installed and validated
- Regional diagnostic coverage enhanced
- Research publications on pathogen characterization

3. ZONAL REFERENCE LABORATORIES (ZRLs)

Network Establishment

Three ZRLs established: Southwest, Southeast, Northwest. Strategic Purpose:

- Strong linkage for disease surveillance
- Resource integration and consolidation
- Wider geographic diagnostic coverage
- Standardised methods and outputs

Capacity Building - Comprehensive Testing:

- Viral Hemorrhagic Fevers (VHFs)
- Lassa Fever
- Mpox
- Yellow Fever
- Measles/Rubella
- Diphtheria
- Cholera
- Meningitis
- SARS-CoV-2

Geographic Coverage

Zone	ZRL Location	Coverage States	Key Pathogens
Southwest	CPHL Lagos	6 states	All priority diseases
Southeast	To be finalized	5 states	VHFs, Lassa, Mpox, Yellow Fever
Northwest	To be finalized	7 states	Meningitis, Diphtheria, Cholera

4. GENOMICS LABORATORY & SURVEILLANCE

- Genomic Surveillance Advancements
- Expanded Sequencing Capacity: NRL + regional hubs (Lagos, Kano)
- Multi-pathogen Focus: Beyond COVID-19 to Lassa fever, cholera, Mpox, Influenza
- Clade Determination: Mpox circulating clades identified
- Variant Tracking: COVID-19 variants of concern monitored
- National Genomics Surveillance Strategy
- Landmark Initiative: Strengthening capacity for infectious disease detection
- Consortium Approach: Uniting academia, public health, international partners

Nigeria Genomics Consortium

- Membership: Public health institutions, FMoEnv, FMAFS, academia, private sector, partners
- One Health Integration: Multiomics and precision health in disease surveillance
- Technical Working Groups: 5 established for focused implementation

Six Strategic Pillars:

1. Research priorities
2. Surveillance systems
3. Precision medicine
4. Workforce development
5. Strategic planning
6. Genomics data value chain

Regional Collaboration

- Africa Pathogen Genomics Initiative: Data sharing platform
- Research Publications: Collaboration with Africa CDC, WHO AFRO, ASLM
- Capacity Building: Training programs for regional partners

Performance Metrics

- National strategy developed and launched
- Consortium established with multi-sector membership
- Multi-pathogen sequencing capability expanded

5. DISEASE-SPECIFIC LABORATORY NETWORKS

Cholera Network

- 31 laboratories: Widest geographic coverage (84% of states)
- State-owned dominance: 29 state labs (93.5%)
- Testing platform: 30 bacteriology labs
- Central molecular capacity: Only NRL has molecular testing

Diphtheria Network

- 20 laboratories: Smaller but federal-dominated (55% federal labs)
- Limited coverage: 14 states (37.8% of Nigeria)
- Uniform platform: All labs use bacteriology method
- Regional concentration: Strong in Northwest and Southwest

Ebola/Marburg Network

- 6 laboratories: Highly specialised with 100% molecular testing
- Limited coverage: Only 4 states (10.8% of Nigeria)
- Federal dominance: 5 federal labs (83.3%)
- Strategic locations: Key points in Lagos, Rivers, Kano, Enugu

Influenza Network

- Single laboratory: Extreme centralisation (2.7% coverage)
- Critical vulnerability: Single point of failure
- Massive coverage gap: 36 states without local testing
- Pandemic risk: Limited surge testing capacity

Lassa Fever Network

- 13 laboratories: Largest among VHFs with 100% molecular testing
- Good geographic spread: 13 states (35% coverage)
- Federal dominance: 12 federal labs (92%)
- Endemic zone coverage: Strong in high-transmission states

Mpox Network

- 7 laboratories: Moderate network with 100% molecular testing
- Strategic distribution: Key regions including FCT and Lagos

- Balanced zonal coverage: Presence in all 6 geopolitical zones
- Federal leadership: 6 federal labs (85.7%)

Yellow Fever/Measles/Rubella Network

- laboratories: Integrated multi-disease network
- Moderate coverage: 8 states (21.6% of Nigeria)
- Federal-state balance: 5 federal, 3 state labs
- EPI program support: Strong alignment with immunisation needs

6. ENVIRONMENTAL SURVEILLANCE PROGRAMME (ESPN)

Program Establishment

- Full Operational Status: Active sample collection in 4 states
- Real-time Testing: Bacterial and viral pathogen detection
- Priority Pathogens: Hepatitis E, COVID-19, measles, Salmonella, cholera, AMR threats
- Flexible Platform: Capacity to add emerging pathogens

NAPHS Alignment

- Direct Advancement: Surveillance, national lab systems, One Health, human resources
- Indirect Support: AMR, food safety, immunisation, RCCE
- One Health Enhancement: Human-Animal-Environment interface threat detection
- JEE Improvement: Contributing to better preparedness scores

Performance Metrics

- 4 states with active sample collection
- Multiple pathogens monitored simultaneously. Real-time laboratory testing operational
- NAPHS alignment documented and tracked
- ISO Standards: NRL and CPHL with full MLSCN accreditation

Geographic Coverage Analysis

Network Type	Number of Labs	Primary Technology
Cholera	31	Bacteriology
Lassa Fever	13	Molecular
Diphtheria	20	Bacteriology
Mpox	7	Molecular
Ebola/Marburg	6	Molecular
Influenza	1	Molecular
CSM		Bacteriology

System Capabilities

- Diagnostic coverage: Multiple priority pathogens across networks
- Geographic reach: Variable but expanding coverage
- Quality assurance: ISO standards at national level
- Innovation capacity: Multiomics and genomic sequencing
- Early warning systems: Environmental surveillance implementation

