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Federal Ministry of Health Begins Preparations for 67th National Council on Health

The Federal Ministry of Health and Social

Welfare has inaugurated the sub-committees for the 67th Regular National Council on Health (NCH), scheduled to be held in Lafia, Nasarawa State, from 16 to 20 November 2026.

The inauguration took place on 20 August 2026, with the Federal Ministry charging

members of the committees to approach their responsibilities with diligence,

professionalism, integrity and objectivity. The 67th NCH will focus on the theme, "From

Commitment to Results: Delivering Quality and Equitable Healthcare for All Nigerians." The

National Council on Health is an important mechanism for coordination and policy

dialogue between the Federal Government and the States on health matters. The preparatory committees are expected to develop

evidence-based recommendations for consideration by the Council.

The institutional arrangement reflects the shared legislative and administrative

responsibilities within Nigeria's health system. Under Section 5 of the National Health Act 2014, the National Council on Health has

functions relating to the formulation of policies and guidelines for the regulation, development and management of the national health system. The Act also envisages coordination between the Federal Government and State

Governments in implementing national health policies.

This collaborative structure is particularly

significant because health regulation in Nigeria operates across different levels of government and through specialised regulatory institutions. Recommendations emerging from the NCH therefore have the potential to influence policy direction, implementation priorities and the



administration of healthcare services nationally, although Council resolutions do not, by themselves, replace legislation or the statutory powers of regulatory bodies.

The 67th NCH is expected to consider critical health-sector priorities and develop recommendations directed at improving the quality, equity and responsiveness of healthcare delivery. The emphasis on evidence-based and implementable recommendations is particularly relevant where proposed policies may affect patients, healthcare professionals, facilities and regulatory institutions.

The process also highlights the importance of ensuring that national health policies are translated into coordinated and legally sustainable measures at Federal and State levels. Where implementation requires new statutory powers, amendments to existing legislation or additional regulatory obligations, appropriate legislative processes would remain necessary.

Federal Government Directs Measures to Protect Health Workers

The Federal Government has directed the immediate implementation of measures to strengthen the protection of health workers following the submission of a report by the Ministerial Committee on the Harassment of Health Workers by Security Personnel.

The Committee was constituted on 19 May 2026 following an incident at the University of Uyo Teaching Hospital involving operatives of the Economic and Financial Crimes Commission and hospital workers. Its review found that the

incident was not isolated, with 18 cases of assault, intimidation or

harassment reportedly recorded across federal tertiary health institutions within the preceding 12 months.

The reported incidents involved patients, relatives, members of the public and security personnel and resulted in injuries, psychological harm, damage to hospital property, disruption of services and industrial action. Poor communication, prolonged waiting times, inadequate staffing, deficient infrastructure, emotional distress, abuse of authority and inadequate security protocols were identified as contributing factors.

Following acceptance of the Committee's recommendations, the Federal Government directed institutions to implement measures including stronger internal security arrangements, Violence Prevention Teams, improved access control and surveillance, and better identification of visitors. Institutions are also to designate officers to liaise with law-enforcement agencies and establish agreed rules for security operations within hospital premises.



The directives further require every incident of assault, threat or harassment to be promptly reported, investigated and documented.

Affected workers are to receive appropriate institutional support, while serious cases may be referred to relevant law-enforcement, regulatory or human rights authorities. Hospitals are also to strengthen complaint-handling, patient communication and staff training in conflict prevention and de-escalation.

Importantly, the Government stated that the absence of a specific law dealing exclusively with violence against health workers does not prevent enforcement of existing criminal, civil or administrative laws where applicable. It also directed that security operations should not endanger patients, obstruct treatment, breach confidentiality or interrupt essential health services.

The broader recommendations are to be presented to the next National Council on Health for consideration of a framework applicable to Federal, State and private health institutions. The Ministry is expected to monitor implementation and receive periodic progress reports.

The measures therefore combine institutional security, incident reporting, engagement with law-enforcement agencies, staff support and proposed national coordination, while leaving the existing legal framework on liability and enforcement applicable to individual cases.

Jehovah's Witnesses Revise Position on Blood Components

The Governing Body of Jehovah's Witnesses has announced a significant change in its position on blood transfusion, allowing

individual members to decide whether to accept transfusions of red cells, white cells, plasma or platelets. The announcement, made on 18 September 2026, does not alter the organisation's position against the transfusion of whole blood. Decisions

concerning the four blood components are now regarded as matters of individual conscience.

