



**Federal Ministry of
Health & Social Welfare**
Federal Republic of Nigeria



REVITALIZING NCDS PREVENTION & CONTROL IN NIGERIA:

STRENGTHENING MULTISECTORAL
COLLABORATION

2024 REPORT



LAUNCH OF THE NCDC POLICY DOCUMENTS



Federal Ministry of Health & Social Welfare Federal Republic of Nigeria

In Partnership with



NPHCDA
National Primary Health Care Development Agency



**World Health
Organization**



**DEVELOPMENT
GATEWAY**
An IREX Venture



Healthy lives. Measurable results.



HFN
HAEMOPHILIA FOUNDATION OF NIGERIA



NCD Alliance



NIGERIA TOBACCO CONTROL ALLIANCE



Cardiovascular Research
Center



Society for Public Health and Social Development



msh
Management Sciences for Health



**NIGERIA
HEALTH
WATCH**

Informed commentary, intelligence, and insights on the Nigerian health sector



<p style="text-align: center;">8:10 - 10:00</p> <p style="text-align: center;">Arrival Registration of Stakeholders and dignitaries</p> 	<p style="text-align: center;">10:10 - 10:20</p> <p style="text-align: center;">Arrival of Permanent Secretary, Federal Ministry of Health & Social</p> <p style="text-align: center;">Daju Kachollom, mni, Permanent Secretary FMOHSW</p>	<p style="text-align: center;">10:20 - 10:30</p> <p style="text-align: center;">Arrival of coordinating minister of health & Social Welfare (CMHSW)</p> <p style="text-align: center;">Prof. Muhammad Ali Pate, CON Coordinating minister of health & Social Welfare (CMHSW)</p>	<p style="text-align: center;">10:35 - 10:40</p> <p style="text-align: center;">National Anthem Nigeria, we hail thee, our own dear native land, Though tribes and tongues may differ, in brotherhood we stand Nigerians all, and proud to serve our sovereign Motherland.</p>	<p style="text-align: center;">10:40 - 10:50</p> <p style="text-align: center;">Introduction of Dignitaries Master of Ceremony</p> <p style="text-align: center;">Mrs Moji Makanjuola (MFR), International Society of Media in Public Health (ISMPH)</p>
<p style="text-align: center;">10:50 - 11:00</p> <p style="text-align: center;">Opening Remarks</p> <p style="text-align: center;">Daju Kachollom, mni, Permanent Secretary FMOHSW</p> <p style="text-align: center;">Dr Kelechi Ohiri, Director General/CEO National Health Insurance Authority (NHIA)</p> <p style="text-align: center;">Dr Walter Kazadi Mulombo, WHO Country Representative in Nigeria</p> <p style="text-align: center;">Nanlop Ogbureke, Executive Director, Resolve to Save Lives (RTSL), Nigeria</p> <p style="text-align: center;">Pritpal Marjara, Country Representative for Population Services International (PSI) Nigeria</p> <p style="text-align: center;">Megan Adediran, Executive Director, Haemophilia Foundation of Nigeria (HFN)</p> <p style="text-align: center;">Chairperson National Tobacco Control Committee (NATOCC)</p>	<p style="text-align: center;">11:00 - 11:20</p> <p style="text-align: center;">Goodwill Messages</p> <p style="text-align: center;">Dr Muyi Aina, Executive Director, National Primary Health Care Development Agency (NPHCDA)</p>	<p style="text-align: center;">11:20 - 11:35</p> <p style="text-align: center;">Documentary on NCDS</p>	<p style="text-align: center;">11:35 - 11:50</p> <p style="text-align: center;">Speech by the Coordinating minister of health & Social Welfare (CMHSW)</p> <p style="text-align: center;">Prof. Muhammad Ali Pate, CON Coordinating minister of health & Social Welfare (CMHSW)</p> 	<p style="text-align: center;">11:50 - 12:00</p> <p style="text-align: center;">Brief introduction of all the NCD documents</p> <p style="text-align: center;">Dr Malau M Toma Head Cardiovascular Disease & Tobacco Control. FMOHSW</p>



12:00 - 12:15	12:15 - 12:30	12:30 - 12:45	12:45 - 1:15
<p>Unveiling the National NCDs Policy Documents</p> <p>Prof. Muhammad Ali Pate, CON Coordinating minister of health & Social Welfare (CMHSW)</p>	<p>Group Photograph Sessions</p> <p>Mrs Moji Makanjuola (MFR) International Society of Media in Public Health (ISMPH)</p>	<p>Goodwill Messages Contd.</p> <p>Dr. Tomi Coker, Hon. Commissioner of Health, Ogun state</p> <p>Prof. Akin Osibogun, Executive Director NCDs Alliance Nigeria</p> <p>Dr Dike Ojji, UniAbuja Cardiovascular Research Unit</p> <p>Michael Adegbe, Project Lead, Management Sciences for Health (MSH)</p> <p>Akinbode Oluwafemi, Board Chairman, Nigeria Tobacco Control Alliance (NTCA)</p> <p>Mrs. Mary Ogangwu, Chief Coordinating Officer, Codix Pharma Ltd.</p>	<p>Tea Break</p>
<p>1:15 - 1:45</p> <p>Empowering Change: Communicating to combat NCD</p> <p>Mr Chinedu Moghalu Senior Special Adviser Communication to CMHSW</p>	<p>1:45 - 2:25</p> <p>Pannel Discussion 1</p> <p>Current NCD initiatives in Nigeria: Successes, challenges, lessons learnt, opportunities, plans for Scale-up</p> <p>Moderator:</p> <p>Dr. Kemisola Agbaoye (Nigeria Health Watch)</p> <p>Dr Kelias Msyamboza, WHO Country Office, Nigeria</p> <p>Dr Anyaike Chukwuma, DPH, FMOHSW</p> <p>Dr Maimuna Hamisu, Director Community Health Services</p> <p>Dr Jonathan Eke, Director Planning, Research & Statistics Department, National Health Insurance Authority (NHIA)</p> <p>Prof. Felicia Anumah, Director, Center for Diabetes Studies, University of Abuja, Nigeria.</p> <p>Prof. Obiageli Nnodu, Director Centre of Excellence for Sickle Cell Disease Research & Training, University of Abuja.</p> <p>Mrs Megan Adediran, Founder & Executive Director, Haemophilia Foundation of Nigeria (HFN)</p> <p>Dr Tunde Ojo, National Coordinator Mental Health Programme Nigeria</p> <p>Dr Kingsley Akinroye, Director, NCD Alliance Nigeria</p>		





2:25 - 2:35	2:35 - 3:05		3:05 - 3:15
Airing of jingles on NCD Risk factor prevention Energizer	<p style="text-align: center;">Pannel Discussion 2 Intervention addressing NCDs risk factors in Nigeria</p> <p>Moderator: Prof Augustine Odili Professor of Cardiovascular Medicine and Consultant Cardiologist, University of Abuja/ University of Abuja Teaching Hospital.</p> <p style="text-align: center;">Panel Discussants: Dr Malau M. Toma, Head Cardiovascular Diseases & Tobacco Control, FMOHSW Batet Musa, Nutrition Policy Advisor, Resolve To Save Lives (RTSL)</p> <p>Dr. William K. Maina, Senior Project Officer, Tobacco & reduction of other NCD Risk Factors, WHO, Regional Office for Africa.</p> <p>Prof. Akin Osibogun, Executive Director, NCD Alliance Nigeria</p> <p>Dr Dike Ojji, UniAbuja Cardiovascular Research Unit</p> <p>Mr Chibuike Nwokorie, Programme Officer, Nigeria Tobacco Control Alliance (NTCA)</p> <p>Akinbode Oluwafemi, Executive Director Corporate Accountability & Public Participation Africa (CAPPA)</p>		Vote of Thanks Dr Ahmad Muhammad Ozi National Non communicable Disease (NC-NCD)
3:15 - 3:20	3:20 - 4:20	4:20 - 5:30	
National Anthem	Lunch Break	Side / Bilateral Meetings & Consultation with partners	