PHLS Trainings

Activities	Location
Media Preparation and EQA Management	United Kingdom
AMR Fellows For Human Health	United Kingdom
AMR Logistics, Inventory Management and Documentation	Lagos State
Qualifying The Workforce for Antimicrobial Surveillance Regional Workshop	Ghana
Leadership Training Workshop	Abuja
Internal Audit Training	Rivers State
Laboratory Safety and Quality Management Workshop	Ethiopia
Training On Laboratory Data Officer on Measles	Yobe State
Rotavirus Scientific Training	Germany
Specialized BRM Training Workshop 1	Lagos State
SORMAS Development	Borno State
QMS Internal Audit	Nasarawa State
Boosting Laboratory Techniques, Biosafety Management and Surveillance System	Japan
Trainer Development Program on Biorisk Management	Lagos State
Risk Management Training	FCT
Training of trainers on cholera with the use of Rapid diagnostic test (RDTs)	Lagos State
International Training Program on Pathogens and Biosafety Research Technologies	China
Manuscript development	Germany
Foundational training on biosafety and biosecurity	Lagos State
Risk Management Training	Lagos State
Proteomic Training for Genomic Sequencing	Lagos State
Capacity training for laboratory leader	England
Quality Management System for Next Generation Sequencing	Kenya
Africa CDC fellowship in Bioinformatics for public health	Kenya
Regional Training on biological waste management and certification	Senegal
Applied Trainer Workshop on Biorisk management (BRM)	Lagos State
Diphtheria Mentorship Training	Borno State
Training of trainers SLMTA	FCT State
Review of e-LIM update	Nasarawa State
SORMAS competency-based IT	Lagos State
Criminal Epidemiologic investigation (INTERPOL)	Abuja State
Revised Laboratory-Based Disease Surveillance	Kenya
Revised SLIPTA checklist version 3 for laboratory QMS implementers and auditors	Ghana
Capacity development for optimal operationalisation and maintenance of BSL3	Ghana

HEALTH EMERGENCY PREPAREDNESS & RESPONSE

1. PREPAREDNESS

National Multi-Hazard Risk Assessment (NMHRA)

- 70+ stakeholders: MDAs, security agencies, academia, partners, civil society
- WHO STAR framework: Applied for systematic hazard analysis
- 40 hazards identified: Across 5 categories (biological, environmental, societal, technological, hydrometeorological)
- Top 15 Very High-Risk Hazards: AMR, CSM, cholera, cyber-attack, diphtheria, Lassa fever, flood, fire, banditry, road crashes, drug abuse, terrorism, erosion, rabies, heavy-metal poisoning
- 19 High-Risk Hazards: Mpox, anthrax, yellow fever, dengue, oil spillage, heat waves, building collapse, workplace accidents

Sub-National Risk Assessments

- 5 states assessed: Jigawa, Niger, Oyo, Borno, plus National MHRA
- Dynamic Risk Assessments: Lassa fever, CSM, Dengue, Ebola, seasonal transitions
- State EPRPs: Emergency Preparedness & Response Plans developed

Disease-Specific Preparedness

- 10 high-burden states: Cholera readiness workshops with Performance Improvement Plans (PIPs)
- Standardised checklists: Lassa fever, Mpox, cholera, CSM finalized and disseminated
- 7-1-7 Framework: 100+ subnational leaders trained; implementation plans developed
- SitAware optimisation: Enhanced for real-time situational awareness

Sub-National Jee Engagements

- 5 states: Kaduna, Yobe, Jigawa, Kano, Lagos
- Health Emergency Management pillar: Strengthened through midterm reviews
- SAPHS development: State Action Plans for Health Security supported
- Multi-sectoral coordination: Enhanced across states

PHEOC Document Review & Development

- 45 participants: Federal ministries, security agencies, partners
- 11 core documents: PHEOC Handbook, IMSAP, Business Continuity Plan, CONOPS + 7 SOPs
- Standardised guidance: Roles, coordination, information flows clarified

Simulation Exercises

- Exercise Keep Pushing VI: Influenza preparedness across 6 subnational PHEOCs + National
- Improvement Plan Workshop: Corrective actions with timelines
- Oyo State tabletop: Cholera simulation validating preparedness plans
- One Health integration: Practical application in training scenarios

Preparedness Performance Metrics:

- 5 states with comprehensive MHRA
- 10 states with cholera PIPs
- 100% of high-priority diseases with preparedness checklists
- 7-1-7 framework scaled to multiple states

2. SUPPLY CHAIN & LOGISTICS

Operational Excellence

- 95% serviceability rate: Zero stock losses recorded
- 26% faster delivery: 6-8 days vs. 9-10 days in 2024
- 25% faster customs clearance: Through sustained agency engagement
- 24/7 warehouse operations: IDU and Gaduwa facilities

Commodity Distribution

Total Impact: 100,000+ antibiotics, 75,000+ cholera RDTs distributed nationwide

Priority Hazard	States Supported	Key Commodities	Distribution Pattern
Lassa Fever	29 states	Reagents, lab consumables	Continuous, year-round
Cholera	36 states + FCT	RDTs, IV fluids, ORS, antibiotics	Mar-Jul (peak season)
Diphtheria	23 states	DAT, lab reagents	Feb-Sept
CSM	18 states	Sample collection kits, testing commodities	Dec-Mar
Measles/Rubella	21 facilities	Reagents, kits	Jan-Aug
Mpox	6 states	Mixed consignments	Dec-Jan
AMR Surveillance	28 sites (human + animal)	Test kits, reagents, swabs	May & Sept 2025

Supply Chain Visibility

- Annual Distribution Report: First comprehensive stock movement visibility
- National Stock Balance Report: Evidence base for forecasting and allocation
- LMIS implementation: Data-driven decision-making institutionalised
- Donor confidence: Strengthened through transparent reporting

Offshore Logistics Optimisation

- Customs clearance: Reduced from 6→3 weeks
- New clearing agent: Aonomy Limited onboarded for better tracking
- Multi-agency coordination: Finance Ministry, Customs, NAFDAC engaged
- Untracked shipment recovery: Improved accountability

Project-Specific Interventions

- AMR Passive Surveillance: 28 sentinel sites (17 human + 11 animal health)
- CEPI Project: 13 northern states supported for Lassa fever diagnostics
- Acute Ascites Study: Zamfara and Sokoto supported for toxicology analysis
- WHO OSL Training: NCDC Supply Chain Head among first 15 African specialists trained

