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Bridging the Gap: Strengthening Nigeria's Healthcare System

Nigeria's healthcare system remains a critical pillar of national development; one that continues to demand thoughtful attention, sustained investment, and collective action.

Recent insights from the 2025 budget implementation process highlight an important challenge. Out of the 218 billion allocated for capital expenditure in the health sector, only about 36 million has so far been released. While budgets often reflect strong intent and commitment, effective and timely disbursement is essential to translate these plans into real improvements in hospitals, infrastructure, and patient care.

The implications are clear. Delays in capital funding can slow down vital projects; from upgrading medical facilities to equipping healthcare centres and expanding access to underserved communities. For healthcare professionals, it means continuing to work under pressure. For patients, it reinforces the urgent need for a more responsive and well-resourced system.

At the same time, it is important to acknowledge the efforts being made to reposition the sector. Across the country, there are ongoing reforms, policy discussions, and strategic initiatives aimed at strengthening healthcare



DR. CHIJOKE MBELU, MBBS, FAGP

delivery and improving outcomes for Nigerians.

Notably, the private sector continues to play an increasingly vital role. From investments in modern hospitals and diagnostic centres to innovations in health technology and service delivery, private healthcare providers are stepping in to complement public efforts. Their contributions are helping to expand access, introduce efficiency, and raise standards across the system.

This moment calls not for criticism alone, but for collaboration. Sustainable progress in healthcare will depend on stronger alignment between policy, funding, and implementation; alongside active partnerships between government, private sector stakeholders, and development partners.

Healthcare is more than a sector; it is the foundation of a productive and resilient nation. By working together and maintaining a shared commitment to progress, Nigeria can continue moving toward a system that delivers quality, accessible, and affordable care for all.

The path forward is clear: build on existing efforts, strengthen implementation, and embrace partnership as a driver of lasting impact.

PHOTO GALLERY

ABUJA Afrihealth EXPO





DR. LISA

Co-Editor

Lisa is an editor, New Media entrepreneur who founded the global business network and publishing company, (GVPedia.com) in 2004.

Previously she worked as a development writer for a UN project based in India. After moving to the UAE in 2001, Lisa was editor of several magazines in the region such as Aquarius, Jumeirah Beach Magazine, Property World Middle East and NewYou, the region's premier monthly publication dedicated to Integrative Health, Medical Aesthetics, Holistic Healing and optimal longevity.

In addition to managing WELLNESSworldMEDIA, she is now heading WELLNESSworldBLOG, a portal dedicated to similar topics.

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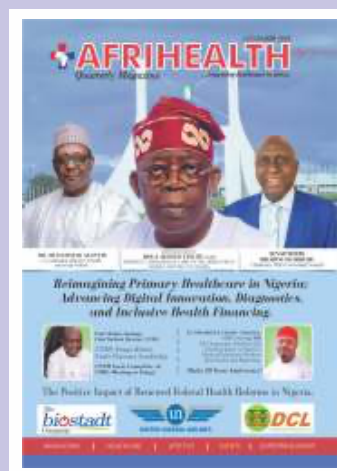
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Nigeria's Quiet Health Revolution Under Prof. Pate

Progress, Promise... and the Funding Question

In a nation long challenged by gaps in healthcare access, infrastructure, and financing, a subtle but significant transformation is unfolding. At the center of this shift is Prof. Muhammad Ali Pate, Nigeria's Coordinating Minister of Health and Social Welfare, whose reform-driven approach is gradually reshaping the country's healthcare system.

Often described as a “quiet revolution,” this transformation is not defined by sweeping headlines, but by structural changes, policy direction, and measurable system improvements.

Yet, beneath this progress lies a critical question:

Can reform succeed without adequate funding?

“Nigeria's health transformation is no longer defined by promises, but by a clear shift in policy, priorities, and system design.”

A major focus of the current administration has been the revitalization of primary healthcare, the foundation of any functional health system.

Across Nigeria, efforts are underway to upgrade facilities, improve service delivery, and expand access; particularly in underserved communities. The goal is clear: ensure that basic healthcare services are accessible, affordable, and reliable for millions of Nigerians.

This renewed emphasis signals a shift from fragmented interventions to a more coordinated, system-wide approach.

Nigeria's historically high maternal and infant mortality rates have made this area a top priority.



Through targeted initiatives such as the Maternal and Newborn Mortality Reduction Initiative (MAMII), the government is expanding antenatal care, improving skilled birth attendance, and strengthening emergency response systems.

Early indicators; rising antenatal visits and safer deliveries; suggest that incremental progress is being made, even if challenges remain.

Another defining element of this transformation is the pivot toward preventive healthcare.

Large-scale vaccination drives, including HPV immunization campaigns, alongside nationwide screening initiatives, are helping to reduce long-term disease burden. Programs encouraging Nigerians to monitor key health indicators are also fostering a culture of early detection and proactive care.

This marks a departure from a historically reactive system to one that prioritizes prevention and long-term sustainability.

Healthcare affordability remains a major barrier for many Nigerians. Expanding health insurance coverage has therefore become a central pillar of reform.

By bringing more citizens into the insurance net, the government is taking steps toward universal health coverage, reducing the risk of catastrophic out-of-pocket.



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Chief Medical Director/CEO

A notable strategic shift is the push for domestic pharmaceutical manufacturing and local capacity development.

Reducing dependence on imports, strengthening supply chains, and encouraging private sector participation are all part of a broader vision to build a self-reliant healthcare ecosystem.

“Nigeria’s healthcare story today is one of promise—tempered by fiscal reality, yet driven by reform and possibility.”

This move not only enhances national health security but also positions healthcare as a driver of economic growth and industrial development.

Despite these promising developments, fiscal constraints cast a long shadow over the reform agenda.

Reports indicating that only a fraction of the 218 billion allocated for capital health projects in the 2025 budget has been released have sparked concern among stakeholders.

This raises a fundamental issue:

Can ambitious reforms be sustained without consistent financial backing?

While policy direction and institutional reforms are critical, health systems ultimately depend on funding for infrastructure, workforce development, and service delivery.

However, to view the current transformation solely through the lens of budget releases would be incomplete.

The ongoing changes under Muhammad Ali Pate also reflect:

- Improved policy coordination
- Greater emphasis on efficiency and accountability
- Increased collaboration with development partners and the private sector.

These elements suggest that the “quiet revolution” is not just about how much is spent, but how effectively the system is being redesigned.

Recognizing that healthcare extends beyond clinical settings, the reform agenda is also engaging community leaders, religious institutions, and local stakeholders.

This inclusive approach is helping to improve public trust, drive behavioral change, and enhance the reach of health interventions — particularly in areas such as immunization and maternal health.

There is growing consensus that Nigeria’s healthcare system is moving in a new direction, but has not yet fully arrived at its destination.

The reforms underway represent progress, but also highlight the fragility of transformation in the face of financial, structural, and operational challenges.

Even amid domestic constraints, Nigeria is increasingly asserting itself on the global health stage; hosting key discussions and contributing to international health policy conversations.

This reflects a country that is not only addressing internal challenges but also positioning itself as a leader in shaping health solutions across Africa and beyond.

Nigeria’s “quiet health revolution” is neither an illusion nor a completed success story. It is a work in progress—marked by clear intent, measurable gains, and undeniable constraints.

Under the leadership of Muhammad Ali Pate, the foundations for a more resilient and inclusive healthcare system are being laid.

However, the true success of this transformation will depend on one critical factor:



the ability to align bold policy ambitions with sustained and adequate funding.

Until then, Nigeria’s healthcare story remains one of promise; tempered by reality, and driven by possibility.



