DRASA Health Trust

2025 ANNUAL REPORT



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ABBREVIATIONS & ACRONYMS

A

AFENET	African Field Epidemiology Network
AGM	Annual General Meeting
AMCE	African Medical Center of Excellence
AMR	Antimicrobial Resistance
ANPMP	Association of Nigerian Private Medical Practitioners
APHCF	Africa Primary Healthcare Forum

C

CAC	Christ Apostolic Church
CBS	Community-Based Surveillance
CHH	Community Health and Hygiene
CICaPS	Centre for Infection Control and Patient Safety
CPD	Continuing Professional Development
CSOs	Civil Society Organizations
CVCNU	Committee of Vice Chancellors of Nigerian Universities

D

DRASA	Dr. Ameyo Stella Adadevoh Health Trust
DSNOs	Disease Surveillance and Notification Officers

E

EHOAN	Environmental Health Officers Association of Nigeria

F

FCT	Federal Capital Territory
FHI360	Family Health International 360
FMEnv	Federal Ministry of Environment
FMoH&SW	Federal Ministry of Health and Social Welfare
FSO/ FSOs	Food Safety Officer(s)

G

GAP	Good Agricultural Practices
GAVI	Global Alliance for Vaccines and Immunization
GHP	Good Hygiene Practices
GMP	Good Manufacturing Practices

H

HACCP	Hazard Analysis and Critical Control Points
HAIs	Healthcare-Associated Infections
HH	Hand Hygiene
HR	Human Resources
HS	Health Security

I

ICAN	Infection Control Africa Network
IDP	Individual Development Plan
IPCAT-MR	IPC Assessment Tool Minimum Requirements
IEC	Information, Education and Communication
IG	Instagram
IHVN	Institute of Human Virology Nigeria
IPC	Infection Prevention and Control

J L M N O P R S T U

JSS3	Junior Secondary School 3
LGA/ LGAs	Local Government Area(s)
LMS	Learning Management System
LMIC/ LMICs	Low- and Middle-Income Country / Countries
M&E	Monitoring and Evaluation
MERL	Monitoring, Evaluation, Research and Learning
NAP	National Action Plan
NASCP	National AIDS and STDs Control Programme
NCDC	Nigeria Centre for Disease Control and Prevention
NGO/ NGOs	Non-Governmental Organization(s)
NPHCDA	National Primary Health Care Development Agency
NSIC	Nigerian Society for Infection Control
NPS&CQ	National Patient Safety and Care Quality
NTA	National Television Authority
ODK	Open Data Kit
OHSP	One Health Strategic Plan
OiC/ OiCs	Officer(s)-in-Charge
PPE	Personal Protective Equipment
PHC/ PHCs	Primary Healthcare Centre(s)
PHCB	Primary Healthcare Board
PSN	Pharmaceutical Society of Nigeria
RANI	Resilience Action Network International
SCOPED	Strengthening Community Participation for Disease Prevention and Early Detection
SDGs	Sustainable Development Goals
SEO	Search Engine Optimization
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SWF	Skoll World Forum
TASO	Turn-A-State-Orange
UHC	Universal Health Coverage
USCDC	United States Centers for Disease Control and Prevention
USG	United States Government
USD	United States Dollar

W

WAAW	World Antimicrobial Awareness Week
WHO	World Health Organization

Y

Youth PALLI	Youth for Pandemic Alliance



2. About DRASA Health Trust:

Dr Ameyo Stella Adadevoh (DRASA) Health Trust is a public health nonprofit founded in memory of Nigeria's Ebola heroine whose decisive stand and sacrifice in the face of the deadly Ebola virus saved millions. Our work combines grassroots participation with government partnerships to drive comprehensive, lasting change. We are developing a network of Health Champions who are catalysts of change while simultaneously working with federal, state and local institutions to shape public policy and institutionalize disease prevention.

We believe that healthier communities begin with informed people, accountable institutions, and strong systems and this is reflected across our four program areas: Antimicrobial Resistance (AMR), Community Health and Hygiene (CHH), Health Security (HS), and Infection Prevention and Control (IPC).

- On Antimicrobial Resistance (AMR), we are mainstreaming AMR education in secondary schools to build lifelong prevention habits among youth.
- Our work on Community Health and Hygiene (CHH) involves equipping individuals to become Health Champions who work closely with their local authorities to promote healthy behaviors, prevent illnesses, and quickly detect diseases.
- For Health Security (HS), we are embedding youth and civil society in health governance structures to strengthen preparedness and response systems, making them more inclusive and data-driven.
- Under Infection Prevention and Control (IPC), we are institutionalizing local infection control systems in hospitals, clinics, and primary healthcare centers to drive safer, higher-quality care.

From the Managing Director's Desk



2025 was the year we marked ten years since DRASA was founded in memory of Dr. Ameyo Stella Adadevoh and in service of a mission to ensure that disease prevention is taken seriously, institutionalized, and made part of everyday life.

Reaching this ten-year milestone gave us reason to celebrate a decade of impact, growth, and achievement. It allowed us to reflect on how far we have come. It also pushed us to ask harder questions about how to sustain the organization and work to endure, adapt, and remain useful in a changing world. This was especially important because 2025 unfolded against a much more uncertain funding landscape for nonprofits and public health organizations globally. The year began with the shockwaves of major donor shifts and funding cuts as well as the close of DRASA's 2023–2025 strategic plan. Rather than treat that convergence as a disruption, we chose to take it as an opportunity to sharpen our focus on impact and sustainability and so in 2025, we made an important strategic shift.

We refined our programmatic approach into four sustainable, systems-change oriented models across our core areas of work: Antimicrobial Resistance (AMR), Community Health and Hygiene (CHH), Health Security (HS), and Infection Prevention and Control (IPC). We challenged ourselves to focus only where DRASA had been most catalytic, where our work had the strongest pathway to sustainability, and where we could help embed solutions into systems, structures, and everyday practice. Our aim was to streamline our work and hone in on building the models that government and communities could own, sustain, and scale over time.

Alongside our program shift, we refined our partnerships and fundraising strategy, explored alternative revenue pathways, deepened our focus on local resource mobilization, and unveiled the DRASA Endowment Fund and the long-term vision of the DRASA Academy.

Even with that broader repositioning ongoing, 2025 was a year of meaningful action and strong results.

Across our four program areas, DRASA identified and equipped 201 Health Champions and reached 27,665 people. We led important national public health milestones, including the development and launch of Nigeria's National AMR Surveillance Data Sharing Strategy for Decision Makers and supported the dissemination of the National Patient Safety and Care Quality Policy and Implementation Strategy.

In AMR, we continued to invest in students as credible drivers of change. We supported the establishment of seven university AMR Clubs across five states, creating sustainable, student-led platforms that reached 27,416 people with AMR education and advocacy. In total, we reached 27,457 people through our AMR packages of intervention. We also launched the SayAMR Language Hackathon, a bold initiative to develop culturally grounded AMR terminology in four

Nigerian languages. Our aim is to advance a model of public health communication and education that is more inclusive, more locally resonant, and ultimately more effective.

In CHH, we continued to strengthen prevention at the community level. Research indicates that food safety practices in Nigeria fall short of international standards, primarily due to a lack of technical expertise and poor enforcement of food safety legislation by regulatory agencies. In Oyo State, we trained 126 Food Safety Officers to strengthen food safety surveillance and enforcement capacity which led to significant improvement in knowledge, and understanding of key food safety and hygiene principles which have now been established in their localities. We also advanced the Strengthening Community Participation for Disease Prevention and Early Detection (SCOPED) model, which grew from our earlier community work and reflects our belief that communities should not only report disease threats, but also be equipped to prevent them. In 2025, SCOPED focused on co-creation and stakeholder buy-in across multiple states, laying the foundation for a more sustainable model of community participation in disease prevention and early detection.

In HS, we deepened our investment in youth participation and systems strengthening through the launch of Youth for Pandemic Alliance (PALLI) Fellowship, supporting a new generation of 34 public health leaders to engage more meaningfully with governance, preparedness, and One Health thinking. This is part of our broader conviction that resilient health systems cannot be built without inclusive leadership and stronger bridges between communities, young professionals, and public institutions. Through the fellowship and related engagement activities involving volunteer facilitators, nonprofit organizations, and government stakeholders, we reached 58 individuals in 2025, strengthening capacity and collaboration for improved health security outcomes.

In IPC, we continued to push for safer care as a core part of health system strengthening. We supported 7 primary healthcare facilities in Lagos to improve hand hygiene and IPC performance, delivered tailored IPC training at the African Medical Centre of Excellence for 165 health workers, and in collaboration with Nigeria Center for Disease Center (NCDC), launched Nigeria's official self-paced IPC e-learning course, a free online course developed to strongly demonstrate that IPC trainings reduces HAIs and AMR by 37-70% and are cost effective irrespective of the level of income of a country. This course will equip healthcare workers with updated IPC training, strengthens compliance with IPC standards to reduce healthcare-associated infections (HAIs).

And then, of course, there was **DRASA@10.**

We marked our 10th anniversary with a commemorative hybrid event attended by our donors, partners, government representatives, Health Champions, supporters, and friends of DRASA. The event highlighted our journey from where we started, where we have been, where we are today, and where we are headed. We honored the courage that started our organization, acknowledged the many people who have built it with us, and recommitted ourselves to the future. Key outcomes from the event included a strong stakeholder consensus on advancing multi-sectoral collaboration, prevention-focused health security through clear policy priorities, which resulted in the development of our policy brief and a communiqué. The event also marked the launch of the DRASA Endowment Fund, aimed at supporting sustainable financing for public health, including the establishment of a Public Health Emergency Preparedness Fund.

I am deeply grateful to our team, Board, partners, donors, government partners, Health Champions, and the communities who continue to trust us. In a year that required difficult reflection and

important choices, our supporters showed up with commitment and resolve to keep pushing.

We are closing 2025 clearer about our position as an institution making disease prevention practical and durable. We are invested in proving that public health impact is strongest when it is both community-rooted and system-shaped.

Thank you for journeying with us.

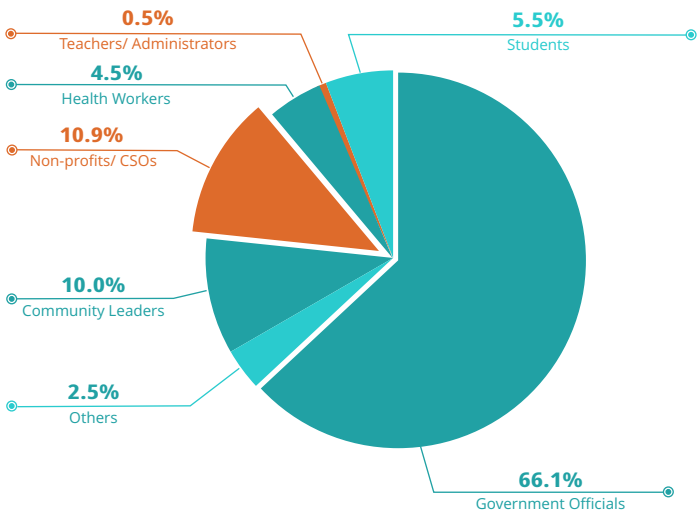


YEAR 2025 AT A GLANCE: IMPACT NUMBERS

DRASA is driving change, championing health, and preventing the spread of diseases in Nigeria. Strategic partnerships with federal and state ministries, government agencies, private sector companies, international organizations, academic institutions, and United Nations agencies have enabled DRASA to scale impact and make significant progress towards a safer and more resilient health system in Nigeria. Some cumulative highlights from DRASA's work as of 2025 include:

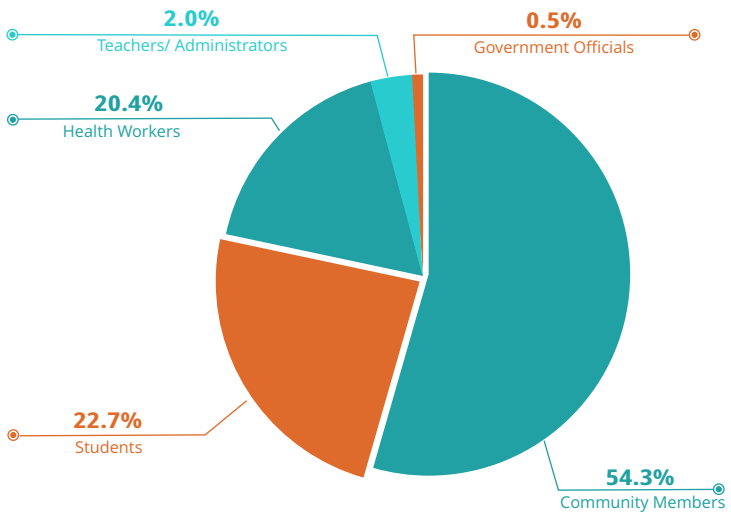
- **201 Health Champions** identified and developed across the four program areas (AMR, CHH, HS, and IPC) of DRASA.
- Among the 201 champions, 4.5% were health workers, 0.5% were teachers and administrators, 5.5% were students, 66.1% were government officials, 10.9% were Non profits/CSOs, 10% were community leaders, while the remaining 2.5% were in other categories.