Supply Chain Performance Metrics:

- 95% serviceability rate maintained
- 25% improvement in customs clearance
- 26% faster delivery times
- Zero stock losses recorded

3. RESPONSE

NATIONAL RAPID RESPONSE TEAMS (NRRTS)

- 12+ state deployments: Within 36 hours average notification time
- public health emergencies: Investigated across 13 states

Key Response Missions:

- Heavy-metal poisoning: Kebbi & Niger States (source tracing with FMEnv)
- CSM outbreaks: Kebbi, Sokoto, Katsina (reactive vaccination in priority LGAs)
- Lassa fever surge: 10 states supported (CFR reduced from 18.6% to 16.9%)
- Neonatal ICU cluster: Lagos State (contained within 10 days through IPC)
- Zamfara outbreaks: Cholera (62% attack rate reduction), measles (immunisation coverage improved)
- Diphtheria: Imo State (contact tracing, prophylaxis, RCCE)
- Dengue fever: Edo State (confirmed, vector control enhanced)

7-1-7 PERFORMANCE METRICS

Quarter	PHEs Recorded	Detection <7d	Notification <1d	Response <7d	All Targets Met
Q1	12	75%	100%	50%	33%
Q2	2	100%	100%	50%	50%
Q3	9	67%	100%	44%	33%

System Performance

- Strength: 100% notification rate consistently
- Challenge: Response timeliness primary bottleneck (44-50% achievement)
- Critical gaps: Biosafety cabinets, Yellow Fever reference laboratory

Response Successes

- Active case search: Intensive ACS across affected LGAs
- Data quality improvement: Line list cleaning and harmonisation
- Treatment centre activation: Diphtheria, cholera, Lassa fever centres
- Costed IAPs: Incident Action Plans developed for response activities
- Entomological surveys: Vector identification for Dengue/Yellow fever

After-Action Reviews (AARS)

- Lassa fever 2024/2025 AAR: Identified 7 priority actions for implementation
- Critical findings: Stock gaps, RCCE needs, rodent control requirements
- Improvement focus: Case management, IPC strengthening, coordination

Response Performance Metrics

- Average 36-hour NRRT deployment time
- 7-1-7 overall achievement: 33% (response as primary bottleneck)
- 62% cholera attack rate reduction in Zamfara
- 16.9% Lassa fever CFR (from 18.6% in 2024)

4. EMERGENCY OPERATIONS CENTRE (EOC) DIVISION

PHEOC Functionality Assessment

- 86.48% PHEOCs functional: 32 states meet minimum standards
- 50.7% average compliance: Across core operational domains
- Strengths: Physical infrastructure, ICT systems, governance structures

EOC Activations & Operations

- National EOC: Activated for Lassa fever, CSM, cholera outbreaks
- Alert Mode escalation: For EVD threat from DRC
- Daily coordination: Structured incident management maintained
- Inter-agency alignment: Multiple stakeholders coordinated

Workforce Development

PHEM Training Programs 2025

Program	Participants	Coverage	Key Outcomes
PHEM Basic (Batch 3)	20 officers	3 states	Multi-sectoral collaboration enhanced
Regional PHEM Intermediate	18 professionals	7 countries	Nigeria established as regional hub
One Health PHEM	35 professionals	National	Cross-sectoral coordination strengthened
NCDC Basic PHEM	50 NCDC staff	All departments	Internal coordination capacity built

Total Trained: 120+ emergency management personnel

Regional Leadership

- West Africa hub: Nigeria positioned as regional PHEM training centre
- Cross-sector collaboration: Human, animal, environmental sectors integrated
- Professional workforce: Enhanced readiness and response effectiveness
- WHO OSL Training: Continental leadership in supply chain management

EOC Performance Metrics:

- 86.48% state PHEOC functionality
- 50.7% average compliance score
- 120+ personnel trained across programs

IMPACT

- ✓ Key Performance Indicators 2025

Category	Metric	Achievement
Preparedness	States with MHRA	5 + National
Supply Chain	Delivery time improvement	26% faster
Response	NRRT deployment time	36 hours average
EOC	State PHEOC functionality	86.48%
Training	Personnel trained	120+
Commodities	Antibiotics distributed	100,000+
Performance	7-1-7 overall achievement	33%

PLANNING, RESEARCH, & STATISTICS

1. POLICY, PLANNING, DATA MANAGEMENT, MONITORING & EVALUATIOM

- Advanced development and rollout of the 2025 Institutional and Employee PMS
- Integrated departmental and project-level M&E frameworks
- Development of a Data Management Strategy and centralised data warehousing concept
- Institutional policy and data quality assessments conducted
- Strengthened planning inputs into national processes, including the 66th NCH

Achievements

- PMS training conducted for multi-departmental NCDC staff with high satisfaction and readiness for implementation
- Systematic tracking of departmental and programme performance commenced
- Improved evidence use for planning, budgeting, and reporting
- DPRS provided technical leadership for PMS ownership within NCDC

Milestones

- PMS operational at institutional and employee levels
- Performance contracts and dashboards introduced
- PMS positioned as a compliance and accountability mechanism aligned with OHCSF guidance

2. RESEARCH COORDINATION & SURVEILLANCE SYSTEMS

a) National Influenza Sentinel Surveillance (NISS) & PRDS Activities

- Coordination of 10 functional sentinel sites across Nigeria
- Standardised ILI and SARI surveillance and sample shipment to NRL
- Expansion of surveillance to other priority respiratory pathogens (PRDS)
- Risk assessments and seasonal trend analyses conducted

Achievements

- Over 3,500 samples collected cumulatively
- Nigeria successfully onboarded onto Global Influenza Hospital Surveillance

- NISS data routinely used for national risk assessments and preparedness planning
- Strengthened One Health collaboration for avian influenza surveillance