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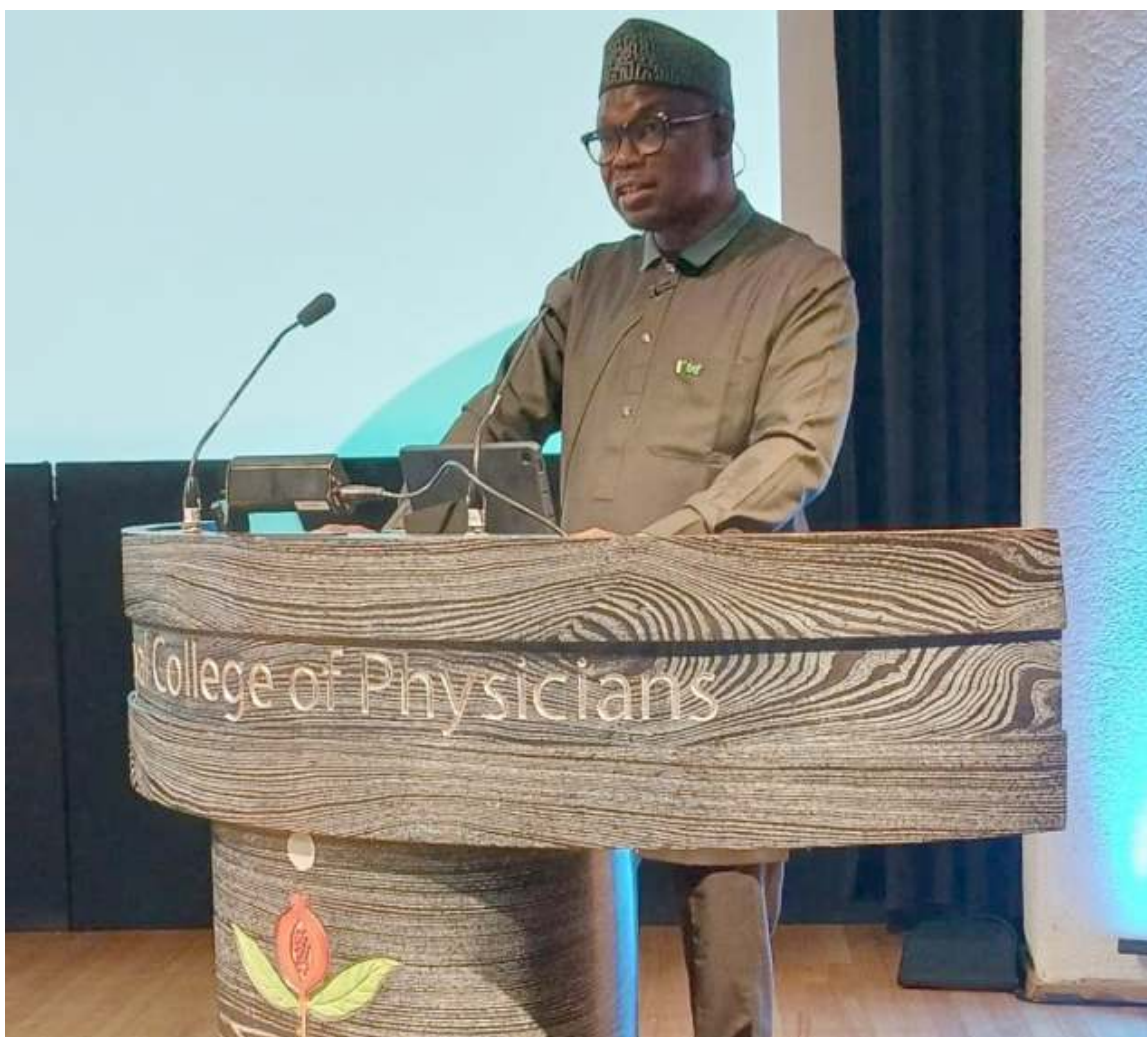
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Nigeria calls for Global Compact on Health Workforce Mobility at 2026 UK Global Health Summit



According to the World Health Organization, the global health workforce is projected to face a shortfall of 10 million workers by 2030, with the most severe gaps expected in low- and middle-income countries.

The Minister of State for Health and Social Welfare, Dr. Iziaq Adekunle Salako made call on behalf of the country while delivering the keynote address at the 2026 United Kingdom Global Health Summit held at the Royal College of Physicians in London under

the theme “Shaping Tomorrow's Health, Together.”

Dr. Salako noted that the global health system is facing a convergence of pressures including economic instability, geopolitical tensions, climate-related health threats and severe



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The Minister noted that Nigeria, as Africa's most populous nation, is expanding training capacity across medical and allied health institutions, strengthening workforce development and improving conditions of service for health professionals as part of efforts to build a more resilient health system.

The Minister also highlighted Nigeria's strategy to leverage the expertise of Nigerian health professionals in the diaspora.

Through structured collaboration with the Nigerians in Diaspora Commission (NIDCOM), the Federal Government is facilitating a coordinated diaspora medical mission involving Nigerian healthcare professionals across the United Kingdom, United States, Canada, Germany, Australia and South Africa to support skills transfer and

workforce shortages.

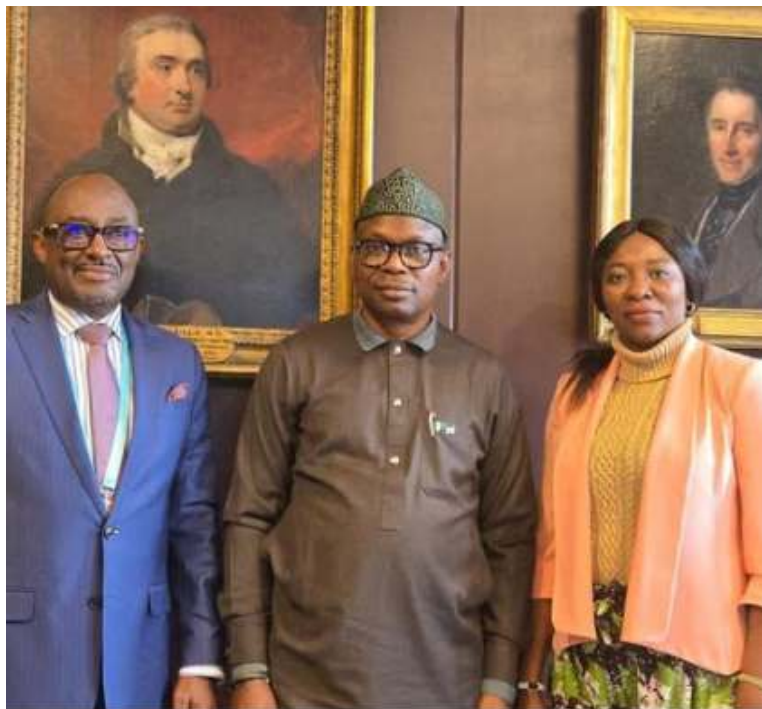
According to the World Health Organization, the global health workforce is projected to face a shortfall of 10 million workers by 2030, with the most severe gaps expected in low- and middle-income countries.

Dr. Salako further called on destination countries to fully implement the WHO Global Code of Practice on the International Recruitment of Health Personnel, advocating ethical recruitment frameworks that support joint training programmes, technology transfer and investment in health workforce development in source countries.

Emphasising the interconnected nature of global health security, the Minister noted that strengthening health systems in Africa remains critical to preventing future global health crises.

"The next pandemic or global health emergency will not respect borders," he said. "Investing in resilient health systems across Africa is therefore not charity, but enlightened global self-interest."

Dr. Salako also outlined Nigeria's ongoing health sector transformation and called for renewed global solidarity in strengthening health systems.



institutional capacity building.

Dr. Salako reaffirmed Nigeria's commitment to strengthening partnerships with governments, development partners, international organisations and the Nigerian diaspora to advance universal health coverage and sustainable health system development.

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The Role of Diagnostics in Pulmonology: Addressing Global Challenges Through Digital Innovation and Virtual Consultation

Introduction

Pulmonology is the medical field dedicated to diagnosing, treating, and managing respiratory diseases affecting millions worldwide. Respiratory conditions, including asthma, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, and lung cancer, represent a significant burden on global health systems. In 2020, respiratory diseases were among the leading causes of death worldwide, accounting for approximately 8.7 million deaths, according to the World Health Organization (WHO)



Effective diagnostics are crucial in pulmonology, allowing healthcare professionals to identify conditions early, personalise treatment plans, and manage disease progression. However, despite advancements in diagnostic techniques, healthcare systems face numerous challenges in providing equitable and timely care.

The Role of Diagnostics in Pulmonology

The accurate and early diagnosis of respiratory diseases is essential for improving patient outcomes and reducing the burden on healthcare systems. In pulmonology, diagnostic methods are diverse, ranging from non-invasive tests to imaging techniques, and often require collaboration across several healthcare specialties. Pulmonary function tests (PFTs), chest X-rays, computed tomography (CT) scans, and blood tests are standard diagnostic tools in pulmonology.

