



# Nigeria Centre for Disease Control & Prevention

**Biennial Report  
2023 - 2024**



**Nigeria Centre for Disease Control and Prevention Biennial Report**

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# 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 seven 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), and Administration and Human Resources (Admin & HR). The operational units in NCDC include Special Duties, Finance and Accounts, Procurement, Audit, and Legal units.

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

**NCDC Vision**

**“ A healthier and safer Nigeria through the prevention and control of diseases of public health importance ”**

**↓**

**NCDC Mission**

**“ To protect the health of Nigerians through evidence-based prevention, integrated disease surveillance and response activities, using a one health approach, guided by research and led by a skilled workforce ”**

- A: Strengthen the infrastructure and supporting systems at the NCDC to ensure an enabling environment is in place to meet its mandate** - A robust working environment with effective and efficient systems driven by a coordinated and motivated workforce
- B: Enhance health security through effective prevention and control of public health threats while promoting health through positive social behaviour change initiatives** - Proactive evidence-based programs addressing public health threats and health promotion
- C: 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 IHR** - An accurate estimate of the burden of priority diseases and conditions and its determinants to inform public health actions and meet international obligations
- D: Enhance laboratory capacity to detect and support infectious disease surveillance systems and response through detection, prevention, and control** - A public health laboratory service and network, effectively supporting the detection, prevention and response to infectious diseases of public health importance in Nigeria and contributing to regional public health capacity
- E: Reduce the health-related consequences of public health emergencies and disasters** - Significantly reduced adverse impact of public health emergencies and disasters
- F: Create an efficiently managed and evidence-based organisation to support informed public health decision-making and program implementation** - Evidence-based policies, well managed health security programmes and quality research
- G: Ensure functional and sustainable health security systems at the subnational level** - A strengthened subnational health structure and systems with improved effective, sustainable and scalable capacity to prevent detect and respond to public health emergencies/events through a one-health approach

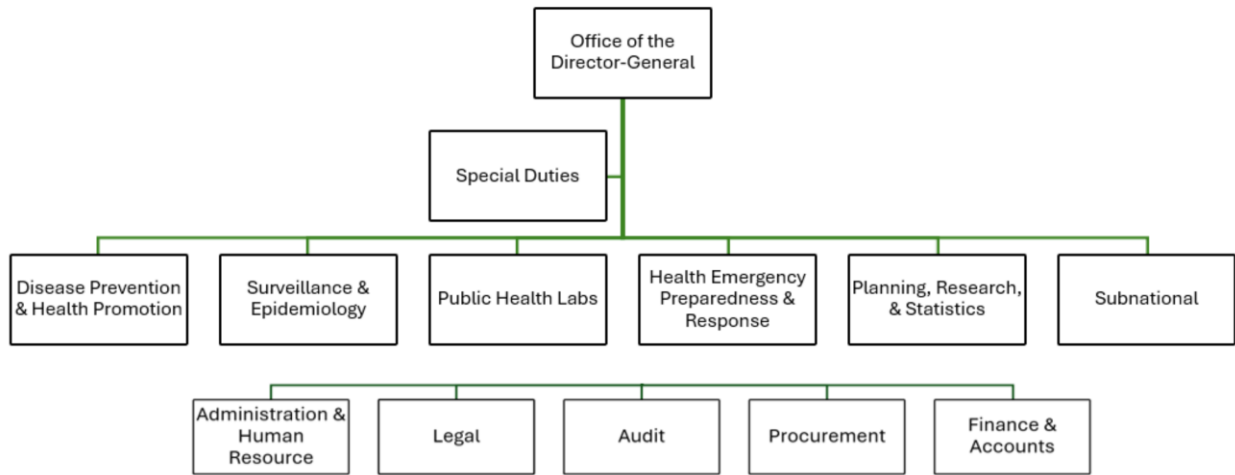


Figure 1 NCDC organogram



**Sector Strategic Goal**

Save lives, reduce physical and financial pain, and produce health for ALL Nigerians

**Vision:** A healthier and safer Nigeria through the prevention and control of diseases of public health importance

**Mission:** Evidence-based prevention, integrated disease surveillance and response, using a one health approach, guided by research and led by a skilled workforce

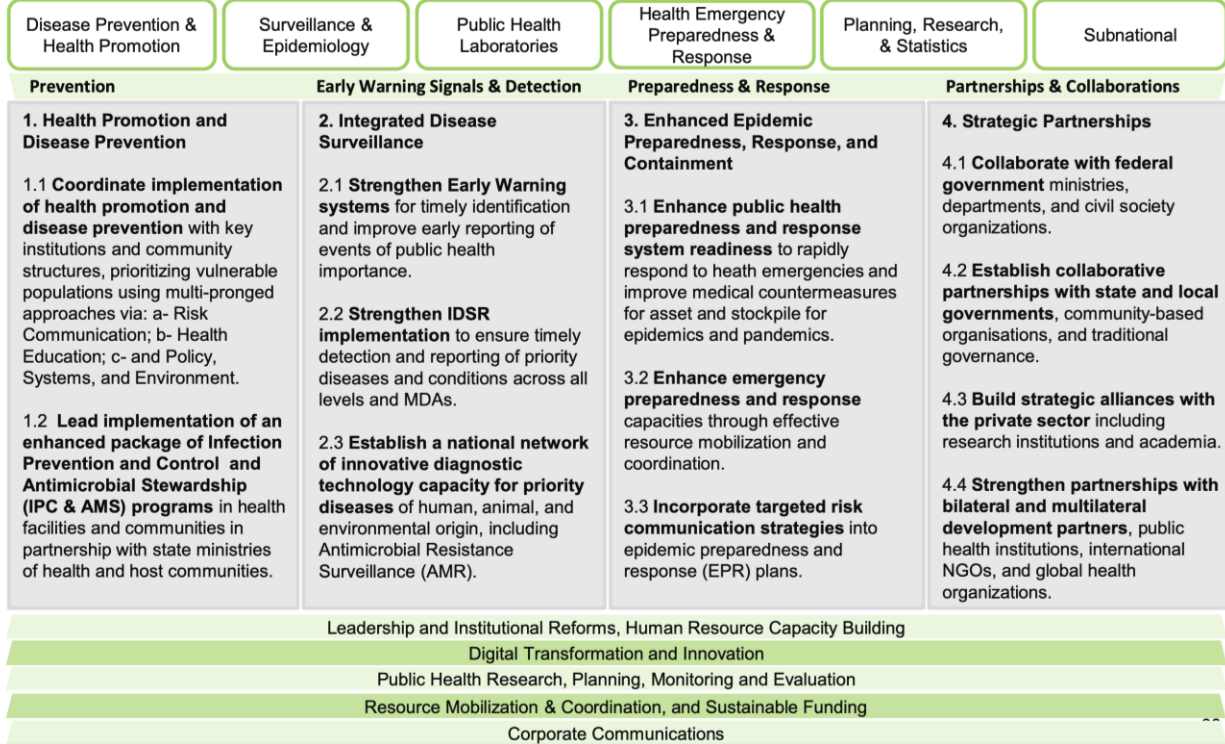


Figure 2 NCDC Blueprint

# Executive Summary

The Nigeria Centre for Disease Control and Prevention (NCDC) demonstrated remarkable progress and commitment to strengthening Nigeria's health security throughout 2023 and 2024. This biennial report highlights strategic advancements across critical pillars, strengthening the country's capacity for disease prevention, detection, and response, guided by the Renewed Hope Agenda.

Key achievements include significant enhancements in Surveillance and Epidemiology, with the expansion of real-time data visualisation tools, strategic SORMAS deployment, and the rollout of Community-Based Surveillance (CBS) initiatives, alongside strengthened One Health integration. The Legal Unit played an essential role in shaping Nigeria's stance on the WHO Pandemic Treaty and IHR amendments, while driving critical subnational health security legal reforms, notably the passage of Public Health Emergency and CDC Bills in Kano State.

The Special Duties unit showcased exceptional acumen in strategic partnerships, securing vital funding through Global Fund engagements, international collaborations, and optimising the Basic Healthcare Provision Fund (BHCPF) Gateway. In Public Health Laboratory Services, a landmark year saw the launch of the National Genomic Surveillance Strategy, inauguration of the Nigeria Genomics Consortium, establishment of the Integrated Disease Reference Laboratory (IDRL), and the expansion of a robust, accredited laboratory network, including the commencement of BSL-3 laboratory construction. Complementing these, ICT initiatives continue to modernize NCDC's digital infrastructure, from EBS upgrades to a national laboratory network.

Collectively, these achievements highlight NCDC's dedication to building a resilient health system capable of safeguarding the well-being of all Nigerians and contributing effectively to global health security.

***Dr. Jide Idris***

Director General  
Nigeria Centre for Disease Control and Prevention

# Office of the Director-General

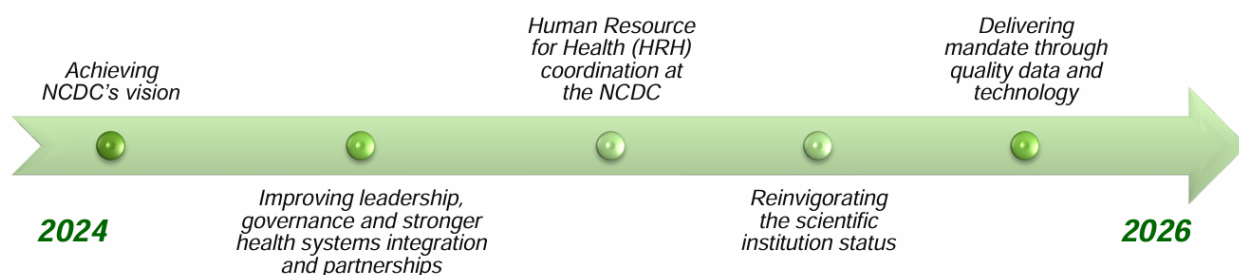
Optimise coordination infrastructure and support systems to improve the efficiency and effectiveness of health security interventions by NCDC.

