MOROOM AFRICA

VITAL SIGNS

Moroom's Life Science and Healthcare Updates



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Introduction

Welcome to this edition of Vital Signs, your trusted update on the developments shaping Nigeria's healthcare and life sciences sector. This issue brings together three threads: intensified regulatory vigilance over medicine safety and counterfeiting, an accelerating industrial push to build local pharmaceutical manufacturing capacity, and a set of public health and workforce developments that test the resilience of health systems across Nigeria and the continent.

On the regulatory front, NAFDAC has relaunched its Med Safety App, moved to full enforcement of the sachet alcohol ban, seized more than ₦200 million worth of counterfeit packaging in Aba, and set out how it will test and track medicines donated under the Nigeria-United States agreement. Alongside this, the Pharmaceutical Society of Nigeria has warned of an estimated three million unregistered premises and is pressing for tougher penalties for counterfeit drug offences as the Senate considers amendments to the relevant law.

On the industrial policy front, stakeholders are converging around a shared ambition of reducing dependence on imported medicines and raw materials. NAFDAC reports that Nigeria's import-to-local manufacturing ratio has reached 50:50, manufacturers are targeting 70 per cent local production, the cassava sector is eyeing the pharmaceutical-grade starch market, and the Federal Government plans to commission eleven manufacturing projects in 2026.

The edition also covers urgent public health developments, including the confirmation of an Ebola case in the Federal Capital Territory and a sharp rise in malnutrition admissions in the North-East, as well as global and continental developments on mental health, cancer, and the health workforce.

Regulatory Updates

1.1 NAFDAC Launches Improved Med Safety App to Strengthen Reporting of Substandard and Falsified Medicines

The National Agency for Food and Drug Administration and Control (NAFDAC) has launched an upgraded version of its Med Safety App, giving healthcare professionals and the public a faster, more secure way to report suspected substandard and falsified (SF) medical products and adverse drug reactions (ADR). The Agency describes the relaunch as part of its ongoing drive to strengthen post-marketing surveillance and widen public participation in medicine safety monitoring.

The updated app offers a more intuitive interface, a simplified reporting workflow, stronger data management, better feedback to users, and the ability to attach photographs and product details to support investigations. Reportable issues range from altered expiry dates and suspicious packaging to missing registration numbers and unexpected treatment failure, as well as adverse reactions experienced after taking a medicine.

NAFDAC says the tool supports early detection of unsafe products, faster investigation and enforcement, and better evidence for regulatory decision-making, and reports that public uptake has already increased since the relaunch. The app is available on Android, iOS, web, and desktop, and the Agency is urging pharmacists, physicians, medicine vendors, caregivers, and patients alike to use it whenever they encounter a suspicious product or reaction.

1.2 NAFDAC to Test Non-US-Made Donated Drugs and Vaccines Under Nigeria-US Deal

NAFDAC has clarified that all donated medicines and vaccines supplied under the agreement between the Nigerian and United States governments (USG-GoN) that are not manufactured in the US will be tested for quality, safety, and efficacy. The arrangement is intended to help sustain HIV/AIDS treatment supplies following the exit of the United States Agency for International Development (USAID). The clarification was set out in a statement signed by Director-General Prof. Mojisola Adeyeye.

US-manufactured products approved by the US Food and Drug Administration may benefit from expedited consideration under NAFDAC's existing regulatory-reliance framework, given the stringency of the US regulator's processes.

The Agency stressed, however, that reliance is meant to reduce duplication and speed access, not to weaken safeguards, and that it retains its authority to evaluate applications, inspect products and facilities, conduct risk-based testing, release vaccine lots, and carry out post-market surveillance. It cited the position of Coordinating Minister of Health and Social Welfare, Prof. Ali Pate, to the same effect.

NAFDAC also said it will use its GS1-based Track and Trace system to monitor the movement and distribution of all medical products supplied under the agreement. The system was used to track COVID-19 vaccines and has since been extended to non-COVID vaccines, narcotics, maternal health supplies, and newborn-care commodities. To underline its record, the Agency noted that COVID-19 vaccines were tested at its Yaba laboratory despite WHO clearance, and that antiretroviral, tuberculosis, and malaria drugs supplied through the Global Fund are tested annually.