Milestones

- Transition from syndromic to laboratory-confirmed respiratory surveillance
- Integration of PRDS into national disease surveillance architecture

b) Community One Health Participatory and Empowerment (COPE) Project

Activities (2024–2025)

- Baseline One Health Risk Assessment (OHRA)
- Community-led needs assessment and intervention synthesis
- Intervention implementation (human, animal, environmental domains)
- Post-intervention OHRA
- Community, LGA, State, and partner dissemination
- Annual COPE Review Meeting (Dec 2025)

Achievements

- Demonstrated positive behavioural change in intervention communities
- Strong community ownership and trust established
- Evidence base generated for One Health policy and scale-up
- COPE Phase I successfully concluded (2023–2025)

Milestones

- COPE institutionalised as a flagship community engagement model
- Clear transition pathway defined for COPE Phase II (2026–2028)

3. HEALTH SECURITY WORKFORCE TRAINING & CAPACITY DEVELOPMENT

a) Nigeria Field Epidemiology and Laboratory Training Programme (NFELTP)

- Strengthened mentorship and supervision structures
- Successful TEPHINET re-accreditation process and site visit
- Enhanced monitoring of resident deliverables
- Improved programme visibility and conference participation
- Development of sustainability and resource mobilisation plans

Milestones

- Progress toward NFELTP Strategic Plan (2025–2030)
- Strengthened governance through interim oversight mechanisms

b) Occupational Health & Safety (OHS)

Achievements

- Routine workplace risk assessments and hygiene inspections
- Staff medical and eye screenings conducted
- Emergency preparedness and ambulance readiness assessments
- Workplace wellness and health promotion activities delivered

Milestones

- Improved staff wellbeing awareness
- Early detection of non-communicable disease risks among staff

c) Technical Workforce Development (TWD)

Achievements

- Development of harmonised and costed NPHSW operational plans
- Support to national HRH TWGs

- Coordination of internship programmes
- Workforce analytics and labour market analysis support

Key milestones included:

- Operationalisation of institutional and employee Performance Management Systems (PMS)
- Strengthening of research governance and ethics systems
- Expansion and consolidation of National Influenza Sentinel Surveillance (NISS) and PRDS platforms
- Completion of COPE Phase I (2023–2025) with demonstrable community-level impact
- Significant progress in health security workforce planning, NFELTP accreditation, and donor grant coordination

4. NIGERIA FIELD EPIDEMIOLOGY AND LABORATORY TRAINING PROGRAMME

- 29 Advanced NFELTP residents (Cohort 12) supported through classroom training, mentorship, and field-based learning activities.
- 23 residents completed Secondary Data Analysis (SDA) and 19 completed Surveillance System Evaluations (SSE) as part of their academic deliverables.
- 100% of residents deployed for Outbreak Investigation 1, with 13 residents completing Outbreak Investigation 2, strengthening real-time outbreak response capacity.
- TEPHINET accreditation process advanced, including submission of required documentation and a successful on-site accreditation visit in August 2025.
- Cluster 2 training delivered for 29 residents, covering advanced epidemiology, data analysis using R, research methods, leadership, and Public Health Emergency Management (PHEM).
- 20 field sites visited for supervisory support, improving resident mentorship, field training quality, and programme oversight.
- Seven NFELTP abstracts accepted and presented at the Second Lassa Fever International Conference, enhancing the programme's global visibility.
- Financial sustainability plan developed and no-cost extension approved by US CDC until June 2026, ensuring continued support for Cohort 12 training.

5. DONOR PROJECTS AND GRANTS MANAGEMENT

- Strengthened compliance with US-CDC and other donor requirements
- Successful fund drawdowns, returns, and no-cost extensions
- Timely submission of workplans, budgets, and narratives
- Improved coordination between technical, finance, and donor teams
- DPRS technical leadership in 66th National Council on Health (Calabar, 2025)

NiCaDe AMR/IPC/RGC Phase II Updates

Intervention	Activity
DS toolkit finalization	• Finalising DS toolkit for printing and dissemination to project facilities and upload to SPARC application
State engagement and Facility assessment	• Sokoto and Osun States facilities assessment has been accomplished
Integration of IT infrastructure & diagnostic Stewardship	• Integration of IT infrastructure for AMR surveillance and diagnostic stewardship (AMRIS, SEDRI-LIMS, ACORN and SORMAS)

Intervention	Activity
IPC/PAL Change Agents/Multiplicators	• Professional training in IPC at the University of Lagos Teaching Hospital as Change Agents and Multiplicators for the PHCs and Communities
HREC and SRC sensitisation	• Orientation workshop conducted for selected trained NCDC staff on Research Ethics

- Antimicrobial Resistance Information System, strengthening of Early Detection and Response Initiative – Laboratory Information Management System, African Community of Resistance Networks, Surveillance Outbreak Response Management and Analysis System
- Infection Prevention and Control / Patient and Laboratory Safety change agents and multipliers
- Sensitisation and training sessions conducted for the Health Research Ethics Committee and Scientific Review Committee

NATIONAL INFLUENZA & RESPIRATORY SURVEILLANCE

- NISS / PRDS Platform
- 10 functional sentinel sites across Nigeria
- Routine ILI and SARI case identification and enrolment
- Sample shipment to National Reference Laboratory (NRL)
- Testing for Influenza A/B, SARS-CoV-2, and other priority pathogens
- Sustained generation of high-quality surveillance data
- Integration of PRDS into national surveillance architecture
- Data routinely used for risk assessments and preparedness planning
- Successful onboarding onto Global Influenza Hospital Surveillance

Cross-Cutting Institutional Milestones

- DPRS technical leadership in 66th National Council on Health (Calabar, 2025)
- Alignment of departmental outputs with national health reforms
- Strengthened reputation of NCDC as an evidence-driven NPHI

SUBNATIONAL

GEOGRAPHIC COVERAGE

- 13 States supported for health security capacity assessment and planning
- States conducted outbreak simulation exercises (SIMEX)
- 6 States developed or reprioritized State Action Plans for Health Security (SAPHS)
- 3 States received targeted PHEOC assessments and capacity building