Master of Ceremony

Mrs Moji Makanjuola (MFR),
International Society of Media in Public Health (ISMPH)



“Multisectoral approach is the note we must keep.”

welcome Address



- Dr. Chukwuma Anyaie

Representative of the Permanent Secretary, who is also the Director of Public Health, Federal Minister of Health and Social Welfare

Dr. Chukwuma Anyaie emphasized the growing prevalence of non-communicable diseases (NCDs) in Nigeria, surpassing communicable diseases, and the urgent need to address this shift. He highlighted the importance of implementing Nigeria’s strong policy documents, stressing that collaboration across sectors and community engagement are crucial for effective NCD prevention and control.

He underscored the current administration's commitment to correcting healthcare inequities and called for collective action to ensure policies are put into practice.

Goodwill Messages

Dr. Walter Kazadi Mulombo

WHO Country Representative to Nigeria,

Dr. Walter, commended the Nigerian Health Ministry, led by Professor Mohamed Ali Pate, for prioritizing the prevention and control of non-communicable diseases (NCDs). He highlighted that NCDs are now the leading cause of death globally, particularly in low- and middle-income countries, with cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases being the main contributors.

Dr. Mulombo announced WHO’s plan to expand its support for NCD prevention and control from the Federal Capital Territory (FCT) to four additional states in Nigeria. He emphasized the importance of collaboration with the Nigerian government and stakeholders to launch effective NCD prevention campaigns and control programs.

He stressed that NCDs are no longer just a problem for the Western world but are now a significant concern in Nigeria. Dr. Mulombo concluded by reaffirming WHO's commitment to supporting Nigeria in addressing NCDs and congratulated the government on the launch of the new NCD policy documents.



"We cannot ignore NCDs anymore. They are no longer the disease of the Western world, the way we used to think. They are with us."

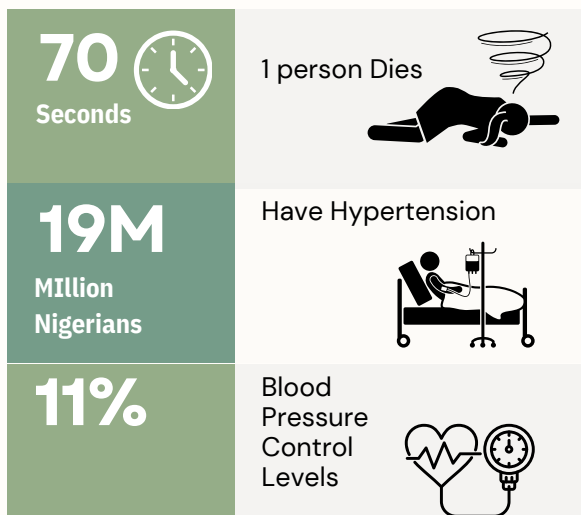




Dr. Nanlop Ogbureke,
Executive Director of Resolve to Save Lives,

expressed excitement about the launch of six critical policy documents aimed at curbing the rising burden of non-communicable diseases (NCDs) in Nigeria. She highlighted that NCDs are now one of the leading causes of mortality and morbidity, responsible for a third of the health burden in the country. Every 70 seconds, someone in Nigeria dies from an NCD-related disease.

Ogbureke acknowledged that NCDs have been deprioritized compared to infectious diseases, leading to insufficient investment and funding.



She commended the Federal Ministry of Health and Social Welfare and the National Primary Health Care Development Agency for their leadership in developing policies and initiatives like the National Hypertension Control Initiative, which Resolve to Save Lives has supported

She stressed the importance of addressing hypertension, with nearly 20 million Nigerian adults affected but with only 11% blood pressure control levels. Ogbureke highlighted efforts in states like Kano and Ogun to screen and treat hypertension at the primary health care level and called on other states to follow suit. She emphasized the need to move from policy to action, aiming for high-impact NCD interventions through strong partnerships and collaboration.

"We want to shift from policy to action... to implement high-impact NCD interventions."

"Charity, they say, begins at home..."



Dr. Bridget Okoeguale
Chairperson of the National Tobacco Control Committee (NATOC)

Dr. Bridget delivered a message on behalf of the committee, expressing appreciation for the development of NCD (Non-Communicable Diseases) documents. She emphasised that tobacco control is a major risk factor for NCDs, requiring a robust multi-sectoral collaboration, which is why NATOC, a committee involving multiple ministries and agencies, was established.

She urged all stakeholders to implement relevant aspects of the newly developed NCD documents. She also stressed the importance of personal health monitoring, advising everyone to regularly check their blood pressure, blood sugar levels, and other health indicators to prevent sudden deaths related to cardiovascular diseases.



Opening Speech



the Representative of the Coordinating Minister of Health and Social Welfare:

Daju Kachollom S mni.

Permanent secretary federal ministry of health and social welfare.



"The launch of these publications is a crucial step in our nation's journey towards a healthier future. These documents are not just guidelines; they are instruments of change that will shape our healthcare practices and policies for years to come."

Standing in for the Coordinating Minister of Health, **Professor Muhammad Ali Pate**, who was out of the country, **Dr kachollom** conveyed the minister's message and highlighted the importance of the event focused on addressing non-communicable diseases (NCDs) in Nigeria.

The speech emphasised the urgency of tackling NCDs, which account for 27% of all annual deaths in Nigeria, approximately 447,800 lives each year. These diseases, including cardiovascular conditions, cancer, diabetes, and chronic respiratory diseases, pose a significant public health challenge, particularly as many deaths are premature, occurring between the ages of 30 and 70. The representative stressed that the majority of NCD risk factors are preventable, making the launch of the national policy documents vital.

Several key documents were introduced, including the National Policy for the Prevention and Control of NCDs, the National NCD Task Shifting and Task Sharing Policy, and the National Guideline for the Prevention and Management of Hypertension, among others. These documents are intended to guide healthcare practices and policies, aiming to bring about substantial improvements in public health outcomes.

Dr Kachollom also highlighted the success stories from other countries, such as Finland's reduction in coronary heart disease mortality and South Africa's reduction in hypertension prevalence through salt intake control. Nigeria aims to follow similar paths by expanding cancer diagnosis and treatment infrastructure and retraining 120,000 frontline health workers to enhance their skills and knowledge.





NCDs Annual Deaths

27%

Lives lost, Yearly

447,800

Death btw ages

30 & 70

Health Workers Retraining

120,000

The speech concluded with a commitment from the federal government to expand access to quality NCD services, enhance health insurance coverage, and support local manufacturing of essential medicines. The representative expressed gratitude to partners like the World Health Organisation, the National Primary Health Care Development Agency, and other stakeholders for their unwavering support in the fight against NCDs.