## NCDC Management Blueprint 2024 – 2028

The Management Blueprint was developed to transform the agency into a world-class national public health institute, renowned for its prevention, preparedness, and effective response to public health threats and emergencies. This strategic blueprint outlines a four-point strategy backed by crosscutting thematic activities to achieve the NCDC vision over the next two years. The four pillar points include:

1. Health Promotion
2. Early warning signals and detection
3. Preparedness and response
4. Partnerships

Implementing these focus areas will ensure that we build a more resilient and responsive public health system, safeguarding the health and well-being of Nigerians. The blueprint also addresses crosscutting issues surrounding leadership & institutional reform, workforce capacity building, resource mobilisation, monitoring and evaluation, data repository, and research and development.



# Special Duties

**Strengthen the infrastructure and supporting systems at the NCDC to ensure an enabling environment is in place to meet its mandate.**

The Special Duties Unit strengthened institutional performance across partnerships, grant management, intergovernmental coordination, and financial oversight. Through strategic engagement with global and domestic stakeholders, the Unit enhanced compliance, mobilised resources, strengthened governance frameworks, and ensured accountability in the implementation of priority public health initiatives. Its work spanned Global Fund grant oversight, strategic partnerships, BHCPF gateway reforms, and the close-out of the Nigeria COVID-19 Preparedness and Response Project (CoPREP).

## **Global Fund Initiatives**

The Unit reinforced fiduciary compliance, ethical safeguards, and strategic grant positioning under Global Fund-supported programmes.

### **Strengthening Safeguards and Compliance**

- Convened a Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH) Workshop (March 18, 2024) to strengthen Nigeria's capacity to prevent, detect, and respond to SEAH within Global Fund-supported HIV/AIDS, TB, and malaria programmes.
- Participated in the development of the Financial & Procurement Manual and Whistleblowing Policy, reinforcing ethical standards and accountability.
- Strengthened internal compliance systems across implementing departments.

### **Strategic Engagement and Resource Mobilisation**

- Hosted the Global Fund Country Team Mission to review NCDC's grant implementation performance.
- Successfully secured funding through grant reprogramming for the development of NAPHS 2.0 and other priority initiatives.
- Enhanced institutional readiness for efficient implementation of Global Fund grants.

### **Strategic Partnerships**

The Unit deepened collaboration with national and international partners, strengthening institutional capacity and positioning NCDC as a regional leader in health security.

### **Health Security Partners Survey (February 2024)**

A partner perception survey was conducted to assess collaboration effectiveness and institutional credibility.

#### **Key Findings**

- High levels of trust and commitment to NCDC's mandate.
- Identified need for stronger communication, transparency, and accountability mechanisms.

#### **Outcomes**

- Improved communication strategies.
- Enhanced transparency and coordination systems.
- Strengthened partnerships unit structures.
- Informed resource mobilisation approaches.

### **Regional Centre of Excellence Engagement – Africa CDC**

Following a prior assessment in June 2023, NCDC engaged departmental leads (October 16–18, 2024) to address identified capacity gaps in workforce development, research, and emergency response.

- Developed a structured three-year costed work plan.
- Produced a clear roadmap to guide potential technical and financial support from the Africa Centres for Disease Control and Prevention.
- Strengthened NCDC's positioning toward Regional Centre of Excellence status.

### **KOICA Public Health Emergency Management Training**

From October 20 to November 2, 2024, 15 NCDC staff participated in training in South Korea under the Korea International Cooperation Agency (KOICA) Public Health Emergency Management Programme.

- Enhanced technical capacity in outbreak response and disaster management.
- Strengthened competencies in infectious disease control.
- Developed context-specific action plans addressing Nigeria's priority health challenges.
- Fostered international collaboration and knowledge exchange.

### **NiMet–NCDC Memorandum of Understanding (November 5, 2024)**

To strengthen climate-sensitive disease preparedness, the Unit facilitated the signing of a four-year Memorandum of Understanding between NCDC and the Nigerian Meteorological Agency (NiMet).

#### **Key Outcomes**

- Established a formal framework for real-time climate and health data exchange.
- Enhanced predictive modelling for climate-sensitive diseases.

- Strengthened outbreak forecasting and disaster preparedness.
- Improved inter-agency collaboration on climate–health intelligence.

### **NCDC BHCPF Gateway**

The Unit played a central role in reforming and advancing implementation of the NCDC Basic Healthcare Provision Fund (BHCPF) Gateway.

#### **Governance and Reform Milestones**

- Participated in quarterly Ministerial Oversight Committee (MOC) meetings (March 28, June 7, October 16, 2024).
- Secured:
  - Approval of NCDC gateway reforms.
  - Establishment of the SWAp Health Security Technical Working Group.
  - Approval for fund disbursement (pending TSA access).

#### **Guideline Harmonisation**

- BHCPF Guideline Review Retreat (September 18–20, 2024) to harmonise operational guidelines.
- Contributed to the Internal Review Writing Meeting on the Zero Draft.
- Produced an updated guideline reflecting NCDC’s proposed reforms and alignment across gateways.

#### **State Engagement and Public Awareness**

- Conducted virtual orientation for State Epidemiologists on BHCPF gateway operations.
- Facilitated BHCPF media engagement sessions (August 14 & 21, 2024) to strengthen public awareness and stakeholder understanding.
- Improved visibility of NCDC’s gateway processes, goals, and reform agenda.

### **Nigeria COVID-19 Preparedness & Response Project (CoPREP)**

The World Bank-supported Nigeria COVID-19 Preparedness and Response Project (CoPREP), jointly implemented by NCDC and NPHCDA, officially closed on June 30, 2024. The project strengthened state-level COVID-19 detection, response, and vaccination systems while facilitating equitable vaccine access.

#### **Close-Out Outcomes**

- Successfully completed grant closure in compliance with World Bank requirements.
- Cancelled \$41 million in unspent funds at close-out, following a prior \$80 million cancellation during restructuring.
- Ensured financial accountability and transparent resource utilisation.

- Consolidated institutional gains in vaccination system strengthening and outbreak response coordination.

### Strategic Impact

Through its cross-cutting functions, the Special Duties Unit:

- Strengthened Global Fund compliance and fiduciary accountability.
- Enhanced strategic partnerships with Africa CDC, KOICA, and NiMet.
- Advanced BHCPF gateway reforms and supported fund mobilisation.
- Ensured compliant and efficient closure of the CoPREP project.
- Improved institutional governance, transparency, and inter-agency collaboration.

### Forward Priorities

Looking ahead, the Unit will:

- Expand PSEAH safeguards across all programmes.
- Finalise BHCPF fund disbursements to states.
- Operationalise climate–disease data integration for predictive surveillance.
- Deepen regional and international partnerships to strengthen health security financing and institutional resilience.

This positioning presents the Special Duties Unit not merely as an administrative function, but as a strategic enabler of governance, accountability, and sustainable health security reform.



Figure 3 KOICA training delegates in South Korea

# Information & Communication Technology

**Strengthen the infrastructure and supporting systems at the NCDC to ensure an enabling environment is in place to meet its mandate.**

The NCDC's Information and Communications Technology (ICT) initiatives have been fundamental in enhancing the agency's digital infrastructure, surveillance capabilities, laboratory systems, and internal communication, thereby strengthening public health emergency preparedness and response.

- **Event-Based Surveillance (EBS) Upgrade:** This initiative involves enhancing the EBS system through dashboard automation, integration of diverse data sources, and improved alert triaging.
- **Environmental Surveillance Programme in Nigeria (ESPN):** Development and deployment of ESPN tools in sentinel sites, with ongoing integration with SORMAS and EBS.
- **REDCap for Research Data Collection:** REDCap is actively being utilized for efficient data collection in outbreak investigations and research projects, including those for Mpox and COVID-19 related Infection Prevention and Control (IPC) studies.
- **Next Generation Sequencing (NGS) ICT Infrastructure at CPHL:** Implementation of essential ICT infrastructure, including servers, storage solutions, and a secure Local Area Network (LAN), to support genomics and bioinformatics operations at the Central Public Health Laboratory (CPHL).
- **Internet Infrastructure Upgrade:** Comprehensive upgrade of internet infrastructure, encompassing fiber internet deployment, structured cabling, enhanced Wi-Fi coverage, and ISP failover mechanisms across NCDC campuses.
- **E-Learning Platform (LMS):** Development and deployment of a digital learning management system (LMS) to facilitate e-learning initiatives for public health workforce development.
- **Assuring Public Health International & Domestic Security (APHIDS):** Rollout of a dedicated platform designed to automate internal communications and streamline data sharing within the NCDC and with relevant stakeholders.
- **e-LIMS National Laboratory ICT Network:** Equipping zonal laboratories with advanced diagnostics and real-time data systems to form a comprehensive national laboratory ICT network.