PUBLIC HEALTH EMERGENCY OPERATIONS CENTRES (PHEOCS)

- 12+ PHEOCs assessed through simulations, KPI assessments, and JEEs
- 100% of assessed PHEOCs tested incident management systems and SOPs
- Critical operational gaps identified in logistics, staffing, and coordination
- Targeted capacity building delivered to improve response readiness

SURVEILLANCE, LABORATORY & RESPONSE SYSTEMS

- Improved surveillance operations tested through realistic Lassa fever scenarios
- Enhanced laboratory coordination, including sample referral and diagnostic workflows
- SORMAS deployment and training conducted in multiple states
- Rapid Response Teams (RRTs) deployed for meningitis and Lassa fever outbreaks

ONE HEALTH & MULTISECTORAL COORDINATION

- Human, animal & environmental sectors engaged across all major activities
- Joint planning and decision-making strengthened during outbreak simulations
- One Health gaps identified, informing targeted reforms and SOP development
- Cross-sector collaboration institutionalised through SAPHS and JEE processes

JOINT EXTERNAL EVALUATIONS (JEE)

- 2 States completed full subnational JEEs (Nasarawa & Ogun)
- 6 States conducted midterm JEE reviews and reprioritization
- 19 technical areas assessed under Prevent, Detect, and Respond pillars
- Costed SAPHS initiated to guide medium-term health security investments

WORKFORCE DEVELOPMENT & TRAINING

- National evaluators trained on subnational JEE methodology and SAPHS development
- PHEOC staff trained in surveillance, incident management, risk communication, and logistics

SUSTAINABLE FINANCING FOR HEALTH SECURITY (BHCPF GATEWAY)

- ₦820.98 million disbursed for outbreak preparedness and response (Q1–Q3 2025)
- 31 States actively implementing BHCPF-supported activities
- 83.8% national implementation coverage achieved
- 94.6% state workplans approved
- 100% REMITA and TSA registration across all states

EMERGENCY READINESS & RESPONSE

- Simulation exercises and functional drills conducted nationwide
- After-action reviews generated actionable recommendations
- 7-1-7 targets supported through improved detection, notification, and response systems
- State ownership strengthened with growing commitment to sustain reforms

Activities supported by Subnational Department

NO	ACTIVITY	DEPARTMENT SUPPORTED	SUPPORTING PARTNER	TYPE OF ACTIVITY	DATE 2025
1	Exercise Keep Pushing VI Functional Simulation Exercise in FCT, Kano, Kwara, Ondo & national	HEPR	UKHSA	Training	Feb 24-26
2	Meningitis & Lassa fever outbreak response deployment of RRT	NRRT		NRRT	Jan - Apr
3	National Infection Prevention & Control workshop in Gombe & Benue states	DPRS	Global Fund C19RM IPC Project	Workshop	Mar
4	SORMAS deployment & HCWs training across health facilities in Adamawa, Zamfara, Sokoto, & Nasarawa states	S&Epid	Global Fund	Training	Apr - May
5	SITAware National Refresher Training	HEPR	RTSL	Training	24-26 Sept
6	Co-creation workshop on Emergency - Ready Healthcare Facilities (ERHC) Model.			Workshop	28-30 Oct
7	Training on the Implementation of the Employee and Institutional new Performance Management system for NCDC	HR	UKHSA	Training	28 -30 Oct
8	Annual Review meeting of the RCCE/IM division of the DPHP	DPHP	UNICEF	Meeting	10-11 Dec
9	Operational Research on Subnational Sample Referral and Transport System	PHLS	RTSL	Training/ Data collection	24-26 Nov

IMPACT

- ✓ Strengthened subnational preparedness and response capacity
- ✓ Improved coordination and decision-making during public health emergencies
- ✓ Enhanced One Health integration across multiple states
- ✓ Increased accountability, financing, and sustainability for outbreak response

PROCUREMENT

The Procurement Department is one of the Common Services Departments established in all MDAs in 2008, as part of the implementation of the Public Procurement Act 2007. The NCDC Procurement Unit functions in this capacity within the Centre. Objectives are to coordinate and undertake all procurement processes in the Centre through due process, and in a transparent, competitive and efficient manner, in strict compliance with the provisions of the Public Procurement Act 2007, and extant guidelines to achieve value for money as dictated by standard best practices.

Activities

- ✓ Processing of tenders for the 2024 Capital Appropriation.
- ✓ Meeting of the Parastatals Tenders Board to Approve the award of contracts for the 2024 Capital Appropriation.
- ✓ Processing of contracts for some donor-funded projects-ESPN, WAHO, RKI, COPE etc.
- ✓ Engagement of Third Party (3PL) Logistic services.
- ✓ Conducting of market survey and preparation of needs Assessment for the commencement of the 2025 Capital Procurement.
- ✓ Memo to DG for the commencement of the 2025 Capital Appropriation Procurement.
- ✓ Inauguration and meeting of the Procurement Planning Committee to consider Submissions for the 2025 Capital Procurement activities.
- ✓ Preparation of the Procurement Plan for 2025 Capital Appropriation.
- ✓ Meeting of the Parastatal Tenders Board to consider and award Contracts for some donor funded Projects.
- ✓ Meeting of the Procurement Planning Committee for the consideration and approval of the Procurement Plan for year 2025.
- ✓ Preparation of memo for DG's approval for the Commencement of advertisement for the 2025 Capital Project.
- ✓ Processing and recommendation to the DG for the engagement of a new clearing Agent.
- ✓ Processing and recommendation to DG for the renewal of Microsoft Azure Services.
- ✓ Processing of advert for the engagement of a facility manager for the Centre.