Technical Session One



Current NCD Initiatives in Nigeria:

SUCCESSES, CHALLENGES, LESSONS LEARNT, OPPORTUNITIES, PLANS FOR SCALE-UP

Moderator:
Dr Kemisola Agbaoye
(Nigeria Health Watch)

Dr Tunde Ojo
National Coordinator
Mental Health programme

Mrs Megan Adediran,
Founder and Executive Director,
Haemophilia Foundation of Nigeria (HFN)

Dr Kelias Msyamboza,
WHO Country office, Nigeria
Dr Anyaika Chukwuma
DPH, FMOHSW

Prof. Felicia Anumah,
Director,
Center for Diabetes studies,
University of Abuja, Nigeria

Prof. Obiageli Nnodu,
Director
Center of Excellence for Sickle Cell Disease research & Training,
University of Abuja, Nigeria

Dr Kingsley Akinroye
Director NCD Alliance Nigeria
Dr Jonathan Eke, Director planning Research & Statistics department, National health Insurance Authority NHIA



"What is the World Health Organisation's (WHO) current priorities for Non-Communicable Diseases (NCDs), from a regional to national level overview?"



Dr Kelias Msyamboza,
WHO Country office, Nigeria

Dr Kelias noted that Non-communicable diseases (NCDs) now cause 74% of all global deaths, with 41 million deaths annually. Over 80% of these deaths occur in low and middle-income countries, including Nigeria, affecting people aged 30 to 69 who die prematurely.

He stated that the rise in NCDs, up by 67% in Africa since 1990, is driven by factors like tobacco use, unhealthy diets, physical inactivity, and harmful alcohol use, along with a growing and aging population.

WHO's Role:
The World Health Organization (WHO) aligns its priorities with those of the countries it supports, providing guidance, setting indicators, and measuring progress through guidelines, resolutions, and treaties.

"The WHO priorities are those for the countries. We are supporting the priorities of the country to implement and provide guidance in terms of indicators and targets to measure progress."

What are the current NCD investments that the Ministry of Health and Social Welfare currently prioritises?



Dr Anyaike Chukwuma
DPH, FMOHSW

"Data is the light. Data is very important... we need to use the data to inform our interventions."

Health System Structure and Collaboration:

Dr. Anyaike Chukwuma emphasized the complexity of Nigeria's healthcare structure, highlighting that the Federal Ministry of Health and Social Welfare is responsible for developing guidelines, protocols, and frameworks. He stressed the importance of a collaborative, bottom-up approach involving all stakeholders to ensure effective policy development and implementation.

Capacity Building:

He pointed out the government's commitment to building the capacity of focal persons, particularly directors of public health at the state level. This capacity building is crucial for the successful implementation of national policies and protocols, particularly at the primary healthcare level. The current administration has pledged to train 400,000 frontline health workers to improve implementation.

Primary Healthcare Revitalisation:

The speech highlighted the importance of strengthening primary healthcare as the nucleus of the health system. The government is revitalising primary healthcare centers, ensuring they are well-equipped and capable of addressing non-communicable diseases (NCDs) at the local level. This includes decentralising care and providing necessary diagnostic tools and commodities.

Sustaining Progress and Awareness Creation:

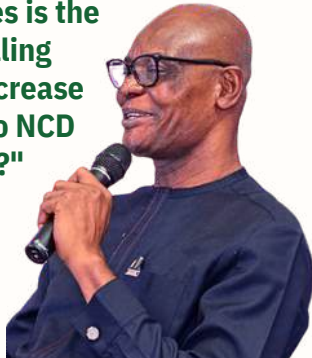
Dr. Chukwuma stressed the need to sustain the progress made in the healthcare sector, particularly in the decentralisation of NCD care to local government levels. He also mentioned the importance of awareness creation about NCDs and the role of the private sector and implementing partners in supporting government efforts.

Data-Driven Interventions:

Lastly, he highlighted the critical role of data in informing healthcare interventions. The federal government is working on the STEP survey, which will provide essential data to guide future efforts in reducing NCDs. Dr. Chukwuma reaffirmed the government's commitment to achieving the global target of reducing NCDs by 2030.



"What initiatives is the NHIA rolling out to increase access to NCD services?"



Dr Jonathan Eke

Director planning Research & Statistics department, National health Insurance Authority NHIA

Management:

Jonathan Eke highlighted the current efforts in managing non-communicable diseases (NCDs) in Nigeria, emphasising the existing demand-side financing strategies. The benefit packages under these strategies include coverage for critical NCDs such as hypertension, diabetes, sickle cell disease, and some cancers. This shows that Nigeria is proactive in integrating NCDs into the national health insurance schemes.

Challenges of Rising Healthcare Costs:

A significant challenge discussed is the escalating healthcare costs driven by demographic and epidemiologic changes. These rising costs are making it increasingly difficult to maintain and expand coverage. The speaker pointed out that efforts are being made to address these financial challenges, particularly through the decentralisation of health insurance implementation across all states.

Decentralisation and State Involvement:

Eke emphasised the importance of state involvement in the decentralisation process. With 36 states and the Federal Capital Territory (FCT) having their health insurance agencies, the benefit packages across these agencies are designed to include NCDs. The decentralisation approach is crucial for effectively expanding coverage and ensuring that healthcare is accessible at the local level.

Future Directions and Evaluation:

The speaker also mentioned ongoing efforts to better understand the full extent of the NCD problem in Nigeria. He acknowledged that the country has not fully evaluated the depth of issues like cancer, which remains a significant challenge. A committee is currently working on developing a program to provide coverage for severe conditions that could lead to catastrophic healthcare expenses, possibly through alternative financing methods beyond traditional health insurance.

"We are already doing a lot and I believe and hope that we will continue to do more."

"What are the key trends in diabetes care that should inform policy implementation"



Prof. Felicia Anumah

Director, Center for Diabetes studies, University of Abuja, Nigeria

Prevention as a Priority:

Professor Felicia Anumah emphasised that in Nigeria, the most cost-effective strategy against diabetes and other NCDs is prevention. This requires empowering and educating the public about risk factors, as well as the government implementing deliberate prevention programs supported by policies and legislative changes.

Alarming Statistics:

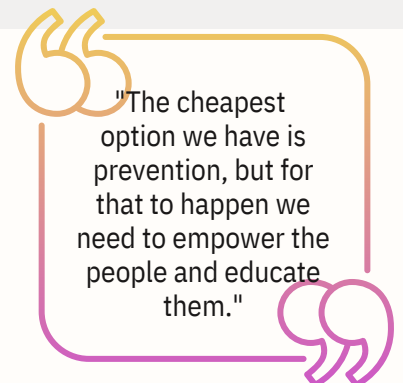
She shared concerning data from a study involving 3,000 secondary school students in the FCT, where 32.9% were found to be overweight or obese—indicating a looming diabetes crisis among the next generation.

Current State of Diabetes:

The pooled prevalence of diabetes in Nigeria was estimated at 5.77% as of 2018, with regional variations from 3% in the Northwest to nearly 10% in the South-South. However, she cautioned that this is likely an underestimation.

Challenges in Treatment:

The rising cost of medication has made treatment increasingly unaffordable, with some patients now paying six times more than before. This financial burden is especially severe given that 60-70% of diabetic patients also have hypertension, requiring multiple medications.



"The cheapest option we have is prevention, but for that to happen we need to empower the people and educate them."



"What sickle cell anaemia management advances should be prioritised for implementation at primary care levels?"