The Role of Healthcare Professionals in Pulmonology Diagnostics

Pulmonology is a multidisciplinary field where various healthcare professionals collaborate to provide optimal care. Pulmonologists, respiratory therapists, radiologists, and laboratory technicians play integral roles in

the diagnostic process. Collaboration between these professionals ensures comprehensive patient care. They often work together to analyse diagnostic results, discuss treatment strategies, and monitor patient outcomes. Effective teamwork enhances the accuracy of diagnoses and the efficacy of treatment.

Global Challenges in Pulmonology Diagnostics

Despite advancements in diagnostic technologies, several global challenges hinder the accessibility and effectiveness of pulmonology diagnostics.

Healthcare Infrastructure Challenges, Rising Burden of Respiratory Diseases, Misdiagnosis and Delayed Diagnosis and Health Inequities.

Digital Solutions in Pulmonology Diagnostics

Digital health technologies are poised to revolutionise pulmonology diagnostics, offering innovative solutions to some of the challenges healthcare systems face worldwide. Artificial Intelligence and Machine Learning:



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Virtual Consultations: A Patient-Centred Approach: The evolution of healthcare delivery has increasingly moved towards virtual consultations, offering patients greater convenience and accessibility. For individuals with respiratory conditions, this model of care has proven to be particularly



beneficial. Virtual consultations provide a platform for pulmonologists and patients to discuss symptoms, review test results, and monitor treatment progress without physical visits, which can be burdensome, particularly for those with severe respiratory issues.

Patient-Centred Solutions: Empowering Patients Through Technology

A key aspect of modern pulmonology is ensuring that care is centred around the patient's needs, preferences, and lifestyle. Technological advancements are critical in empowering patients to take an active role in managing their respiratory health. Digital solutions provide patients with real-time data on their health, allowing them to make informed decisions and take proactive measures to manage their conditions.

Apps for Symptom Tracking, Telemonitoring, Early Intervention and Personalised Care Plans

Empowered patients are more likely to adhere to prescribed treatments, attend follow-up appointments, and engage in preventive care. A patient-centred approach supported by digital technologies improves clinical outcomes and overall patient

satisfaction, as individuals feel more in control of their health and more connected to their healthcare providers.

Addressing Barriers and Ensuring Accessibility

Despite digital health solutions' promising benefits, significant barriers to their widespread adoption remain. These barriers must be addressed to ensure that all patients, regardless of their socio-economic status or geographical location, can access the benefits of digital health technologies.

- **Technological Barriers, Equity in Access, Integration into Existing Healthcare Systems and Regulatory and Privacy Concerns.**

Conclusion

Diagnostics in pulmonology are pivotal to improving patient outcomes. Still, challenges such as limited access to healthcare, misdiagnosis, and the rising burden of respiratory diseases continue to impact global health systems. Integrating digital health solutions, such as AI, wearable devices, and telemedicine, offers a promising path to address these challenges.

By fostering a collaborative approach between healthcare professionals, policymakers, and technology developers, and ensuring that all patients have access to these innovations, we can achieve a more equitable, efficient, and effective system of pulmonology diagnostics worldwide.



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History Rewards Reformers, Not Complainers: A Call To Africa's Builders

By Prof. Lere Baale

The Power of Mindset in Shaping Nations. A people's mindset determines whether they see a cup as half-filled or half-empty. But even more importantly, it determines whether they choose to refill it, redesign it, or walk away from the table altogether.

History teaches us that nations do not collapse first in their infrastructure; they collapse first in their imagination. They do not rise first in GDP; they rise first in belief systems. A defeated mindset manufactures a defeated future. A constructive mindset, on the other hand, manufactures possibility.

Across Africa today, one often hears declarations of despair about nations, institutions, and governance systems. Yet to declare that a nation—or indeed a continent—is “finished” is not analysis; it is abdication. It is intellectual surrender disguised as sophistication.

Serious students of history know better. History consistently shows that societies facing even deeper crises have risen again when reformers chose responsibility over resignation.

History rewards reformers, not complainers.

Lessons from Nations That Refused to Accept Decline

The world offers powerful examples of societies that refused to surrender to pessimism.

Singapore emerged in 1965 as a fragile state with no natural resources and deep social divisions. Yet disciplined leadership, institutional reform, anti-corruption enforcement, and strategic investments in education and human capital transformed it into one of the most efficient economies in the world.

Rwanda faced one of the most tragic genocides in modern history in 1994. The country was socially fractured and institutionally devastated. Yet through governance reform, national reorientation, and strong institutional rebuilding, Rwanda chose reconstruction over resentment.

Germany, after the devastation of the Second World War, lay physically destroyed and economically bankrupt. Through structural



economic reform, productivity discipline, and institutional rebuilding, the country experienced what later became known as the “economic miracle.”

These examples are not myths or romantic stories. They demonstrate a timeless principle: societies are rebuilt by reformers, not by commentators of despair.

Africa Is Not Finished — She Is Unfinished

The same truth applies to Africa.

Africa is not a finished continent. Africa is an unfinished project of immense possibility.

An unfinished society invites builders. It invites innovators, reformers, educators, entrepreneurs, and visionary leaders who see challenges not as evidence of failure but as invitations to redesign systems.

Africa possesses extraordinary assets: a youthful population, immense natural resources, growing technological capacity, vibrant cultural capital, and a rapidly expanding intellectual community across the continent and diaspora.

The real question before us, therefore, is not whether Africa has problems. Every continent



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has problems.

The real question is whether Africa will produce enough reformers willing to redesign institutions, strengthen governance systems, expand educational capacity, and unlock productivity.

Disciplined Optimism: The Mindset of Builders

Authentic leadership is not unquestioning optimism. It is disciplined optimism.

Disciplined optimism recognises that many African countries still face governance gaps, infrastructure deficits, and regulatory inefficiencies. It acknowledges that institutions in many sectors require strengthening.

But disciplined optimism also insists on a different response.

Gaps are invitations for design.

Weaknesses are signals for restructuring.

Failures are lessons for improvement.

Optimism is not the denial of reality. It is the refusal to surrender to it.

Across Africa today, we see encouraging signals of disciplined optimism: technology hubs emerging in cities like Lagos, Nairobi, and Kigali; new infrastructure corridors being built; regional trade integration advancing through the African Continental Free Trade Area (AfCFTA); and a new generation of entrepreneurs building globally competitive businesses.

These developments remind us that Africa's story is still being written.

The Danger of Intellectual Pessimism

When intellectuals surrender to pessimism, the consequences are serious.

First, they demoralise the next generation of leaders.

Second, they normalise mediocrity by suggesting that change is impossible.

Third, they surrender the continent's narrative to voices that benefit from chaos and disorder.

Responsible intellectual leadership requires something different. It requires rigorous diagnosis, evidence-based analysis, and constructive proposals.

Criticism without solutions is intellectual laziness.

Despair without direction is intellectual irresponsibility.

A gathering of African intellectuals,

professionals, and leaders must be a marketplace of ideas—not an echo chamber of frustration.

The Architecture of Reform for Africa

Reform requires discipline, courage, and long-term thinking. It requires:

- *Evidence-based analysis

- *Systems thinking

- *Institutional redesign

- *Strategic leadership

- *Ethical governance

- *Measured and responsible communication

Reform is not emotional outrage. Reform is disciplined construction.

If policies fail, redesign them.

If systems are weak, strengthen them.

If institutions underperform, rebuild them.

If leadership disappoints, model better leadership.

Complaining generates noise. Reforming generates legacy.

Hope as Strategic Discipline

Hope is often misunderstood as naïve optimism. In reality, hope is a strategic discipline.

Hope sustains persistence during resistance.

Hope fuels reform despite criticism.

Hope anchors vision during uncertainty.

Every generation faces a defining choice: to become commentators on decline or architects of renewal.

History is rarely generous to cynics. It is consistently generous to builders.

The Reform Imperative for Africa

- *Africa does not lack talent.

- *Africa does not lack resources.

- *Africa does not lack intellectual capital.

What Africa requires is coordinated reform energy—leaders who combine vision with execution.

- *Reform in governance.

- *Reform in education.

- *Reform in healthcare systems.

- *Reform in economic productivity.

- *Reform in regulatory institutions.

- *Reform in ethical leadership.

...to continue in the next edition

History rewards reformers, not complainers.