201 Health Champions Developed in 2025



- 27,665 persons reached across the four program areas (AMR, CHH, HS, and IPC) of DRASA.
- Among the total reached, 20.4% were healthworkers, 2% were teachers and administrators, 22.7% were students, 0.5% were government officials, while the majority, 54.2%, were community members.

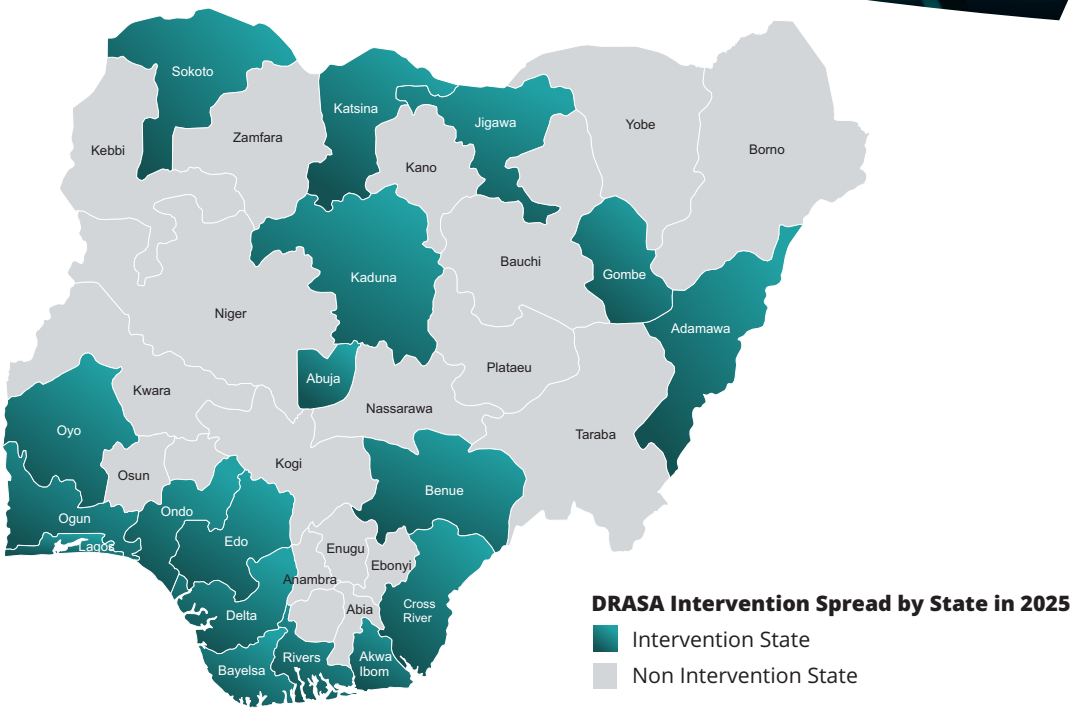
27,665 Persons Reached in 2025



- **Nigeria's National AMR Surveillance Data Sharing Strategy for Decision Makers** developed and launched.
- **The National Patient Safety and Care Quality Policy and Implementation Strategy** disseminated.

WHERE WE WORKED IN 2025 AND OUR STRATEGIC FOCUS





Considering the changes within the global development space, we repositioned our programmatic approach at DRASA. This is not a departure from our current focus, but a reframing and strategic pivot in response to the realities we face. Our shift therefore included a refinement of our work across the four program areas into four new program models. These models focus on the most sustainable systems change efforts. Our goal is to continue working with the government on refining our solutions and models, closely monitor and track each solution's impact, and transition its management and operations to the government or communities. Our new models include developing Health Champions for Antimicrobial Resistance (AMR), Community Health and Hygiene (CHH), Health Security (HS) and Infection Prevention and Control (IPC).



DRASA Health Trust

SPOTLIGHT OF OUR WORK ON

ANTIMICROBIAL RESISTANCE (AMR)

6.1 Youth as Change Agents for AMR: Establishing University AMR Clubs

6.1.1 Background

Despite the growing burden of antimicrobial resistance (AMR) in Nigeria, awareness and practical engagement remain limited at the grassroots level, particularly within tertiary institutions. The youth, despite being critical drivers of social change, remained largely uninvolved in structured AMR action. Establishing AMR Clubs addressed this gap by creating sustainable, student-led platforms for education, advocacy, and community engagement, directly aligning with the country's AMR NAP 2.0 priority on awareness and education.

6.1.2 Timeline

DRASA supported the establishment of seven new AMR university clubs between October 2024 to April 2025, using a phased approach. Activities included participant onboarding, webinars, self-paced learning, mentorship, and AMR Club establishment. Community outreach activities peaked during World Antimicrobial Resistance Awareness Week, followed by end-of-year reporting, evaluation, and learning to inform future cohorts.

6.1.3 Location

The initiative took place across multiple Nigerian states, in seven universities in Ogun, Benue, Ondo, Gombe, and Katsina. Activities extended beyond campuses into schools, hospitals, marketplaces, and religious institutions, enabling AMR awareness and education in diverse community settings and strengthening grassroots engagement in Nigeria.

6.1.4 Partners

DRASA partnered with the AMR Intervarsity Training Program, a youth-led initiative advancing AMR education. Academic mentors, global health experts, participating universities, and community stakeholders supported training, mentorship, and outreach activities. This initiative aligned with Nigeria's One Health National Action Plan on AMR 2.0, reinforcing collaboration with national and community-level actors.

6.1.5 Goals and Objectives

The initiative aimed to upskill university students as AMR champions and institutionalize youth-led AMR stewardship. Specifically, it sought to:

- Build AMR knowledge and advocacy skills;
- Establish functional AMR Clubs;
- Support campus and community outreach;
- Ensure sustainability through mentorship and funding support



Youth Health Champion Engaging a Market Vendor

6.1.6 Key Activities

The project implemented a structured combination of capacity building, mentorship, and practical action to establish and activate university AMR Clubs. Participants completed 20 training modules delivered through 18 live webinars and supported by self-paced learning.

This was complemented by interdisciplinary group work and sustained mentorship from seven experts in AMR, global health, and public health practice. Clubs received technical guidance and seed funding to support formal registration, governance, and design and implementation of campus and community-based awareness activities. Outreach interventions were tailored to local contexts and delivered in schools, health facilities, markets, and religious institutions using youth-led, participatory approaches to educate and promote responsible antimicrobial use.

6.1.7 Quantitative Outcomes

The initiative resulted in the establishment of seven functional AMR Clubs across five states in Nigeria. The clubs had a total of 564[1] members who conducted 38 activities in diverse settings, including schools, health centres / hospitals, religious institutions, and open markets. These activities engaged 27,416 people through quizzes, talks, and live demonstrations to increase AMR awareness and promote better stewardship of antimicrobials.

6.1.8 Qualitative Outcomes

Students became more confident in engaging health workers and community members on the use of antimicrobials. *"Their enthusiasm and commitment to addressing AMR in their local context stood out."* - Yusuff Adebayo Adebisi, Global Health Focus, Mentor, Federal University of Technology, Akure. *"I now understand how to explain AMR simply to my community."* - AMR Club Lead, Federal University of Agriculture, Abeokuta.

The community engagement activities also revealed improved understanding of the dangers of antibiotic misuse, particularly in community settings where misconceptions are common. *"I never knew that misusing antibiotics could be dangerous. I'll be more careful now."* - A JSS3 student, CAC Grammar School, Akure.



Participants at the AMR Awareness Walk in Babcock University.

6.1.9 Challenges

The initiative faced several challenges from academic schedules and limited student availability, to frequent rescheduling of activities. Institutional bureaucracy and varying club registration requirements across universities delayed approvals in some locations, while limited baseline understanding of AMR among institutional and community stakeholders affected access and buy-in.

6.1.10 Lessons

The project generated several key lessons. Community engagements are effective when activities are tailored to local contexts and informed by stakeholder input. Sustained and simplified AMR education in local languages, when possible, proved essential, particularly for non-health students and community audiences with limited prior exposure to AMR concepts. Proactive planning around academic calendars helped reduce disruptions, while strong institutional support from university authorities and club patrons was critical to successful implementation.

[1] The 564 members of the clubs include: Gombe State University - 213; Federal University of Agriculture, Abeokuta - 68; University of Medical Sciences, Ondo - 102; Umaru Musa Yar'adua University, Katsina - 11; Federal University of Technology, Akure - 75; Benue State University, Makurdi - 10; and Babcock University, Ilishan-Remo - 85.

The community engagement activities of the AMR Clubs demonstrated the potential of youth-led interventions to drive tangible impact beyond university campuses. Clubs conducted outreach in schools, health centres, markets, and religious institutions, using interactive approaches to raise awareness about responsible antimicrobial use.

Testimonials from both students and community members highlighted improved understanding of antibiotic use, early adoption of better hygiene practices, and increased inquiry about safe medication use, reinforcing the value of structured, youth-led AMR advocacy as a scalable model for national outreach.

6.1.11 Sustainability, Scale and Next Steps

The AMR Club model informs DRASA's 2026 youth engagement strategy, shifting toward fewer but deeper institutional partnerships, standardized advocacy toolkits, and integration of a harmonized AMR content into secondary schools curricula.

6.2 Launch of the National SayAMR Language Hackathon

6.2.1 Background and Rationale

Antimicrobial Resistance (AMR) remains a major public health threat, contributing to an estimated 4.95 million global deaths in 2019, with Nigeria accounting for over 64,500 AMR-attributable deaths. Despite the scale of the problem, AMR communication in Nigeria is largely framed in technical English, creating a critical knowledge gap at community level. Language barriers limit understanding, ownership, and behaviour change, particularly among grassroots populations. DRASA and our partners initiated the SayAMR Language Hackathon to address this gap by embedding AMR concepts within Nigeria's linguistic and cultural realities, directly advancing Strategic Objective 2 of the One Health National Action Plan (NAP) on AMR 2.0.

6.2.2 Timeline and Location

DRASA Health Trust launched the SayAMR Language Hackathon with a national press conference held on 10 October 2025 in Abuja, Nigeria. The launch marked the formal commencement of a multi-phase initiative that continues beyond 2025.

6.2.3 Key Partners

The Hackathon is implemented by DRASA Health Trust, in collaboration with the Nigeria Centre for Disease Control (NCDC), the Centre for Infection Control and Patient Safety (CICaPS) and the Committee of Vice Chancellors of Nigerian Universities (CVCNU), with engagement from universities, media organisations, WHO technical experts, civil society organizations, student associations, and AMR youth networks, among others.

6.2.4 Goals and Objectives

The overall goal is to foster collaboration among linguists, health professionals, youths, and cultural advocates across the country to develop standardised, culturally relevant, and nationally accepted AMR terminologies in Hausa, Igbo, Pidgin English and Yoruba. The initiative also aims to establish a replicable methodology for consensus-building around public health terminology and to strengthen future AMR communication strategies.

6.2.5 Key Activities and Approach

A half-day press conference formally launched the Hackathon, combining high-level advocacy, technical framing, and youth engagement. Activities included keynote addresses by national AMR leaders, goodwill messages from public health and youth representatives, a survivor testimony to humanise AMR, and an interactive media Q&A. A distinctive feature was the positioning of language as a technical and behavioural tool, not merely a communication aid. Post-launch, DRASA conducted information sessions during the application window to guide participants and improve submission quality.



A Cross-Section of the Attendees

6.2.6 Quantitative Outcomes

The launch reached a national audience through extensive print, television, and online media coverage, with nine national outlets publishing feature stories. The event directly engaged journalists, public health experts, AMR university club representatives, students, and policymakers, and secured formal commitments from university leadership to mobilise student participation nationwide.

6.2.7 Qualitative Outcomes

Stakeholder feedback reflected strong public buy-in for indigenous-language health communication. As Prof. Andrew Haruna, Secretary General of CVCNU (Abuja), noted: *"This initiative provides a practical pathway for universities to contribute meaningfully to national AMR priorities."* A student participant added: *"For the first time, AMR feels like something we will be able to clearly explain to our parents and communities."*



A Cross-Section of DRASA Abuja Team

6.2.8 Sustainability, Scale and Next Steps

The Hackathon will be amplified through coordinated government, academic, and media networks, informing DRASA's 2026 community-centred AMR communication model. Outputs will contribute to long-term national AMR awareness, reinforcing DRASA's vision of culturally grounded, systems-oriented public health advocacy.

The SayAMR Language Hackathon positions language as infrastructure for health equity, an approach with relevance beyond AMR. In addition, it reinforces multisectoral collaboration across AMR advocacy spaces.