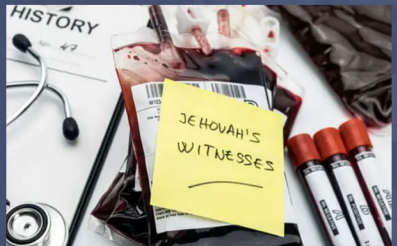
The development follows an earlier announcement in March 2026 permitting members to have their own blood removed, stored and subsequently returned to them where medically required. The change may have practical implications for healthcare providers treating Jehovah's Witnesses. A patient's religious affiliation should not, by itself, be treated as evidence of a blanket refusal of blood or blood components. Rather, the patient's individual wishes should be ascertained, particularly where treatment options involve different forms of transfusion.

From a legal perspective, this reinforces the importance of patient autonomy and informed consent. In *M.D.P.D.T. v. Okonkwo*

(2001) LPELR-1856(SC), the Supreme Court recognised the right of a competent adult to determine what may be done to his or her body, including the right to refuse medical treatment on religious grounds. However, the position is generally different where a child is concerned. In *ESABUNOR & ANOR. V. FAWEYA & ORS.* (2019) LPELR-46961(SC), the Supreme Court held that parental

religious beliefs cannot prevent necessary medical intervention undertaken to protect a child's life and welfare.

Healthcare professionals should therefore establish a patient's wishes early, explain the material risks, benefits and alternatives, and carefully document the decision. The development is a useful reminder that religious identity should not replace direct communication with the patient whose treatment is at issue.



Call for Review of Abortion Law Highlights Legal Questions on Foetal Abnormalities

A call for a review of Nigeria's abortion laws to address pregnancies involving severe foetal abnormalities has renewed attention on the legal and ethical questions arising from advances in prenatal diagnosis.

The call was made by Professor of Fetal Medicine at Olabisi Onabanjo University, Prof. Olufemi Oloyede, following his inaugural lecture titled "To Live or Not to Live: Navigating Ethical Dilemmas in Fetal Medicine." He advocated consideration of the condition of the foetus in decisions concerning pregnancy termination and proposed a multidisciplinary bioethics committee to assess complex cases involving prenatal diagnoses.

Under the Criminal Code Act applicable in southern Nigeria, the unlawful procurement of miscarriage is criminalised. Section 228 makes it a felony, punishable by up to 14 years' imprisonment, to unlawfully administer poison or other noxious substances, use force or employ other means with intent to procure a woman's miscarriage. Section 229 imposes a maximum seven-year term on a woman who unlawfully attempts to procure her own miscarriage, while section 230 provides for up to three years' imprisonment for a person who knowingly supplies anything intended to be unlawfully used to procure a miscarriage.

The Penal Code applicable in northern

Nigeria similarly restricts the termination of pregnancy. Section 232 provides that voluntarily causing a woman to miscarry attracts up to 14 years' imprisonment, a fine, or both, unless the miscarriage is caused in good faith for the purpose of saving the woman's life. The provision also applies where a woman causes herself to miscarry.

Like the Penal Code, the Criminal Code also recognises an exception under section 297 where a surgical operation is performed in good faith and with reasonable care and skill for the benefit of a patient, including an operation upon an unborn child where necessary to preserve the mother's life.

The existing framework therefore does not create a general statutory ground for termination based solely on foetal abnormality. Any reform would require consideration of maternal autonomy, foetal interests, medical judgment, safeguards against discriminatory decision-making and the circumstances in which termination may lawfully occur. The discussion also highlights the need for clearer guidance for healthcare professionals confronted with increasingly complex prenatal diagnoses, particularly where the condition of the foetus and the interests of the pregnant woman may give rise to competing ethical and legal considerations.

Federal Government Moves Towards Decriminalising Attempted Suicide

The Federal Government of Nigeria has initiated steps towards removing attempted suicide from the criminal law after the Federal Executive Council (FEC) approved a proposed amendment to the National Mental Health Act, 2021. The proposal is expected to be transmitted to the National Assembly for consideration and passage.

The proposed reform follows concerns over the treatment of persons who survive suicide attempts. The Federal Ministry of Health and Social Welfare has said that the existing legal framework may discourage individuals experiencing psychological distress from seeking timely assistance and is inconsistent with the care and support framework contemplated by the National Mental Health Act.

Under section 327 of the Criminal Code, applicable in the southern states, a person who attempts to kill himself commits a misdemeanour punishable by imprisonment for one year. Section 231 of the Penal Code, applicable in northern Nigeria, similarly provides for imprisonment for up to one year, or a fine, or both. The proposed amendment would represent a significant change in the legal treatment of suicide attempts. Rather than exposing a person who survives an attempt to criminal proceedings, the proposed framework is intended to support intervention through



mental healthcare and other forms of psychosocial assistance.

The distinction between policy approval and legislative enactment remains important. FEC approval does not, by itself, repeal or amend sections 327 of the Criminal Code or 231 of the Penal Code. The National Assembly must still consider and pass the proposed amendment before the relevant criminal provisions can be displaced or modified.