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Millions of Children Dying from Preventable causes, Report Reveals



Premature birth, pneumonia and malaria among leading causes of death in under-fives worldwide, as UN experts warn aid cuts are slowing progress on survival rates

Most of the 4.9 million children who died in 2024 could have been saved, according to a new UN report that warns aid cuts could thwart the global goal of ending preventable child deaths.

Progress towards ending the preventable deaths of children under five by 2030 has slowed 60% since 2015, the report found, leading to UN experts to call for sustained investment in health systems to reach the target.

24 / Issue 18 | www.afrihealthexpo.org

“No child should die from diseases that we know how to prevent. But we see worrying signs that progress in child survival is slowing – and at a time where we’re seeing further global budget cuts,” said Unicef executive director Catherine Russell.

Sub-Saharan Africa and South Asia have persistently had the worst rates of child death, in large part due to deaths of newborns, who made up almost half of the total number of children who died under



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five.

The most common causes were premature birth, pneumonia and trauma suffered by the child during birth. Infectious diseases were also a major cause, with malaria leading to 17% of deaths of children who survived beyond their first month of life.

The report found that 100,000 children died directly from severe acute malnutrition – with the highest numbers in Pakistan, Somalia and Sudan – but added that severe malnutrition was also a underlying cause for

increasing. It's reversing decades of progress."

According to monitoring of aid cuts by Global Health Cluster, 6,600 health facilities were affected by last year's aid cuts, with a third forced to close.

Danzhen You, chief of demographics and health at Unicef, said that progress in reducing child deaths had already been slowing because more funding needed to be put into healthcare systems and caring for newborns – but that was now being



many children who died of other conditions.

All these causes of death could be prevented with better investment in health systems and vaccinations, but instead, aid cuts are threatening to close lifesaving facilities, humanitarian workers said.

"We are not moving far enough or fast enough and leaving 5 million [children] under the age of five vulnerable," said Abdurahman Sharif, senior humanitarian affairs director at Save the Children. "Aid cuts are leading to increasing preventable deaths, threatening the continuity of lifesaving services at a time when needs are

compounded by the effects of conflict and the climate crisis.

"The cuts we are now seeing are coming on top of that trend, adding further pressure to already stretched systems. In some places, this is affecting routine immunisation, malaria prevention, nutrition services and care around birth," said You.

"The direction is clear: when funding is reduced, services are disrupted, and children's lives are put at greater risk. Without sustained investment, progress is likely to slow further, and in some settings we could see gains begin to reverse."

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Some of the World's Poorest Countries to Lose UK aid due to 56% Budget Cut

UK's bilateral aid to African countries, which funds areas such as schools and clinics, to be cut by almost £900m by 2028-29



Some of the world's poorest countries will lose out on UK aid that funds programmes such as schools and clinics, due to budget cuts set out by the foreign secretary.

The UK's bilateral aid to African countries will be reduced by almost £900m by 2028-29 – a 56% cut – as part of more than £6bn in cuts which are funding an increase in defence spending.

Aid agencies said the cuts would be the steepest in the G7, leaving “the UK's reputation in tatters, and a poorer, more unequal and unstable world for us all”.

Labour MPs have privately expressed scepticism that the cuts have done much to

achieve their desired intention – to bolster UK military spending in an uncertain world – because of the long delay in the defence investment plan and demands for billions more in spending from military chiefs in the wake of the Iran-US conflict.

The 40% reduction in UK aid spending, which MPs voted to back last year, will mean all aid spending being cut to all G20 countries except Turkey, and the majority now focused on conflict zones, primarily Palestine, Sudan and Ukraine.

Spending will be protected this year for Lebanon, a decision signed off by officials on Wednesday night, because of the intensity of the current offensive from Israel. The overhaul

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means 70% of all support will be allocated to the most fragile and conflict-affected states by 2029.

Countries such as Afghanistan, Somalia and Yemen will be among those facing cuts, though [Yvette Cooper](#), the foreign secretary, said they would still receive funding from multinational aid agencies.

Countries such as Mozambique and Pakistan will have almost all their development aid cut, replaced by partnerships for investment.

The crisis reserve for humanitarian emergencies has also been cut, though by less than expected, from £85m to £75m. “This for us is not an ideological step – it is a difficult choice in the face of international threats,” Cooper said.

But Romilly Greenhill, CEO of [Bond](#), the UK network for NGOs said: “Africa and the Middle East, both home to some of the world's least-developed countries, will be forced to pay the highest price because of the reduced budget.”

In its analysis of the impact assessment, Bond said the government's own data showed the cuts would leave children, people with disabilities and older people more vulnerable across Ethiopia, Mozambique, Rwanda, Tanzania and Zambia and that fewer girls and children with disabilities will be able to go to school in South Sudan.

Cuts to programmes in Somalia, one of the world's most unstable countries, are likely to heavily affect the access to health services for women and children.

The most significant impact will be felt across Africa, with bilateral overseas development aid due to fall from £818m in 2026 to £677m by 2029, which the [Foreign, Commonwealth and Development Office](#) said was part of a pivot to multilateral contributions through the World Bank and African Development Bank.

The FCDO will also phase out all funding for bilateral programmes in G20 countries – apart from a small allocation to refugee-hosting in Turkey. No direct aid will go to countries such as Brazil, India, Indonesia and South Africa.

The development minister, Jenny Chapman, said some of the poorest African nations that would feel the brunt of the cuts, such as

Malawi, Mozambique and Sierra Leone, had expressed a preference for expertise partnerships with the UK, building stable financial systems and clean energy, rather than traditional aid programmes.

“I think the concern that happened a year ago around the cuts was that people thought we were doing this because we lost faith in the agenda, we were turning our backs on the world ... that this was a values shift. It's absolutely not,” she said.

“We've undertaken this task ... in a very collaborative way with our global south partners. We've been very open about it. We've listened hard to what people have told us. We've been present. We've shown up just about everywhere we can, to have these conversations internationally.”

But some Labour MPs were critical, with Fleur Anderson, the MP for Putney, saying: “The government has on one hand increased defence spending in response to a more dangerous world, but on the other cut the investment that helps build stability before crises emerge.

“A serious approach must place development spending at the heart of global resilience and security. Without this, we are not preventing crises; we are simply waiting for them.”

Admitting she was having to make hard choices on aid, Cooper said the UK still expected to be the fifth-biggest funder in the world, but in her statement she avoided spelling out the precise level of cuts, detail revealed only in the equality impact assessments.

The FCDO has said the changes will prioritise geopolitical security and conflict – as well as funding the bigger multinational agencies, such as the vaccine programme Gavi. Funding is also being protected for the British Council and the BBC World Service.

The UK has ringfenced £240m a year until 2029, alongside billions in loan guarantees for Ukraine, as well as protecting allocations for Palestine and Lebanon at current levels, with the latter explicitly funded to “reduce the drivers of irregular migration”.

The cuts will also end aid to some major funders, including polio eradication and the Pandemic Fund.

The cost of housing asylum seekers in UK hotels – running at roughly £2bn a year – is taken from the aid budget. It means that by 2027-28, aid spending on overseas programmes is expected to reach its lowest since records began in 1970, at just 0.24% of gross national income.

Chapman said it was a wholesale overhaul of the way aid spending would now operate, after the decision to cut the aid budget despite a 0.7% target being legally enshrined. Cooper said it was the government's intention to gradually return to the target when

possible.

Adrian Lovett, UK executive director of the ONE Campaign, said: “Today's figures lay bare the true scale of these cuts and the damage they will do. Slashing bilateral aid to Africa, where need is greatest, will have a devastating impact.

“These choices will leave millions without access to basic healthcare, education and urgent humanitarian support, and risk a resurgence of deadly diseases we've spent decades trying to fight.”

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Gates and OpenAI team up for AI health push in African countries



DAVOS, Switzerland, Jan 21 (Reuters) - The Gates Foundation and OpenAI are setting up a \$50 million partnership to help several African countries use artificial intelligence to improve their health systems and mitigate the impact of international aid cuts, Bill Gates said on Wednesday.

The partnership, called Horizon1000, plans to work with African leaders to determine how best to use the technology, starting with Rwanda.

"In poorer countries with enormous health worker shortages and lack of health systems infrastructure, AI can be a gamechanger in expanding access to quality care," said Gates in a blog post announcing the launch.