1.3 NAFDAC Enforces Full Ban on Sachet Alcoholic Drinks

NAFDAC has moved into full enforcement of the Federal Government's ban on alcoholic beverages sold in sachets and in PET or plastic bottles below 200ml, following the expiry of the compliance transition period on 1 January 2026. Director-General Prof. Mojisola Adeyeye confirmed that manufacturers found in violation have been required to sign Irrevocable Enforcement Undertakings through their industry associations, and that enforcement will extend to markets, motor parks, retail outlets, bars, and distribution centres nationwide.

Under the policy, non-compliant products are destroyed at the manufacturer's cost, and affected facilities will not be permitted to reopen until NAFDAC has verified that production lines for the prohibited pack sizes have been dismantled or reconfigured. Companies that default risk continued closure, placement on NAFDAC's Regulatory Watchlist, suspension or revocation of product registration, and prosecution.

The prohibition traces back to concerns first raised in 2018 over the ease with which small, cheap, and easily concealed alcohol packs were reaching children and young people. NAFDAC frames the enforcement drive as a public health measure and is asking the public to report any continued manufacture, distribution, or sale of the banned formats.

1.4 NAFDAC Seizes ₦200 Million Worth of Fake Drink Packaging in Aba

NAFDAC has seized counterfeit packaging materials valued at more than ₦200 million from five shops at Old Court Road Market, Aba, Abia State, in an operation targeting the alleged production of fake alcoholic drinks and other regulated products. The Agency's Investigation and Enforcement Directorate acted on credible intelligence, according to a statement issued on 15 October by Deputy Director and Head of Public Relations, Christiana Obiazikwor.

The seized items included counterfeit labels, corks, and outer packaging bearing the names of popular international and local brands of spirits, wines, and other consumer products, among them Jameson, Glenfiddich, Four Cousins, Lord's Dry Gin, Imperial Blue, and Seaman's Aromatic Schnapps. NAFDAC described the market as a major centre for the alleged production of counterfeit packaging for branded products.

The Agency said its operatives met stiff resistance, threats, and attempts at intimidation from traders, and that the owners of the five shops fled during the operation. The premises have been placed on hold and investigations are ongoing to identify those behind the operation. NAFDAC did not disclose whether any arrests had been made. The seizure highlights the risk that counterfeit products pose to consumers, who may be unable to verify the authenticity or contents of goods sold under established brand names.

1.5 Over Three Million Illegal Pharmaceutical Premises in Nigeria, PSN Warns

The Pharmaceutical Society of Nigeria (PSN) has warned that Nigeria now has an estimated three million unregistered pharmaceutical outlets, against fewer than 50,000 registered premises across manufacturing, importation, distribution, retail, and patent medicine vending. Speaking at the Lagos State chapter's 2026 Pharmacy Scientific Week, chairman Pharm. (Chief) Olaitan Ogunlade traced the problem to a decades-old decision to delegate the licensing of Patent and Proprietary Medicine Vendors to Local Government Areas, effectively creating 774 separate licensing authorities.

Ogunlade called on the Federal Ministry of Health to urgently inaugurate the Pharmacy Council of Nigeria's (PCN) Governing Board in line with the PCN Act, and argued that the board's current composition gives disproportionate weight to community stakeholders over the professionals with the expertise to enforce Good Pharmacy Practice.

He proposed a board anchored by an experienced chairman, registered pharmacists, academics, and directors of pharmaceutical services, alongside representatives of the health ministry, NAFDAC, and pharmacy technicians.

Delivering the conference's keynote on the theme "One Health, One Pharmacy," the PCN Registrar stressed that health crises do not respect professional, sectoral, or geographic boundaries, and called for closer collaboration across medicine, veterinary science, agriculture, and food safety to build a more resilient health ecosystem.