These ongoing ICT initiatives are foundational to modernising NCDC's operations, improving data-driven decision-making, and enhancing Nigeria's overall public health security architecture.

# Legal

**Strengthen the infrastructure and supporting systems at the NCDC to ensure an enabling environment is in place to meet its mandate.**

The Legal unit advanced legislative reforms, enhanced compliance with national and international health obligations, and reinforced Nigeria's legal preparedness for public health emergencies. Through strategic legal advisory, policy development, and capacity building, the Unit ensured alignment of NCDC's mandate with domestic legislation and international frameworks, including the World Health Organization International Health Regulations (IHR 2005).

## **1. Global Health Governance & Policy Development**

### **Shaping Nigeria's Position on the WHO Pandemic Treaty & IHR Amendments**

The unit led Nigeria's legal and policy positioning on the proposed WHO Pandemic Treaty (CA+) and amendments to the IHR (2005).

#### **Key Milestones**

- Developed Nigeria's official Position Paper on the WHO Pandemic Treaty (CA+) and proposed IHR amendments.
- Coordinated a multi-sectoral Ministerial Committee to review and refine Nigeria's legal stance.
- Convened a three-day high-level retreat to ensure alignment with national sovereignty, health equity, and emergency preparedness priorities.
- Ensured Nigeria's core interests — health system resilience, equitable access to medical countermeasures, and sovereign decision-making — were reflected in proposed amendments.
- Supported deployment of Nigeria's delegation to Geneva for Intergovernmental Negotiating Body (INB) meetings, reinforcing Nigeria's proactive engagement in global health diplomacy.

#### **Impact**

Strengthened Nigeria's influence in global health negotiations and ensured national priorities were embedded in evolving international legal instruments.

## **2. Advancing Subnational Public Health Legislation**

Recognising that resilient health security requires strong state-level legal frameworks, the Unit intensified efforts to decentralise public health law reform.

### **Kano State Milestone**

- Provided sustained technical support (since 2021) culminating in the passage and Governor’s assent of the Kano State Public Health Emergency Law and Kano State CDC Bill (February 2024).
- Established a formal legal basis for a State CDC structure.
- Strengthened decentralised disease prevention, detection, and response capacity.

#### **Legal Assessments & Bill Drafting**

- Conducted subnational legal assessments in Nasarawa and Ogun States.
- Supported drafting:
  - Ogun State Public Health Emergency Bill.
  - Nasarawa State Public Health Security Bill.
- Identified legislative gaps and recommended harmonised reforms aligned with national and international standards.

#### **Regional Legal Strengthening Workshops**

- Organised two regional workshops (Abuja and Lagos, November–December 2024).
- Conducted health security law assessments across 17 states.
- Utilised a jointly developed NCDC–Resolve to Save Lives (RTSL) assessment toolkit.
- Facilitated harmonised solutions for strengthening subnational legal frameworks.

#### **Impact**

Accelerated decentralisation of health security governance and strengthened collaboration between national and subnational authorities.

### **3. Strengthening Legal Coordination & Capacity**

#### **IHR Legal Technical Working Group (TWG)**

- Convened four quarterly IHR Legal TWG meetings in 2024.
- Fostered collaboration among legal experts from key MDAs.
- Advanced harmonisation of public health laws in support of National Action Plan for Health Security (NAPHS) implementation.

#### **Public Health Legal Training**

- Organised the 2nd National Public Health Legal Training for legal officers across Nigeria.
- Enhanced technical expertise in:
  - Health security legislation.
  - IHR compliance.
  - Emergency response legal frameworks.

- Laid groundwork for institutionalised refresher programmes and expanded state-level participation.

### **Impact**

Strengthened national and subnational legal capacity to navigate complex public health emergencies.

## **4. Infection Prevention & Control (IPC) Legal Framework**

The Legal Unit led development of Nigeria’s first comprehensive, legally enforceable IPC Regulation.

### **Key Actions**

- Drafted the IPC legal framework in collaboration with the Africa Centres for Disease Control and Prevention and Resolve to Save Lives.
- Conducted stakeholder validation workshops beginning December 2023.
- Developed a regulatory structure to institutionalise IPC standards nationwide.

### **Impact**

Established the foundation for enforceable IPC standards, strengthening healthcare safety, reducing healthcare-associated infections, and enhancing preparedness for emerging infectious diseases.

### **Strategic Impact**

The Legal Unit’s work over the reporting period has delivered measurable improvements in Nigeria’s legal preparedness for health emergencies:

- Strengthened national and subnational legal frameworks for public health emergencies.
- Enhanced Nigeria’s negotiating power in global health governance (Pandemic Treaty & IHR reforms).
- Advanced enforceable IPC regulations to improve healthcare safety.
- Increased legal capacity of state officers through training and assessments.
- Institutionalised decentralised health security governance via state CDC legislation and emergency preparedness laws.

These reforms position Nigeria as a legally prepared and internationally aligned health security leader.

### **Forward Priorities**

Looking ahead, the Legal Unit will:

- Advocate for enactment of pending instruments, including the IPC Regulation and subnational public health bills.
- Expand public health legal training to additional states and institutionalise refresher programmes.

- Strengthen harmonisation between federal and state public health laws.
- Continue proactive engagement in global health legal negotiations.
- Deepen integration of legal frameworks into national emergency preparedness systems.

Through sustained legal reform, strategic diplomacy, and capacity development, the Legal Unit continues to build a resilient, legally empowered public health system — safeguarding Nigeria against future health emergencies and reinforcing the nation’s health security architecture.



Figure 4 Pandemic Treaty & IHR Amendment Retr

# Disease Prevention & Health Promotion

**Enhance health security through effective prevention and control of public health threats while promoting health through positive social behaviour change initiatives.**

## **Disease Prevention and Health Promotion Department (DPHP)**

The Disease Prevention and Health Promotion Department (DPHP) was formally established during the reporting period. The Department provides strategic leadership for nationwide disease prevention, risk communication, infection prevention, and antimicrobial resistance coordination — reinforcing NCDC’s shift from reactive outbreak response to proactive health security strengthening. The Department integrates three technical divisions — Risk Communication & Community Engagement/Infodemic Management (RCCE/IM), Infection Prevention & Control (IPC), and Antimicrobial Resistance (AMR) — ensuring a coordinated and systems-based approach to prevention.

## **Risk Communication & Community Engagement / Infodemic Management (RCCE/IM)**

The RCCE/IM Division strengthened Nigeria’s national architecture for public health communication, misinformation management, and community feedback integration. During the reporting period, the Division institutionalised structured rumour tracking, enhanced subnational coordination, and deployed digital tools to support real-time response to infectious disease misinformation. These efforts have significantly improved national capacity to anticipate, detect, and respond to infodemics.

## **Key Achievements**

### **Systems Strengthening**

- Developed and disseminated RCCE Insights Reports (2021–2023).
- Launched the National Infodemic Management Operational Guidelines (2023).
- Developed and deployed a digital and offline Rumour Log Tool for real-time community feedback.
- Established routine rumour reporting through State Health Promotion Officers.
- Deployed community listening tools across 23 states.
- Developed a real-time RCCE+IM dashboard for infectious disease trend visualisation.
- Piloted the National Multi-Hazard RCCE Guideline in five sectors across two states.
- Finalised draft 2025 RCCE+IM Strategic Workplan (pending approval).

## **Capacity Building**

- Trained Health Promotion Officers from all 36 states and the FCT, alongside selected LGA officers.
- Conducted nationwide social media and infodemic management training.
- Trained 60 MDA and partner personnel on digital risk communication.
- Implemented cascade trainings across the six geopolitical zones.
- Trained 45 Red Cross volunteers and community media practitioners on rumour management.

## **Partnerships and Regional Collaboration**

- Strengthened cross-border collaboration with Ghana on infodemic management.
- Sustained monthly coordination meetings with State Health Promotion Officers.
- Facilitated media engagements and public awareness campaigns nationwide.

## **Infection Prevention and Control (IPC) Division**

The IPC Division advanced governance frameworks, institutional structures, and facility-level implementation to reduce healthcare-associated infections and improve preparedness. Significant improvements were recorded in Nigeria's IPC capacity, reflected in enhanced JEE performance and strengthened national policy frameworks. IPC systems are now embedded across tertiary and secondary facilities nationwide through structured focal person networks and quality improvement processes.

## **Key Achievements**

### **Governance and Policy**

- Secured approval of the National IPC Policy by the National Council on Health.
- Inaugurated the National IPC Technical Working Group (quarterly meetings ongoing).
- Incorporated IPC provisions into the proposed NCDC Act Amendment Bill.
- Partnered with WHO on a global IPC survey with record national participation.

### **Performance Improvement**

- Improved Nigeria's overall health security score from 39% (2017) to 54% (2023), with IPC technical area scores increasing significantly.
- Expanded the Orange Network to include 41 tertiary and over 100 secondary facilities, with further expansion to three secondary facilities per state.
- Established IPC focal persons in 37 states and across multiple facility levels.

### **Capacity Development**

- Trained over 500 facility IPC focal persons (C19RM-supported).
- Launched a national IPC e-learning course.
- Conducted follow-up assessments in 41 Orange Network facilities.

- Developed and disseminated national IPC manuals and disease-specific protocols.

### **Data for Improvement**

IPC data is systematically used at facility, state, and national levels:

- Facility-level data informs quality improvement decisions.
- State-level data supports supervision and advocacy.
- National-level analysis informs programme and policy reform.