Speaking to Reuters in Davos on Wednesday, Gates said AI had the potential to help get the world back on track after international aid funding cuts last year were followed by the first rise in preventable child deaths this century.

COPING WITH CUTS

International aid cuts began with the U.S. at the beginning of 2025, but spread to other major donors like Britain and Germany. Overall, global development assistance for health fell by just under 27% last year compared

to 2024, the Gates Foundation has estimated.

AI could be particularly valuable in countries hit by these cuts, Gates said.

"Using innovation, using AI, I think we can get back on track," he told Reuters on Wednesday, adding that the technology would revolutionise healthcare.

"Our commitment is that that revolution will at least happen in the poor countries as quickly as it happens in the rich countries."

REACHING PATIENTS

The foundation has already set up a number of AI initiatives, while Rwanda last year established an AI health hub in Kigali.

"It is about using AI responsibly to reduce the burden on healthcare workers, to improve the quality of care, and to reach more patients," Paula Ingabire, Rwanda's minister of information and communications technology and innovation said in a video statement released on Wednesday.

Horizon1000 aims to reach 1,000 primary health clinics and surrounding communities across several countries by 2028, Gates said, adding that some countries have only one doctor per 50,000 people even in big urban areas - far below the ratio in most high-income countries.

Gates told Reuters that the initiative would likely focus on improving care for pregnant women and HIV patients, by supporting them with advice before they reached the clinic - particularly if they spoke a different language to the healthcare provider.

On arrival, AI would help reduce paperwork and link up patient histories and appointments more effectively, he added.

"A typical visit, we think, can be about twice as fast and much better quality," he said.

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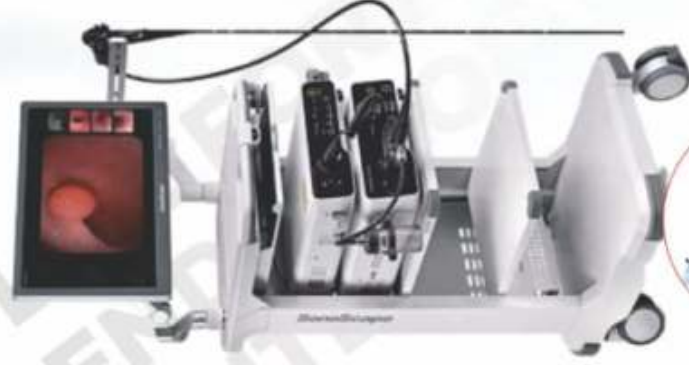
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Pioneering a New Frontier: NMA Rivers State Leads Healthcare Entrepreneurship Revolution in Nigeria

In a bold and forward-thinking move, the Nigeria Medical Association (NMA), Rivers State chapter, under the dynamic leadership of Dr. Diamond Tamunokuro, is setting a new benchmark in Nigeria's healthcare landscape with the introduction of a Healthcare Entrepreneurship and Mentorship Seminar; the first of its kind in the country.

Recognizing the growing need for innovation, sustainability, and business acumen within the healthcare sector, the association has taken a strategic step by constituting a dedicated Entrepreneurship and Mentorship Committee. This committee is tasked with equipping healthcare professionals with the knowledge and skills required to thrive not just as clinicians, but also as healthcare entrepreneurs and innovators.

The committee is chaired by the highly respected Prof. John Ikimalo, Chairman of Prime Medical Consultants, with Dr. Cjay Chijioke Mbelu, Founder of Afrihealth Development Foundation, serving as Secretary. Other distinguished members include:

- * Prof. Arthur Onwuchekwa (MD, Acron Medical Consultants)
- * Prof. Jude Okohue (MD, Gynaescope Specialist Hospital)
- * Dr. Iyke Odo (MD, Meridian Multi-Specialist Hospital)
- * Dr. Opubo Idoniboyeobu, Past NMA Chairman
- * Dr. Richard Okoye MD SafeAlive Hospital
- * Dr. Teinye Isokariari

This high-powered team has been mandated to organize seminars and workshops that extend beyond medical doctors to include the entire spectrum of healthcare professionals; ensuring a holistic and inclusive approach to healthcare development in Nigeria.

The first in this groundbreaking series of seminars is themed:



DR DIAMOND TAMUNOKURO
Chairman,
Nigeria Medical Association,
Rivers State Branch

**Healthcare Entrepreneurship & Mentorship:
Guiding the Next Generation of Health
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This landmark event will bring together healthcare providers from across Rivers State and beyond, creating a platform for knowledge exchange, mentorship, and collaboration.

The keynote address will be delivered by Dr. John Okoye, whose presentation will set the tone for an engaging and insightful session.

Following the keynote, a panel discussion featuring seasoned healthcare entrepreneurs will provide real-world perspectives on building and sustaining successful healthcare businesses in Nigeria. Panelists include:

Dr. Dan Onyetulem MD Stevenson Medicare
Dr. Teinye Isokariari

Pharm. Chisom Maduekwe (MD/CEO, De-elbon Pharmacy)

MLS Faustina Amuh (MD/CEO, JB Medics Labs)

The panel session will be chaired by Prof. Arthur Onwuchekwa, with Dr. Siene Orogun serving as moderator.

The seminar will take place on 26th March 2026, during the Port Harcourt Afrihealth Expo 26th - 27th March, at the Banquet Hall of Hotel Presidential.

In line with its inclusive vision, the NMA Rivers State has opened this seminar to all healthcare providers and members of the general public. Admission is free, reinforcing the association's commitment to accessible knowledge and capacity building.

This initiative marks a significant shift in how

healthcare is perceived and practiced in Nigeria. By integrating entrepreneurship and mentorship into the professional development of healthcare providers, the NMA Rivers State is not only addressing current challenges but also preparing the next generation of health innovators.

As the healthcare landscape continues to evolve, initiatives like this will play a critical role in driving sustainability, improving service delivery, and unlocking new opportunities within the sector.

The stage is set for a transformative experience; one that promises to inspire, empower, and redefine the future of healthcare in Nigeria.



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IN COLLABORATION WITH
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Founder/Chairman
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Dr Daniel Steven Onyetulem
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Dr Teinye Isokariari.
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DCL Laboratory Products Ltd marks 20th Anniversary, unveils in-vitro Diagnostic Solutions for West Africa



DCL Laboratory Products Ltd marked its 20th anniversary over the weekend, with plans to further transform the laboratory and diagnostic landscape across the region.

The event, held in Abuja, Nigeria, drew top health sector stakeholders.



The Group Managing Director of DCL Group, Dr. Anyanwu Okechukwu, said it has been 20 years of innovation, resilience, growth, and commitment to advancing healthcare diagnostics in West Africa.

He said, “This milestone is more than an anniversary; it is a reflection of purpose, impact, and the future ahead. In-Vitro Diagnostics, or IVD, is the foundation of modern medicine. It provides the evidence for clinical decisions, guides treatment, supports disease surveillance, and shapes public health responses. Over 70% of medical decisions globally are informed by laboratory results, and without diagnosis, healthcare becomes uncertain, reactive, and costly.”

He said that in West Africa, where the burden of infectious diseases intersects with the rising prevalence of non-communicable conditions, accurate diagnostics are nothing short of life-saving.

Dr Okechukwu said that early detection of malaria, HIV, Lassa fever, tuberculosis, precise monitoring of diabetes, cancers, cardiovascular disease, maternal

and neonatal screening, epidemiological surveillance, and pandemic preparedness – all begin with a test, adding that IVD, therefore, is not just a laboratory activity but the backbone of modern medicine and public health.

He highlighted that this vision led to the birth of DCL Laboratory Products Ltd two decades ago -to bridge the diagnostic divide and deliver total IVD solutions tailored to the needs of West Africa.

He said, “Our goal was not only to supply instruments and consumables, but to ensure their functionality, continuity, and impact on the patient outcomes. And today, we stand proud of that journey. Over these 20 years,



we have expanded our service footprint across Nigeria and the West African sub-region, supporting clinical chemistry, hematology, immunology, serology, molecular pathology, histopathology, immunohistochemistry, microbiology, parasitology, point-of-care diagnostics, and more. We have helped strengthen laboratory capacity, improve turnaround time, enhance disease detection, and support countless healthcare institutions to deliver evidence-based care.”