1.6 PSN Calls for Tougher Penalties for Counterfeit Drug Offences

The Pharmaceutical Society of Nigeria is seeking stronger legal measures against counterfeit medicine offences as Nigeria considers amendments to its anti-counterfeit drug legislation. According to media reports published on 20 October 2026, PSN President Pharm. Ayuba Ibrahim Tanko presented the society's position during engagements on the proposed amendments, urging the National Assembly to strengthen the consequences for offenders through measures that include financial penalties, imprisonment, and forfeiture of assets linked to convicted persons.

The proposed amendments are associated with Senate Bill 951 (SB 951), which seeks changes to the legal framework governing counterfeit and fake drugs and unwholesome processed foods. The Senate advanced the bill to second reading in July 2026 and referred it to the Committee on Health (Secondary and Tertiary), which scheduled a public hearing for 8 and 9 October 2026. The outcome of that hearing and the bill's current status have not been confirmed, and the proposals should not be read as law: nothing indicates the amendments have been passed or assented to, and the penalties PSN is advocating are distinct from those already in force.

For the sector, the significance lies in medicine quality, supply-chain integrity, and patient protection. Tougher legislation could strengthen deterrence, but its effect would depend on investigation, prosecution, and coordination among NAFDAC, the PCN, law-enforcement agencies, and the courts, alongside inspection, traceability, and procurement through authorised channels.

Industrial & Manufacturing Developments

2.1 Nigeria's Local Drug Manufacturing Expands as NAFDAC Policies Cut Medicine Imports

NAFDAC says regulatory reforms are driving significant growth in local drug manufacturing and steadily reducing Nigeria's reliance on imported medicines. Director-General Prof. Mojisola Adeyeye shared the figures after her presentation at the Lagos Chamber of Commerce and Industry's Invest in Nigeria Conference and Expo 4.0, reporting that the number of pharmaceutical manufacturers has risen from 174 to 190, and that the ratio of imported to locally manufactured medicines has improved from 70:30 in 2019 to 50:50 in 2025.

She credited the Agency's 5 Plus 5 Regulatory Directive and the Ceiling List Initiative, which restrict the importation of medicines that can be produced locally. The restricted list has grown from nine products in 2020 to 36, producing a reported 70 per cent reduction in imports of the affected products. The policy has also encouraged multinationals to set up in Nigeria or partner with local firms, with companies engaged in contract manufacturing rising from 10 in 2019 to 87 in 2026.

Adeyeye added that 37 existing companies are upgrading their facilities, 28 upgraded plants are already operational, and 16 new pharmaceutical manufacturers and six medical device and in-vitro diagnostics manufacturers have begun operations. Together, she said, these developments have lifted local output by 25 per cent and attracted fresh foreign investment, particularly in medical devices, in line with the Federal Government's Executive Order on strengthening domestic production.

2.2 Nigeria Targets 70% Local Drug Production as Manufacturers Unveil 2026 Expo

Nigeria's pharmaceutical manufacturers have set a target of producing 70 per cent of the country's medicines locally, a goal that headlined the eighth Nigeria Pharma Manufacturers Expo (NPME 2026), billed for 28-29 September in Lagos. NPME Committee Chairman Pharm. Patrick Ajah said the event, expected to draw over 200 exhibiting companies and nearly 10,000 attendees, would serve as a platform for foreign investment, technical partnerships, and local raw-material sourcing.

PMG-MAN's Executive Secretary, Pharm. Frank Muonemeh, cited NAFDAC data showing finished pharmaceutical imports have fallen from 4.03 billion units to 1.13 billion units by 2025, bringing the import-to-local production ratio to roughly 50:50, and noted that NAFDAC has reached WHO Maturity Level 3. He also flagged persistent challenges, including electricity costs that consume more than 40 per cent of manufacturers' income, limited long-term financing, and skills shortages linked to emigration.

Industry figures are calling for an extension of the Presidential Executive Order supporting local manufacturing from two years to five, alongside expanded tax incentives for the local production of active pharmaceutical ingredients and specialised excipients, which currently cover only about five per cent of local manufacturers' needs.