Prof. Obiageli Nnodu,
Director Center of Excellence
for Sickle Cell Disease
research & Training, University
of Abuja, Nigeria

Clarification on Sickle Cell Disease (SCD): Professor Nnodu emphasised that sickle cell disease (SCD) is a genetic condition inherited from birth, differing fundamentally from non-communicable diseases (NCDs) that develop due to modifiable risk factors in adulthood. The primary risk factor for SCD is the inheritance of the sickle cell trait (AS or AC) from both parents, giving a 25% chance of having a child with SCD in each pregnancy.

Challenges in Screening and Prevalence Data: Accurate prevalence data for SCD requires systematic newborn screening, which is not widely practiced in Nigeria. Existing data from the 2018 National Demographic Health Survey indicates varying prevalence across regions, with some areas showing rates as high as 3%. Despite efforts over the past 17 years, the prevalence of SCD has not significantly decreased, primarily due to a lack of focus on genetic counselling and primary prevention.

High Mortality Rates:

Children with SCD have a mortality rate four times higher than those without the disease. Many children with SCD die young, as evidenced by the low number of adult SCD patients seen in clinics.

Research and Interventions:

Evidence-based interventions like newborn screening, infection prophylaxis, hydroxyurea treatment, and regular monitoring for stroke risk are crucial in reducing SCD-related morbidity and mortality. However, the application of these interventions is low, with only 13.9% of patients using hydroxyurea, a cost-effective drug that significantly improves patient outcomes by reducing pain episodes and the need for blood transfusions.

"What are the most practical and cost-effective strategies to ensure quality, quantity, and timely emergency services for blood disorders in Nigeria?"



Mrs Megan Adediran,
Founder and Executive
Director, Haemophilia
Foundation of Nigeria (HFN)

Mrs. Megan Adediran highlighted the critical differences between inherited conditions like

haemophilia and lifestyle-related diseases, emphasizing that haemophilia is a genetic disorder related to the X chromosome. She shared her personal story, explaining how her son was diagnosed with haemophilia after several severe bleeding incidents following minor injuries and circumcision. This experience led her to found the Haemophilia Foundation.

She pointed out that many boys with haemophilia in Nigeria die undiagnosed, especially after circumcision, which is a common cultural and religious practice. Mrs. Adediran stressed the importance of newborn screening and increased awareness of bleeding disorders like haemophilia and Von Willebrand disease. She noted that Nigeria likely has over 20,000 people with haemophilia, but less than 3% are identified.

Furthermore, she discussed the high risk of postpartum haemorrhage (PPH) in women with Von Willebrand disease and shared her own experience as a haemophilia carrier, requiring blood transfusions after each childbirth. Mrs. Adediran urged healthcare providers to consider bleeding disorders when diagnosing excessive bleeding symptoms, such as frequent nosebleeds or menorrhagia, instead of attributing them solely to conditions like fibroids.



"What is the NCD Alliance's advocacy focus following policy implementation?"



Abiola Awe

Abiola Awe, speaking on behalf of the NCD (Non-Communicable Diseases) Alliance, emphasized the importance of multi-sectoral engagement and collaboration to tackle the growing burden of NCDs in Nigeria. She pointed out that the NCD Alliance, which includes organizations focusing on conditions such as hemophilia, cancer, diabetes, sickle cell disease, and mental health, has a significant role to play.

He stressed the need for the Alliance to work closely together, noting that by uniting their efforts, they can achieve more. Abiola mentioned that the recent launch of new policies has created new opportunities for the Alliance, particularly in engaging with stakeholders and supporting government initiatives. She highlighted the work being done by the NCD division at both national and subnational levels and encouraged continued collaboration to effectively reach and support the population affected by NCDs.

Goodwill Message

Dr. Suleman Namorde
Representing **Dr. Maimuna Hamisu**, Director of Community Health Services from the National Primary Health Care Development Agency

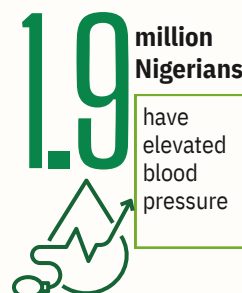
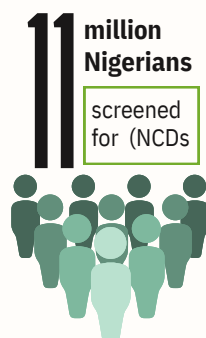


Representing the National Primary Health Care Development Agency (NPHCDA), delivered a goodwill message on behalf of Dr. Maimuna, the Executive Director of the agency, during the event. He acknowledged the significant efforts made in addressing Non-Communicable Diseases (NCDs) in Nigeria, particularly through the revitalisation of Primary Health Care (PHC) systems, which he emphasised as crucial for achieving Universal Health Coverage (UHC).


Dr. Namorde highlighted the importance of operationalising the recently launched policy document on NCDs and stressed the role of community gatekeepers in this process. He noted that a large portion of Nigerians access their healthcare through PHCs, which underscores the need for these centers to be fully revitalised to effectively combat NCDs.

He also shared that the NPHCDA has screened over 11 million Nigerians for hypertension in the past few years, with approximately 1.9 million found to have elevated blood pressure. This, he mentioned, is a critical entry point for managing other NCDs such as diabetes, kidney diseases, and cancers.

Dr. Namorde underscored the necessity of health education and community engagement, particularly in hard-to-reach areas, as essential strategies for promoting health and achieving UHC. He commended the organisers for their efforts and expressed the agency's commitment to continued collaboration with partners to advance NCD management in Nigeria.






"Local manufacturers have been re-strategising and making massive investments so that we can manufacture the drugs that are required in the management of NCDs locally to deliver on medicine security."

Uzoma Ezoke

Executive Director at EMZO

Uzoma Ezoke, an Executive Director at EMZO, a wellness company, delivered a goodwill message emphasising strong support and accountability for local health initiatives. He acknowledged the efforts of local manufacturers who are making significant investments to produce the necessary drugs for managing Non-Communicable Diseases (NCDs) within Nigeria. Ezoke also praised the Minister of Health for his role in driving strategies that could lead to lower drug costs, in collaboration with the Ministry of Finance.

Additionally, he highlighted the important role of community pharmacists in this healthcare effort. In a lighter note, Ezoke referenced personal accountability, humorously noting that if anyone struggles with maintaining healthy habits, such as avoiding indulgences like small chops, the pharmaceutical sector is ready to assist and provide support at the pharmacy.



Kim Jaakim

representing Mr. Samuel Ogunjimi
GMD Codex


"Diagnosis is the first step to achieving a good healthcare delivery, and for us as Codex, we are actually driving that force towards local manufacture and access of diagnostic tools."

Kim Jaakim, representing Codex, a health tech company, expressed excitement and support for the advancements in non-communicable disease (NCD) management spearheaded by the Nigerian Ministry of Health. He commended the Ministry, particularly the Department of Public Health, for launching important guidelines in this area.

Jaakim emphasised the critical role of diagnosis in effective healthcare delivery.

Codex is actively contributing to this by locally manufacturing diagnostic tools, such as low-glucose meters and strips—the first of their kind in sub-Saharan Africa. These tools are now produced in Lagos, Nigeria, making them more accessible and affordable. He advocated for every household to have a glucometer to monitor glucose levels regularly, underlining that early diagnosis is key to managing NCDs effectively.