For healthcare professionals, the proposed change also highlights the importance of early identification, appropriate referral and supportive intervention for persons at risk of self-harm. The Federal Government has stated that the reform forms part of a broader suicide-prevention strategy, with a target of reducing suicide and suicide attempts by 15 per cent by 2030.

Pharmacists Call for Federal Drug Management Agency

The Association of Community Pharmacists of Nigeria (ACPN) has called for the establishment of a Federal Drug Management Agency to coordinate medicine procurement and strengthen access to essential drugs in Nigeria. The proposal formed part of

recommendations contained in a

communiqué issued after the ACPN's 45th Annual International Scientific Conference, held in Abuja from 27 July to 1 August 2026. The association urged the National Assembly to conclude legislative action on pending pharmaceutical-sector Bills, including the proposed National Drug Management Agency Establishment Bill 2024 establishing the agency.

ACPN envisages a central procurement pool through which the proposed agency would coordinate the acquisition of essential

medicines, including medicines funded through the Basic Health Care Provision Fund. The association also called for amendments to the legal framework governing drug

distribution and stronger collaboration among the Pharmacy Council of Nigeria, NAFDAC and the National Drug Law

Enforcement Agency.

The proposal has direct implications for

Nigeria's medicines regulatory framework. NAFDAC presently exercises statutory control over the registration and regulation of drugs and other regulated products, while the

Pharmacy Council of Nigeria regulates

pharmacy practice and premises. A new procurement agency would therefore require a clearly defined statutory mandate to prevent overlapping functions and determine responsibility for procurement, quality assurance, storage, distribution and accountability.

There are also patient-safety implications. A central procurement system would need

legally enforceable standards for the

selection and sourcing of medicines,

verification of product registration, storage and distribution, pharmacovigilance and recall procedures. Without effective

traceability and accountability, centralisation could potentially concentrate rather than eliminate risks within the medicine supply chain.

The proposal remains subject to legislative consideration. If enacted, its legal

significance would ultimately depend on how responsibilities are allocated among the

proposed agency and existing regulators, and the safeguards established to ensure that public procurement translates into access to safe, effective and quality-assured medicines.



Healthcare Providers Raise Regulatory Concerns Over Proposed NHFRA Bill

Healthcare providers have raised concerns over the proposed National Health Facility Regulatory Agency of Nigeria Bill, 2025, warning that the creation of another regulatory body could increase compliance costs and create overlapping regulatory responsibilities within the health sector.



The Healthcare Providers' Association of Nigeria (HCPAN) made the position known at a press briefing in Lagos, urging the National Assembly to strengthen existing regulatory institutions rather than establish a new agency. The Bill proposes an agency responsible for setting national care standards, accrediting health facilities and monitoring compliance across public and private institutions.

Similar concerns were raised by the Association of General Private Nursing Practitioners of Nigeria (AGPNP) during a public hearing before the Senate Committee on Health (Secondary and Tertiary) on 8 July 2026. The association argued that the Bill would duplicate functions already performed by professional regulatory councils, Federal and State Ministries of Health and other statutory institutions.

The concerns have a legal basis in the existing regulatory framework. Section 12 of the National Health Act 2014 preserves the power of State Houses of Assembly to make laws

regulating and inspecting public, private and non-governmental health facilities within their states, while section 13 provides for standards certification to be obtained from the appropriate body of government where the establishment is located.

At the same time, the legislative case for a national regulatory framework would turn on whether the proposed agency can address gaps that existing institutions have not effectively resolved. Nationally consistent minimum standards, coordinated inspection, accreditation and enforcement could potentially strengthen patient safety if clearly defined and properly implemented.

The central legislative issue is therefore not simply whether health facilities should be regulated, but how regulatory powers should be allocated. Any new law would need to avoid conflicting mandates, clarify federal and state responsibilities, protect the statutory autonomy of professional councils, and provide transparent rules on accreditation, fees, inspections, sanctions and appeals.

Senate Advances Bill to Establish Legal Framework for Electronic Health Services

The Senate has passed for second reading the E-Health Bill, 2025 seeking to establish a comprehensive legal and regulatory framework for electronic health services in Nigeria, including telemedicine and electronic health information systems.

The Bill scaled the first reading on 8 July 2026 following debate on the need to modernise healthcare delivery. It proposes a framework intended to address paper-based and fragmented patient records, limited access to specialist care and the absence of uniform standards for digital healthcare services. The Bill has been referred to the Senate Committee on Health (Secondary and Tertiary) for further consideration.

The proposed legislation has significant legal implications for the handling of health information. Medical records contain sensitive personal data, and their collection, storage, transmission and disclosure must comply with the Nigeria Data Protection Act 2023. Healthcare providers using electronic systems would therefore need appropriate safeguards against unauthorised access, loss, disclosure and misuse of patient information.