2.3 FG to Commission 11 Pharmaceutical Manufacturing Projects in 2026

The Federal Government says it will commission at least eleven pharmaceutical manufacturing projects in 2026 as part of a broader push to expand local drug production and position Nigeria as a regional manufacturing hub. Abdul Muktar, National Coordinator of the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC), announced the plan at a stakeholders' meeting in Abuja on the IMPACT Project, noting that current investments include diagnostic test-kit facilities in Ogun and Nasarawa states and a technology-transfer deal with Bayer for family planning products in Anambra.

Muktar pointed to four pharmaceutical companies ranking among the Nigerian Exchange's ten best-performing firms in 2025 as evidence of growing investor confidence, and urged manufacturers to look beyond Nigeria's domestic market toward the wider 460-million-strong West African region, a reach he said Nigeria's accession to the African Medicines Agency will help simplify.

The World Bank and the European Union both reaffirmed continued support for the sector: the World Bank has invested a combined $7 million to help manufacturers reach WHO prequalification, while the EU's MAV+ initiative is backing regulatory strengthening and workforce development across six African countries. NIPRD's Director-General, Obi Adigwe, said the IMPACT Project has already trained more than 100 young scientists and professionals to support the local manufacturing ecosystem.

2.4 Nigeria Moves to Reduce $23 Million Pharmaceutical Starch Import Bill

Nigeria's cassava industry is positioning itself to capture a share of the roughly $23 million spent annually on imported pharmaceutical-grade starch, an excipient used as a binder, filler, or disintegrant in tablets and capsules. The Industrial Cassava Stakeholders Association of Nigeria (ICSAN) is encouraging processors to meet drugmakers' quality requirements, arguing that local production would open a new, higher-value industrial market for the crop.

The push builds on work by the Nigerian Natural Medicine Development Agency (NNMDA), which unveiled a plan in December 2024 to develop pharmaceutical-grade starch from local cassava. As of January 2026, Director-General Martins Emeje said the underlying research was 85 per cent complete, with the agency having produced and quality-tested its own starch, and a pilot production facility expected to follow within one to two years.

ICSAN says capturing the import market will require more than higher output; locally made starch must meet strict standards for purity, microbiological quality, performance, and traceability. The association is calling for closer collaboration between cassava processors and drugmakers, with NAFDAC and the Raw Materials Research and Development Council helping producers meet the necessary technical benchmarks.

Public Health Updates

3.1 Ebola: NCDC Urges Calm, Strengthens FCT Surveillance

The Nigeria Centre for Disease Control and Prevention (NCDC) has urged Nigerians to remain calm and rely on verified information following the confirmation of an Ebola disease case in the Federal Capital Territory. In a post on its X platform on Wednesday, the agency said the Federal Government, through the NCDC and relevant health authorities, is strengthening surveillance and response efforts.

The NCDC explained that Ebola spreads through direct contact with the blood or body fluids of an infected person who is sick or has died, as well as through contact with contaminated materials. It stressed that early reporting is critical to saving lives and asked the public to report suspected cases promptly.

The agency also advised Nigerians to seek information only from credible sources and to avoid spreading unverified reports about the outbreak. Suspected cases can be reported through its 24-hour toll-free line, 6232.

3.2 Malnutrition Cases Surge 18% in North-East as Conflict Pushes Children Into Hunger, ICRC Says

Malnutrition admissions at health facilities supported by the International Committee of the Red Cross (ICRC) in North-East Nigeria have risen by 18 per cent in a year, according to the organisation. Admissions at six health centres and four hospitals rose from about 17,000 between January and September 2025 to nearly 20,000 over the same period in 2026, with young children, pregnant women, and breastfeeding mothers bearing the brunt. In Mubi, Adamawa State, admissions climbed by nearly 24 per cent, from about 4,600 to roughly 5,700.