SayAMR
HACKATHON
DRASA
SayAMR
Language
Hackathon
Launch Event
What is AMR in
Your Language?
Simplifying AMR, One Language at a Time



SPOTLIGHT OF OUR WORK ON

COMMUNITY HEALTH AND HYGIENE

7.1 Strengthening Capacity of Food Safety Officers to Enhance Food Security and Surveillance Systems in Oyo State, Nigeria

7.1.1 Background

Foodborne diseases remain a major public health challenge globally and in Nigeria, with over 200,000 deaths annually linked to contaminated food. Low technical capacity among Food Safety Officers (FSOs), insufficient training, inadequate tools, and weak enforcement of food safety regulations have hindered the country's efforts to meet international food safety standards. This is why DRASA embarked on Strengthening the Capacity of Food Safety Officers to Enhance Food Security and Surveillance Systems in Oyo State, Nigeria. The training enhanced the skills and knowledge of FSOs, aligning with Nigeria's National Policy on Food Safety and contributing to improved food security and surveillance systems.

7.1.2 Timeline and Location

DRASA conducted the training over a four-day period from 8th to 11th April 2025, structuring it into two cohorts, for intensive participation and engagement from all selected officers. The training took place at the Local Government Service Commission Hall, Oyo State Secretariat, Ibadan, Oyo State, providing a central and accessible venue for participants from 11 Local Government Areas across the state.

7.1.3 Key Partners

DRASA collaborated with the Federal Ministry of Environment (FMEnV) and the Oyo State Ministry of Environment and Natural Resources, with technical guidance from experts from the University of Ibadan, the Environmental Council of Nigeria and the Environmental Health Officers Association of Nigeria (EHOAN). The activity received support from the office of the Honourable Commissioner for Environment, and the Permanent Secretary, both of Oyo State.

7.1.4 Objectives

The project aimed to:

- Strengthen the capacity of at least 100 FSOs with technical knowledge, skills, and tools required for effective food safety inspection, regulatory enforcement, surveillance, and outbreak investigation.
- Increase knowledge among FSOs in Oyo State by 50% by the end of Quarter 2, 2025, enabling effective inspections and enforcement of food safety laws.



Food Safety Officers trained by the DRASA Team in Oyo state

7.1.5 Key Activities

DRASA implemented the 4-day training, combining didactic teaching, practical demonstrations, and audio-visual materials. The curriculum covered food safety standards, hygiene, surveillance of foodborne diseases, outbreak investigation, and management systems including Hazard Analysis and Critical Control Points (HACCP), Good Hygiene Practices (GHP), Good Manufacturing Practices (GMP), and Good Agricultural Practices (GAP). Participants engaged in interactive group work, case studies based on past outbreaks, and hands-on exercises such as using food thermometers for temperature monitoring. Pre- and post-tests assessed knowledge acquisition, and daily

evaluations provided feedback for continuous improvement. Stakeholder engagement included advocacy visits, planning meetings, and curriculum review by experts.

7.1.6 Quantitative Outcomes

DRASA trained 126 Food Safety Officers across 11 local government areas, strengthening frontline capacity for food safety regulation and enforcement. The training produced a significant improvement in knowledge, with average scores rising by 55.91 percent between pre- and post-tests (mean score increased from 8.68 to 13.53; $p<0.05$). Participants represented diverse professional cadres, including Principal Environmental Health Officers, Chief Environmental Officers, Deputy Directors, and Directors. By targeting officers directly responsible for food safety monitoring and enforcement, the training ensured practical impact. Participants reported that the engagement was highly relevant and immediately applicable to their day-to-day responsibilities.



The training demonstrated how to deploy food thermometers for temperature monitoring.

7.1.7 Qualitative Outcomes

Participants actively applied learning through group exercises and discussions, demonstrating understanding of critical control points, outbreak investigation, and surveillance processes. One participant noted, *"Using the food thermometer in practice helped me understand how to monitor food safety effectively in the field"* (F. O. Adeyemi, FSO, Ibadan). Officers also raised concerns about reporting lines, equipment availability, and policy gaps, highlighting actionable areas for improvement in food safety enforcement.

7.1.8 Challenges

Late arrivals on the first day disrupted the schedule and led to delayed session starts. In addition, limited access to tools and equipment constrained practical demonstrations in some locations, reducing opportunities for hands-on learning.

7.1.9 Lessons

> Incorporating hands-on practical sessions reinforced learning, and supported field application. In addition, establishing clear participant criteria ensured relevant engagement by all attendees.

Needs assessments tailored both practical and theoretical contents to participants' experience levels. Advance preparation and review of training materials prevented content overlaps. Finally, engagement of multiple stakeholders early in the planning process helped to secure buy-in, facilitated participant selection, and strengthened overall support for the training.

7.1.10 Sustainability, Scale and Next Steps

> Further illustrating the impact of the training, participants recommended extending the training to Food Safety Officers in the 22 remaining LGAs in Oyo State and to other states, aiming to institutionalize continuous professional development and strengthen food safety enforcement.

DRASA is developing advocacy materials and policy briefs highlighting training findings and recommendations such as these, for routine FSO capacity building. The organization will advocate for government budget allocation to sustain subsequent trainings. The training reinforced DRASA's model of integrating interactive learning, stakeholder engagement, and practical exercises to build technical capacity.



...training demonstrated how to deploy food thermometers ...temperature monitoring.

stakeholder engagement, and practical exercises to build technical capacity.

7.2 Strengthening Community Participation for Disease Prevention and Early Detection (SCOPED) Advocacy

7.2.1 Background

Communities are often the first to experience disease outbreaks, making their involvement essential in prevention and early detection. The Strengthening Community Participation for Disease Prevention and Early Detection (SCOPED) model was born out of the Strengthening Community Knowledge and Response on Infectious Diseases Prevention (SCKaR - IDP) project, which was piloted in two Local Government Areas (LGAs) in Lagos State. The results and findings from the SCKaR-IDP project highlighted the need to improve Community Based Surveillance (CBS) using our tested Health Champions model while also incorporating disease prevention at its core. This SCOPED model is thus designed to enhance community capacity to identify, report, and prevent infectious diseases, aligning with the National Community-Based Surveillance (CBS) strategy. Given the gaps in local surveillance, low reporting rates, poor prevention practices, and varying community engagement levels across states, DRASA is implementing SCOPED to strengthen local health systems and promote preventive behaviours.

7.2.2 Timeline and Locations

The co-creation of SCOPED with our government partners began in Quarter 2 and included curriculum development and development of baseline assessment tools, while advocacy activities took place in Quarter 3. Advocacy engagements with key stakeholders were successfully conducted in Abuja (FCT) and Ibadan (Oyo State), while looking forward to its continuation in 2026, to include Enugu State.

7.2.3 Key Partners

DRASA Health Trust led activities in collaboration with the Nigeria Centre for Disease Control and Prevention (NCDC). Key stakeholders included state-level health officials, the FCT Epidemiologist, FCT DSNO, and the Director of Public Health, Oyo State. Other partners included local community structures and ward development committees.

7.2.4 Goals

The primary aim of SCOPED in 2025 was to secure stakeholder buy-in and co-create strategies to strengthen community-based surveillance in a way that would be sustainable and scalable. We sought to train community members as Health Champions, enhance reporting mechanisms, and embed sustainability measures for continued disease prevention at the local level.

7.2.5 Key Activities

SCOPED activities included advocacy meetings with state health officials to discuss effective implementation strategies, intervention alignment with state priorities, and sustainability measures. DRASA developed a draft training curriculum for community members and baseline assessment tools, including questionnaires and interview guides for focus group discussions and key informant interviews. Stakeholders provided input on Local Government Area (LGA) selection, monitoring mechanisms, and priority health challenges such as open defecation and waste management.

7.2.6 Quantitative Outcomes

The SCOPED intervention successfully engaged over 10 key state-level health officials/decision-makers across FCT, Enugu and Oyo States, ensuring high-level buy-in and technical guidance. The initiative was designed to be implemented across three carefully selected LGAs spanning the three target states, laying the groundwork for a structured and measurable impact on community-based disease prevention.

7.2.7 Qualitative Outcomes

Stakeholders expressed support for SCOPED and highlighted its alignment with state surveillance goals. Dr. Babatunde Akintunde (Director of Public Health, Oyo State) noted, *"This program keys into what the state is doing to achieve its surveillance goals."*

7.2.8 Lessons

The SCOPED intervention highlighted the importance of tailoring approaches to local contexts, as one-size-fits-all strategies are often ineffective across diverse states and communities. Engaging stakeholders early in the co-creation process proved critical for ensuring SCOPED meets local needs, securing acceptance at all levels, fostering collaboration, and ensuring the sustainability of project activities. The active participation of community members in the process strengthened their sense of ownership. Utilizing formal channels of communication enhanced the credibility of the intervention and facilitated cooperation with government authorities. Finally, establishing continuous feedback mechanisms allowed DRASA and our government partners to refine the intervention design in real time, ensuring responsiveness to emerging needs and challenges.



The SCOPED project included advocacy meetings for implementation strategies, intervention alignment, and sustainability measures.

7.2.10 Sustainability, Scale and Next Steps

Next steps include formal engagement with Enugu State stakeholders and conducting baseline assessments across all intervention LGAs. The lessons from these activities will inform DRASA's 2026 strategy, emphasizing context-driven, community-centered approaches to infectious disease prevention and scalable CBS strengthening.



Stakeholders ready for implementation of the SCOPED model



DRASA Health Trust

SPOTLIGHTS OF OUR WORK ON

HEALTH SECURITY

8.1 Youth for Pandemic Alliance (Youth PALLI) 2025

8.1.1 Background

Communities remain vulnerable to pandemics and AMR due to gaps in coordinated public health responses and limited youth engagement in governance. Nigeria's 70% youth population is the largest in Africa (NBS, 2024), presenting huge potential for social and economic transformation. While many youth-led initiatives have shown immense potential in driving grassroots advocacy, education, and community participation in AMR mitigation and epidemic preparedness, these efforts are often fragmented and under-represented in public health policy decisions. A baseline assessment featuring 21 members of youth-led organizations and student-led clubs revealed, amongst others, limited institutional capacity such as exclusion from policy engagement and disparities in knowledge and integration of One Health principles in program design and implementation. These findings led to the establishment of the Youth for Pandemic Alliance (Youth PALLI), a fellowship program whose members are known as Youth PALLI Fellows.

Youth PALLI aims to strengthen community resilience against pandemic emergencies and AMR through a youth-driven, multisectoral collaboration for advocacy and policy action at national and subnational levels. Our strategies include the following:

- Stakeholder mapping to identify youth networks, government stakeholders and technical partners;
- Development of an evidence-based training curriculum and the delivery of a 6-module training program;
- Collaborative campaigns for youth-driven one health integrated interventions;
- Strategic engagement with government stakeholders to develop a framework for youth participation in national One Health governance and coordination structure.

Strengthening youth participation in One Health leadership, the Youth PALLI initiative advances Nigeria's One Health Strategic Plan (OHSP) goal of institutionalizing a sustainable multisectoral platform and supports the National Action Plan on AMR (NAP 2.0). It also contributes to Sustainable Development Goals (SDGs) 3, 12, and 17, promoting health, responsible practices, and effective partnerships. Youth PALLI strengthens national engagement by collaborating directly with government stakeholders, particularly the Nigerian Centre for Disease Control (NCDC), which actively supports the initiative.

8.1.2 Timeline and Location

The Youth PALLI initiative began with a co-creation workshop and baseline assessment in March 2025. The call for application was rolled out in July 2025, receiving 121 applications from youth with diverse backgrounds including animal, environmental and human health, and social sciences. The virtual training sessions held for the inaugural cohort from August - November 2025. The selected fellows comprised 30 young public health professionals and advocates from youth-led organizations, student-led clubs, public and private institutions representing 14 states in Nigeria. All modules of the six-part training curriculum were completed in three months, marking the culmination of the initial training cycle.

8.1.3 Key Partners

DRASA collaborated with key stakeholders including Youth PALLI Champions, community members, technical partners, and One Health Officers from Government Ministries, Departments and Agencies, to implement Youth PALLI. The initiative fostered multisectoral collaboration on pandemic preparedness,

antimicrobial resistance (AMR), and One Health governance.

8.1.4 Goal

The Youth PALLI aims to strengthen the One Health leadership skills of young public health professionals, facilitate youth-inclusive policy dialogue at national and subnational levels, and establish sustainable structures for youth participation in emergency preparedness and AMR response.

8.1.5 Key Activities

Through Youth PALLI, DRASA conducted a co-creation workshop to understand the profiles, capacities, and aspirations of participating youth organizations. The insights generated from the baseline report informed the development and delivery of a six-module training curriculum for the inaugural cohort, targeting identified knowledge gaps in global security technical areas and other institutional capacity needs. The following modules were covered:

1. Overview of Global Health Security and AMR;
2. AMR Behavior Change Communication;
3. Health Emergency Preparedness and
4. Response (HEPR);
4. One Health leadership and governance;
5. Policy advocacy and system thinking;
6. Grant writing.

The virtual training sessions were delivered using appropriate adult learning methods that enhanced the learners' experience. Fellows actively participated in plenary discussions, group activities, and pre-post session assessments, using collaboration tools such as Zoom, Google Workspace, Mentimeter and Slido.

We also worked with the NCDC to secure institutional support, culminating in the appointment of a national One Health Focal Person. The Focal Person working with the mandate from the DG, NCDC, was instrumental in enlisting the support of the other One Health ministries and departments to ensure policy alignment and provide technical guidance for project implementation. Looking forward, DRASA will work with the One Health Focal Person and other nominated government stakeholders to facilitate the review of relevant policies and plans, building consensus on policy recommendations for youth integration into Nigeria's health security plans.

