

ATHENA NOTES

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New Vectors, Old Weaknesses: Nigeria's Malaria Fight

By Deborah Bukola Sunday

Malaria remains Nigeria's most persistent public health burden, with the country continuing to account for the highest share of global cases. Recent reports highlighting the emergence of drug-resistant malaria parasites and the detection of a new mosquito vector species signal a shift in the epidemiological landscape. These developments demand urgent policy attention, particularly given Nigeria's disproportionate contribution to global malaria morbidity and mortality and the strain already placed on its health system.

Nigeria records an estimated 68 million malaria cases and approximately 185,000 deaths annually, according to the World Health Organization. The entire population remains at risk, with transmission driven largely by *Plasmodium falciparum*, the most lethal malaria parasite species. Historically, transmission has been shaped by climatic, environmental, and socioeconomic conditions, with children under five years and pregnant women bearing the highest burden.

However, the current trajectory is being reshaped by growing resistance to both antimalarial drugs and insecticides. Widespread reliance on artemisinin-based combination therapies (ACTs) has contributed to the emergence of resistance markers in *Plasmodium falciparum*. Molecular



surveillance has also identified mutations linked to resistance in older antimalarials, alongside persistent antifolate resistance. These trends underscore the need for sustained genetic and therapeutic monitoring to preserve treatment efficacy.

Equally concerning is the evolving resilience of mosquito vectors. Core interventions such as long-lasting insecticidal nets (LLINs) and indoor residual spraying (IRS) are increasingly undermined by insecticide resistance in dominant species, including *Anopheles gambiae* and *Anopheles funestus*. Field studies have documented reduced susceptibility to pyrethroids and carbamates, weakening the effectiveness of established vector control tools across multiple ecological zones.

Of particular concern is the reported detection of *Anopheles stephensi*, an urban-adapted vector capable of breeding in artificial

water containers and thriving in densely populated environments. Its potential establishment in Nigerian cities represents a significant epidemiological shift, expanding malaria transmission beyond traditional rural settings. Combined with drug-resistant parasites, this development introduces a dual threat that existing control strategies may struggle to contain.

The response of national health authorities, including placing the country on alert, reflects the seriousness of these developments. Yet Nigeria's malaria control strategy has historically relied heavily on bed-net distribution and treatment access, with insufficient investment in sustained entomological surveillance, resistance tracking, and urban vector control systems.

Institutionally, clearer leadership and coordination are required. The Federal Ministry of Health and Social Welfare and the National Malaria Elimination Programme (NMEP) should establish a national resistance-response framework integrating parasite drug efficacy monitoring with insecticide resistance mapping. At present, resistance surveillance remains fragmented and donor-dependent, with limited translation into timely policy adjustment. Strengthening sentinel sites

nationwide and mandating routine therapeutic efficacy studies should be treated as operational priorities.

The Nigeria Centre for Disease Control and Prevention (NCDC) should expand its surveillance architecture to include systematic reporting of emerging malaria trends, particularly in urban environments where *A. stephensi* may establish transmission. Malaria, despite its scale, continues to be treated as a stable endemic condition within surveillance systems, reducing the sensitivity of early-warning responses. Integrating vector alerts into event-based surveillance would improve responsiveness and coordination across states.

At the subnational level, state ministries of health and primary health care development agencies must operationalise integrated vector management. Many states continue to underfund environmental sanitation, drainage maintenance, and larval source control—conditions that facilitate urban mosquito breeding. These weaknesses reflect inconsistent political prioritisation and fragmented



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financing structures. Malaria control cannot remain a predominantly federal intervention; it must be embedded within state-level public health and infrastructure planning.

Environmental institutions also carry a critical but underutilised role. The Federal Ministry of Environment, State Environmental Protection Agencies, and Local Government Environmental Health Units must be more actively engaged in urban malaria prevention. Their mandate should include enforcement of sanitation standards, regulation of waste disposal, drainage clearance, and elimination of stagnant water sources. Weak enforcement capacity, limited manpower, and inconsistent compliance continue to undermine these functions, requiring institutional strengthening and improved accountability mechanisms.

From a policy standpoint, these developments expose the limitations of Nigeria's current malaria control strategy and the need for a more adaptive framework. Investments in surveillance systems, data-driven decision-making, and community engagement are essential to sustaining gains. The introduction of the R21 malaria vaccine in pilot states is a positive development, but it must be understood as complementary rather than substitutive. Vaccination must be integrated with strengthened surveillance, case management, and vector control systems.

Conclusion

The emergence of drug-resistant malaria and new vector species signals a structural shift in Nigeria's malaria landscape. This is no longer a static public health challenge but a dynamic and evolving threat. It requires a corresponding shift in policy response—from routine intervention to coordinated, evidence-driven, and rapidly adaptive systems.

The effectiveness of Nigeria's malaria response will depend on whether institutions move beyond fragmented programmes towards integrated

surveillance, stronger enforcement of environmental controls, and faster policy adaptation. Without this shift, the country risks a resurgence in transmission, with severe consequences for public health, productivity, and national development.