He also said that the organization’s recent personnel audit confirms that DCL Laboratory Products Ltd now has more than 250 skilled team members working across Nigeria and the West African





sub-region.

“These are engineers, scientists, quality specialists, logistics experts, and service professionals who ensure that every Instrument supplied delivers consistent and dependable results,” he said.

He also disclosed that the organization has established a new production plant, strategically developed to expand local manufacturing, guarantee supply security, and support regional laboratory needs.

He said that the facility is already achieving excellence and has received multiple quality recognitions. He said innovation, collaboration, and sustained investment would help address challenges such as gaps in laboratory infrastructure, rural accessibility, cost barriers, and technology adoption in the country.

“Our mission continues: to make reliable diagnostics available, affordable, and accessible to every community in West Africa,” he added.

He said the organization’s anniversary celebration, themed “celebrating impactful healthcare marketplace, heralding local IVD manufacturing,” also celebrates “collaboration – with healthcare workers, with governments, the private sector, our original equipment manufacturers, and the communities we serve. None of our progress



stands alone. It stands on partnerships rooted in trust, quality, and shared purpose.”

He said, “As we look to the future, we reaffirm our mission: to provide total IVD solutions that empower healthcare delivery in West Africa. We envision a region where no patient suffers because a test is unavailable. A region equipped for early detection, guided treatment, disease surveillance, and personalised medicine. A region where diagnostics drive policy, preparedness, and progress.”





Recurrent Allied Health Workforce Strikes in Nigeria: Rethinking System Drivers and Policy Pathways

Research Abstract Health Policy & Workforce Governance

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ABSTRACT

Recurrent industrial actions by allied health professionals in Nigeria, particularly under the Joint Health Sector Unions (JOHESU), continue to disrupt healthcare delivery and expose underlying systemic weaknesses within the health sector. Despite the frequency and impact of these strikes, discourse around them remains largely descriptive, with limited structured analysis of their root causes, system-wide consequences, and implications for long-term workforce governance.

This work presents a policy-oriented analysis alongside a developing mixed-methods research study designed to investigate the drivers and impacts of allied health workforce strikes in Nigeria. The study integrates a cross-sectional survey of allied health professionals with qualitative key informant interviews to explore workforce experiences, institutional dynamics, and governance challenges contributing to recurrent industrial disputes.

Situating these strikes within a broader health systems governance framework, this work highlights critical issues including workforce inequities, professional recognition, institutional coordination gaps, and policy responsiveness. It argues that recurrent industrial action is not merely a labour issue, but a reflection of deeper structural and governance challenges within the health system.

As part of an emerging research and institutional advisory effort under the Centre for African Allied Health Research and Development (CAAHRAD Ltd), this work underscores the importance of evidence-driven engagement in shaping policy dialogue and strengthening allied health systems across the continent. The study aims to contribute to ongoing national discourse by providing a foundation for data-informed policy pathways toward more stable and resilient health workforce systems.

Keywords: Allied Health Workforce Strikes Nigeria Health Systems Policy JOHESU

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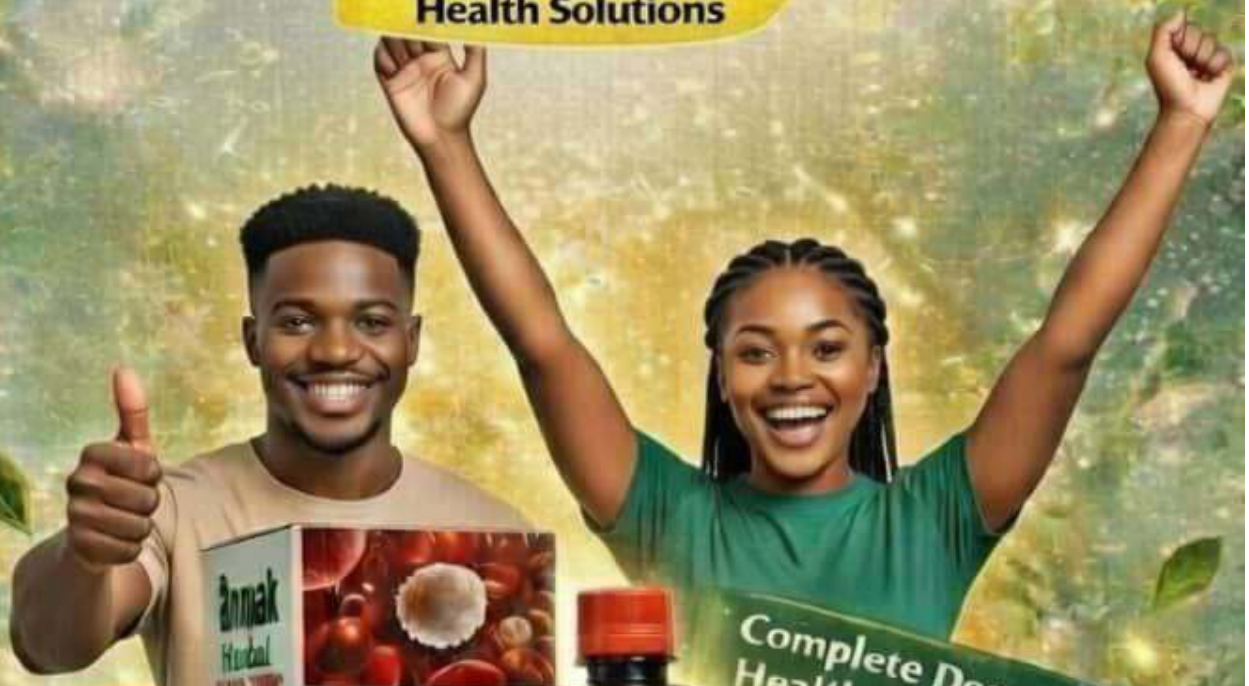
The full research paper will be published on **15 April 2026** on CAAHRAD's official website.

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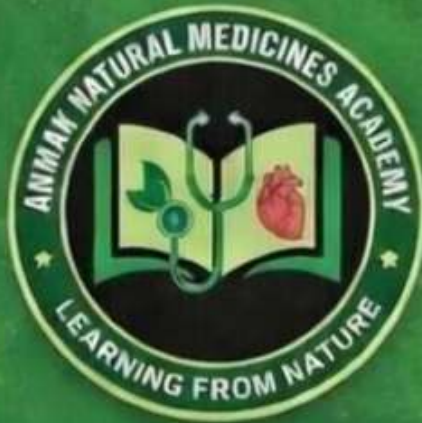
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The Sterile Illusion: Why Your 'Premium' Surgery is a Dangerous Masquerade.

Think about the lobby of your local private hospital. Marble floors. Quiet, climate-controlled air. Friendly professionals bustling about caring for you and your family. If there was an app for premium customer service, private hospitals would win the mother of all awards. Patients pay their life savings or max out their private health insurance dollars at these facilities because they believe it is safe there. They believe the doctors and nurses bustling about those swinging double doors of the operating theater know what they're doing because they follow science and protocol. The folks standing on the other side of those doors? We see something much more terrifying.

In too many private facilities, the "theater" is less of a sanctuary for healing and more of a stage for a dangerous masquerade. We are witnessing a systemic erosion of medical ethics, where the bottom line has become the only vital sign the management truly monitors. We need to address the patients, often viewed as interchangeable products within the system. Let's discuss shortcuts that are costing lives well before the patient arrives at the recovery room. This is what goes on behind the marble walls and smiley faces of front desk staff.

Perhaps the most terrifying shortcut is the one the patient never sees because they are already drifting into a drug-induced fog. To save on the "overhead" of a qualified anesthetic nurse or a consultant anesthesiologist, many private hospitals have reverted to a Wild West approach to sedation. I have seen surgeries where the complex dance of hemodynamics is ignored in favor of a "heavy hand" with Ketamine. Why? Because it's cheap, it's effective at knocking someone out, and it doesn't require a specialist to monitor the delicate balance of a ventilator. But Ketamine without a dedicated recovery or pre-op nurse is a gamble. When a patient's airway becomes compromised or their blood pressure spikes, there is often no one sitting at the head of the table whose sole job is to keep them breathing. In these theaters, the surgeon is often trying to operate while simultaneously playing the role of the anesthetist; a recipe for a catastrophe that "protocol" was designed to prevent. This practice is not an anomaly; it is a calculated financial decision that puts the patient's

neurological and cardiovascular health on the line to save a few hundred dollars in staffing fees.