8.1.6 Quantitative Outcomes

The Youth PALLI initiative trained 30 young public health professionals who completed the six-module curriculum. The program engaged over a dozen youth-led organizations and developed curriculum tools to enhance participants' advocacy, governance, and resource mobilization skills. The initiative achieved national reach through partnership with the NCDC.

8.1.7 Qualitative Outcomes

The Fellows demonstrated strong gains in both knowledge and applied capacity across Global Health Security and One Health modules, with average performance improving from baseline levels of 55–65% to 80–90% post-training. This reflects consistent gains in conceptual understanding and more accurate, context-appropriate decision-making in scenario-based assessments.

These results indicate a shift from basic awareness to applied competence, with fellows increasingly able to interpret health emergencies, align different emergency responses with appropriate institutions and frameworks, and integrate One Health principles into practical problem-solving.

Further emphasizing a stronger understanding of multisectoral collaboration and public health governance, Chidera Okeke, a young public health professional from Lagos, said, *"The training helped me see where youth voices can directly influence policy and emergency responses."*

8.1.8 Lessons

Youth PALLI coordinated participants across virtual platforms, maintained consistent attendance, and aligned youth-led initiatives with national public health governance schedules. In addition, the Youth PALLI activity confirmed the importance of integrating youth-led initiatives into formal governance, providing technical tools for effective advocacy, and leveraging multisectoral partnerships to strengthen pandemic preparedness and AMR response. It demonstrated that structured youth engagement can directly strengthen national health security, creating a replicable model for scaling One Health leadership development across Africa.

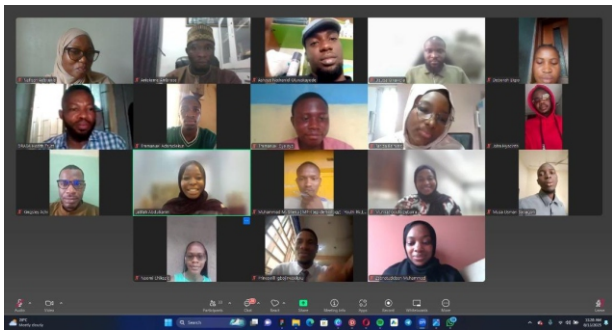
8.1.9 Sustainability, Scale and Next Steps

DRASA will formalize Youth PALLI's governance structure and facilitate its registration as a national youth-led One Health network. To ensure that the network remains active, DRASA will support the leadership team to design and implement strategic activities such as capacity building, community engagement, research and advocacy.

We will also enhance visibility through membership growth by establishing hubs in universities, establish local chapters in states not currently covered, and expand continental representation through future cohorts. With the understanding that funding is essential for continuity, we will leverage grant application, partnership support from local and international organizations and corporate entities to sustain our strategic activities. We will strengthen Youth PALLI structure through active social media presence and a website to publish activities and share success stories.

To ensure integration and participation in policy engagement at multiple governance levels, we will ensure contribution to national preparedness and response via research, awareness and community engagement, and manpower needs.

This offering represents our value addition to strengthen our advocacy for youth inclusion in Technical Working Groups such as AMR, Lassa Fever, One Health and other coordination mechanisms. We hope to further leverage continental platforms by collaborating with the Africa CDC Youth Program and other regional youth-focused initiatives as we continue to institutionalize youth participation in Nigeria's emergency preparedness and AMR response, informing DRASA's strategy for inclusive and resilient public health interventions.



Virtual training session with the inaugural cohort of Youth PALLI fellows

DRASA Health Trust



SPOTLIGHTS OF OUR WORK ON

INFECTION PREVENTION AND CONTROL

9.1 Dissemination of Primary Healthcare Hand Hygiene (PHC HH) Baseline Finding in Lagos and Supportive Supervisory Visits

9.1.1 Background

Primary healthcare centres serve as the first point of contact for underserved communities, making it essential that they consistently practice infection prevention and control (IPC). Healthcare-associated infections (HAIs) remain a global concern, with 1 in 10 patients acquiring infections during care. Weak IPC systems in PHCs risk workforce depletion, service disruption, compromised patient safety, and poor outcomes for patients. To address these gaps, DRASA carried out an IPC and Hand Hygiene baseline assessment in 2024 across seven (7) PHCs in Lagos State, working closely with the Lagos State Primary Healthcare Board, to improve compliance with preventive practices.

9.1.2 Timeline

Following the baseline assessment, the dissemination of findings took place in February 2025. Through the findings, DRASA identified critical gaps in hand hygiene, IPC knowledge, and facility infrastructure and supported the facility team to develop an IPC improvement plan. To ensure implementation of action plans, DRASA provided virtual technical support via phone calls and virtual webinars to address IPC gaps while also conducting quarterly supportive supervisory visits in June, September and December 2025 to provide on-the-job mentorship.

9.1.3 Location

The supervisory visits were conducted across seven Primary Healthcare Centres (PHCs) in Lagos State, within Ibeju-Lekki, Ikorodu, and Badagry Local Government Areas (LGAs). Due to facility renovations, only five PHCs in Ikorodu and Ibeju-Lekki LGAs were visited in September, ensuring uninterrupted service delivery and effective mentorship sessions.

9.1.4 Key Partners

DRASA Health Trust led the project in collaboration with the Lagos State Primary Healthcare Board, local Medical Officers for Health, and facility Officers-in-Charge (OiCs). The project also leveraged the National IPC Scorecard tools and engaged the Nigeria Centre for Disease Control (NCDC) for e-learning support.

9.1.5 Goal

The project aimed to enhance IPC capacity in PHCs by facilitating the deployment of the National IPC Scorecard, conducting on-the-job mentorship, collecting qualitative success stories via digital tools, and following up on action plans from baseline assessments. The ultimate goal was to institutionalize sustainable IPC practices across all intervention facilities.



Supportive supervisory visit to selected PHCs in Lagos State

9.1.6 Key Activities

DRASA conducted supportive supervisory visits, oriented OiCs and IPC Focal Persons on the National IPC Scorecard, and assigned IPC Focal Persons to facilities lacking designated personnel.

The team implemented a digitalized KoboCollect/ODK tool to capture qualitative success stories and track IPC improvements. Facility teams received step-by-step guidance on filling scorecards, developing action plans, and improving hand hygiene, waste management, and environmental cleaning practices.

9.1.7 Quantitative Outcomes

Across seven PHCs, seven healthcare workers, including six OiCs and one IPC Focal Person, were engaged in June, with five healthcare workers mentored in September. From September - October 2025, DRASA deployed the National IPC Scorecard to conduct a repeat assessment of the IPC compliance rates in the target facilities. The results showed significant improvement in their IPC adherence compared to their baseline value in 2024. The assessment result showed that IPC adherence increased to 69% among the purposely sampled facilities (57% of the total facilities) from 37.9% overall average at baseline, with more than half of the facilities scoring above 71%, showing significant overall improvement in performance after DRASA's intervention. The next evaluation of the IPC adherence of the facilities using the WHO's IPC Assessment Tool Minimum Requirements for PHCs (WHO IPCAT-MR), will be conducted in 2026. The need to conduct the routine monitoring assessment in only 57% of the total facilities was informed by the renovation happening at the time in the remaining facilities.

9.1.8 Qualitative Outcomes

Facility staff exhibited notable behavior changes. At Emmanuel Oshinowo Children Center PHC, the IPC Focal Person reported, *"We now start each day with a brief discussion on IPC precautions and healthcare waste management."* In Bogije PHC, advocacy efforts resulted in a functional borehole for reliable water supply, supporting hand hygiene practices. Daily IPC briefings and peer mentorship demonstrate increasing ownership and culture change within PHCs.



Supportive supervisory visit to selected PHCs in Lagos State

9.1.9 Lessons

Scheduling visits during low-workload periods improved engagement. Local drivers facilitated timely site access. Clear role definitions for IPC Focal Persons and systematic documentation enhanced accountability. Digital tools, mentorship, and supportive supervision proved effective in reinforcing IPC practices.

9.1.10 Sustainability, Scale and Next Steps

DRASA will continue monthly mentorship and quarterly virtual reviews to ensure IPC practice consolidation. Step-down training, enhanced documentation, and advocacy for consistent IPC supplies will support long-term adoption. Lessons learned inform DRASA's 2026 strategy to scale structured IPC interventions across Lagos and other states, embedding sustainability in PHC operations.

9.1.11 Additional Details

DRASA's integration of digital tools with on-the-job mentorship has strengthened evidence-based decision-making and improved the quality of IPC monitoring. The project model serves as a replicable framework for strengthening primary healthcare infection control.

9.2 Dissemination of the National Patient Safety and Care Quality Policy among Members of the Pharmaceutical Society of Nigeria in Abuja

9.2.1 Background

The National Patient Safety and Care Quality (NPS&CQ) Policy, launched on World Patient Safety Day in 2024, seeks to improve healthcare quality by reducing patient harm, strengthening safety culture, and reinforcing governance structures. DRASA, as a technical and financial partner in developing the policy, prioritized disseminating it among professional associations to accelerate adoption and implementation at national and subnational levels. We began with pharmacists who play a critical role in ensuring medication safety, a core component of patient safety.

9.2.2 Key Partners, Location and Timeline

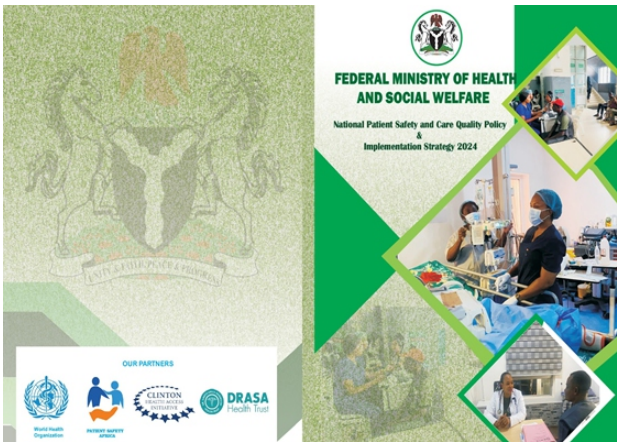
DRASA Health Trust partnered with the Department of Hospital Services at the Federal Ministry of Health and Social Welfare (FMoH&SW), and the Pharmaceutical Society of Nigeria (PSN), to disseminate the Patient Safety policy. Preparatory work, including the design of the questionnaire and agenda coordination, occurred in the weeks leading up to the meeting. The dissemination meeting took place at the PSN Abuja Chapter office, leveraging the association's monthly meeting platform to reach the target group of professional pharmacists.

9.2.3 Goal

DRASA aimed to raise awareness about the NPS&CQ Policy among pharmacists, enhance understanding of their role in medication safety, and encourage professional engagement with patient safety principles to strengthen healthcare outcomes.

9.2.4 Key Activities

DRASA leveraged the PSN monthly meeting to present the policy document. Our IPC Program Manager highlighted the policy's content, governance structure, priority areas, and the role of pharmacists in medication safety. Participants received links to the soft copy of the policy and a questionnaire designed on ODK to assess knowledge of medication safety. DRASA leveraged this interactive opportunity to discuss key provisions and encourage practical application in participants' professional settings.



Front and Back Covers of the NPS&CQ Policy

9.2.5 Quantitative Outcomes

Sixty-seven (67) pharmacists attended the meeting, representing academic, hospital, community, and public health practice areas.

9.2.6 Qualitative Outcomes

Participants appreciated the focus on pharmacists' critical role in medication safety. One attendee noted, *"This session clarified how our daily practice can directly reduce patient harm."* DRASA successfully introduced key aspects of the policy and opened channels for ongoing professional feedback and engagement.



DRASA Team at the Launch of the NPS&CQ Policy

9.2.7 Lessons

DRASA learned that leveraging existing professional meetings enhances outreach efficiency for policy dissemination and when well planned, can provide a channel for meaningful engagement. Early agenda placement and follow-up mechanisms for questionnaire completion are key to ensuring interaction quality.

9.2.8 Sustainability, Scale and Next Steps

DRASA remains open to working with the FMoH&SW to continue leveraging associationmeetings or organizing dedicated sessions to engage participants more deeply on the NPS&CQ Policy. Ongoing follow-up with the PSN and other professional associations will ensure sustained awareness and integration of the NPS&CQ Policy into daily healthcare practice across the country.

9.3 Training on Infection Prevention and Control at the African Medical Center of Excellence

9.3.1 Background

Healthcare-associated infections (HAIs) remain a critical challenge globally, with higher incidence in low- and middle-income countries. WHO reports indicate that up to 15% of patients in Low and Middle Income Countries (LMIC) hospitals acquire at least one HAI during admission. While Nigeria's national Infection Prevention and Control (IPC) program largely targets the public sector, the private sector requires equal attention.