Telemedicine also raises questions of professional responsibility. A regulatory framework would need to clarify issues including informed consent, the identification and licensing of practitioners

providing remote care, continuity of care, referral obligations and responsibility where diagnosis or treatment delivered remotely results in harm. The evidential status and integrity of electronic medical records would equally require clear standards concerning authentication, retention, alteration, audit trails and access. This is particularly important where records may subsequently become relevant to professional negligence claims or other healthcare disputes.

The Bill's progression therefore presents an opportunity for the National Assembly to establish clear legal safeguards alongside technological innovation. If enacted, its effectiveness will depend substantially on whether it provides enforceable standards that protect patients while giving healthcare professionals and institutions sufficient clarity on their responsibilities in delivering care through digital platforms.



FCCPC Warns Bakery Operators Against Unsafe Ingredients and Misleading Labelling

The Federal Competition and Consumer Protection Commission (FCCPC) has warned operators in Nigeria's bakery and confectionery sector against compromising food safety or misleading consumers in response to rising production costs. The warning was issued at a stakeholder engagement organised by the Commission's South-West Zonal Office in Lagos. The engagement focused on compliance with consumer protection, product safety, quality and labelling requirements across the sector.

The FCCPC cautioned manufacturers, importers and distributors against using unsafe substitutes, harmful or prohibited additives, poor-quality ingredients, compromised hygiene practices or manipulated expiry information. Operators were also reminded that information provided through product labels, advertisements, social media and other marketing channels must be accurate and not misleading, particularly in relation to production dates, shelf life, allergens and storage conditions.

The regulatory position is supported by the Federal Competition and Consumer Protection Act 2018 (FCCPA), which protects consumers' entitlement to goods that are reasonably suitable for their intended purposes, of good quality and free from defects, and compliant with applicable

standards. The Act also prohibits false or misleading representations in the promotion or marketing of goods and services. Traceability is another significant requirement. Section 134 of the FCCPA requires manufacturers, importers and distributors to label or describe goods in a manner that enables them to be readily traced to the relevant manufacturer, importer or distributor. This facilitates regulatory intervention where a product presents a safety concern.

The implications extend beyond regulatory compliance. Where unsafe food products cause injury or illness, questions may arise concerning the conduct of manufacturers, distributors and other participants in the supply chain, including compliance with applicable safety standards and the adequacy of warnings and product information.

The FCCPC has consequently urged operators to maintain effective quality management and traceability systems, keep accurate production records, respond appropriately to consumer complaints and promptly report and recall products where safety concerns arise. The warning reinforces the principle that increased production costs do not displace statutory obligations to protect consumers from unsafe products or deceptive representations.

Odigbo Deaths Renew Concerns Over Regulation of Herbal Medicines

The reported deaths of 27 residents in Ondo State following the consumption of suspected herbal drinks and other unapproved substances have renewed concerns over the regulation of herbal and traditional medicinal products in Nigeria.

Residents of Araromi Obu and Odigbo town reportedly fell ill after consuming substances suspected to be herbal preparations.

Although the precise cause of the deaths remains under investigation, the Ondo State Government has commenced enforcement against the sale of unapproved herbal drinks and warned producers, distributors and sellers of uncertified substances to desist from the practice.

The incident comes amid renewed legislative efforts to strengthen the regulation of products capable of affecting public health. The Senate has passed for second reading a Bill seeking to replace the existing framework governing food, drugs and related products with a broader regime covering medical products, vaccines, medical devices and other regulated products. The proposed legislation would also introduce stronger provisions on product registration, traceability, post-market surveillance and mandatory recalls.

Separately, the House of Representatives has advanced a Bill seeking to expand the

regulatory oversight of herbal medicines under the National Agency for Food and Drug Administration and Control (NAFDAC), including through a proposed Traditional Medicine Advisory Committee and a dedicated department for herbal medicine regulation.

The developments highlight the legal risks associated with the production and distribution of medicinal products outside the established regulatory framework.

Existing Nigerian law already places regulatory obligations on persons dealing in regulated medicines and products, while non-compliance may attract sanctions and, depending on the circumstances, expose responsible persons to civil or criminal liability.

The Odigbo incident also underscores the importance of establishing causation before liability is attributed. Where deaths or serious injuries are linked to an unapproved product, questions may arise concerning its composition, registration status, manufacturing process, warnings, distribution chain and the conduct of those responsible for placing it in the market.

The proposed reforms may therefore prove significant, but effective enforcement remains essential to ensuring that regulatory protection translates into meaningful protection of life and public health. It is accordingly of utmost importance that the legislative process on both Bills be concluded without further delay.