Key Insights

1. Nigeria remains the global epicentre of malaria, accounting for a disproportionate share of cases and deaths.
2. Drug resistance in *Plasmodium falciparum* is emerging, threatening the effectiveness of current antimalarial treatments.
3. Insecticide resistance among key mosquito vectors is weakening long-standing control tools such as treated nets and indoor spraying.
4. The possible spread of *Anopheles stephensi* signals a shift towards urban malaria transmission in Nigeria's cities.



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Work, Care and Nigeria's Productivity Problem

By June Udogu



Nigeria's labour market has undergone significant structural change over the past decade, marked by rising female participation and increasing reliance on dual-income households. According to the World Bank, female labour force participation stands at approximately 53 per cent, reflecting expanding economic engagement among women. Yet Nigeria's parental support framework has not evolved in tandem. Statutory maternity leave remains capped at 12 weeks at 50 per cent pay, while there is no nationally mandated paternity leave under the Labour Act.

At the same time, more than 80 per cent of employment remains informal, according to the National Bureau of Statistics, placing the majority of working parents outside formal labour protections. This disconnect is not merely a social policy gap; it reflects a structural failure to integrate parental support into labour market design, productivity planning, and human capital strategy.

Three institutional weaknesses define the problem.

First, labour regulation is misaligned with contemporary workforce realities. The Labour Act still reflects assumptions rooted in single-income households and limited female workforce participation. It treats caregiving as a private responsibility rather than a predictable labour-market condition with direct implications for retention, productivity, and skills continuity.

Second, parental policy is absent from broader economic planning frameworks. Maternity leave, childcare access, and flexible work arrangements are not embedded within national productivity or workforce stability strategies. As a result, childbirth and early caregiving frequently translate into workforce exit, stalled career progression, and repeated retraining costs for employers, while households experience income disruption.

Third, widespread informality severely limits policy reach. With most workers outside formal employment structures, statutory parental protections apply to a narrow segment

of the workforce. This entrenches inequality and weakens aggregate productivity by concentrating career disruption among already vulnerable groups.

The economic consequences are measurable. The International Labour Organization has shown that structured parental leave improves employee retention and reduces turnover costs. The World Bank similarly links higher female labour participation to long-term growth through more efficient human capital utilisation.

In Nigeria's context—marked by skills shortages, youth unemployment, and fiscal constraints—avoidable workforce attrition driven by caregiving pressures represents a structural inefficiency. Productivity losses accumulate quietly through reduced experience, weaker labour attachment, and interrupted earnings trajectories.

Institutional responsibility is dispersed but identifiable. The Federal Ministry of Labour and Employment oversees statutory labour protections. The Ministry of Finance shapes fiscal incentives and resource allocation. The National Assembly determines the legislative scope of labour reform. Social protection institutions, including the National Social Insurance Trust Fund, offer potential contributory platforms.

The core problem is not institutional absence but weak coordination and the marginalisation of parental support within core labour and economic governance.

The immediate policy challenge is to reframe parental support as labour-market infrastructure rather than discretionary welfare.

Three reforms are both practical and feasible within existing structures:

- Phased modernisation of parental leave provisions: Gradually extend maternity leave from 12 to 16 weeks, introduce a minimum of 10 working days' paid paternity leave, and pilot shared parental leave within the federal civil service. Cost-sharing mechanisms involving employers and contributory social insurance should be developed to ensure fiscal sustainability.

- Statutory right to request flexible work: Employees should have a legal right to request flexible or remote working arrangements, with employers required to provide written justification for refusal. The United Kingdom model offers a relevant reference point, demonstrating that structured flexibility can reduce attrition without rigid mandates.

- Incentives for employer-supported childcare: Tax incentives for workplace crèches, national childcare standards, and integration of childcare facilities within industrial clusters would improve workforce continuity without imposing uniform burdens on small enterprises.

These reforms prioritise gradual implementation and institutional feasibility over regulatory disruption.

International evidence supports this direction. OECD data consistently show strong correlations between childcare availability, parental leave provisions, and sustained female employment. Countries such as Rwanda and Ghana have begun extending parental protections beyond formal employment through broader social protection systems. Nigeria's task is not imitation, but adaptation.

If current arrangements persist, Nigeria risks continued productivity losses driven by preventable workforce exits and underutilised human capital.

Employers will bear recurring retraining costs, households will face unstable incomes, and gains in female labour participation will remain fragile. Over time, this constrains growth and weakens the return on public and private investment in skills development. The cost of inaction is not immediate fiscal pressure but long-term economic underperformance.

Conclusion

Nigeria's parental support deficit is fundamentally a problem of labour-market design and governance, not merely social policy. As workforce structures evolve, labour regulation must recognise caregiving as a predictable and structural feature of modern economies. A labour market that depends on parental productivity must also account for the realities that sustain it. Failure to act embeds inefficiency into the foundations of growth itself.



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Key Insights

1. Nigeria's parental support framework has not kept pace with rising female labour participation and dual-income households.
2. Statutory protections remain weak, with limited maternity leave and no national paternity leave provision.
3. Over 80% informality excludes most working parents from formal labour protections.
4. Caregiving responsibilities frequently drive workforce exits and reduce productivity and earnings continuity.
5. Weak policy integration treats childcare and parental support as welfare issues rather than core labour-market infrastructure.



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NB: *The opinions expressed are those of the authors and do not reflect the position of Athena Centre on the issues canvassed.*

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