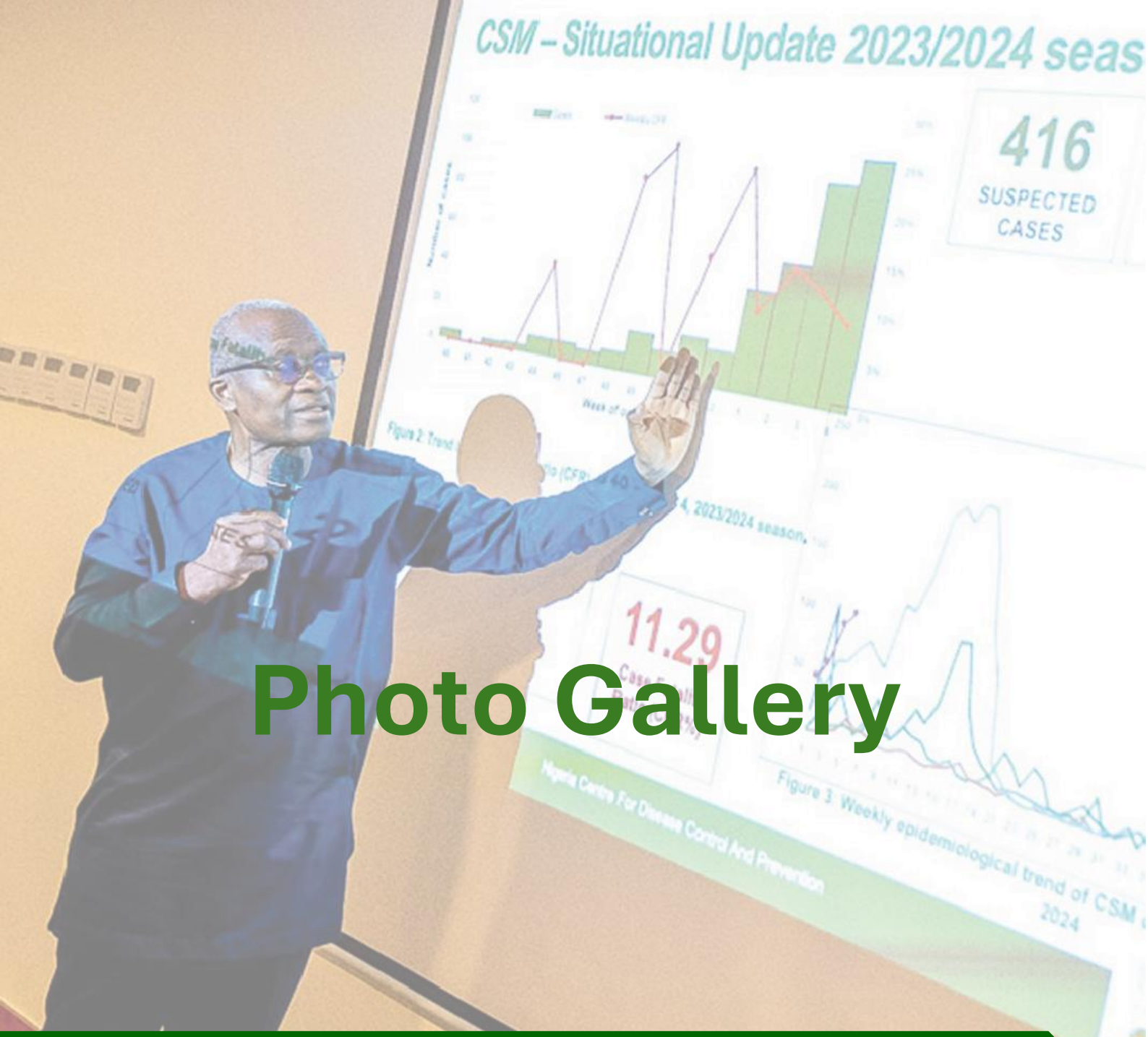


Photo Gallery

Figure 81 Joint Annual Review 2025

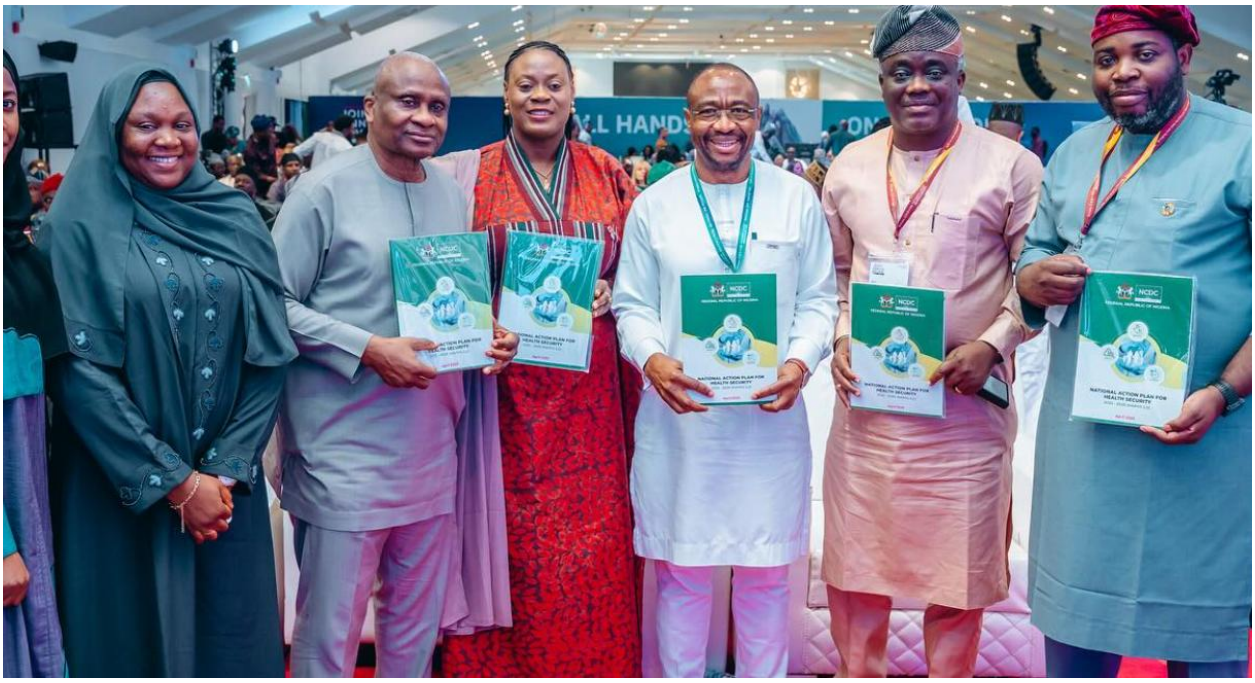


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Figure 83 Finance & Accounts Staff