Findings are reviewed during annual Chief Medical Directors' engagements, IPC TWG meetings, and the IPC pillar of the AMR TWG. IPC indicators are integrated into national Health Security KPIs reported to the Federal Ministry of Health, ensuring alignment with broader reform priorities.

### **Antimicrobial Resistance (AMR) Division**

The AMR Division strengthened Nigeria's One Health response through policy reform, surveillance expansion, antimicrobial stewardship, and community engagement. Nigeria exceeded global benchmarks in the WHO 2024 TrACSS report and successfully transitioned from NAP 1.0 to NAP 2.0 following a comprehensive evaluation (44% implementation rate). The country was also selected to host the 5th Global High-Level Ministerial Conference on AMR — a strong signal of global recognition.

### **Key Achievements**

#### **Policy and Leadership**

- Conducted a national One Health AMR situational analysis and stakeholder mapping.
- Launched NAP 2.0.
- Established AMR Technical Working Groups in five states.

#### **Surveillance Strengthening**

- Increased AMR sentinel sites from 10 to 18 (solar-powered, quality management trained).
- Drafted protocols for surveillance of multidrug-resistant organisms, fungal pathogens, and whole-genome sequencing.
- Launched mentorship for sentinel sites and national reference laboratories.
- Trained biomedical engineers on laboratory equipment maintenance.

#### **Antimicrobial Stewardship (AMS)**

- Established AMS programmes in 52 healthcare facilities.
- Trained over 4,000 healthcare workers on stewardship practices.
- Trained 22 national AMS stakeholders using WHO modules.
- Piloted and scaled diagnostic stewardship in secondary hospitals.
- Developed national AMS toolkits, manuals, and clinical aide memoires.

- Conducted community stewardship training for 150 pharmacies and vendors.
- Published seven manuscripts on AMR surveillance and stewardship.

### **Community and Academic Engagement**

- Established 75+ AMR clubs in secondary schools across six states (4,000+ students reached).
- Advanced harmonisation of AMR education curricula.
- Engaged the National Inter-varsity AMR Club Network for content development.

### **Corporate Communications Division**

The Corporate Communications Division provided strategic communication leadership to amplify NCDC's work and strengthen public trust during outbreaks and national campaigns. The Division enhanced visibility, improved media coordination, strengthened internal communication systems, and ensured consistent messaging during priority health events.

### **Key Highlights**

#### **Media Engagement**

- Coordinated 107 media appearances (TV, radio, print, online).
- Issued 24 press releases and advisories.
- Secured 24 verified national media features.
- Supported 37 institutional events.

#### **Content Production**

- Produced 95 visual materials, including graphics and videos.
- Developed three motion graphics to simplify technical public health concepts.

#### **Digital Reach**

- Facebook: 4.7 million reach.
- X (Twitter): 1.9 million impressions; 72,000+ engagements.
- LinkedIn: 128,000 impressions.
- Instagram: 373,000+ new followers.
- YouTube: 22,000+ views; 228 new subscribers.

#### **Internal Communications**

- Disseminated 43 broadcast emails and 137 WhatsApp updates to nearly 700 staff.
- Monitored media trends and public sentiment during priority outbreaks.

The establishment of the Disease Prevention and Health Promotion Department marks a transformative institutional milestone for NCDC. Through strengthened governance frameworks, expanded surveillance systems, integrated risk communication structures, and enhanced antimicrobial stewardship, the Department has operationalised a prevention-centred model for national health security.

These achievements position NCDC to sustain measurable improvements in preparedness, resilience, and population health protection in the years ahead.



*Figure 5 2023 Annual CMD Engagement*

# Surveillance & Epidemiology

**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 IHR.**

The Surveillance & Epidemiology Department reinforced Nigeria's public health surveillance architecture, digital data systems, workforce capacity, and One Health coordination throughout the reporting period. Through expanded digital platforms, targeted workforce development, strengthened subnational systems, and multi-sectoral collaboration, the Department substantially enhanced Nigeria's ability to detect, analyse, and respond to public health threats. These achievements reinforce the Department's central role in advancing national health security and improving population health outcomes.

## **I. Surveillance & Data Systems Strengthening**

The Department expanded real-time data platforms, strengthened facility-level reporting, and enhanced integrated disease surveillance nationwide.

### **Digital Systems Expansion**

- Data Analytic Visualisation Tool expanded to 10 states (Katsina, Borno, Bauchi, Adamawa, Cross River, Akwa Ibom, Enugu, Edo, Kwara, Niger) by August 2024, improving real-time data analysis and decision-making at subnational levels.
- Developed a draft SORMAS Sustainability Plan (October 2024).
- Deployed SORMAS to secondary and tertiary health facilities in six states (Katsina, Zamfara, Yobe, Kano, Anambra, Edo) by February 2025, strengthening facility-level reporting.
- Engaged a dedicated SORMAS IT consultant (February 2025) to optimise system performance.
- Initiated nationwide rollout planning for Auto Visual Alert Detection and Reporting (AVADAR) through a design-thinking workshop; server optimisation ongoing.
- Developed a roadmap for the National One Health Surveillance and Information Sharing Tool (SIS-OT) to enable real-time cross-sectoral zoonotic data exchange.

### **IDSR Strengthening**

- Implemented the IDSR Health Facility Roll-out in 10 states (Nasarawa, Ebonyi, Kaduna, Benue, Ekiti, Katsina, Yobe, Zamfara, Anambra, Kano) during 2024/2025.
- Trained subnational personnel, improving reporting timeliness and completeness.

- Continued production of the Weekly Epidemiological Report (January–December 2024), ensuring standardised and timely national surveillance outputs.

### **Community-Based Surveillance (CBS)**

- Developed CBS Standard Operating Procedures and training modules (August–December 2024).
- Conducted a National Training of Trainers (December 2024).
- Piloted CBS in Kano, Oyo, and Enugu States (December 2024), strengthening early detection and community engagement.

### **Impact**

Improved timeliness, completeness, and quality of surveillance reporting across national and subnational levels, with stronger community integration.

## **II. Capacity Building & Workforce Development**

Recognising that strong systems depend on skilled personnel, the Department prioritised targeted workforce development.

### **Surveillance Workforce Strengthening**

- Conducted IDSR training for Health Facility Focal Persons (February 2024).
- Rolled out the **Integrated Training of Surveillance Officers in Nigeria (ITSON)** in FCT, Nasarawa, Ebonyi, and Sokoto States (November 2024–February 2025).
- Trained DSNOs and new State Epidemiologists in Microsoft Excel and QGIS (October 22–26, 2024), improving geospatial analysis and reporting quality.
- Established weekly mentorship sessions for R users (from March 2024), strengthening advanced epidemiological analysis and mathematical modelling capacity within NCDC.

### **Impact**

Enhanced frontline detection capacity, analytical competence, and data-driven decision-making across states.

## **III. One Health Integration**

The Department deepened multi-sectoral collaboration under Nigeria’s One Health framework, strengthening coordination at human–animal–environment interfaces.

### **National-Level Coordination**

- Designed and strengthened the One Health approach within NFELTP (March 6–10, 2024).
- Convened National One Health Technical Committee (NOHTC) meetings (May 13 and November 25, 2024) to guide cross-sectoral coordination.

### **Subnational Risk Assessment**

- Conducted Subnational Joint Risk Assessment Workshops in Ebonyi, Kaduna, and Jigawa (August 26–28, 2024).
- Strengthened coordination, communication, and advocacy for zoonotic risk mitigation.

### **Surveillance & Information Sharing**

- Developed a plan of action and roadmap (September 28–October 1, 2024) for implementation of the National One Health Surveillance and Information Sharing Tool (SIS-OT).

### **Impact**

Improved coordination across ministries and sectors, enhancing preparedness for zoonotic and emerging infectious diseases.

## **IV. Specialised Assessments & Laboratory Initiatives**

The Department implemented specialised surveys and laboratory capacity initiatives to strengthen disease intelligence.

### **Nigeria State-Level ART Impact Survey (AIS)**

- Conducted in Akwa Ibom State (February–October 2024).
- Assessed HIV prevalence, service coverage, and risk behaviours.
- Generated data to inform targeted HIV programming and service optimisation.

### **Multiplex Bead Assay (MBA) Regional Hub**

- Initiated establishment (May–December 2024) of an MBA Regional Hub.
- Developed plans to:
  - Build a national data repository.
  - Train laboratory personnel in bead coupling, validation, and analysis.
  - Achieve National Reference Laboratory (NRL) certification.
  - Establish a sample referral network for integrated sero-surveillance.
  - Advance local bead development and research dissemination.

### **Impact**

Enhanced lab surveillance capacity and positioned Nigeria as a regional leader in integrated sero-surveillance.

## **V. Policy & Strategic Development**

The Department led major strategic reviews and planning processes critical to Nigeria’s health security agenda.

### **5th Annual Disease Surveillance Review Meeting (ADSRM)**

- Held October 28–30, 2024.
- Reviewed JEE findings and assessed implementation of prior recommendations.
- Identified actionable strategies to strengthen compliance with IHR (2005).

### **NAPHS Review & Development**

- Completed End-term Review of NAPHS 1.0 (November 2024), producing a comprehensive evaluation report.
- Convened the NAPHS 2.0 Development Workshop (December 2024), generating a new implementation framework aligned with current priorities.

### **Impact**

Strengthened policy alignment, evidence-based planning, and national health security strategy implementation.