Moreover, He highlighted Codex's commitment to technology transfer and backward integration, aiming to localise the production of diagnostic tools for various conditions, including sickle cell disease. He pledged Codex's ongoing support for the Ministry of Health's efforts in driving NCD diagnosis and management.



Documentary on NCDs

The documentary focuses on the growing burden of non-communicable diseases (NCDs) in Nigeria, particularly highlighting hypertension as a "silent killer." NCDs, characterised by their chronic and lifelong nature, are leading to high mortality and morbidity rates.

"Primary health care is not just the first line of defense. It is the cornerstone of a resilient health system."

Nigeria is experiencing a shift towards becoming a "double-burden" country, where NCDs are starting to surpass communicable diseases in terms of impact.

To address this issue, Nigeria has implemented the National Hypertension Control Initiative (NHAI), which aims to decentralise hypertension care. This initiative moves hypertension management from specialised centers to primary healthcare centers (PHCs), making it more accessible to people, especially in underserved areas. This shift allows for early detection and management of hypertension, helping to prevent severe complications like stroke and heart disease.

Despite the progress made, challenges remain. These include financial hardships faced by patients, inconsistent pricing of medications, and the difficulty of retaining patients in long-term care. The documentary emphasizes the importance of community engagement and the scaling up of healthcare facilities to address these challenges.

The documentary also highlights the increased focus on NCDs in the national budget and the collaborative efforts between the government, private sector, and other stakeholders to combat these diseases. Public awareness and health promotion are also stressed as crucial elements in fighting NCDs, especially among younger populations who are increasingly affected by conditions like hypertension and diabetes.

The National Hypertension Control Initiative

52 - 20

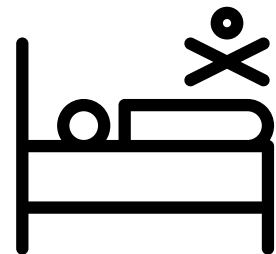
52 facilities across 20 local governments



Approximately 30% of patients

30%

lost to follow-up



A testimonial from a healthcare provider in Kano emphasizes the critical need for early screening and management of hypertension. The provider notes that many people are unaware they have hypertension until they develop severe complications, such as stroke or heart disease, which can be too late for effective intervention. The NHAI program is helping to prevent these outcomes by promoting regular blood pressure screenings.



Empowering change, communicating to combat MCDs

EFFECTIVE COMMUNICATION FOR COMBATING NCDs: A COLLABORATIVE APPROACH



CHINEDU MOGHALU



As we embark on this conversation about non-communicable diseases (NCDs) and how to communicate their dangers and preventive measures more effectively, it's crucial that we approach this with the understanding that knowledge alone isn't enough. We must translate that knowledge into action. The real challenge lies in how we, as communicators, can empower change in our communities, workplaces, and even within ourselves.

THE POWER OF COMMUNICATION



The role of communication in combating NCDs cannot be overstated. We've all heard the technical details, and many of us are familiar with the statistics. However, the key lies in how we disseminate this information to different segments of the population in a way that drives action.

1. Raising Awareness and Education:

- We need to use communication as a tool to inform and educate individuals and communities about healthy behaviours, such as proper diet, physical activity, and avoiding tobacco use.

- The focus should not only be on sharing information but also on motivating and mobilizing people towards healthier lifestyles.

2. Encouraging Behaviour Change:

- The goal is to move beyond mere awareness. We must foster an environment where people feel compelled to change their habits.

- This involves clear, relatable messaging that resonates with individuals' daily lives and personal experiences.

SEGMENTING THE AUDIENCE



Understanding your audience is crucial in crafting messages that will have the greatest impact.

We cannot adopt a one-size-fits-all approach. Different segments of the population require different strategies:

1. Urban vs. Rural Populations:

- Urban dwellers might have more access to information and resources, but rural populations may rely more on traditional forms of communication like radio or community meetings.

2. Age Groups:

- Messages targeting younger generations should be delivered through the platforms they use most, such as social media, while messages for older adults might be better received through traditional media or community outreach.

3. Socioeconomic Class and Gender:

- It's important to consider the varying levels of access to healthcare, education, and media among different socioeconomic classes.

- Additionally, gender roles and lifestyles should be considered when crafting messages, as men and women might face different risks and have different health behaviours.

CHOOSING YOUR MEDIA



The channels through which we deliver our messages are just as important as the content itself. While traditional media like radio and television remain effective, especially in rural areas, we must also embrace digital media to reach a broader audience.



1. Community Engagement:

- Engaging with local markets, town unions, mosques, churches, and other community organisations can be incredibly effective.

- These platforms allow for direct interaction and can help to build trust and credibility in the messages being delivered.

2. Innovative Approaches:

- Consider incorporating new media forms like docudramas, podcasts, and interactive social media campaigns to reach different audiences.

- It's also important to combat misinformation and fake news, which can undermine our efforts.

CRAFTING EFFECTIVE MESSAGES



To make a lasting impact, our messages need to be:

1. Clear and Simple:

- Avoid medical jargon and use language that is easily understood by the target audience.

2. Relevant and Relatable:

- Tailor the message to resonate with the specific audience, making sure it addresses their unique concerns and lifestyles.

3. Credible and Actionable:

- Use data and real-life examples to build credibility and make sure the audience understands what actions they need to take.

4. Culturally Sensitive:

- Be mindful of cultural norms and values, ensuring that the message is respectful and appropriate for the audience.

COLLABORATION AND CALL TO ACTION

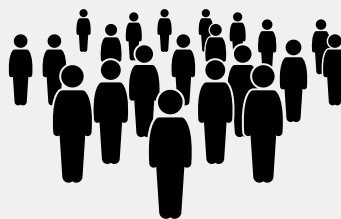


Finally, it's crucial that we collaborate with various stakeholders, including government bodies, health organisations, and community leaders, to amplify our messages and ensure they reach the intended audience. Success in combating NCDs requires a collective effort, where everyone plays a part.

As we move forward, I challenge each of you to think about how you can be a "gospel spreader" of these messages. Remember, the actions you take can inspire others to make changes that will ultimately save lives. Let's work together to make a difference.

American Cancer Society Study (2010)

123,000



1993 - 2016

People who sat for over six hours a day were

94%

more likely to die during the study period than those who were physically active and sat less than three hours a day.

60%

Employees

convinced they would be more productive if they had the option to work on their feet.



Men who sat

23

hours a week



64%

Greater risk of dying from heart disease than those who reported less than

11

hours a week



Technical Session Two



Interventions affecting NCDs Risk factors in Nigeria

Moderator: Professor Augustine Odili Professor of Cardiovascular medicine and Consultant Cardiologist, University of Abuja Teaching Hospital	Dr William K. Maina Senior Project Officer, Tobacco & Reduction of other NCDs Risk factor WHO Regional Office for Africa	Prof. Akinwumi Adebowale, Executive Director NCD Alliance Nigeria Dr Dike Ojji Uni Abuja Cardiovascular Research Unit	Dr Malau M. Toma Head Cardiovascular Disease & Tobacco Control FMOHSW	Batet Musa, Nutrition Policy Advisor Resolve to Save Lives (RTSL) Mrs Eva Edwards Director (NAFDAC)	Mr Chibuike Nwokorie, Program Officer Nigerian Tobacco Control Alliance (NTCA)	Akinbode Oluwafemi Executive Director Corporate Accountability & Public Participation Africa (CAPPA)
--	--	--	---	--	--	--

"How is Nigeria addressing NCDs, and what role has the WHO framework played?"