The African Medical Centre of Excellence (AMCE), located in Abuja is a private, quaternary-level multi-speciality medical institution developed by the African Export-Import Bank (Afreximbank) and King's College Hospital, London. The AMCE provides world-class care to both low and high-income patient groups across the continent. The clinical areas specialize in Cardiology, Haematology, and Oncology, and it is an outstanding initiative that is set to make an impact on non-communicable disease care across Nigeria and West Africa. The AMCE is poised to benefit millions of people both within and outside Nigeria.

To ensure patient and staff safety and reduce HAIs, DRASA was engaged to deploy evidence-based IPC training to AMCE staff, especially considering their vulnerable patient population due to the speciality care provided.

9.3.2 Timeline and Location

DRASA Health Trust conducted the customized training at the AMCE in Abuja, delivering both theoretical and practical IPC sessions to 136 healthcare workers across all clinical units.

Preparatory engagements and module development took place in the weeks preceding the training.

9.3.3 Key Partners

DRASA partnered with Afrexim Bank, the AMCE management, and the Centre for Infection Control and Patient Safety (CICaPS) at the University of Lagos to execute the training. The AMCE leadership provided logistical support, selected participants, and coordinated training schedules.

9.3.4 Goal

The training aimed to strengthen healthcare workers' knowledge and practical skills in hand hygiene, PPE use, injection safety, aseptic techniques, and medical waste segregation to prevent HAIs across AMCE units.

9.3.5 Key Activities

DRASA held a pre-training meeting to assess staff training needs and finalize modules. Four modules, including hand hygiene, use of personal protective equipment (PPE), injection safety and waste segregation, and aseptic techniques, were delivered using didactic lectures, scenario-based discussions, demonstrations, and return demonstrations. After the lectures and instructional segment, participants rotated through 4 practical stations in groups to practice skills under facilitator guidance. Facilitators emphasized rational PPE use, proper donning and doffing sequences, and safe handling of sharps and medical waste. Sessions incorporated videos, interactive Q&A, and feedback discussions to reinforce learning.

9.3.6 Quantitative Outcomes

DRASA trained 136 AMCE staff across various cadres (doctors, nurses, pharmacists, lab scientists etc) . The sessions ensured measurable skill acquisition and improved adherence to IPC standards within the facility.

9.3.7 Qualitative Outcomes

Participants actively engaged in discussions and practical exercises, demonstrating improved confidence in IPC practices. One participant noted, *"I now understand the correct sequence for donning PPE and safe injection practices, which I will apply immediately in my ward."* Staff appreciated the hands-on demonstrations and scenario-based learning as directly applicable to daily patient care.

9.3.8 Lessons

Interactive, scenario-based practical training enhances skill acquisition. Early planning with facility leadership is critical to ensure full staff participation. Combining didactic sessions with hands-on demonstrations maximizes knowledge retention.

9.3.9 Sustainability, Scale and Next Steps

As AMCE establishes a formal IPC program with a designated focal person and team to ensure ongoing compliance, DRASA will continue to support. We are planning follow-up sessions to cover remaining modules and support monitoring of IPC practices across units. The training aligns with DRASA's strategy to extend IPC capacity-building to private healthcare institutions across Nigeria.



AMCE IPC training in session

9.4 Launch of the National e-learning Course on Infection Prevention and Control

9.4.1 Background

Healthcare-associated infections (HAIs) and antimicrobial resistance (AMR) continue to challenge Nigeria's healthcare system. For many years, infection prevention and control (IPC) capacity building in Nigeria relied largely on in-person "master trainer" approach. While these trainings helped establish a small pool of IPC resource persons, their national reach remained limited. Although these trained individuals played an important role in cascading knowledge, the approach was insufficient to meet the training needs of Nigeria's large and geographically dispersed health workforce. As a result, thousands of frontline health workers lacked access to standardized, consistent, and easily accessible IPC training, an essential component of safe healthcare delivery.

To bridge this gap, DRASA and the Nigeria Center for Disease Control and Prevention (NCDC) developed a national, free, self-paced e-Learning course.

The national IPC e-learning platform was developed to strengthen the consistency, reach, and sustainability of IPC training across Nigeria's health system. The platform also aims to promote equity in access to training by removing many of the logistical and financial barriers associated with traditional in-person workshops. Through a self-paced, online format, frontline health workers in remote or underserved areas, who are often unable to attend centralized trainings due to travel costs, staffing constraints, or limited training opportunities, can now access high-quality IPC learning resources.

In addition, the initiative serves to elevate the visibility and institutionalization of IPC within Nigeria's National IPC Program, reinforcing IPC as a core component of quality healthcare delivery, patient safety, and health emergency preparedness. By embedding IPC learning within a nationally endorsed digital platform, the program supports continuous professional development while strengthening the country's broader efforts to build a resilient and well-prepared health workforce.

The course addresses lessons learned from outbreaks such as Ebola (2014) and COVID-19 (2020), which revealed gaps in healthcare worker readiness and IPC adherence.

9.4.2 Timeline and Location

DRASA Health Trust, in collaboration with NCDC, launched the National Infection Prevention and Control (IPC) e-learning course on 15 May 2025. Preparatory work, including content creation, pilot testing, and learning management system (LMS) configuration, took place in the months prior to the launch. Healthcare workers from across Nigeria and the diaspora can access the course via the NCDC LMS.

9.4.3 Key Participants

Key participants at the launch included the NCDC, the Institute of Human Virology Nigeria (IHVN), National Primary Health Care Development Agency (NPHCDA), National Biosafety Management Agency, US Center for Disease Control (USCDC), African Field Epidemiology Network (AFENET), Nigerian Society for Infection Control (NSIC), Association of Nigerian Private Medical Practitioners (ANPMP), Centre for Infection Control and Patient Safety / Infection Control Africa Network (CICaPS/ICAN), Family Health International 360 (FHI360), and National AIDS and STDs Control Programme (NASCP). DRASA led course development, coordinated pilot testing, and supported the virtual rollout. NCDC provided technical oversight and hosted the LMS platform.

9.4.4 Goal

To achieve nationwide standardization of IPC capacity building by ensuring that all health workers—regardless of their location or level of healthcare facility—have access to consistent foundational IPC knowledge and guidance aligned with national IPC policies and guidelines.

9.4.5 Key Activities

DRASA and NCDC developed evidence-based content, converted modules into interactive, self-paced lessons, and uploaded them onto the NCDC LMS. The course underwent pilot testing with frontline healthcare workers to optimize navigation and clarity. The official launch featured keynote addresses, demonstrations of the LMS, and interactive sessions to guide participants through registration and module access. Technical support addressed LMS login issues to ensure seamless enrollment.

9.4.6 Quantitative Outcomes

The launch reached a total of 290 participants - 28 onsite and 262 virtual attendees. Registered participants gained immediate access to self-paced IPC modules.

9.4.7 Qualitative Outcomes

Participants expressed enthusiasm for the course, recognizing its relevance for professional development and patient safety. Dr. Tochi Okwor highlighted, *"Nigeria has once more received recognition; we have been asked to share our stories as a global best practice on collaboration and alignment in healthcare."*

9.4.8 Lessons

The following lessons emanated from the launch:

- Early pilot testing enhances course usability and participant experience.
- Virtual platforms can extend reach beyond physical attendees.
- Coordination with key partners ensures alignment and visibility.

9.4.9 Sustainability, Scale and Next Steps

The course serves as a scalable tool for nationwide IPC capacity-building. As such, DRASA will monitor enrollment and completion, engage civil society organizations to increase enrollment, and advocate for the course's inclusion as mandatory Continuing Professional Development (CPD) credit.



Warm up for the launch of the National IPC E-Learning Course

9.5 The Turn-A-State-Orange Project

9.5.1 Background

Healthcare-associated infections remain a critical challenge across Nigeria. DRASA identified a gap in the implementation of standardized IPC practices across states and LGAs, which undermines patient safety and health service quality. The Turn-A-State-Orange (TASO) initiative was designed to address this gap, strengthen state IPC systems, generate actionable IPC data, and align state-level interventions with national health priorities.

9.5.2 Timeline

Throughout 2025, DRASA initiated and advanced the TASO project, focusing on aligning infection prevention and control (IPC) strategies with national priorities. The year involved internal planning, stakeholder consultations and ongoing capacity-building activities.

9.5.3 Location

DRASA is beginning our TASO intervention in selected Local Government Areas (LGAs) across three states: the Federal Capital Territory (FCT), Oyo, and Enugu. Initial implementation is engagement with NCDC to co-design the goals, objectives, strategies and planned intervention for the TASO model for 2026.

9.5.4 Key Partners

DRASA collaborated with the Nigeria Centre for Disease Control and Prevention (NCDC) IPC and Community-Based Surveillance (CBS) teams, State Ministries of Health (Department of Public Health), and the State Primary Healthcare Boards in the targeted states, following approval for project implementation from the DG, NCDC.

9.5.5 Goal and Objectives

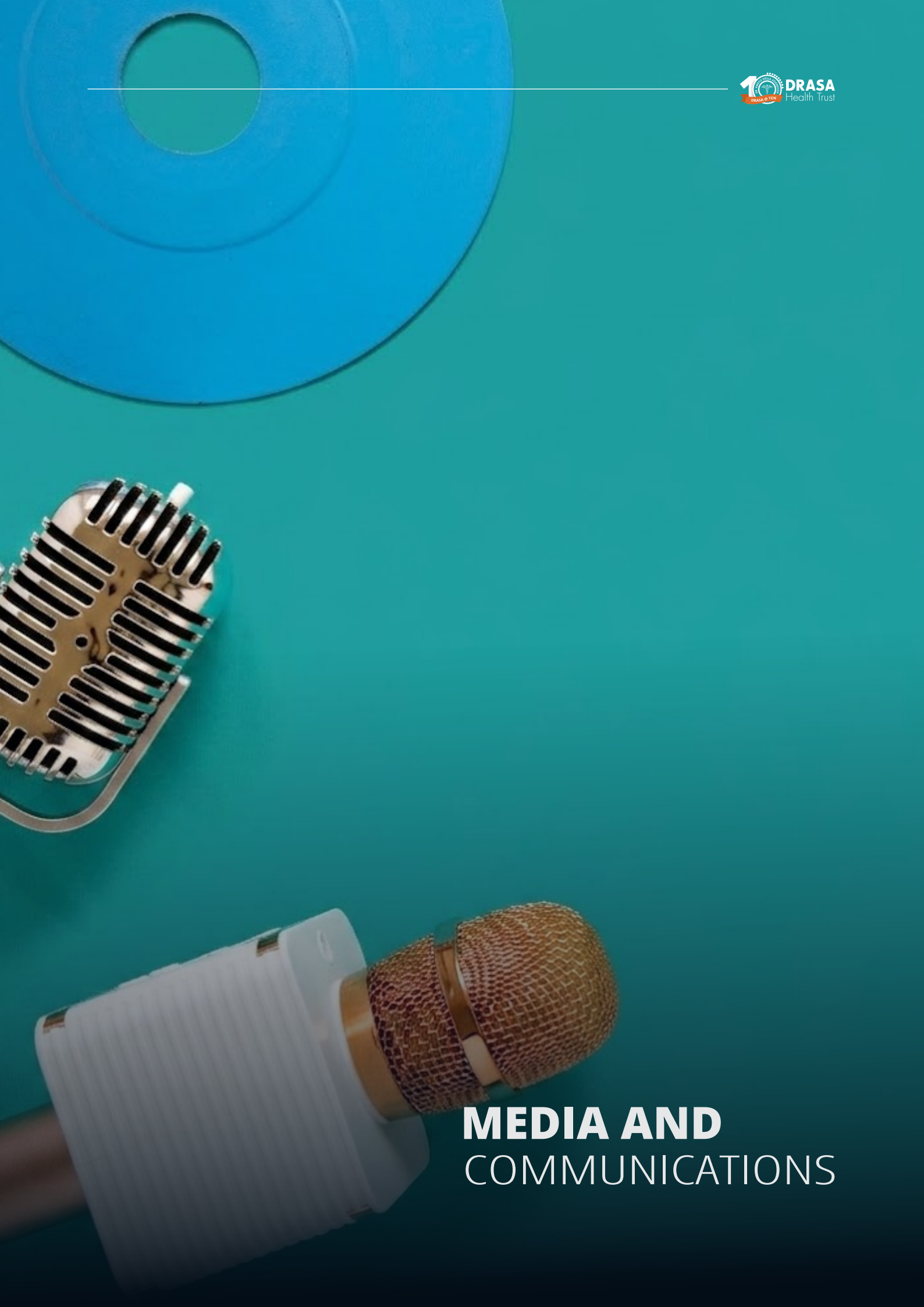
The TASO model goal aims to build and mentor a skilled healthcare workforce for sustainable IPC implementation, supported by innovative financing mechanisms and improved access to real-time data for evidence-based decision-making. The objectives are to strengthen IPC capacity through IPC training and mentoring sessions, to support the implementation of state and facility IPC work plans and pilot a revenue-generating mechanism, as well as to strengthen IPC data use at the state and LGA level for decision-making and practice improvement.

9.5.6 Key Activities

DRASA conducted an internal strategic alignment meeting to harmonize community health, hygiene, and IPC models. Consultations with NCDC IPC and CBS teams ensured that selected LGAs reflected national priorities.