The ICRC attributes the trend to persistent armed conflict, climate shocks, and economic pressure. Insecurity and the threat of explosive devices have restricted access to farmland and markets, cutting food production and household income. The organisation warned that the figures reflect more than 15 years of conflict in the region, and cited UN analysis projecting that more than 34 million people in Nigeria will lack sufficient food in 2026, the highest figure in six years, placing Nigeria among the world's hunger hotspots of highest concern.

Working with the Nigerian Red Cross Society, the ICRC supports primary healthcare centres and hospitals and helps more than 200 communities treat malnutrition and strengthen food security, including through drought- and flood-resilient seeds, crop diversification, and training mothers to prepare nutritious meals from local ingredients. One such intervention, Tom Brown, a blend of sorghum, millet, soybeans, groundnuts, and moringa, has helped more than 13,000 young children recover from moderate acute malnutrition.

Global and Continental Health

4.1 WHO Urges Governments to Give Mental Health Patients a Say in Decisions

Marking World Mental Health Day 2026 on 10 October, the World Health Organisation (WHO) has called on governments and health systems to move beyond listening to people with mental health conditions and give them a meaningful role in shaping the policies and services that affect their lives. Under the theme "Lived experiences heard: real voices, real change," WHO says people with lived experience are too often invited to share their stories but excluded from decisions on treatment, recovery, and access to care.

WHO describes meaningful participation as involvement in designing services, developing policy, evaluating programmes, and holding institutions accountable. A key priority for people with lived experience is a shift away from long-stay psychiatric institutions towards community-based, person-centred care, and WHO will launch practical guidance on deinstitutionalisation. Its Mental Health Atlas 2024 found that only nine per cent of responding countries had fully transitioned to community-based care, while 53 per cent were at an early stage, and 45 per cent reported ongoing collaboration with people with lived experience and caregiver groups.

For Nigeria, the message raises questions about the role of patients, survivors, and caregivers in mental health policy and service delivery. Although the country has a Mental Health Act, questions remain about implementation, availability of services, and whether people can access affordable, respectful care without stigma. Stakeholders note that the challenge is not simply encouraging people to speak about mental illness, but ensuring their voices carry weight when decisions are made.

4.2 Cancer Cases Set to Rise 67% by 2050, GLOBOCAN Warns

The newly released GLOBOCAN 2024 report, compiled by the International Agency for Research on Cancer (IARC), estimates 20.6 million new cancer cases and 9.8 million deaths worldwide in 2024, with annual cases projected to climb to 34 million by 2050, a 67 per cent increase, and deaths projected to rise nearly 80 per cent to 17.5 million. IARC's Freddie Bray noted that one in nine men and one in thirteen women die from cancer, reflecting both differing cancer types by sex and generally poorer outcomes for cancers affecting men.

The report highlights sharp geographic disparities, with incidence rates varying up to threefold and mortality rates up to fivefold between countries. Lung cancer remains the leading cause of cancer death globally, while breast cancer is the most diagnosed cancer among women in 164 countries. In sub-Saharan Africa specifically, breast and cervical cancers together account for more than half of all cancers diagnosed in women, and infection-related cancers drive roughly 80 per cent of preventable cases in the region.

IARC also flagged a critical data gap: only one in three countries reports high-quality cancer incidence data, and just one in four has reliable mortality data, limiting governments' ability to plan services and track progress. The Union for International Cancer Control noted that about half of cancer deaths are avoidable through proven measures such as tobacco control, vaccination, and screening, underscoring the urgency of investment in prevention and early detection across the continent.

4.3 Africa CDC Introduces Training Accreditation Framework as Africa Faces 5.85 Million Health Worker Shortage

The Africa Centres for Disease Control and Prevention (Africa CDC) has introduced a framework to improve the quality, credibility, and recognition of public health training programmes across Africa, as the continent faces a projected shortage of 5.85 million health workers. Announced in October 2026 and developed with the Association of Schools of Public Health in Africa (ASPHA), the framework sets common standards for assessing continuing professional development (CPD) activities. A regional review cited by Africa CDC found that 39 per cent of countries have CPD frameworks, but only 26 per cent have operational systems.