### **Outcomes & Strategic Impact**

Across the reporting period, the Surveillance & Epidemiology Department achieved:

- Improved real-time surveillance data analysis and reporting.
- Strengthened health facility and subnational surveillance systems.
- Enhanced workforce capacity in epidemiology, modelling, and geospatial analysis.
- Improved One Health coordination and zoonotic risk assessment.
- Advanced laboratory and sero-surveillance infrastructure.
- Strengthened national policy frameworks through NAPHS 2.0 development.

### **Conclusion**

Through expanded digital surveillance platforms, strengthened frontline workforce capacity, integrated One Health collaboration, and strategic policy leadership, the Surveillance & Epidemiology Department has significantly enhanced Nigeria's preparedness and response capabilities. These achievements underscore the Department's pivotal role in safeguarding national health security and ensuring a resilient, data-driven public health system capable of responding effectively to current and emerging threats.

# Public Health Laboratory Services

**Enhance laboratory capacity to detect and support infectious disease surveillance systems and response through detection, prevention, and control.**

The PHLS serves as the cornerstone of Nigeria’s disease surveillance and outbreak response architecture. As the national coordinating body for public health laboratories, it ensures rapid detection, confirmation, and monitoring of infectious diseases and other public health threats. Through strategic investments in genomic surveillance, laboratory infrastructure, quality management systems, and partnerships, the department has significantly enhanced Nigeria’s national health security capacity.

## 1. Advancing Genomic Surveillance

### National Genomic Surveillance Strategy (NGSS)

- Developed (June–July 2024) and publicly launched in October 2024.
- Establishes a coordinated, cost-effective, and sustainable framework for genomic surveillance.
- Leverages NGS to strengthen pathogen detection and outbreak response.
- Builds on lessons from the SARS-CoV-2 pandemic.



*Figure 6 Inauguration of the Nigeria Genomics Consortium*

### Nigeria Genomics Consortium (May 2024)

- Inaugurated as a multi-sectoral coordination platform.
- Membership includes public health, agriculture, environment, academia, private sector, and international partners.
- Promotes harmonised sequencing activities, research collaboration, and data sharing for public health action.



*Figure 7 official Launching of the National Genomics Surveillance Strategy by the Hon. Coordinating Minister*

## **2. Enhancing Diagnostic Infrastructure**

### **Integrated Disease Reference Laboratory (IDRL) – Lagos (July 2024)**

- Launched at the Central Public Health Laboratory (CPHL), Lagos.
- Supported by CDC Foundation and Taipei Economic and Cultural Representative Office.
- Serves as a central hub for advanced molecular testing and sequencing for:
  - Malaria
  - Neglected Tropical Diseases (NTDs)
  - Mycotic diseases
- Strengthens collaboration with national disease control programmes.

### **Environmental Surveillance Project in Nigeria (ESPN)**

- Launched in collaboration with the Bill & Melinda Gates Foundation.
- Utilises wastewater surveillance to detect outbreak-prone pathogens.
- Leverages Nigeria’s existing polio environmental surveillance infrastructure.
- Enhances early warning systems and vaccination strategies.

### **Construction of Biosafety Level 3 (BSL-3) Laboratories**

- Under the “Strengthening Diagnostic Capacity” project with Japan International Cooperation Agency (JICA)
- New BSL-3 laboratories under construction at the NRL, Abuja and CPHL, Lagos
- Completion scheduled for 2025.
- Will enable safe handling of high-risk pathogens such as TB, Mpox, and Lassa fever.



### 3. Strengthening Laboratory Networks & Quality

#### National Accreditation Achievement

- NRL implemented a Quality Management System aligned with ISO 15189:2012.
- Achieved full national accreditation from the Medical Laboratory Science Council of Nigeria.
- CPHL Lagos achieved a five-star rating and awaits final accreditation confirmation.



Figure 8 Accreditation certificate presentation to DPHLS Director

## Expansion of Molecular Laboratory Networks

### -Mpox Testing Expansion

- Five additional laboratories optimised across the six geopolitical zones (as of October 2024).
- Provided training, reagents, mentorship, and biomedical engineering support.

### -Lassa Fever Network Expansion

- Four additional laboratories integrated into the network:
  - UBTH
  - BCLV
  - FMC Makurdi
  - UDUTH Sokoto

### -Zonal Reference Laboratories (ZRLs)

- Initiated establishment across Southwest, Southeast, and Northwest zones.
- Aim to decentralise diagnostics and reduce turnaround times.
- Strengthen preparedness for Viral Haemorrhagic Fevers (VHFs) and epidemic-prone diseases.

### -Laboratory Network Framework

- Developed a national guiding document outlining:
  - Tiered laboratory system structure
  - Roles and responsibilities
  - Standard operating principles
- Enhances coordination, standardisation, and efficiency nationwide.



Figure 9 Stakeholder engagement at ESPN launch

## 4. Operational Excellence & Workforce Support

- Operates specimen referral system across all 36 states.
- Ensures centralised procurement and distribution of reagents and consumables.

- Conducts biosafety cabinet certification and equipment maintenance.
- Participates in external quality assurance programmes.
- Provides ongoing capacity building for laboratory focal persons nationwide.

## 5. Strengthened Partnerships & Global Collaboration

- PHLS strengthened international and technical collaborations with:
  - US Centers for Disease Control and Prevention
  - CDC Foundation
  - Taipei Economic and Cultural Representative Office
  - Japan International Cooperation Agency
  - UK Health Security Agency
  - World Health Organization

## Impact

Over the past year, PHLS has:

- Established Nigeria's first National Genomic Surveillance Strategy
- Institutionalised genomic coordination through the Nigeria Genomics Consortium
- Expanded high-risk pathogen testing capacity nationwide
- Achieved national laboratory accreditation standards
- Strengthened environmental and molecular surveillance systems
- Advanced decentralised diagnostic preparedness

These achievements position PHLS as an enabler of timely disease detection, effective outbreak response, and strengthened national health security.



*Figure 10 Stakeholders at the NGSS development workshop*



Figure 11 1st Meeting of the Nigeria Genomics Consortium

# Health Emergency Preparedness & Response

**Reduce the health-related consequences of public health emergencies and disasters**

HEPR implemented systematic, risk-informed interventions across preparedness, outbreak coordination, workforce development, epidemic intelligence, and logistics systems strengthening. Through data-driven planning, structured incident management, multisectoral coordination, and simulation-based capacity building, HEPR significantly enhanced Nigeria's ability to prevent, detect, and respond to public health emergencies.

## **Key Technical Achievements by Strategic Pillar**

### **1. Preparedness and Readiness**

Documents prepared to strengthen early detection, risk assessment, and risk-informed planning included:

#### **Nigeria Preparedness and Readiness Alert System (NPRAS)**

- Operationalised NPRAS to provide real-time visibility of public health risks.
- Integrated multi-hazard risk indices, surveillance trends, and early action triggers.
- Strengthened national situational awareness and facilitated timely decision-making.

#### **Subnational Strategic Risk Assessments**

- Conducted in Kwara, Kaduna, Rivers, Nasarawa, Niger, Ondo, Bauchi, and Lagos States.
- Enhanced state-level risk mapping and emergency planning capacity.
- Fed directly into national readiness tracking via NPRAS.

#### **Lassa Fever Strategic Plan (2025–2029)**

- Developed a fully costed ₦129.4 billion (~\$76.1M USD) national plan.
- Anchored on a Theory of Change framework.
- Provides structured guidance for investments, coordination, and innovation in Lassa fever control.
- Addresses root causes, intermediate drivers, and system enablers.

#### **National Strategic Plan of Action on Cholera Control (NSPACC) 2025–2029**

- Aligned with the roadmap of the Global Task Force on Cholera Control.
- Incorporated Cholera Multi-sectoral Investment and Plan (PAMI) mapping.
- Identified 134 high-risk LGAs across 22 states.
- Guided targeted WASH, Oral Cholera Vaccine (OCV), and surveillance investments.

## **National Cerebrospinal Meningitis (CSM) Preparedness & Response Guideline**

- Aligned with the “Defeating Meningitis by 2030” roadmap of the World Health Organization.
- Supported by After-Action Reviews (AARs) for Lassa and CSM outbreaks.
- Standardised outbreak preparedness and strengthened institutional learning systems.

## **2. Outbreak Detection and Incident Coordination**

To Improve timeliness and quality of public health emergency response through structured incident management, HEPR oversaw the following:

### **Emergency Operations Centres (EOCs)**

- Activated for:
  - Cholera
  - Lassa fever
  - Cerebrospinal meningitis (CSM)
  - Heavy metal poisoning
- Operated with full Incident Management System (IMS) functionality.
- Strengthened multisectoral coordination, resource mobilisation, and decision-making.

### **National Rapid Response Teams (NRRTs)**

- Deployed in response to:
  - Lassa fever, Diphtheria, Mpox, Yellow fever, and Flood-related emergencies
- Enabled rapid field investigation, containment, and technical support.
- Reduced response times and improved case management outcomes.

### **Financial Oversight**

- Oversaw implementation of:
  - Revolving Outbreak Investigation Fund (ROIF)
  - Basic Health Care Provision Fund (BHCPF)
- Ensured accountability, transparency, and timely fund disbursement.

## **3. Health Workforce Development & Simulation Exercises**

These exercises were carried out to strengthen national and subnational emergency management capacity.

### **Public Health Emergency Management (PHEM) Level 3 Training**

- Trained 272 personnel across 13 states and the FCT.
- Covered Incident Management Systems (IMS), logistics, and simulation-based response.