Dr William K. Maina
Senior Project Officer, Tobacco & Reduction of other NCDs Risk factor WHO Regional Office for Africa

Dr. William K. Maina discussed the WHO's efforts to combat non-communicable diseases (NCDs), focusing on the WHO Framework Convention on Tobacco Control (FCTC), a public health treaty ratified by 183 out of 194 WHO member states. The treaty, adopted in 2003 and enforced in 2005, provides strategies to reduce tobacco demand and supply, aiming to lower tobacco use to levels that are not a public health threat.

In the WHO Africa region, 43 out of 47 countries have ratified the FCTC, with 40 integrating it into national laws, including Nigeria through its Tobacco Control Act of 2015. WHO's role includes providing technical support,

monitoring progress, and sharing best practices to help countries implement these strategies and reduce NCD risk factors.

The WHO Framework Convention on Tobacco Control provides governments with evidence-based strategies that will significantly reduce tobacco consumption to levels of no public health consequence



183

WHO MEMBER STATES

47

COUNTRIES IN WHO AFRICAN REGION

43

COUNTRIES IN THE AFRICA REGION

RATIFIED THE FCTC

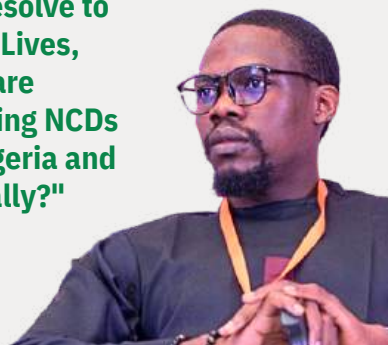
40

COUNTRIES HAVE INCORPORATED THE TREATY INTO NATIONAL LAWS.

Dr William K. Maina
Senior Project Officer,
Tobacco & Reduction of
other NCDs Risk factor WHO
Regional Office for Africa

"Can you highlight specific WHO packages, implemented by Resolve to Save Lives, that are tackling NCDs in Nigeria and globally?"

Batet Musa,
Nutrition Policy Advisor
Resolve to Save Lives
(RTSL)



Batet Musa emphasised the importance of salt reduction as a key strategy to combat the intake of unhealthy diets, aligning with WHO's recommendations.

He noted that excessive sodium intake is linked to high blood pressure and cardiovascular diseases. Countries have adopted various approaches, such as setting mandatory salt targets, front-of-pack labeling, and market restrictions, to address sodium in packaged foods. Policies also target sodium intake outside the home through healthy public procurement policies and mass media campaigns.

Musa highlighted successful examples, including South Africa,

which saw a 25% reduction in sodium intake between 2015 and 2019 after implementing mandatory salt targets for 13 food categories.

The UK experienced a 19% reduction in sodium intake from 2003 to 2014, which correlated with a decrease in stroke incidence and other cardiovascular conditions. He concluded by mentioning that Resolve to Save Lives is partnering with Nigeria's Federal Ministry of Health to adopt similar best practices for sodium reduction.

25% Reduction in sodium intake South Africa (2015-2019).

19% Reduction in sodium intake UK (2003-2014).

What successful policy and legislative initiatives has your unit implemented recently to address NCD risk factors?"



Dr Malau M. Toma
Head Cardiovascular Disease &
Tobacco Control FMOHSW

He explained that Nigeria, being a member of the WHO, has signed and ratified several global treaties and conventions focused on non-communicable diseases (NCDs). The Federal Ministry of Health has adapted global frameworks to create a comprehensive national policy for the prevention and control of NCDs, addressing key risk factors. This policy is supplemented by standalone policies, such as the National Tobacco Control Strategic Plan and the National Tobacco Control Act (2015), which focus on distinct areas like tobacco, alcohol consumption, and environmental pollutants.

We must begin to address these risk factors squarely as the population is aging, and nearly everyone faces the risk of developing one or more non-communicable diseases

He further discussed policies aimed at promoting healthier diets, especially by reducing trans-fatty acids and excessive salt intake. Regulations for fats and oils are part of Nigeria's strategy to limit harmful fats, with plans to implement weighted taxes to discourage the consumption of unhealthy food items. Dr. Malau emphasized the importance of public awareness, training, and capacity-building to help individuals make informed choices about their health.

He also mentioned the growing importance of addressing hereditary factors like sickle cell disease. A framework has been developed to educate families and communities on the importance of informed decisions regarding marriage and hereditary conditions to reduce the prevalence of such diseases.



"What initiatives has NCD Alliance taken to address NCDs in various settings?"



Prof. Akinwumi Adebowale,
Executive Director NCD Alliance
Nigeria

Dr. Akinwumi Adebowale, representing the NCD Alliance, emphasised the organisation's active role in controlling and preventing non-communicable diseases (NCDs) in Nigeria. He noted that while progress has been made in areas like tobacco control and salt reduction, physical inactivity remains largely unaddressed by national stakeholders.

Dr. Adebowale stressed that promoting exercise and active lifestyles is crucial, especially since 50% of Nigerian adults and a staggering 80% of adolescents (aged 10-19) are physically inactive, putting them at a 20-30% higher risk of premature death compared to their active counterparts.

The NCD Alliance has been proactive in collaborating with partners to introduce recreation facilities at workplaces and schools to encourage physical activity. Dr. Adebowale called for a coordinated and collaborative approach to tackle the issue. Additionally, the NCD Alliance is launching a newsletter for people living with NCDs, aiming to raise awareness about risk factors and preventive measures both at the community and individual levels.

He highlighted the importance of regular exercise, recommending 30-60 minutes of physical activity at least 4-5 days a week to combat sedentary lifestyles and improve health outcomes.

50% | 80%
Nigerians | Adolescents

Are Physically Inactive



30-60min.
Exercise a Day



Reduces Physically Inactive

What are the key findings of the sodium consumption study in Nigeria, and what do they reveal about sodium intake and its health implications?"

Dr Dike Oiji
Uni Abuja
Cardiovascular
Research Unit



Dr. Dike Orji emphasised that effective policy-making in non-communicable disease (NCD) control requires robust data, which can only be generated through extensive research

He praised the recent improvements in data collection for NCDs in Nigeria and stressed the importance of data in shaping health policies. Specifically, he addressed the role of excessive sodium intake in driving high blood pressure, which is the number one risk factor for cardiovascular diseases globally, leading to strokes, heart failure, and kidney disease.

Dr. Orji discussed the Nigerian Sodium Study, led by the Cardiovascular Research Unit of the University of Abuja, which aims to provide actionable data to drive sodium reduction policies. The research has focused on three main areas: population sodium intake, the sodium content in foods, and identifying primary sources of sodium in the Nigerian diet.

The study revealed that Nigerians consume an average of 3.8 milligrams of sodium per day, significantly higher than the WHO recommended 2.5 milligrams. The study also found that most sodium intake comes from home-cooked meals, particularly through the use of bouillon cubes, which account for 25% of sodium consumption.

Dr. Orji emphasised the need to reduce sodium intake by cutting down on bouillon usage and suggested exploring salt substitutes, such as potassium chloride, which could lower blood pressure. He also highlighted the impact of the study's findings on policy, including the development of front or back labeling policies and the introduction of mandatory salt limits in food products.