Figure 84 Strengthening One Health capacity

Figure 85 Piloting Vulnerability Matrix and Integrated M&E Piloting Vulnerability Matrix and Integrated M&E Framework for Early Warning Systems and Surveillance

Figure 86 Health Emergency Preparedness and Response Staff

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Figure 90 Strengthening Nigeria's capacity for subnational health security assessments

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Figure 98 Private sector engagement meeting in Lagos

Figure 99 Simulation Exercise to Assess PHEOC Functionality and One Health Coordination, Edo State

Figure 100 Simulation Exercise to Assess PHEOC Functionality and One Health Coordination, Enugu State

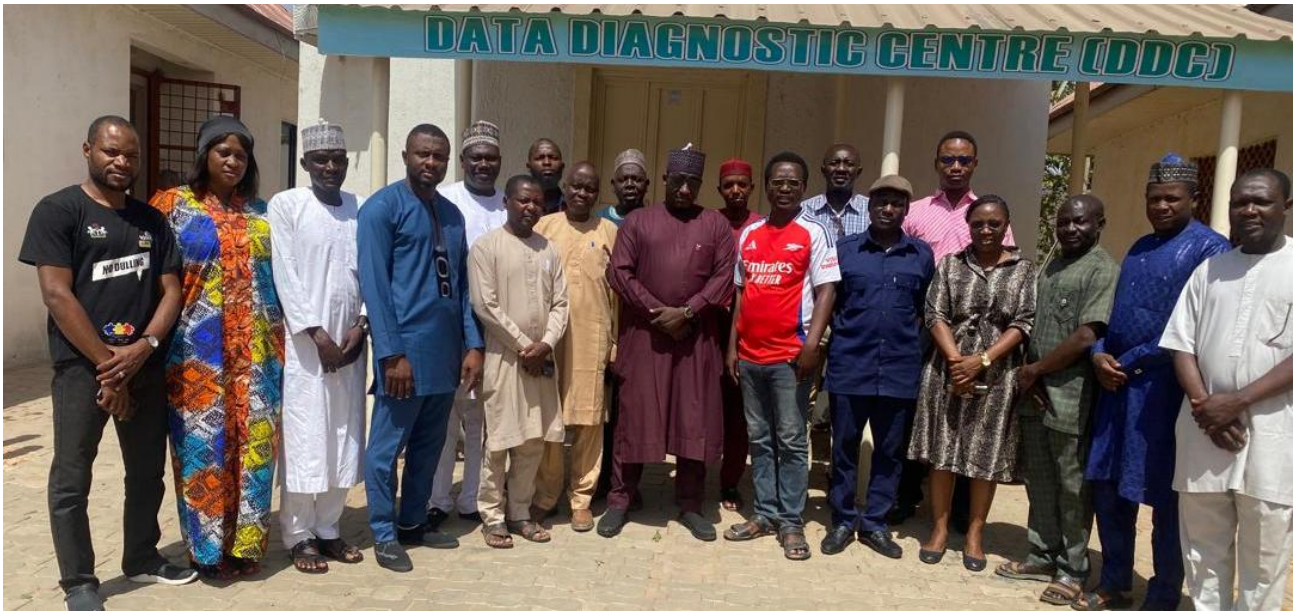

Figure 101 Simulation Exercise to Assess PHEOC Functionality and One Health Coordination, Gombe State

Figure 102 Director, Department of Planning, Research, and Statistics

Figure 103 Kaduna State Midterm Assessment and SAPHS Reprioritisation Workshop

Figure 104 Kano State Midterm Assessment and SAPHS Reprioritization Workshop

Figure 105 During a group session at the PRDS Guideline Workshop

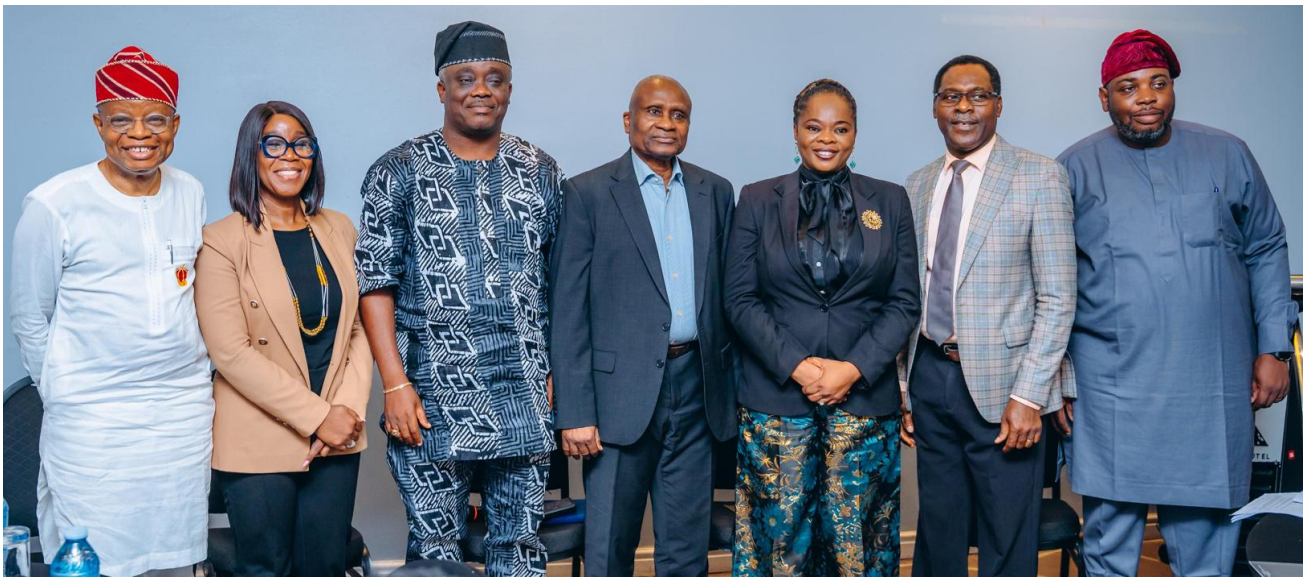

Figure 106 Private Sector Roundtable Engagement on National Health Security

Figure 107 Sensitisation of community and religious leaders on CSM outbreak and planned reactive vaccination campaign at Sarkin Gabas Palace, Gwandu