Then there is the pharmacy; the supposed heart of a hospital's curative power. In a standard medical environment, if a drug is missing, the doctor writes a prescription and tells the family to source it elsewhere. It's honest. It's safe. It ensures the patient gets what they need. But in the ego-driven world of private healthcare management, "honesty" is bad for the brand. I have watched patients lie in ward beds, post-op and pained, while their charts remain blank. The hospital doesn't have the medication, but the administration forbids the doctors from telling the family. They don't want the "bad name" of being an empty pharmacy. So, they wait. They hope the patient's body is stronger than the infection or the pain. They sacrifice the patient's recovery on the altar of the hospital's reputation. This isn't healthcare; it's a PR campaign with a pulse. The silence from the nursing station when a family asks why a dose is late is not a lack of care from the staff; it is a gag order from the boardroom.

If you walk through a private ward, you might see a patient being wheeled out just two days after a major procedure. To the family, it looks like a "miracle recovery." To the staff, it looks like a forced eviction. Because bed space equals revenue, the pressure to "clear and cycle" is immense. Patients are being discharged with half-completed medication cycles and unstable vitals because a new, "fresher" case is waiting in the lobby with a full deposit. The result is the "Revolving Door Syndrome." Two days later, those same patients are rushed back into emergency rooms, not just in pain, but in crisis because they weren't given the dignity of a full recovery. They pay twice for a mistake that was made once, by a manager with a spreadsheet. This rapid turnover is praised in board meetings as "efficiency," but in the clinical world, it is known as abandonment. *and continues in the next edition...*

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ENDORSEMENT

My name is **Dr. Chukwuma Ernest, A.k.a Dr. Chuks.** Chief Medical Director, Castle Hospital Rumuola, Port Harcourt . First National Vice President, Association of Nigeria Private Medical Practitioners, ANPMP . A family Physician Specialist, happily married with Children.

My journey as an administrator / Professional Politician, started as a Rivers State officer of our noble body, ANPMP , for six years. Due to my exceptional performance, the branch encouraged me to the national, where I contested as 2nd National Vice President and won overwhelmingly.

My performance was judged excellent. At the end of the tenure, most of our members across the country called on me to go for the 1st National Vice President. I heeded, contested and God granted me a roaring electoral success, four years ago.

I have been performing my duties diligently as the 1st National Vice President till date.

It has been quite challenging, combining my duties as an administrator/professional politician, family man and a medical director of a private hospital. It was even more difficult when I went for a specialist program in family medicine and couple of times when I traveled outside the country for conferences like that of WONCA.

My passion to see that this Association grows to get to her land of Eldorado, has been the driving force. Quite compelling, I must say. I am happy with what I/Association has achieved within these years, *however, the journey continues because we are yet to



get to our promised land.

TO GOD BE ALL THE GLORY FOR THE UNMATCHABLE MILESTONES ACHIEVED SO FAR.

TO AFRIHEALTH GROUP, I have followed them up from their very beginning till date. It has been very impactful and captivating. Their programs/events are usually knowledge packed. The magazine is of international standard and indeed has gone global. It is very classic, educative and innovative.

I encourage all Healthcare Entrepreneurs and Enthusiasts to identify with the group and you would be glad you did.

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AfriHealth Expo Nigeria: Daring to Fly

Challenging limits, redefining possibilities, and building the future of healthcare innovation

“Birds born in a cage think flying is an illness.”

This simple yet profound statement captures one of the greatest challenges facing innovation in Nigeria's healthcare space; not a lack of ideas, but a lack of belief that something different can truly work.

In a system shaped by constraints, skepticism often becomes second nature.

As a medical doctor and organizer of the AfriHealth Expo, skepticism is not unfamiliar. Questions like “Why bother?”, “Can this really work in Nigeria?”, or “Who will attend?” are common.

What is striking is not the questions themselves; but their source.

They often come from professionals who have spent years navigating a system that has conditioned them to expect limitations. When survival becomes the priority, vision can begin to look like recklessness. In such environments, ambition is easily mistaken for arrogance, and progress dismissed as impractical idealism.

Yet, history teaches us a different lesson:

Every meaningful transformation was once considered unrealistic.

Just as birds raised in cages normalize confinement, systems shaped by underfunding, medical tourism, and dependency can make local innovation feel unattainable; even risky.

But progress has never come from accepting the boundaries of the cage.

Over a decade ago, the AfriHealth Expo was born out of a simple but powerful refusal; to accept that Nigeria's healthcare story must remain one of limitation.

It was founded on a bold idea:

That Nigerian healthcare professionals can convene, collaborate, and create solutions tailored to our own realities.

More than an event, it has become a platform for possibility.

A space where:

- Ideas are exchanged
- Partnerships are formed
- Innovation is encouraged
- And the future of healthcare is actively shaped

AfriHealth Expo represents a shift in mindset.

It challenges the notion that doctors are confined to clinics and hospitals. Instead, it affirms that healthcare professionals can:

- Influence systems
- Drive policy conversations
- Build businesses
- Create ecosystems that extend beyond patient

care.

Today, AfriHealth has grown beyond an annual gathering into a broader movement; one that includes Afrihealth Magazine, a leading voice in healthcare and lifestyle, and a dynamic healthcare business network on Whatsapp with over 1000 participants globally, connecting providers, entrepreneurs, and international partners.

The path has not been without challenges.

Funding constraints, logistical hurdles, doubt, and fatigue remain constant companions. But then again, flight has never been effortless.

It requires:

- Courage to leave the familiar
- Strength to navigate uncertainty
- Willingness to fail; and try again

AfriHealth Expo is more than a conference.

It is a statement.

AfriHealth Expo is not an illness. It is flight.

For over a decade, that flight has continued; steadily, persistently, and purposefully.

And the future of Nigeria's healthcare system depends on more individuals and institutions choosing to rise above doubt, challenge convention, and dare to fly.

The journey continues in 2026, bringing together healthcare leaders, policymakers, innovators, investors, and development partners from across Nigeria and beyond.

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These gatherings will host over 1,000 healthcare stakeholders, creating opportunities to connect, collaborate, and grow.

AfriHealth Expo offers a unique platform for healthcare providers and entrepreneurs to:

- Build meaningful partnerships
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- Contribute to the transformation of Nigeria's healthcare sector.

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In a system where doubt has long been normalized, choosing to believe in possibility is itself an act of courage.

AfriHealth Expo stands as proof that transformation begins with a decision:

to reject limitation, embrace vision, and take flight.

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Healthcare Businesses In Nigeria And Their Details

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	Layo-Jat Nigeria Limited	Medical Equipment	Phone NO:08033074823, www.layojatltd.com	Olusina Oggar
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	Natural Health & Beauty Enterprises.	Naturopathic Medicine/Organic	Karu Local Government Nasarawa State. Tel: 09076776735	Nasiru adamu Iurwan.
	Healthcare & Bridge Initiative	NGOs	Abuja. Tel: 08109167842, https://www.hbinitiative.org	Dr Sylvia Okoro
	LivingWell Consultancy Ltd.	GP/Lifestyle Medicine Physician/Health Coach	Tel: +234 08037062255, francisca.isuo@gmail.com	Dr Francisca Atte Isuo
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Healthcare Businesses In Nigeria And Their Details