Challenges facing tobacco control efforts in Nigeria



Mr Chibuikwe Nwokorie
Program Officer Nigerian Tobacco Control Alliance (NTCA)

The Harmful Impact of Tobacco

Mr. Chibuikwe Nwokorie emphasized the severity of tobacco as a risk factor for all non-communicable diseases (NCDs), unlike other risk factors that the body may need in small amounts, such as sugar. He stated, "tobacco is something the human body does not need at all," underscoring the danger it poses to public health.

The Role of the NTCA in Tobacco Control

He highlighted the contributions of the Nigeria Tobacco Control Alliance (NTCA), a coalition of health professionals and organisations dedicated to tobacco control. The NTCA played a key role in the passage of the National Tobacco Control Act of 2015 and its regulations in 2019, marking significant progress in Nigeria's tobacco control efforts.

Challenges in Tobacco Control

One of the key challenges he identified is the lack of ownership among government agencies. Many see tobacco control as solely a responsibility of the Ministry of Health, leading to reduced collaboration and slow progress. Mr. Nwokorie recalled an instance where a government official opposed the Tobacco Control Act, illustrating the disconnect between various arms of the government on the issue.

Tobacco Industry Influence

Mr. Nwokorie also addressed the tobacco industry's influence, noting that the industry often provides misleading economic data and engages in corporate social responsibility (CSR) activities to improve its image. This creates a false perception of the industry's contributions, causing some government agencies and the public to view tobacco control advocates as antagonists.

A National Health Policy, Not Just a Ministry of Health Issue

Mr. Nwokorie made a strong call for tobacco control to be seen as a national health issue rather than a problem for the Ministry of Health alone. He argued that the tobacco industry's economic contributions are overstated and do not outweigh the harm caused to public health. He concluded by stressing the importance of national unity and commitment to fighting the tobacco epidemic in Nigeria.

"Until we see tobacco control as a Nigerian issue, not just a Ministry of Health issue, we will not make effective headway." – Mr. Chibuikwe Nwokorie

what are the key gains to implementing and enforcing sugar-sweetened beverages taxation in Nigeria?



Akinbode Oluwafemi
Executive Director Corporate Accountability & Public Participation Africa (CAPPA)

Dr Akinbode noted that Sugar-sweetened beverages (SSBs), commonly known as soft drinks, are non-alcoholic drinks with added sugar. Nigeria is the fourth largest consumer of SSBs globally, and these drinks are a major risk factor for type 2 diabetes.

Global Use of SSB Taxes

Governments around the world have used taxation as a tool to reduce SSB consumption. Nigeria introduced a 10 Naira per litre excise duty on SSBs in 2021, but there have been efforts to remove this tax, citing the struggling economy.

Impact of Current Taxation

The 10 Naira tax has had little impact because it has been absorbed by the industry, and retail prices of SSBs have increased due to other factors. To effectively reduce consumption, the tax needs to be much higher—around 113 Naira per litre

Call for Action

Oluwafemi urges the government to retain and increase the SSB tax for two main reasons: to reduce the health risks associated with SSBs and to generate revenue for public health initiatives.

"To reduce SSB consumption, we need a tax that raises prices enough to lower demand."



Regulating industrial trans fats.

How has NAVDAC promoted healthier foods in terms of industrial trans fats

Mrs Eva Edwards

Director · National Agency for Food and Drug Administration and Control (NAFDAC)

Mrs. Eva Edwards highlights several actions taken by NAFDAC to reduce industrial trans-fat in Nigeria:

- 1. Regulation Revision:** NAFDAC revised the Fats and Oils Regulations and introduced the Fats, Oils, and Foods Containing Fats and Oils Regulations 2022, limiting trans-fat content in foods. Specifically, it prohibits foods with more than 2 grams of trans fat per 100 grams of fat or oil.
- 2. Transparency in Process:** The revision process was transparent and inclusive, involving input from various stakeholders.
- 3. Industry Compliance:** Major industry players are already reformulating their products to meet the regulatory limits, though micro and small-scale establishments are being given a phased approach to compliance.
- 4. Implementation Strategy:** NAFDAC has developed a roadmap for implementing these regulations, encouraging the use of healthier fats and oils. This strategy includes raising public awareness, education, capacity building, and compliance monitoring.
- 5. Stakeholder Collaboration:** The success of this initiative depends on collaboration between food service establishments, industries, academia, and government.
- 6. Health Benefits:** Setting these limits on trans-fat aims to reduce the risk of heart diseases, heart attacks, and cardiovascular-related deaths, as trans fats offer no health benefits.



"Trans-fatty acids generally have no health benefits and lead to increased risk of heart diseases, heart attacks, and death from cardiovascular diseases."

"By the time you see the average school bag of a child going to school in Nigeria at this time, it tells you that we are just sitting on a keg of industrial gunpowder."

Dr. Odili emphasised that while sugar-sweetened beverages (SSBs) are widely recognised as a risk factor for diabetes, they also contribute to hypertension and cardiovascular diseases. These cardiovascular complications are often the leading cause of death in diabetic patients. He highlighted the growing concern over children's consumption of sugary drinks in Nigeria, describing it as a public health "time bomb" that requires immediate attention.



Moderator: Professor Augustine Odili
Professor of Cardiovascular medicine and Consultant Cardiologist, University of Abuja Teaching Hospital



1. Prof Anuma

Question:

The participant highlighted the dangers of refined sugars, stating how these sugars rapidly increase blood sugar levels, which stresses the pancreas to produce insulin. Over time, this process may lead to the cells being exhausted, which is irreversible. They asked about how taxation and education can address the health risks posed by excessive sugar consumption, specifically focusing on sugar-sweetened beverages.

Answer:

The response emphasized the importance of reducing the intake of refined sugars to prevent diabetes and other health issues. It was noted that taxing sugar-sweetened beverages by at least 20% would make a meaningful impact, and lower tax percentages would not suffice. Public education was also considered necessary to raise awareness about the dangers of excessive sugar consumption. Additionally, the response addressed cultural beliefs that are counterproductive to preventing non-communicable diseases (NCDs), as well as the need for the government to take the sugar-sweetened beverage tax more seriously.

2. Professor Chukwemeku Obaka (Commissioner for Health, Imo State)

Question:

Professor Obaka highlighted the need to address tobacco cessation, not just tobacco prevention. He also questioned how dietary modifications can be achieved in a hyper inflationary economy where people opt for cheaper starchy foods over whole grains and vegetables. Lastly, he raised concerns about the supply and affordability of antihypertensive and anti-diabetic medications.

Answer:

The response agreed that cessation is a key part of tobacco control and emphasised the importance of educating people on quitting tobacco. Regarding dietary modification, it was noted that policy documents need to be contextualised for Nigeria, taking into account the current economic conditions. The supply of antihypertensive and anti-diabetic medications was also acknowledged as a pressing issue, with rising prices leading to non-adherence and resulting complications.

3. Osain Hoi (Person living with Type 2 Diabetes)

Question:

Mrs. Hoi expressed concern about the exclusion of individuals living with NCDs from the design and implementation of health policies. She shared his personal experience of managing diabetes and promoting healthy eating, especially in schools. However, She pointed out that parents' reluctance to sign consent forms for diabetes education in schools shows a lack of awareness and acceptance..

Answer:

The response acknowledged the importance of including individuals living with NCDs in policy design and implementation. It emphasised the need for real action, not just paperwork, to address the issues Mrs. Hoi raised. There was also agreement that more needs to be done to engage schools and parents in health education, particularly around diabetes prevention.