Figure 108 Supportive Supervisory Visits (SSV)

Figure 109 Strengthening Subnational Outbreak Preparedness: A SimEx to Assess PHEOC Functionality and OH Coordination.

Figure 110 NCDC Delegation in RKI, Berlin – Germany *Private Sector Roundtable Engagement*

Figure 111 Stakeholders' Meeting for South African Centre for Epidemiological Modelling and Analysis (SACEMA) Policy Modelling Programme (Polio & Measles)

Figure 112 Private Sector Engagement on National Health Security

Figure 113 Visit to the International Association of National Public Health Institutes (IANPHI) secretariat in Berlin, Germany

Figure 114 Jigawa state midterm assessment workshop

Figure 115 WHO accreditation visit to the NRL

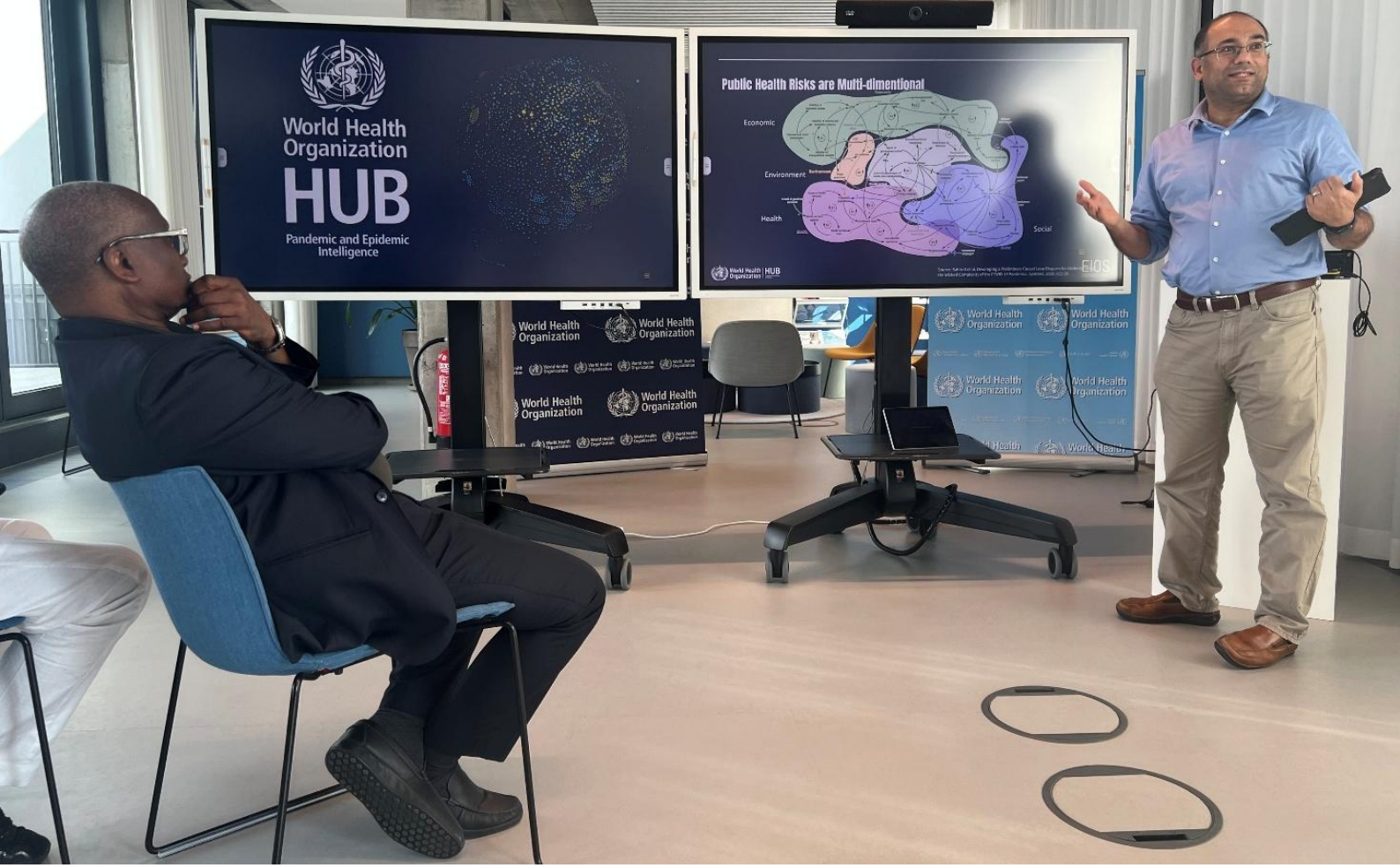

Figure 116 Figure 117 Visit to the WHO HUB for pandemic and epidemic intelligence in Berlin, Germany

Figure 117 Response Meeting with DG NCDC

Figure 118 NCDC Booth at the Joint Annual Review 2025

NIGERIA CENTRE FOR DISEASE CONTROL AND PREVENTION

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Plot 801, Ebitu Ukiwe Street, Jabi, Abuja, Nigeria
6232 (Toll-Free Call Centre)
info@ncdc.gov.ng
@NCDCgov
@NCDCgov
NCDC
NCDCgov
t.me/NCDCgov (Telegram)