9.5.7 Quantitative Outcomes

Re-alignment of strategies with NCDC and internal DRASA teams ensures coordinated implementation across three states. The program set the stage for expanded capacity-building sessions, anticipated to cover 15 facilities across the TASO states, and ongoing mentoring of healthcare workers in Lagos PHCs.



MEDIA AND COMMUNICATIONS

10.1 DRASA's Socials and Online Presence

10.1.1 Background

Prior to 2025, DRASA identified a growing need to strengthen its digital footprint to reach younger audiences, amplify evidence-based health information, and document organisational impact in real time. Limited public awareness of health security issues and the need for consistent engagement with policymakers, health workers, and community members made a strong online presence essential. Digital platforms offered a cost-effective channel to bridge information gaps, counter misinformation, and position DRASA as a trusted voice in public health discourse.

10.1.2 Timeline

In 2025, DRASA maintained a sustained digital presence across its website and multiple social media platforms, with performance closely aligned to organisational milestones such as recruitment drives, program launches, advocacy campaigns, and the DRASA@10 anniversary, a major event in October 2025. Website traffic peaked in January (3,239 users), July (1,726 users), and October (1,822 users), while social media engagement surged during campaign-heavy periods, particularly between July and October 2025.

10.1.3 Social Media Handles Deployed

DRASA actively deployed Instagram, Facebook, X (Twitter), LinkedIn, YouTube, WhatsApp, and the organisation's website as its core digital channels. These platforms collectively supported advocacy, recruitment, program visibility, stakeholder engagement, and public education on health security, antimicrobial resistance (AMR), infection prevention and control, and community health and hygiene.

10.1.4 Goal

DRASA aimed to increase visibility, grow its digital audience, drive traffic to its website, and use data-driven content to support advocacy, recruitment, and program uptake. We also sought to improve engagement quality, measured through impressions, interactions, session duration, and content reach.

10.1.5 Key Activities

DRASA implemented an integrated content strategy combining educational posts, campaign-driven storytelling, live events, voices from our partners and those we serve, and milestone celebrations. We aligned social media posts with website content, redirecting audiences to blog posts, program pages, and reports. Notably, SEO-focused blog posts such as The Current State of Disease Outbreaks in Nigeria consistently ranked among the top pages throughout the year, driving organic search traffic.

10.1.6 Quantitative Outcomes

DRASA's digital platforms collectively expanded the organisation's reach, engagement, and visibility across Nigeria and internationally in 2025. Website analytics and social media performance data demonstrate sustained audience growth, strong content consumption, and effective multi-platform engagement with diverse stakeholder groups, including youth, health professionals, policymakers, partners, and the general public.

10.1.6.1 Website

In October 2025, our website was redesigned and optimized, creating a temporary interruption in analytics between November 2025 and January 2026. However, between January 2025 and October 2025, the website recorded 15,312 users, 40,210 sessions, and 48,567 page views, with average session durations ranging from 1:49 to 3:57 minutes. Nigerian users accounted for 43 – 58 percent of traffic, followed by the United States,

United Kingdom, and Europe. Mobile devices dominated usage (45 – 65 percent), while organic search and direct traffic together accounted for over 70 percent of all acquisitions. Health explainers (blog section), DRASA@10 content, career pages, and Youth PALLI pages ranked among the most visited.

10.1.6.2 MailChimp Emails

Six email campaigns reached 11,851 subscribers, achieving an average open rate of 26%. Campaigns on DRASA@10, Health Champions, and AMR generated the highest engagement, with unsubscribes below 1.5%.

10.1.6.3 Facebook

Facebook maintained 11,189 followers, with August alone recording 187,955 reach, 332,305 views, and 1,742 interactions, with top content including public education and legacy storytelling.

10.1.6.4 X (Twitter)

X (Twitter) grew to 4,243 followers, achieving a 806% increase in impressions (10,240) and 517% growth in engagements (753) in October alone. Engagement was highest on tweets about antimicrobial resistance, youth campaigns, and organisational milestones.

10.1.6.5 LinkedIn

Our LinkedIn presence expanded from 1,871 to 2,863 followers, generating 10,939 impressions and 598 reactions in peak months, a 53% growth, with posts on partnerships, professional opportunities, and updates driving engagement. LinkedIn also served as a key referral source to the website.

10.1.6.6 Instagram

Instagram reached over 75,000 users in May, with 8,420 post engagements across visuals and videos, and paid promotions engaging 170,000+ users cumulatively at minimal cost. Youth PALLI features and recruitment posts were key drivers of website traffic.

10.1.6.7 YouTube

YouTube subscribers increased from 81 to 108, while October views rose by 202%, with videos averaging 2:30 – 4:00 minutes watch time. Campaign and Health Champion videos contributed to website traffic through linked landing pages.

10.1.6.8 WhatsApp

WhatsApp (Supportive Distribution Channel)
While not tracked through formal analytics tools, WhatsApp was used for campaign material dissemination, event information, and website links. Partner and community networks leveraged WhatsApp to amplify DRASA's messages, contributing indirectly to website traffic and social media engagement.

10.1.7 Qualitative Outcomes

Audience interactions demonstrated applied learning and institutional trust. Users repeatedly engaged with IPC and AMR contents, career opportunities, and advocacy materials. One website visitor noted, "Your AMR resources helped me understand why behaviour change matters at community level" (Public Health Student, Nigeria). Another viewer commented during an IG Live session, "The need to prevent HAIs explains why hand hygiene must be non-negotiable in PHCs" (Community Health Worker, Lagos).

10.1.8 Challenges

Performance varied during the year due to periodic algorithm changes across digital platforms, constrained paid-media budgets, and naturally lower engagement during non-campaign periods. While website traffic appeared to decline significantly in November and December, subsequent review confirmed that this trend did not reflect an actual drop in user activity. Following the website optimisation conducted in October 2025, a temporary disconnect occurred between the website and Google Analytics, which prevented the accurate capture of visit and user data during this period.

10.1.9 Lessons

Campaign-linked content outperforms routine posts; paid amplification significantly boosts reach; search-optimised website content drives sustained traffic; mobile-first design is essential; and analytics must inform real-time decisions.

10.1.10 Sustainability, Scales and Next Steps

In 2026, DRASA will formalise a digital growth model by expanding paid media, strengthening SEO, prioritising video storytelling, integrating WhatsApp for frontline engagement, and embedding digital analytics into program Monitoring and Evaluation (M&E), advancing DRASA's long-term strategy of scalable, evidence-led public health impact.

10.2 DRASA Instagram (IG) Live

10.2.1 Background

While DRASA's interventions had already improved IPC practices in several facilities, a gap remained in sharing these successes widely and inspiring replication across other health centers. Social media offered an opportunity to document and disseminate health worker stories, reinforce best practices, and promote behavior change in infection prevention at the community level.

10.2.2 Timeline

In March 2025, DRASA held the Learn with DRASA Instagram Live. This aimed to document and share the stories of Health Champions, highlighting their contributions to improving infection prevention and control (IPC) practices across primary healthcare facilities. The initiative, conducted entirely online via Instagram Live, leveraged Instagram to reach audiences beyond physical boundaries, engaging health workers, community members, and broader stakeholders.

10.2.3 Key Partners

The session featured a staff nurse and DRASA Health Champion from Ipakodo Primary Healthcare Centre in Ikorodu, Lagos State as the guest speaker, and was moderated by DRASA's Advocacy and Communications Officer. Together, they collaborated to engage audiences and provide practical insights into the impact of DRASA's interventions on IPC practices.

10.2.4 Goal and Objectives

The initiative aimed to document and disseminate DRASA impact stories, showcasing Health Champions' experiences and promoting improved IPC practices. The session targeted awareness-raising and engagement for hand hygiene and patient safety practices.

10.2.5 Key Activites

DRASA developed discussion themes and learning points for the live session, prepared run-of-show materials, and created promotional content for social media. The team conducted a dry run to ensure network stability and facilitated audience engagement through live Q&A. Following the session, lessons learned were documented to guide subsequent episodes.



10.2.6 Quantitative Outcomes

The first episode reached 215 Instagram accounts, achieving 350 views, 35 interactions, and 25 engaged accounts. While the initial projected reach was modest, the session successfully increased visibility of DRASA's interventions online and expanded followership, laying the foundation for broader digital engagement across subsequent episodes.

10.2.7 Qualitative Outcomes

The Guest Speaker Ms. Ganiyat, Staff Nurse at Ipakodo PHC in Ikorodu, shared tangible changes in her facility, stating, *"Ever since the training, all health workers now observe the five moments of hand hygiene. We educate our patients and involve them in practical sessions, and we have noticed a reduction in infections in our facility."* The audience engaged actively, asking questions about PHC roles, IPC practices, and patient education, reflecting the relevance and resonance of the session.

10.2.8 Lessons

Pre-session consent, preparation and dry runs were key to preventing technical issues. In future, extending the duration of the session and including more than one Health Champion may deepen learning.

10.3 DRASA's Organizational Fact Sheets

10.3.1 Background

To mark a decade of impact, we developed five factsheets highlighting key achievements and results from 2015 to 2025. The factsheets present concise, data-driven snapshots of our work on Antimicrobial Resistance, Community Health and Hygiene, Health Security, and Infection Prevention and Control. They translate ten years of programming, partnerships, and outcomes into accessible insights for partners, policymakers, and supporters, demonstrating the scale of DRASA's reach, and measurable progress made.

10.3.2 Timeline

In 2025, DRASA developed and deployed five integrated factsheets across its four core programme areas. The fifth was an organization-wide summary of our work, achievements and impact from inception to 2025.

10.3.3 Outcomes

The factsheets demonstrate our measurable progress between 2015 and 2025, highlighting expanded reach in health worker training, community engagement, and public health awareness. They show how strategic partnerships, evidence-based programming, and sustained advocacy strengthened disease prevention efforts and health security. The results illustrate our growing national impact and provide a trajectory for scaling future initiatives.

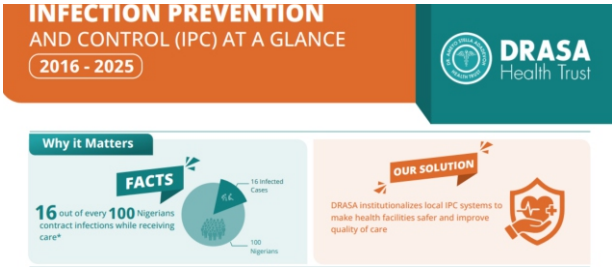
10.3.4 Lessons

The development of the factsheets highlighted the importance of strong internal documentation and early data consolidation. Compiling ten years of results required consistent coordination and synergy, to verify figures and align narratives. The process reinforced the value of maintaining clear records, consistent indicators, and accessible project archives. It also demonstrated how concise visual summaries can effectively communicate complex organisational impact to diverse audiences.

10.3.5 Sustainability, Scale and Next Steps

The factsheets serve as enduring communication tools to showcase DRASA's decade of impact and support continued engagement with partners, donors, and policymakers. They will be shared across digital platforms, events, and stakeholder meetings to expand visibility and strengthen advocacy. Future updates will build on this to document progress, reinforce accountability, and communicate impact as we scale our programs.











10.4 Publications About DRASA

10.4.1 Background

Despite progress in infection prevention, public understanding of antimicrobial resistance, pandemic preparedness, and community-led health security remains uneven. Media narratives often overlook prevention and system resilience. This gap matters because sustained public awareness shapes behavior, policy uptake, and accountability. DRASA deliberately engaged the media to reposition prevention as a shared national responsibility and to amplify community and youth voices in public health discourse.

10.4.2 Timeline

Between January and October 2025, national and international media published extensive coverage on DRASA's work, with a clear spike around the organization's 10th anniversary and the SayAMR Language Hackathon. Coverage spanned global health platforms, national dailies, broadcast media, and policy-focused outlets.

10.4.3 Key Partners

Publications consistently referenced DRASA's collaboration with the Nigeria Centre for Disease Control and Prevention (NCDC), Federal Ministry of Health and Social Welfare, state governments, WHO, media houses, academic institutions, and youth networks as key partners of DRASA. Senior policymakers, including the Minister of Health and national health security leaders, featured prominently as partners and advocates.

10.4.4 Goal

DRASA aimed to increase visibility of prevention-focused health interventions; influence public and policy conversations on AMR, infection control, and health security; and document institutional credibility built in the decade between 2015 and 2015

10.4.5 Key Activities

DRASA proactively engaged journalists, editors, and broadcasters through press briefings, milestone events, expert interviews, field stories, and multimedia features. Coverage highlighted community-led initiatives, disease prevention, youth innovation through the SayAMR Hackathon, and DRASA's Vision 2035. A distinctive element was DRASA's emphasis on local language, prevention culture, and system strengthening, rather than crisis-only narratives. Some of the news outlets that published about DRASA in 2025 include: the Global Alliance for Vaccines and Immunization (GAVI), Nigeria Health Watch, The Guardian, ThisDay, Daily Trust, Leadership, The Nation, Arise TV, the National Television Authority (NTA), Channels TV, Radio Nigeria, Voice of Nigeria, Health Reporters, Science Nigeria, among others.