4. Dr. Babagana Kundimachina (Executive Secretary, State Primary Health Care Board)

Question:

Dr. Kundimachina raised a point about taxation, suggesting that it should be a percentage of the retail price of sugar-sweetened beverages and tobacco products to account for inflation. This would ensure that the tax remains effective over time without frequent policy revisions.

Answer:

The response supported this approach, agreeing that a percentage-based tax would be more effective in the long term. It would automatically adjust with inflation, reducing the need for constant policy reviews and ensuring that the tax continues to reduce consumption by making the products less affordable.



5. Speaker: Simeon Issezo

Question:

Mr. Issezo commented on the relatively low prevalence of tobacco use in Nigeria compared to other countries and emphasised the need for continued efforts to control tobacco use to prevent Ischemic heart disease. He also brought up the issue of salt taste threshold, particularly in diabetics with hypertension, and suggested research on this could inform better health practices.

Answer:

The response appreciated the emphasis on tobacco control and noted that while the prevalence of tobacco use may be low, the absolute number of users remains high, and efforts to control its use should continue. Regarding the salt taste threshold, it was agreed that more awareness and education are needed to encourage people to reduce their salt intake, and reformulation of products like bullion to lower sodium content was suggested as a potential solution.

**6. Dr. John Ogurae
(Director, Federal Ministry of Health)**

Question:

Dr. Ogurae highlighted the rising burden of NCDs among younger age groups and persons with disabilities. He stressed the need to ensure that policies address all age groups and that state-level implementation is effective.

Answer:

The response acknowledged that NCDs are no longer limited to older populations and are now affecting adolescents and younger individuals. The inclusion of persons with disabilities was also recognized as critical. The role of state governments in implementing these policies at the community level was emphasized as a key factor in their success.

**7. Dr. Ige Busayo
(Focal Person for NCDs, Igite State)**

Question

Dr. Busayo inquired about the potential health impacts of sugar-free beverages, particularly in relation to cardiovascular diseases. He also questioned whether the sodium content in Maggi could be reduced to help consumers who believe they need both salt and Maggi in their cooking.

Answer:

The response explained that sugar-free beverages may still contain other harmful ingredients, including caffeine, which can affect blood pressure. It was also mentioned that products claiming to be sugar-free often contain hidden sugars under different names. Regarding Maggi, it was suggested that reducing the sodium content of such products could help address the issue, and reformulation should be pursued as part of global sodium reduction strategies

**8. Unnamed participant
Question:**

The participant asked how to effectively communicate the recommended daily salt intake to laypeople who cannot measure five grams or one teaspoon of salt per day.

Answer:

The response stressed that awareness campaigns and education are critical in communicating this message. It was acknowledged that it may be challenging for people to measure salt precisely, but media campaigns and community outreach can help people understand the risks of excessive salt consumption and make healthier choices.



"No Nigerian will be left behind without access to quality screening for NCDs and also management at the doorstep."

Dr. Tomi Coker,
Honorable Commissioner of Health in Ogun State

Dr. Tomi Coker, the Honourable Commissioner of Health in Ogun State, delivered a speech emphasising the strides made by Ogun State in hypertension control, highlighting their participation in the Nigeria Initiative on Hypertension Control. She congratulated the initiative's achievements and shared insights gained from Ogun State's experience as a pilot state.

She noted the importance of task-shifting policies, which have enhanced the skills of primary health nurses and midwives. These healthcare workers have been empowered to screen and diagnose hypertension at the primary healthcare centers. Since the launch of the initiative in November 2020, Ogun State has screened over 390,000 citizens, representing approximately 9% of the population. Of those screened, 6% were found to be hypertensive, and 52% were initiated into treatment.

One key challenge faced was patient attrition, as many individuals were unable to return for follow-up appointments due to transportation difficulties. However, through tracking and counselling, the state improved hypertension control rates from an initial 2% to 39%. Additionally, the number of primary health centers involved in the initiative expanded from 12 to 52, providing citizens with access to affordable, quality care and medications.

Dr. Coker emphasised that Ogun State is now scaling the initiative to all basic healthcare centers, ensuring sustainability through leveraging existing structures and partnerships with organisations such as WHO, Resolve to Save Lives, and Project HOPE. She expressed optimism that with these efforts, no Nigerian would be left behind in the fight against non-communicable diseases (NCDs), particularly hypertension.

Over 390,000 citizens screened, with 6% diagnosed as hypertensive and control rates increasing from 2% to 39%.

Michael Adigbe,
Project Lead for Management Sciences for Health (MSH) and Director of the Tobacco Policy Action Fund for Africa, On behalf of **Mr. Ezechukwu Chidozie,**
MSH's country representative.

Adigbe emphasised MSH's long-standing commitment to supporting the Ministry of Health's initiatives on non-communicable diseases (NCDs). In particular, he pointed out their collaboration in tobacco control, specifically in the implementation of smoke-free policies and graphic health warnings. He expressed pride in the success of these initiatives, made possible through partnerships with civil society, the Ministry of Health, and other stakeholders present.

He also announced the development of the National Tobacco Control Enforcement Plan, a collaborative effort that involved multiple partners and stakeholders. MSH's commitment to supporting the Ministry of Health remains strong, as they work together to implement this plan across Nigeria. Currently, the initiative is active in six states, with plans to scale up nationwide, drawing on lessons learned from these pilot states.

In conclusion, Adigbe reaffirmed MSH's dedication to working with state commissioners of health and NCD coordinators, ensuring a continued effort towards tobacco control across the nation.





Participants had so much to share - insights, smiles, laughter - in pictures.







"The journey has just started... but with continuous collaboration, we will be where we want to be."

VOTE OF THANKS

Dr. Ahmad Muhammad Ozi

National Coordinator for Non-Communicable Diseases (NC-NCD)

Dr. Ahmad Muhammad Ozi, the National Coordinator for Non-Communicable Diseases (NC-NCD), expressed his gratitude to all attendees during his vote of thanks.

He acknowledged the significant presence and contributions of various dignitaries, partners, and organisations in advancing the fight against non-communicable diseases (NCDs) in Nigeria.

He began by thanking the Honourable Minister for Health and Social Welfare, represented by the Permanent Secretary, for taking time to attend despite her busy schedule. Dr. Ozi extended his appreciation to the Permanent Secretary, represented by Dr. Chukwuma Anyaïke, the Director of Public Health, as well as the Honourable Commissioners, encouraging them to champion the cause of NCDs in their respective states.

Special recognition was given to Chairman NATOCC and the MDACA representatives for their steadfast support and commitment to NCD efforts. The World Health Organisation (WHO)

was acknowledged for its robust support, with representatives from the headquarters, African region, and Nigeria providing both technical and financial assistance.

Dr. Ozi also thanked state Directors of Public Health, highlighting that although the journey has just begun, their dedication will help achieve success. He went on to appreciate key partners, including Resolve to Save Lives, Project HOPE, Population Services International (PSI), MSH, Nigeria Tobacco Alliance, and NCD Alliance, whose contributions were pivotal to the success of the meeting.

He concluded by addressing people living with NCDs, urging them to act as ambassadors, and thanked the press for their role in spreading awareness about NCD challenges and solutions. Dr. Ozi expressed gratitude to all attendees, including NGOs and the secretariat, for their efforts in making the event a success.