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Company	Specialization	Contact Information	Chief Executive
Newyou Hospital Port Harcourt	General Practice	PH www.Newyouwellnesscentre.com 08033392202,	Dr. Chijioke Mbelu
Glory wellness & regenerative centre	Wellness & regenerative	USA www.glorywellnessng.com 813-932-9798,	Dr. David Ikudayisi
Meridian Hospital	Multi-Specialist	PH meridianhospitalph@yahoo.com 08082826030,	Dr. Ikechukwu Odoh
Primecare Multispecialty Hospitals Gwarimpa	Multi-Specialist	Abuja primecarehospitalsgwarimpa@gmail.com , +2348033771135	Dr. Itheme Ogbonnaya
Prime Medical Consultants	Multi-Specialist	Port Harcourt	Dr. Mrs. F. Ikimalo
St. Martins Hospital	General Practice	Port Harcourt	Dr. Martins Nde
St. Catherine Hospital	Obstetrics & Pediatrics	Port Harcourt	Dr. John Okoye
Morning Star Hospital	General Practices	PH08036717364www.morningstarhospitals.com	Dr. Ohia
Paelon Memorial Hospital	Multi-Specialist Boutique Hospital	Lagos. Tel: 09125120020. www.paelonmemorial.com	Dr. Ngozi Onyia
Baba Telehealth, Abraka Delta State	Telehealth,	www.babatelehealth.com . Tel 091378436621	Flory O Emakpose
Nisa Premier Hospital, Jabi Abuja	Multi-Specialty hospital	Abuja. nisa.com.ng , 08174209990, 08174209999	Dr Ibrahim Wada
Heart Health Medical Services	Medical Cardiology/Internal Medicine	D-Line, Port Harcourt - 08033424792	Dr Nyemenim, Ukechukwu M.
Rehoboth Specialist Hospital	Orthopedic	Port Harcourt	Prof. Aniekan Ekere
St Elizabeth's Specialist Hospital	Surgery & General Medical Practice.	P.H. stelizabeths.hospital@gmail.com , 08136944766	Dr. Peter Didia
NG Care Portal - Ikeja, Lagos	EHR / EMR Services Provider	Tel: 09011877191, https://info.ngcareportal.com	Dr Fatai O. Badmus
Ponyx hospitals ltd	Medical and dental	PH www.ponyxhospitalsltd.org 08191520892	
Emmanuel clinic	General Practice	PH emmanuel_clinic@yahoo.com 08023318154	Dr. Anyanwu
Nordica Lagos centre	Fertility	Lagos info@nordicalagos.org 08074602461	Dr. Abayomi Ajayi
Lake shore cancer center	Oncology	Lagos www.lakeshorecancercenter.org 08099715000	
Atlantis Pediatric & Multi-specialist Hospital	General Practice	Lekki Phase 1, Lagos. +234 708 8088 276	Dr. Atinuke Uwajeh, FAAP
Ebony Hospitals Limited	General Practice	Port Harcourt. 08038737300. www.ebonyhospitalsltd.com	Dr. Innocent C. Ekwem
The Lens Eye Clinic (aka TLEC rehab Nig)	Ophthalmology, Optical care, low vision services.	PHC. Tel: 08033108139, 08055017740 www.tlecrehab.com	Prof Adedayo Adio
DMAC Int'l	Medical Consultancy	Tel: +447899050664. www.dmacinternational.com	Morounkunbi O. Sobola
Eyemasters Limited	Eye Care	Tel: +234 8061378620. www.eyemastersng.com	Dr Obinna Awiaka
Alpheafam Hospitals and Diagnostics Ltd	Obstetrics and Gynaecology	Tel: +234 8032553065. Port Harcourt.	Dr Mba Alpheaus Gogo
Healthrak Ltd.	Hospital Growth Specialist	Tel: +234 08161807694. www.healthrak.com	Anthony Onwugbaramuko
Smile Train	Comprehensive Cleft Care	Tel: +234 8033058507. Lagos. www.smiletrain.org	Mrs Nkeiruka Obi
Eyemasters Limited	Eye Care	Tel: +234 08061378620. www.eyemastersng.com	Dr Obinna Awiaka
Ruhovale Lifestyle Limited	Obesity, Lifestyle & Family Medicine	Tel: +234 08033371436. Port Harcourt	Dr Akpevweoghene E. Orlu
The Lens Eye Clinic (aka TLEC Rehab Nig)	Surgical & Medical Ophthalmology...	Tel: +2348033108139. www.tlecrehab.com	Prof Adedayo Adio
Enmal Orthopedic	Orthopedic/Medical Devices & Implants	Tel: +2348033011034 www.enmal.com.ng	Ifeanyi Madu
Aloes & Cedars Medical Services Ltd.	Outpatient Clinic & Fertility Clinic	Tel: +234 7040529629, aloesandcedars@gmail.com	Prof. Ima-Abasi Bassey
Africheck Inter Lab. Quality Assurance S. Ltd	Healthcare / Medical Laboratory	Tel: +234 08037013217. https://iqas.africheck.com/ng/	Dr. Aminu Suleiman
DDW Molecular Laboratories	Molecular Diagnostics	Tel: 08033099600. sampson@darkdeepwells.com	Dr. Aminu Suleiman
AimPath Histopathology Laboratory	Diagnostics: Histopathology & Cytology	Tel: 08038913777. aimpathdiagnostics@gmail.com	Mrs. M. Nwokoma

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How Legends Are Made.

On July 3, 1976, Tina Turner waited until her husband Ike fell asleep in their hotel room in Dallas. Her face was swollen and bruised from yet another assault. In her pocket she had thirty six cents and a Mobil gas card. That was all.

She slipped out of the Statler Hilton and ran. Not to a car. Not to anyone she could call for help. She ran straight across Interstate 30, dodging traffic in the dark, nearly struck by a truck, driven by nothing but the instinct to survive. On the other side stood the Ramada Inn. The manager recognized her immediately, even through the injuries. He gave her a room on the eleventh floor and posted a guard outside her door. For three days she stayed hidden there, too hurt to eat properly, letting her body begin to recover.

Three weeks later, she filed for divorce. When asked what she wanted from sixteen years of marriage, her answer shocked everyone. She wanted nothing except her name. No house. No money. No royalties. Just Tina Turner. A name once used to control her, now the only thing she could use to rebuild her life.

She walked away burdened with debt, an IRS tax lien, and an industry convinced she was finished. Nearly forty, a Black woman in a business obsessed with youth, with no ownership of her earlier work. The odds were stacked mercilessly against her.

But Tina refused to give in. She turned to Nichiren Buddhism, chanting daily for strength. She accepted every job she could get. Game shows. Hotel lounges. County fairs. Corporate events. She even cleaned houses between performances. While the world dismissed her as a relic, she was quietly piecing herself back together.

Then came 1984.

At forty four, she released *Private Dancer*, and everything changed. The album sold more than twenty million copies. What's Love Got to Do with It reached number one, her first solo



hit at the top of the charts. She won three Grammy Awards in 1985, performed at Live Aid, and starred in *Mad Max Beyond Thunderdome*. The world finally saw her as the Queen of Rock and Roll.

Her second act stretched across decades. Record breaking tours. Twelve Grammy Awards. More than one hundred million records sold. A career rebuilt entirely on her own terms.

Love found her too. Erwin Bach met Tina at an airport in 1986 and never left her side. When her kidneys failed in 2016, he offered one of his own without hesitation. In 2017, he fulfilled that promise and saved her life.

On May 24, 2023, Tina Turner died peacefully in Switzerland at eighty three, with Erwin beside her. She left behind more than music. She left proof.

It is never too late to take your life back. You can start over at forty. At fifty. At any age. All it takes is the courage to cross the road.

Thirty six cents. A gas card. And a will that could not be broken.

That is how legends are made.



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The prestigious dedication was led by Pastor Cosmas Ilechukwu, General Overseer of Charismatic Renewal Ministries Inc., alongside other esteemed ministers.

The event, held on Friday, 20th February 2026, brought together:

- Top government officials
- Business leaders
- Industry partners
- Friends, family, and staff

This milestone marks a new era of growth, innovation, and excellence in Nigeria's healthcare sector.





PHOTO GALLERY



- DEDICATION CEREMONY OF SEMED NIGERIA -





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For 13 years, the system forgot to send him to prison. So he spent those years becoming the man prison was supposed to create.

In 1999, 22-year-old Michael Anderson committed a robbery and was sentenced to 13 years in prison.

After his final appeal failed in 2002, he expected the call telling him to report to prison.

The call never came.

The state mistakenly believed he was already incarcerated.

Instead of running, hiding, or changing his identity, Anderson lived openly under his real name.

Over the next 13 years he:

- * Started three construction businesses
- * Married and raised four children
- * Paid taxes and bought a home
- * Coached youth football
- * Volunteered at church

Then in 2013, authorities discovered the mistake.

A SWAT team arrived at his home and took him to prison.

The case sparked national debate:

Should a man who rebuilt his life be forced to serve a sentence the system forgot to enforce?

In 2014, the judge made a remarkable ruling.

The 13 years Anderson spent living responsibly counted as time served.

He was set free.

The lesson?

Character is built in the quiet years when no one is watching.

And sometimes, the life you build in silence becomes the strongest defense you will ever have.



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MORE POWERFUL

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