10.4.6 Quantitative Outcomes

Fifty-five (55) publications appeared across various print and online outlets, radio stations, and TV networks including Arise TV, Channels and NTA. Coverage reached national and international audiences, engaging policymakers, health professionals, students, and community members. Media amplification supported campaigns that directly reached the populations of the publishing platforms with topics around AMR and Nigeria's health security, through broadcast, print and digital platforms.

10.4.7 Qualitative Outcomes

Media narratives are reinforcing a shift from reactive response to prevention culture. Prof. Chikwe Ihekweazu, Executive Director of the World Health Organisation (WHO) Health Emergencies Programme, noted that "pandemic preparedness must be treated as a culture, not a project," reinforcing DRASA's efforts. Community-focused stories documented how localized participation improved trust, while youth-led AMR coverage highlighted innovation and ownership among young Nigerians.

10.4.8 Lessons

The following lessons became evident:

- Consistent messaging strengthens narrative control;
- Credible partnerships increase media trust;
- Youth stories attract sustained attention;
- Local language framing improves resonance;
- Milestone moments like the anniversary create leverage for policy influence;
- Coverage positioned DRASA as a national reference point for prevention, AMR education, and inclusive health security.

10.4.9 Sustainability, Scale and Next Steps

Media engagement will continue to be part of DRASA's 2026 strategy. Our increased media appearance promotes our publicity, and keeps us within stakeholders' radar, as we plan to achieve our Vision 2035, including the DRASA Academy, normalizing prevention culture, and strengthening long-term advocacy.





The Managing Director of DRASA provided insights on disease prevention, on TV, to national and international audiences.



PARTNERSHIPS

11.1 Overview

The year 2025 began with uncertainty stemming from the unexpected United States Government (USG) funding cuts and progressed further with nonprofits adjusting to the impact of the new USG policy on the global donor landscape. It was a year filled with major changes among public health organizations globally - sunsetting of some organizations, staff downsizing in others, strategy and budget reviews, organizations pivoting for sustainability and general review of program priorities to ensure alignment with global donor interests in a world of shrinking resources. The indirect impacts included 1) additional pressure on the surviving nonprofits to close gaps created by those who had to sunset or redirect, and 2) decisions by donors to redirect their resources to support existing partners who were directly affected by the USG funding cuts.

For DRASA, it was a time to conduct a strategic review of our program models, and focus on the program interventions that were systems change oriented, sustainability focused, and most impactful. Consequently, alongside our strategic shift, we also refined our Partnerships and Fundraising Strategy to explore other revenue generating approaches, alternative funding sources, and to position DRASA on a path to financial resilience.

11.2 Key Activities

11.2.1 Raise Up / Spring Impact / VanReusel Ventures Support for Fundraising, Scaling, and Financial Management

As part of Dovetail Impact Foundation's commitment to support development of our organizational core functions, three consultancy firms (Raise Up, VanReusel Ventures and Spring Impact) were engaged to support DRASA's fundraising / partnerships management / finance functions, and equip DRASA's Turn-A-State-Orange (TASO) model with the required knowledge for scaling impact into unreached states in Nigeria and other resource-limited settings in Africa.

These training sessions were held in February / March 2025, and in November / December same year. The fundraising and partnerships component of the training agenda improved DRASA's capacity in pipeline and partner portfolio management, while the finance aspect provided guidance on how DRASA's finance / fundraising and executive management could synergize efforts for improved organizational productivity.

The preparation for scale training sessions shed light on developing an evidence-based scale strategy, applying learnings from successfully scaled interventions in other climes, testing assumptions, and useful guidance on how to manage stakeholder relationships and expectations in the journey to scaling. Key learnings from these sessions are currently being deployed to strengthen DRASA's finance operations, partnerships management and TASO model implementation.

11.2.2 Skoll World Forum 2025

In April 2025, the Skoll World Forum (SWF) convened in Oxford, bringing together approximately 1,500 social impact leaders from over 80 countries. DRASA participated for the third consecutive year and for the second time as a member of the Skoll Foundation community. We took part in the Community Convening, the main forum, and associated Marmalade and Sidebar events.

DRASA's participation focused on strengthening global partnerships, increasing organisational visibility, and mobilising resources to advance disease prevention and health security initiatives. Engagement at SWF aligned with DRASA's strategic objective of positioning itself within the global social impact ecosystem to promote prevention-driven, innovative public health solutions.

During SWF 2025, DRASA engaged with prospective donors and deepened our relationship with existing regional partners. In addition, DRASA showcased its work through a commissioned art illustration, which enhanced visibility and stimulated meaningful conversations with global stakeholders.

Overall, the forum reinforced the value of strategic networking, creative storytelling, and cross-sector collaboration. DRASA will continue to leverage these connections to expand funding opportunities, strengthen international partnerships, and further position itself as a credible actor in health security and disease prevention.



Participants at the Skoll World Forum 2025



ENDOWMENT FUND

12.1 Overview

DRASA's 10th Anniversary event on 20th October 2025 featured the official launch and unveiling of the DRASA Endowment fund. The Fund aims to secure a sustainable financing stream and ensure DRASA's life saving work continues as a movement to prevent infections and protect health for generations to come. This Fund is a separate long term income generating stream established from restricted donations from supporters of DRASA, not our traditional funding partners.

In operating this income generating model, the Endowment Fund's principal will be preserved and remain untouched as it is invested and its annual returns are used to power our high-impact interventions. To transform DRASA into a sustainable institution for the next decade and beyond, DRASA announced a goal to raise 15 billion (USD 10.5 Million) in principal, for the DRASA Endowment Fund in the first year. This first-of-its-kind initiative is designed to safeguard Nigeria's health, ensure sustainable financing for workforce training, and deepen our impact.

12.2 The DRASA Endowment Fund Promise

Preserving Principal;
Powering Impact;
Protecting Health for Generations.



To support our Endowment Fund, please use these details:

Bank: Guaranty Trust Bank
Account Name: Dr. Ameyo Stella Adadevoh Health Trust
Naira Account Number: 0220609806

US Dollar Account Number: 0220610044

For other currencies, corporate gifts, or pledges, please email us at partnerships@drasatrust.org and we'll get in touch.





EVENT UPDATES, AWARDS, FEATURES AND RECOGNITIONS

13.1 Africa Primary Healthcare Forum

13.1.1 Overview And Key Highlights

The Africa Primary Healthcare Forum (APHCF) was held from 14–15 July 2025 in Abuja, Nigeria, convening policymakers, health professionals, researchers, and innovators from across Africa. The forum focused on transformative approaches to strengthening primary healthcare systems, with emphasis on digital health, surveillance, and policy implementation.

DRASA participated as a knowledge contributor, presenting a comparative analysis of Infection Prevention and Control (IPC) performance across primary healthcare facilities in Lagos State. The forum highlighted innovative solutions such as digitized maternal and infant care, geospatial tracking tools, and public-private partnerships, with evidence suggesting that digital interventions could reduce maternal and infant mortality by up to 25 percent.

13.1.2 Background, Goal and Objectives

Africa's primary healthcare systems face persistent challenges, including inadequate human resources, inequitable service delivery, weak infrastructure, and limited use of data for decision-making. These gaps continue to affect maternal and infant health outcomes and the efficiency of last-mile service delivery.

DRASA's goal at the forum was to contribute to continental dialogue on PHC strengthening by sharing evidence-based insights on IPC and demonstrating the value of data-driven approaches. The objective was also to identify scalable digital health solutions that can support Universal Health Coverage (UHC) in Nigeria and across Africa.

13.1.3 Key Messages

From the event, some key messages emerged.

- Strong primary healthcare systems depend on reliable, data-driven decision-making.
- Digital health innovations are critical to improving service delivery, surveillance, and patient outcomes.
- Infection Prevention and Control (IPC) data provides actionable insights for improving healthcare quality.
- Multi-sectoral collaboration, including government and private sector partnerships, is essential for sustainable impact.
- Learning from other sectors, such as banking, can accelerate public health digital transformation.

13.1.4 Lessons

DRASA drew out the following lessons from the forum:

- Identifying and empowering champions accelerates policy adoption and systems change.
- Digital innovations are most effective when they complement existing health systems.
- Multi-stakeholder collaboration is essential for impactful and sustainable interventions.
- Strengthening human resources for health is critical to achieving Universal Health Coverage.
- Simple, data-driven innovations can yield measurable improvements in health outcomes.

13.1.5 Sustainability, Scale and Next Steps

DRASA will integrate insights from the forum into its 2026 strategic priorities, with a focus on scaling digital health interventions, strengthening human resource capacity, and deepening partnerships for improved service delivery.

The organization will also leverage lessons from the forum to inform policy advocacy, national-level engagement, and implementation strategies aimed at promoting equitable, resilient, and data-driven healthcare systems. Additionally, emerging opportunities such as innovation sandboxes and

regional platforms like the upcoming Africa HealthTech Summit will be explored to support replication and scale of proven solutions.



DRASA representatives at the APHCPF 2025

13.2 DRASA@10 Event

13.2.1 Overview And Key Highlights

On 20 October 2025, the Dr. Ameyo Stella Adadevoh (DRASA) Health Trust marked 10 years of impact with a milestone hybrid celebration in Abuja and online under the theme *"DRASA@10: A Decade of Championing Health Together."* The event convened senior government officials, development partners, health professionals, youth leaders, DRASA alumni, Health Champions, donors, partners, diplomats, and media representatives.

Key highlights included the premiere of DRASA's documentary A Decade of Impact, the launch of the DRASA Endowment Fund, powerful testimonies from DRASA's Health Champions, a participatory panel on grassroots infection prevention, and artistic tributes honouring the legacy of Dr. Ameyo Stella Adadevoh including the launch of our DRASA theme song. A physical attendance of 183 guests, alongside virtual participants, reflected strong national and international engagement. An on-site and online Wish Wall captured forward-looking visions for Nigeria's health system, reinforcing the collective nature of the event.

13.2.2 Background, Goals and Objectives

The DRASA@10 event stemmed from a critical need to reflect, consolidate, and re-energize Nigeria's health security agenda at a time of rising infectious disease threats and antimicrobial resistance. Ten years after DRASA's founding, which happened one year after Nigeria was declared Ebola-free, the event created space to honour a courageous legacy, share lessons from a decade of impact, and reaffirm prevention as a national priority.

The primary objectives were to:

- Celebrate a decade of contribution to infection prevention and health security;
- Reaffirm prevention as a shared societal responsibility;
- Strengthen partnerships across government, communities, youth, and the private sector;
- Launch sustainable financing mechanisms for long-term impact; and
- Share the clear strategic direction for DRASA's next decade.

13.2.3 Key Messages

The event reinforced DRASA's measurable national impact and amplified key policy and behavioral messages. Cumulatively, DRASA has:

- Developed a network of 96,858 Health Champions who promote hygiene, improve sanitation practices, and detect infectious diseases in their communities;
- Trained 15,796 health workers to provide safe, quality healthcare services for all patients;
- Developed 28 National and Subnational public health policies and supported their implementation;
- Established 13 public health emergency response systems for Nigeria's largest airports, seaports, land borders in 9 states;
- Activated six cross-border health forums between Nigerian officials and two neighboring countries (Benin, Niger) to ensure data exchange, early warning systems, and stronger responses to public health emergencies across borders.

Key messages emphasized that *"health security is everyone's business"* and that disease prevention must be treated as a culture, not a project. Policy influence was evident through renewed government commitments to IPC, One Health coordination, control of AMR, and sustainable financing.

As the Coordinating Minister of Health and Social Welfare noted: *"Every naira spent on infection prevention saves many more in treatment and economic loss."* A Health Champion participant added: *"DRASA helped us see that prevention starts with everyday actions in our homes and markets."*

13.2.4 DRASA@10 Outcomes

The anniversary had the following key outcomes:

- Expansion of Community and Youth-Centered Approaches: Participants saw reasons for reinforcement of the Health Champion model and integration of community-driven prevention strategies as central to national health resilience.
- Defined Legislative and Policy Priorities: Participants established clear, actionable priorities, including institutionalizing IPC, improving waste management, expanding AMR education, and strengthening coordination mechanisms.
- Increased Stakeholder Engagement and Alignment: High-level participation from government, development partners, and communities enhanced alignment on prevention-focused health strategies.
- Commitment to Sustainable Financing and Innovation: There was a launch of the DRASA Endowment Fund and calls for a Public Health Emergency Preparedness Fund, which signaled stronger focus on long-term financing and locally driven innovation.

13.2.5 Lessons

The following lessons emerged from the anniversary event:

- Prevention Must Be Institutionalized, Not Reactive: Sustainable health security depends on embedding IPC, AMR control, and prevention systems into routine healthcare structures.
- Multi-Sectoral Coordination is Essential for Impact: Effective disease prevention requires collaboration across health, environment, education, agriculture, and other sectors under a One Health approach.

- Community and Youth Engagement Drive Sustainability: Empowering communities and young people strengthens early detection, behavior change, and long-term resilience.