The framework standardises how learning activities are assessed, covering classroom and online courses, fellowships, mentorship programmes, and conferences against criteria such as scientific rigour, relevance to workforce needs, and measurable learning outcomes.

It provides for technical review in collaboration with ASPHA, as well as digital certification and verifiable records of learning. Africa CDC intends to apply it first to its own training programmes, with potential wider adoption by African Union member states.

For pharmacists, the relevance lies in the wider question of structured CPD, though the framework should not be assumed to apply to pharmacy-specific programmes or to replace national requirements. In Nigeria, any wider application would depend on its scope and on recognition by the Pharmacy Council of Nigeria. More broadly, accreditation alone cannot close workforce gaps driven by limited recruitment, financing, migration, and retention challenges; its impact will depend on implementation, institutional recognition, and evidence that accredited training improves competence.

Commentary

The developments in this edition show a healthcare sector pursuing resilience on several connected fronts: tighter oversight of what reaches patients, reduced dependence on imported medicines, and stronger preparedness for public health shocks. NAFDAC features prominently across all three. The Med Safety App relaunch, the full enforcement of the sachet alcohol ban, and the Aba seizure show an agency leaning on a mix of citizen reporting, technology, and field enforcement, while its statement on the Nigeria-US agreement shows it defending regulatory sovereignty even as it embraces regulatory reliance to speed access to donated HIV supplies.

Yet enforcement alone cannot close structural gaps. PSN's warning that unregistered outlets outnumber registered ones by roughly sixty to one, and its push for tougher penalties under SB 951, point to a licensing and legal architecture that has not kept pace with the scale of the problem. The violent resistance NAFDAC met in Aba reinforces the point: counterfeiting is organised and lucrative, and deterrence will depend on investigation, prosecution, and a reconstituted PCN Governing Board with the authority to match its mandate. Notably, the legislative proposals remain proposals; their effect will only be known once the bill's progress and final provisions are confirmed.

On the industrial side, the data now give the local manufacturing agenda real substance. A 50:50 import-to-local ratio, 87 contract manufacturers, a 25 per cent rise in output, and eleven projects due for commissioning suggest that import restriction and incentives are changing investment behaviour.

The cassava starch initiative shows where the next gains lie, in excipients and raw materials. But manufacturers' own figures on energy costs, financing, and skills, along with the narrow reach of existing incentives for APIs and excipients, show that policy ambition still outruns the enabling environment.

The public health stories are a reminder of what resilience is ultimately for. A confirmed Ebola case in the FCT demands rapid surveillance, clear communication, and public trust, all of which depend on the same institutional capacity the manufacturing and regulatory reforms seek to build. The 18 per cent rise in North-East malnutrition admissions shows how conflict and food insecurity can overwhelm health services regardless of drug supply, while WHO's call for mental health patients to have a real voice, the GLOBOCAN projections, and Africa CDC's accreditation framework all point to the same underlying need: well-financed, well-staffed health systems that are designed around the people they serve.

Overall, the policy direction is clear and increasingly ambitious. The persistent challenge remains implementation: converting targets, bills, and frameworks into reliable enforcement, affordable medicines, and measurable health outcomes.

Conclusion

This edition of Vital Signs captures a sector working to tighten the safety net around medicines already in circulation, build the domestic industrial base needed to reduce import reliance, and respond to public health pressures that do not wait for reform to mature. From an upgraded reporting app and counterfeit seizures to a coordinated manufacturing push and a confirmed Ebola case, the common thread is the need for institutions that can act quickly, credibly, and at scale.

Whether these initiatives deliver lasting impact will depend on follow-through: reforming the licensing structures that allow illegal premises to proliferate, securing the passage and enforcement of stronger counterfeiting laws, translating manufacturing gains into consistently affordable and available medicines, and ensuring that workforce, nutrition, and mental health needs receive the same attention as industrial policy. Nigeria's ability to align regulatory rigour, industrial ambition, and people-centred care will be a key test of its health security agenda in the months ahead.

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