### **Specialized Technical Training**

- Delivered Environmental Surveillance and ToxBASE training to 30 NRRT personnel.
- Strengthened preparedness for toxicological and chemical events.

### **Simulation Exercises**

- Exercise Keep Pushing 5 (Rabies): Conducted across 7 PHEOCs.
- Exercise Keep Pushing 6 (Influenza): Conducted across 6 PHEOCs.
- Measles simulation exercises conducted to test rapid containment systems.
- Strengthened subnational coordination and emergency readiness.

## **4. Public Health Intelligence & Dynamic Risk Assessment**

Assessment was conducted to sustain evidence-based epidemic intelligence for informed response and policy action.

### **Signal Detection & Early Warning**

- Detected 95 validated public health signals in 2024.
- Leveraged SitAware and EIOS platforms.
- Triggered timely public health action and EOC activation where required.

### **Intelligence Coordination**

- Held daily Public Health Intelligence (PHI) coordination meetings.
- Produced weekly situation summaries.
- Provided continuous leadership briefings on emerging threats.

### **Risk Assessments**

- Conducted 10 local risk assessments (Lassa, CSM, cholera, COVID-19).
- Conducted 2 international risk assessments (Marburg, respiratory viruses).
- Informed risk classification, escalation decisions, and preparedness measures.

## **5. Supply Chain & Logistics Strengthening**

Guarantee timely and equitable access to emergency medical countermeasures (MCMs).

### **Medical Countermeasure (MCM) Distribution Model**

- Implemented a hybrid push-pull distribution model.
- Guided by NPRAS risk data and seasonal triggers.
- Improved pre-positioning and surge responsiveness.

### **Commodity Management Enhancement**

- Conducted quantification and forecasting exercises.

- Reviewed and updated Standard Operating Procedures (SOPs).
- Organised utilisation review workshops.
- Strengthened end-to-end supply chain visibility and accountability.

### **Impact**

Through structured preparedness systems, strengthened incident management, enhanced intelligence coordination, workforce capacity building, and improved logistics architecture, the HEPR Department has:

- Institutionalised risk-informed decision-making
- Improved outbreak response timeliness and coordination
- Strengthened subnational preparedness systems
- Enhanced emergency financing accountability
- Built a more resilient and agile national emergency response architecture

These achievements significantly reinforce Nigeria's capacity to prevent, detect, and respond to public health emergencies, directly advancing the nation's health security agenda.

# Planning, Research, & Statistics

**Create an efficiently managed and evidence-based organisation to support informed public health decision-making and program implementation.**

The DPRS was strengthened by strategic workforce planning, epidemiological training, research coordination, data systems strengthening, and multisectoral workforce governance. Through structured capacity-building programmes, workforce intelligence systems, and community-based One Health initiatives, DPRS continues to institutionalise sustainable health security workforce development.

## **I. Nigeria Field Epidemiology and Laboratory Training Programme (NFELTP)**

Established in 2008 under the Federal Ministry of Health and Social Welfare, the NFELTP is a competency-based, service-oriented training programme implemented with support from the Centers for Disease Control and Prevention and the African Field Epidemiology Network.

The programme operates a three-tier model:

- Advanced FETP
- Intermediate FETP
- Frontline FETP

It collaborates with Ahmadu Bello University, University of Ibadan, and Federal Ministry of Agriculture and Food Security

### **A. Intermediate NFELTP (I-NFELTP) – Cohort 2**

#### **Programme Structure**

- 9 months (80% field-based, 20% classroom-based)
- Focus: surveillance, outbreak investigation, research, survey data utilisation
- Coordinated by NCDC in collaboration with AFENET and CDC

#### **Key Achievements**

- 32 residents recruited (June 2023)
- Graduated June 14, 2024
- 100% completion rate

#### **Competency Gains**

Residents strengthened skills in:

- Disease surveillance and data interpretation
- Outbreak investigation and response
- Scientific writing and policy brief development
- Research methods and secondary data analysis
- Teamwork and time management
- 10 policy briefs were developed and finalised.
- 44% of residents expressed interest in advancing R programming skills.

#### **Quality Assurance**

- Field supervisory visits conducted (June 2024)
- Bound Volume Deliverables completed:
  - Outbreak reports
  - Surveillance evaluations
  - Secondary analyses
  - Group theses

#### **International Visibility**

Residents presented abstracts at:

- World One Health Congress (2024)
- World Congress of Epidemiology (Cape Town, September 2024)

#### **B. Advanced NFEITP (A-NFEITP) – Cohort 12**

Modelled after the CDC Epidemic Intelligence Service, the Advanced programme develops leaders in interventional epidemiology.

#### **Cohort 12 Highlights**

- 29 residents commenced June 4, 2024
- 80% field-based, 20% didactic
- 8-week didactic cluster (Year 1), 6-week (Year 2)

#### **Didactic Focus Areas**

- Advanced epidemiology & biostatistics
- Surveillance systems & outbreak analytics
- Study design & survey methodology
- Emergency preparedness & response
- Software tools (R, QGIS, Epi Info, ODK, Kobo Toolbox)

## **Innovations**

- Resident-Driven Project Tool App (ReDPeTT) for deliverable tracking
- Weekly assessments and facilitator evaluations
- Structured mentor–mentee engagement

The first cluster successfully prepared residents for real-world emergency deployment.

## **II. Technical Workforce Development & HRH Coordination**

DPRS actively supports national Human Resources for Health (HRH) governance through Technical Working Groups and workforce intelligence systems.

### **3rd Quarter HRH-TWG Meeting**

**September 17–18, 2024 | Nasarawa State**

Participants included:

- World Health Organization
- Clinton Health Access Initiative
- Institute of Human Virology Nigeria
- National Primary Health Care Development Agency

### **Key Developments**

- National Policy on Health Workforce Migration approved (March & August 2024)
- National Health Workforce Registry (NHWR) demonstrated (Version 4.0 → 5.0 planned scale-up)
- WISN National Training of Trainers conducted (August 2024)
- Organisational Capacity Assessment Tool (OCAT) implemented in 6 states

### **DPRS Contribution**

- Highlighted need to refresh 2021 workforce mapping data
- Recommended updated 2024 data collection to strengthen the National Plan for Health Security Workforce

### **Key Resolutions**

- Appointment of HRH desk officers in states
- Real-time workforce registry updates
- Strengthened monitoring and evaluation linkages

### **4th Quarter HRH-TWG Meeting**

**December 12–13, 2024 | Nasarawa State**

Focused on:

- Monitoring 2024 HRH Annual Operational Plan implementation

- Strengthening coordination and partner support
- Advancing workforce registry updates

### **III. Community-Based Surveillance (CBS)**

- SOPs and training modules developed (Aug–Dec 2024)
- Strengthened decentralised early warning systems
- Enhanced community-level detection and coordination

### **IV. COPE Project**

The Community-Based One Health Participatory & Empowerment Initiative (COPE) Project advanced community-driven One Health interventions addressing human–animal–environment health risks.

#### **Baseline One Health Risk Assessment (OHRA)**

Conducted by multidisciplinary teams including:

- NCDC
- National Veterinary Research Institute
- University of Ibadan
- Robert Koch Institute
- Friedrich-Loeffler-Institut

Activities included:

- Structured sampling
- Laboratory analysis
- Epidemiological surveys
- Anthropological fieldwork
- Laboratory analyses completed in December 2024.

#### **Participatory Intervention Development**

- Conducted May 2024
- Inclusive FGDs and validation meetings
- Community co-designed sustainable, locally adapted interventions
- Implementation commenced June 2024

#### **Impact**

Through strategic workforce planning, epidemiological training, research coordination, and real-time workforce intelligence systems, the DPRS has:

- Strengthened Nigeria's epidemiology workforce pipeline
- Institutionalised workforce data systems
- Enhanced national HRH governance coordination
- Improved research-to-policy translation
- Strengthened community-based One Health capacity

These efforts reinforce Nigeria's long-term public health resilience and align directly with national health security priorities.

# Subnational Support

**Ensure functional and sustainable health security systems at the subnational level.**

The Subnational Readiness Strengthening Division focused on Nigeria's public health emergency preparedness and response capabilities over the past year, fortifying subnational capacity in outbreak management, workforce training, and multi-sectoral coordination.

## **Key Achievements**

Public Health Emergency Management Intermediate Course (PHEM IC): Cohorts 3 & 4 Trained: 97.14% average post-test score (vs. 63.8% pre-test), which improved incident management skills for 120+ responders across 12 states.

KPI Assessment in Ebonyi, Ondo & Sokoto States

Gaps Identified: Incomplete legal frameworks, underutilised PHEOC equipment. Action Plan include advocate for dedicated funding and infrastructure upgrades.

State PHEOC Training

Outcome: Improved coordination in 4 states (Benue, Enugu, Ondo, Ekiti) via Lassa fever simulation exercises, which demonstrated One Health collaboration (human-animal-environment sectors).

Yobe State Joint External Evaluation (JEE)

Milestone: First-ever subnational JEE, aligning with IHR (2005) standards. Next Steps include implement priority actions from the state's health security roadmap.

Subnational PHEOC Simulation Exercises

Achievement: Tested SOPs and teamwork in 4 states; 90% participants rated exercises "highly effective".