13.2.6 Sustainability, Scale and Next Steps

DRASA@10 marked a strategic transition into DRASA's second decade of impact. The launch of the Endowment Fund strengthens financial resilience, while plans for the DRASA Academy position the organization to institutionalize prevention through simulation training, digital learning, and centres of excellence across all geopolitical zones.

Looking ahead to 2026 and beyond, DRASA will scale certification of 50,000 health workers, expand the Health Champion network to 500,000 citizens, embed AMR education in secondary schools, and formalize youth participation in health governance.

Collectively, these steps advance DRASA's long-term vision of a Nigeria where preventable infections are rare, systems are resilient, and communities actively protect health, every day, not only during crises.



Participants shared their visions on the "Wish Wall" banner during the networking session.



Group picture of team DRASA at the 10th anniversary celebration

13.3 DRASA's Membership in the WHO Civil Society Task Force on AMR

DRASA's application to join the World Health Organization's (WHO) inaugural Civil Society Taskforce on Antimicrobial Resistance (AMR) was successful. The Task Force strengthens WHO's engagement with civil society organizations and nongovernmental organizations (NGOs) globally, fostering collaboration, capacity building, and amplifying the voices of communities affected by AMR. Its mission is to ensure civil society groups meaningfully contribute to the global fight against AMR, promoting equitable access to prevention, treatment, and care, particularly for vulnerable populations.

Beyond membership acceptance, DRASA was also selected to serve on the 12-member Steering Committee of the Task Force to provide strategic leadership. This recognition positions DRASA to showcase its contributions to AMR prevention in Nigeria and to engage directly with international partners, policymakers, and other civil society leaders.

Participation in the taskforce also presents opportunities to strengthen partnerships, exchange knowledge, and influence global AMR strategies. DRASA's involvement reinforces its role as a trusted leader in infection prevention, disease control, and advocacy, while expanding its visibility on the international stage.

Through this platform, DRASA aims to translate global priorities into local action, ensuring that lessons and innovations from the international AMR community support improved health outcomes across Nigeria.

13.4 World Antimicrobial Awareness Week (WAAW) 2025

World Antimicrobial Awareness Week (WAAW) 2025 was observed in the fourth quarter of the year as part of the global campaign led by the World Health Organization to increase awareness of antimicrobial resistance (AMR) and promote responsible antimicrobial use among the public, health workers, and policymakers.

During WAAW 2025, DRASA collaborated with key national and international stakeholders, including the Federal Ministry of Livestock Development, Nigeria Centre for Disease Control and Prevention (NCDC), ReAct Africa and Global Strategy Lab to amplify AMR awareness. Engaging in organised physical and virtual conversations, DRASA contributed to multi-sectoral collaboration through the national WAAW 2025 Flag Off, and amplified the significance of community engagement by teaching university students across Africa about AMR communication strategies. Additionally, DRASA contributed to community-level awareness creation through targeted messaging of AMR infographics via WhatsApp. These efforts contributed to public understanding, spurred conversation about the growing public health threat, AMR, and reinforced the importance of appropriate antimicrobial use, infection prevention, and hygiene practices.

These enabled DRASA to increase awareness of AMR, align messaging with national priorities, and contribute to a unified voice on AMR prevention. WAAW 2025 reinforced DRASA's role as a trusted partner in national AMR advocacy and its continued commitment to advancing prevention-focused health security interventions in Nigeria.



A representative of DRASA, Oluwatoni Akinola, shared AMR perspectives from Nigeria during the World AMR Awareness Week.



Flag-off of the World Antimicrobial Resistance Awareness Week (WAAW) 2025

DRASA Health Trust



IMPACT STORIES

14.1 Engaging Children in The Fight Against Infectious Diseases

Children play a crucial role in the fight against infectious diseases, from a young age. Sulaimon Kaosarat, a resident of the Oluwa-Akere ward in the Ajeromi-Ifelodun Local Government Area of Lagos State, has a deep passion for children and is dedicated to teaching them hygienic practices that can protect them from infectious diseases.

Read more here



14.2 Religious Leaders Combating Infectious Disease Outbreaks

Sanni Akeem is an Islamic cleric and Health Champion committed to sharing the message of Allah with his Muslim community while also promoting healthy habits to prevent the spread of infectious diseases.

Read more here



14.3 A Butcher's Perspective on Disease Prevention

The marketplace is a common ground for all individuals, regardless of socioeconomic status. What we consume in our homes or when we eat out comes from the markets; therefore, cleanliness is important to ensure overall health from the market stalls to our plates.

Read more here



14.4 Community Surveillance: A Vital Weapon Against Infectious Diseases

James Temidayo has always been passionate about his community, even before his involvement with DRASA. As an employee of the Lagos State Waste Management Authority (LAWMA), he contributes to community progress by ensuring a cleaner and safer environment through proper waste management and disposal.

Read more here





FINANCIALS

The Statement of Activities for Fiscal Year 2025 summarises DRASA's financial performance, highlighting revenue, expenditure, and overall asset growth during the year. Total revenues amounted to ₦462 million, driven largely by unrestricted grants, complemented by the successful launch of the Endowment Fund and diversified income from investments and service-related activities. Total expenses stood at ₦345.88 million, with the largest share allocated to programme expenses, reflecting sustained investment in mission delivery. Management and general costs, alongside fundraising and partnership expenses, supported organisational governance, resource mobilisation, and long-term sustainability. Overall, DRASA recorded a net increase in assets of ₦116.12 million, demonstrating sound financial stewardship and a strengthening financial position.

STATEMENT OF ACTIVITIES - 2025

Category	Actual FY 2025 (Naira)
Revenues	
Individual donations	54,500.00
Corporate donations	1,000,000.00
Unrestricted Grants	398,133,162.35
Endowment Fund	53,158,754.00
Other Income	9,657,406.72
Total Revenues	**462,003,823.07**
Expenses	
Program Expenses	163,945,646.41
Management & General Expenses	125,902,283.24
Fundraising & Partnership	56,033,580.92
Total Expenses	**345,881,510.57**
Net Change in Assets	**116,122,312.50**

SUPPORT
DRASA



Your generosity allows our team to continue our lifesaving work

- Join the community
- Share our work
- Volunteer Time & Expertise
- Partner with us
- Donate to our cause

Get involved:
https://www.drasatrust.org/get-involved/

Donate:
https://www.drasatrust.org/donate/



2025
IN PICTURES


DRASA
Hausa
Igbo
Pidgin
Yorùbá


Say AMR


2023
2022
Autonomy of the Africa Centres for Disease Control and Prevention


APHCF 2025
REIMAGINING PRIMARY HEALT
Universal Health Coverage


Save The Date for The National IPC e-Learning Course Launch!


AfricaCDC
Centres for Disease Control and Prevention










HEALTHCARE WORKERS FOR INTEGRATING AI-DRIVEN CLINICAL SUPPORT SYSTEMS: A SYSTEMATIC REVIEW
Background
Methodology
Results
Key Findings
Conclusion
DRASA
Lagos State


DR. AMEYO STELLA ADADEVOH
DRASA @ TEN
DRASA


DR. AMEYO STELLA ADADEVOH
DRASA @ TEN
DRASA
Health Trust
A Decade of


DR. AMEYO STELLA ADADEVOH
DRASA


DR. AMEYO STELLA ADADEVOH
@ TEN
DRASA
Health Trust
A Decade of Championing Health Together

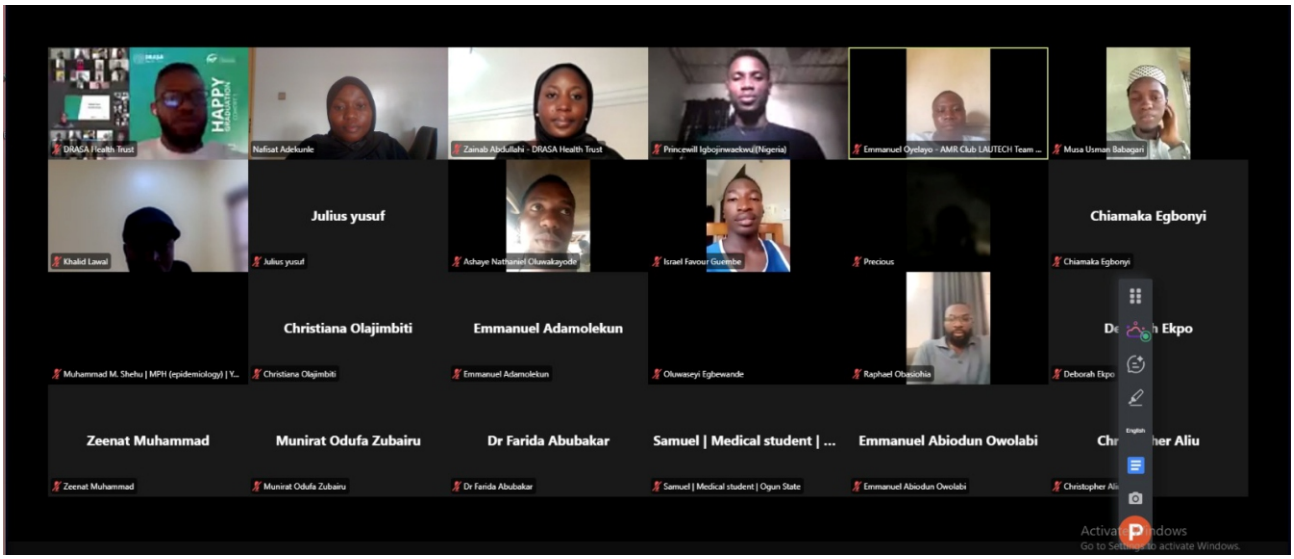

DRASA


say AMR



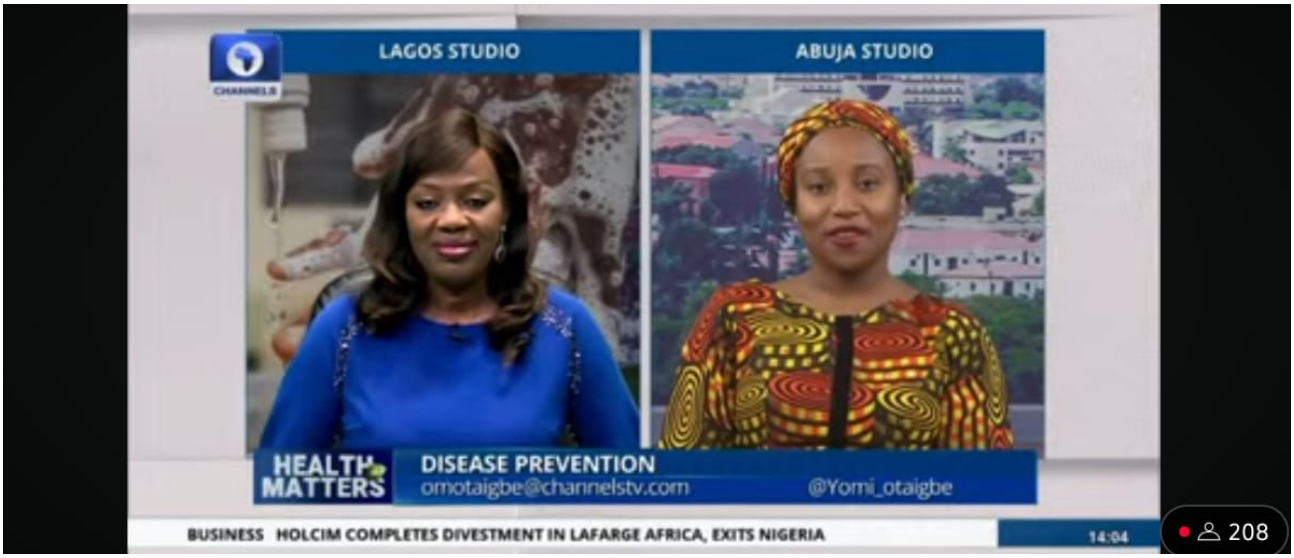





Julius yusuf
Chiamaka Egbonyi
Christiana Olajimbiti
Emmanuel Adamolekun
Zeenat Muhammad
Munirat Odufa Zubairu
Dr Farida Abubakar
Samuel | Medical student | ...
Emmanuel Abiodun Owolabi




DRASA
Strengthening the Capacity of Food Safety Officers to Enhance Food Security & Surveillance Systems in Oyo State


LAGOS STUDIO
ABUJA STUDIO
HEALTH MATTERS
DISEASE PREVENTION
omotaigbe@channelstv.com
@Yomi_otaigbe
BUSINESS HOLCIM COMPLETES DIVESTMENT IN LAFARGE AFRICA, EXITS NIGERIA
14:04
208



APPRECIATION

18 Appreciation To Partners

We extend our sincere appreciation to all our partners, donors, and supporters for your invaluable role in DRASA's journey in 2025.

Your confidence in us and collaboration enabled us to reach more communities, strengthen the capacity of health workers, and respond meaningfully to Nigeria's public health needs.

Every achievement recorded in 2025 reflects your commitment and support. Together, we moved closer to a healthier and safer Nigeria, and we remain grateful for your continued belief in our vision as we advance towards a lasting impact.

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