## **Impact**

- ✓ Strengthened Coordination: 40+ responders trained in real-time outbreak simulations.
- ✓ Evidence-Based Planning: JEE findings informed Yobe State's health security investments.
- ✓ Capacity Development: PHEM IC graduates now lead outbreak responses in 6 states.
- ✓ Challenges & Lessons Learned
- ✓ High staff turnover in PHEOCs.
- ✓ Inconsistent funding for infrastructure.

- ✓ Need for sustained political commitment.
- ✓ Recommendations
- ✓ Secure sustainable funding for PHEOC operations.
- ✓ Expand simulation exercises to all 36 states.
- ✓ Integrate ICT systems for real-time data sharing.

The Subnational Department's work has laid a frontline foundation for subnational health security. With continued collaboration and investment, the goal seems achievable to establish a resilient, IHR-compliant emergency response systems.

# Technical Working Groups

Achieving health security demands coordinated action across sectors - a principle embodied by NCDC's Technical Working Groups (TWGs). These specialised groups serve as the operational engine of Nigeria's health security architecture, bringing together government agencies, academic institutions, development partners, and frontline responders to transform policy into measurable action. Aligned with the NAPHS and IHR, these groups provided specialized guidance on:

- Disease Surveillance & Outbreak Response
- Laboratory Systems Strengthening
- One Health Integration
- Legal and Policy Frameworks

This section highlights key achievements of the TWGs, demonstrating how targeted collaboration enabled Nigeria to harmonise cross-sectoral efforts and accelerate progress toward regional and global health security targets.

## Cholera

For coordination & response, EOC Activation (Level 2) saw swift deployment of National Rapid Response Teams (NRRT) to 13 high-burden states, mitigating outbreaks in flood-affected regions. Reactive oral cholera vaccine (OCV) campaigns were conducted in Borno, Adamawa, and Sokoto, reaching 500,000+ high-risk individuals.

The Cholera TWG 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's coordinated efforts started in 2024 and 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.

- 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
- Successful launch of the National Strategic Plan of Action on Cholera Control (NSPACC) – 4<sup>TH</sup> February 2025.

## Cerebrospinal Meningitis

In July 2024, the WHO invited two NCDC SMEs to represent Nigeria at the Meningitis Sequelae Surveillance & Research - Defeating Meningitis by 2030 Global Roadmap Meeting in Geneva. Key outcomes include:

- Protocol Development: NCDC experts contributed to the global discussion to refine the Meningitis Sequelae Surveillance & Research Protocol, ensuring relevance for high-burden countries.
- Survivor-Centered Strategies & Knowledge Exchange: Advanced discussions on long-term rehabilitation frameworks to address neurological, hearing, and cognitive impacts in survivors. Gained insights into surveillance strategies and specimen collection.

Next Steps for Nigeria:

- ✓ Integrate sequelae surveillance into national meningitis programs
- ✓ Strengthen partnerships with rehabilitation specialists
- ✓ Explore research and surveillance strategies to improve the quality of life for survivors.



*Figure 12 Meningitis Sequelae & Study Meeting Participants, Geneva - Switzerland*

There was a 50% jump in meningitis cases reported across Africa. In 2023/24, the country documented 4,805 suspected cases and 357 deaths across 23 states – the highest recorded since 2016/2017 outbreak. In the spirit of multisectoral coordination, NCDC played a technical and coordination role in supporting the Federal Ministry of Health & Social Welfare (FMOHWS) and the National Primary Health Care Development Agency (NPHCDA) in the introduction of the new Men5CV (5-in-1) meningitis vaccine. Nigeria was the first country to roll out the new multivalent conjugate vaccine with hopes that it will save lives, prevent long-term complications, and achieve the global goal of defeating meningitis by 2030.

## MPox

In October 2023, the NCDC and partners launched a multi-disciplinary research project to address the knowledge gaps in Nigeria's response to Mpox. Since the re-emergence of Mpox in Nigeria in 2017, the country has recorded 2,668 suspected cases, 975 confirmed cases, and 14 deaths, with Lagos and Rivers States bearing the highest burden. The 2022 global Mpox outbreak, which affected over 100 countries, coincided with Nigeria's largest recorded outbreak, which shows the need for strengthened evidence to guide prevention and control strategies.

The two-year research project, titled *“Epidemiological and clinical investigation of mpox in Nigeria”*, is designed to generate data to inform case management, outbreak prevention, and control measures in Nigeria and similar endemic settings. The study focuses on:

- Clinical characteristics and natural history of Mpox
- Epidemiological parameters and transmission dynamics
- Experiences of infected individuals and affected communities

The project comprises two major workstreams:

- Clinical Study: To improve understanding of disease progression and patient management.
- One Health Study: To examine infection dynamics across human, animal, and environmental interfaces within the Nigerian context.

This collaboration includes national and international partners such as the National Veterinary Research Institute, Niger Delta University Teaching Hospital, the Pandemic Sciences Institute at the University of Oxford, and the UK Public Health Rapid Support Team, with engagement from the WHO and US CDC.

The initiative strengthens laboratory and diagnostic capacity, supports local research expertise, and promotes co-creation of evidence to improve outbreak detection, case management, and transmission

control strategies. The research findings are expected to inform national policy, enhance Nigeria's preparedness and response capacity, and contribute to global understanding of Mpox epidemiology. This project further reinforces NCDC's mandate to generate and apply evidence-based public health research to strengthen national health security and improve health outcomes.

## Measles

Achievement and activities carried out by the measles TWG in 2024 include:

Implementation of the 2024 Integrated Supplementary Immunization Activity (SIA):

- Conducted in 26 states (14 northern and 12 southern states) as a preventive measure against the peak measles outbreak season.
- The SIA took place between October and November 2024.

Planning and Monitoring of State Readiness Dashboard for the 2024 SIA:

- Ongoing planning meetings and monitoring activities were conducted from May to October 2024 to ensure state-level preparedness.

National Training of Trainers (ToT) on Integrated SIA:

- Held in September 2024 to equip trainers in preparation for the implementation of the 2024 SIA.

Distribution of Measles and Rubella Surveillance Guidelines:

- Surveillance guidelines were distributed to states to strengthen case-based surveillance.

Planning Meeting for Measles Outbreak Response Capacity Building:

- Conducted at the state level to prepare for enhanced outbreak response capabilities.

Workshop to Validate the National Measles Elimination Strategic Plan (2019–2028):

- This validation workshop was held in May 2024 to ensure alignment with global measles elimination goals.

Supportive Supervisory Visits to Measles, Rubella, and Yellow Fever Laboratories:

- Conducted in February 2024 across eight (8) designated laboratories to strengthen diagnostic capacity.

Measles Outbreak Response (MOBR) Capacity Building Training of Trainers (ToT):

- Held in May 2024 to enhance capacity for effective outbreak response.

Validation of Measles Outbreak Preparedness and Response (MOBR) Training Materials:

- Completed in March 2024 to standardize training content and materials for outbreak preparedness.

Landscape analysis to identify root causes of measles outbreak

- Conducted in February (Kebbi and Borno) states

Regular Publication of Measles Situation Reports (SitRep):

- Measles SitReps are published regularly to provide updates on surveillance and control activities.

Monitoring and Feedback by the National Measles TWG:

- Ongoing close monitoring of measles surveillance data with feedback provided to relevant agencies and development partners.

Virtual Biweekly TWG Meetings:

- Conducted virtually to ensure consistent coordination and communication.

Monthly Surveillance Data Review:

- Regular reviews are conducted to analyse trends and guide decision-making.

Weekly Surveillance and Laboratory Data Harmonisation:

- Continuous harmonisation of surveillance and laboratory data to ensure data accuracy and reliability.

These activities contributed to strengthening measles surveillance, prevention, and control efforts in 2024, ensuring a coordinated response to outbreaks.

## COVID-19

COVID-19 TWG 2024 Activities highlights cover the following:

- Road map to COVID-19 scale-up and Surge testing
  - Enhanced Surveillance in 4 states (Gombe, Oyo, FCT and Rivers)
    - Over 600,000 tests conducted across the states
  - Routinisation of COVID-19 Testing in health facilities 4 states (Kaduna, Kwara, Imo and Ondo)
    - Over 200,000 tests conducted
  - Test and treat in 2 states (Nasarawa and FCT)
    - Several cases tested and treated
  - Bi-directional Testing for COVID-19 in 2 states (Jigawa and Delta)
    - Several samples were tested alongside COVID-19 samples
  - Integration of COVID-19 in the Influenza Sentinel Surveillance System (NISS) Sites
  - Genomic sequencing of qualified positive samples detected across the cases detected in-country.

- *All qualified positive samples were sequenced*
- Dynamic Risk Assessment on COVID-19
- Developed and disseminated health advisory on COVID-19 to the public
- Listening and monitoring for COVID-19 updates and misinformation
- Routine TWG Meetings

## Diphtheria

In 2023, significant efforts were undertaken to strengthen national coordination, surveillance systems, laboratory capacity, and outbreak response mechanisms for diphtheria. Key achievements included:

- Establishment of the National Diphtheria Emergency Task Team: A national coordination platform co-led by the DG NCDC and the Executive Director of NPHCDA was constituted to provide strategic oversight and harmonise partner support for diphtheria preparedness and response.
- Deployment of the National Rapid Response Team (NRRT): Between September and October 2023, NRRTs were deployed to eight high-burden states (Kano, Yobe, Kaduna, Bauchi, Taraba, Borno, Katsina, and Zamfara), with support from the WHO, to conduct outbreak investigations, strengthen surveillance systems, support case management and IPC, and guide response coordination.
- Integrated Capacity Building: A five-day national training (23–27 October 2023, Abuja), supported by the Africa CDC, brought together clinicians, IPC focal persons, surveillance officers, and laboratory personnel from 15 states to strengthen multidisciplinary preparedness and response capacity.
- Establishment of the Diphtheria Laboratory Network: A functional laboratory network was established across 18 states to strengthen referral systems, diagnostic quality assurance, and timely confirmation of cases.
- Laboratory Optimisation in High-Burden States: Diagnostic capacity was further enhanced through infrastructure upgrades, provision of equipment, and strengthening of human resource capacity in 18 priority states.
- Development and Validation of National Guidelines: The National Diphtheria Surveillance and Outbreak Response Guidelines were reviewed and validated (August 2023) to standardise case definitions, reporting protocols, laboratory procedures, case management, risk communication and community engagement (RCCE), and outbreak response actions nationwide.

Building on gains from 2023, efforts in 2024 focused on strengthening response quality, documenting lessons learned, and sustaining outbreak control interventions. Key activities included:

- Diphtheria Intra-Action Review (IAR): A five-day IAR was conducted in October 2024 with support from the International Federation of Red Cross and Red Crescent Societies and the Nigerian Red Cross Society to document best practices, identify operational and technical challenges, and develop prioritised recommendations to strengthen future preparedness and response.
- NRRT Deployment to Katsina State: From 28 August 2024, the NRRT was deployed for 14 days, with support from the World Health Organization, to conduct outbreak investigation, enhance surveillance and coordination, and provide technical assistance for case management and IPC.
- Implementation of Reactive Vaccination Campaigns: Reactive immunisation campaigns were conducted in outbreak-affected states to rapidly boost population immunity and interrupt transmission.
- Provision of Essential Diphtheria Commodities: Critical supplies were distributed to affected states, including:
  - Diphtheria Antitoxin (DAT)
  - IV/IM erythromycin
  - Sample collection materials and transport media
  - Personal protective equipment (PPE)

These interventions strengthened clinical management, reduced case fatality, and supported effective outbreak containment.

### **Impact**

Collectively, these interventions strengthened national coordination, enhanced laboratory confirmation capacity, improved outbreak investigation and response, expanded workforce preparedness, and supported rapid immunisation and case management efforts. These actions significantly improved Nigeria's readiness and capacity to prevent, detect, and respond to diphtheria outbreaks.

## **Avian Influenza**

The National Influenza Sentinel Surveillance (NISS) is Nigeria's primary laboratory-based platform for monitoring influenza and priority respiratory pathogens, contributing significantly to early detection, outbreak preparedness, and evidence-based decision-making for national health security. The National Influenza Sentinel Surveillance (NISS) is Nigeria's primary laboratory-based surveillance system for monitoring influenza and other priority respiratory pathogens. NISS aims to support early detection, preparedness, and evidence-based decision-making for national health security. During the 2023–2024

biennium, the focus was on maintaining nationwide surveillance and strengthening laboratory-confirmed surveillance capabilities, laying the groundwork for the GHSN onboarding.



Figure 13 Re-engagement of Maitama District Hospital into NISS

### National Respiratory Surveillance Landscape Assessment

To inform the transition to PRDS, a landscape assessment was conducted. This assessment evaluated the existing capabilities, gaps, and opportunities for integrating multiple respiratory pathogens into the surveillance network, serving as the blueprint for the PRDS rollout.

### PRDS Guideline Review and Finalisation

In July 2024, the NCDC convened a 3-day workshop in Keffi, Nasarawa State, to review and finalise the National PRDS Guidelines.

- Stakeholders: The workshop brought together experts from NCDC, WHO, US-CDC, state epidemiologists, and academia.
- Outcomes: The team reviewed the guidelines, developed Standard Operating Procedures (SOPs) for sentinel sites and laboratories, and defined Terms of Reference (TORs) for the National TWG. The output was the consolidated PRDS Guideline Version and a clear implementation roadmap.



Figure 14 A group picture of the PRDS Guideline development workshop

## Pilot Testing

A Pilot Stage was implemented at the selected sites to test the new PRDS data tools and operational workflows before full-scale national implementation. This ensured that the integration of new pathogen testing did not disrupt established influenza surveillance routines.



Figure 15 Group session at the PRDS Guideline Workshop



## Laboratory Capacity Assessment for PRDS (November 2024)

Between November 17–23, 2024, a specialized team conducted an on-site assessment of seven (7) potential PRDS laboratories to determine their readiness for testing Influenza, SARS-CoV-2, and RSV. The assessment covered infrastructure, equipment functionality (PCR machines, extraction systems), personnel competency, and Quality Management Systems (QMS). Based on the assessment scoring, four laboratories (NRL, UMT, AKTH, and LUTH) were selected for the PRDS Pilot Phase, having met the required standards for molecular testing and biosafety.

# Summary & Outlook

The NCDC demonstrated commitment and remarkable strategic progress throughout 2023 and 2024, strengthening Nigeria's health security architecture under the Renewed Hope Agenda. This period was marked by an intensified focus on proactive prevention, rapid detection, and coordinated response to public health threats, solidifying the nation's capacity to safeguard the well-being of all Nigerians and contribute to global health security.

Transformative advancements were made in Disease Prevention and Health Promotion, with the establishment of a dedicated new department. This department championed initiatives in RCCE and Infodemic Management, launching national guidelines, deploying community listening tools, and extensively training health workers and partners across all states. Simultaneously, the IPC division achieved a landmark National IPC Policy approval, strengthened IPC structures (the "Orange Network"), and expanded capacity building nationwide, contributing to a notable improvement in Nigeria's IPC performance in the JEE. Crucially, the AMR division made significant strides, leading the development and launch of NAP 2.0, achieving a beyond-global-average rating in WHO's TrACSS, expanding AMR surveillance sites, and piloting diagnostic stewardship programs, reflecting a comprehensive One Health approach to combating AMR.

The Department of HEPR strengthened the country's foundational readiness. Key achievements included the operationalization of the Nigeria Preparedness and Readiness Alert System (NPRAS), comprehensive subnational risk assessments, and the development of critical national strategic plans for Lassa Fever, Cholera, and CSM. HEPR's effective Outbreak Detection and Incident Coordination was demonstrated through multi-hazard EOC activations and rapid NRRT deployments, supported by robust oversight of outbreak investigation funds. Significant investments were made in Health Workforce Development and Simulation Exercises, training hundreds of staff and conducting large-scale multi-hazard simulations. The department also sustained Public Health Intelligence efforts, detecting numerous validated signals and conducting dynamic risk assessments. Crucial to response, Supply Chain and Logistics were strengthened with a hybrid push-pull model for medical countermeasures.

Further reinforcing these efforts, the Surveillance & Epidemiology Department expanded real-time data visualisation tools, strategically deployed SORMAS to more health facilities, and rolled out innovative

Community-Based Surveillance (CBS) initiatives, significantly enhancing reporting and data analysis at all levels. The PHLS experienced a landmark year, launching the National Genomic Surveillance Strategy and the Integrated Disease Reference Laboratory (IDRL), inaugurating the Nigeria Genomics Consortium, achieving NRL national accreditation, and expanding molecular diagnostic networks for Mpox and Lassa fever, alongside commencing BSL-3 laboratory construction. Complementing these technical advancements, NCDC's ICT initiatives continued to modernise its digital infrastructure, from upgrading Event-Based Surveillance (EBS) to enhancing the national laboratory network. NCDC's strategic focus on digital transformation, health promotion, stakeholder coordination, and knowledge generation proves its readiness to meet future health challenges.

Finally, the Legal Unit played a pivotal role in shaping Nigeria's stance on critical global health frameworks, notably the WHO Pandemic Treaty and IHR amendments. Domestically, its efforts culminated in significant subnational health security legal reforms, including the passage of Public Health Emergency and CDC Bills in Kano State. The Special Duties unit showcased exceptional acumen in fostering strategic partnerships, securing vital funding through Global Fund engagements, optimising the Basic Healthcare Provision Fund (BHCPF) Gateway, and ensuring seamless international collaborations.

These achievements reflect NCDC's dedication to building a resilient health system capable of safeguarding the well-being of all Nigerians and contributing effectively to global health security. The progress outlined in this report demonstrates a framework for sustained impact and a clear pathway towards a healthier and more secure future for Nigeria.

Looking ahead, NCDC will take strategic steps to further strengthen disease prevention, enhance health security coordination at the subnational level, improve epidemic preparedness and response metrics, integrate surveillance systems, expand diagnostic and testing capacity, and advance public health research to inform evidence-based policies and interventions. The agency will also continue to deepen collaboration with national and international partners to support a more responsive, data-driven, and resilient public health system capable of preventing, detecting, and responding effectively to emerging health threats.

As Nigeria's health security architecture develops and continues to set health priorities, NCDC is dedicated in its vision of a healthier, safer nation. NCDC's progress in 2023 and 2024 signals not only institutional maturity but also the promise of a future where health threats are swiftly mitigated, and communities are empowered to thrive.



FEDERAL MINISTRY OF HEALTH & SOCIAL WELFARE  
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](mailto:info@ncdc.gov.ng)
- 📘 @NCDCgov
- 📺 @NCDCgov
- 📺 NCDC
- 📷 NCDCgov
- 📧 [t.me/NCDCgov](https://t.me/NCDCgov) (Telegram)