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COMMUNIQUE ISSUED AT THE END OF 55TH ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE OF THE NIGERIAN CARDIAC SOCIETY (NCS), HELD AT THE FESTIVAL HOTEL CONFERENCE CENTRE, FESTAC TOWN, AMUWO-ODOFIN, LAGOS, NIGERIA, FROM THE 21ST TO 25TH SEPTEMBER 2026

PREAMBLE

The Nigerian Cardiac Society held their 55th Scientific Conference and Annual General Meeting, in Lagos, Nigeria, from 21st to 25th September 2026. The Nigerian Cardiac Society (NCS) was founded in Ibadan in March 1971 as one of the earliest specialist societies in the country. It is currently an affiliate member of the World Heart Federation, the Pan-African Society of Cardiology, and the European Society of Cardiology.

The Nigerian Cardiac Society (NCS) aims to share up-to-date, evidence-based information on cardiovascular diseases with the public and to encourage healthy lifestyle choices through scientifically grounded preventive measures. Since its inception, society has consistently hosted its annual scientific conference and its annual general meeting. The 55th Annual General Meeting and Scientific Conference (AGSM) of the Nigerian Cardiac Society was held from the 21st to 25th September 2026 at the Festival Hotel Conference Centre, Festac Town, Amuwo--Odofoin, Lagos, Nigeria. The theme of the AGSM was 'Advanced Cardiovascular Care Practices in Nigeria: Prospects and Challenges'. The Conference sub-theme was 'Impact of insecurity on cardiovascular care in Nigeria'.

The two-day pre-conference workshop, held from 21st to 22nd September 2026, kicked off the meeting. The workshop took place at the Lagos State University Teaching Hospital (LASUTH),

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Ikeja, Lagos, and featured a range of clinical and academic activities across several venues within the hospital.

The LASUTH Cardiac Catheterisation Laboratories hosted various interventional cardiology procedures, while the Critical care unit (CU) Surgical Theatre was used for surgical demonstrations, including open-heart surgery. The Adult Cardiology Pre-Conference Sessions were held at the Glass House, LASUCOM, while additional activities took place at the Bola Tinubu (BT) Diagnostic Centre, also within the LASUTH complex.

Pre-conference activities featured a broad range of capacity-building and hands-on training sessions, including workshops in paediatric electrocardiography and cardiac imaging, as well as Basic Life Support (BLS) instructor training with certification. Participants also benefited from simulation exercises and live demonstrations of procedures in cardiothoracic surgery and interventional cardiology. The programme provided opportunities for participants to acquire practical skills in interventional cardiology, including the use and implantation of cardiac devices such as pacemakers and implantable cardioverter-defibrillators (ICDs). Dedicated training sessions were also organised for allied health practitioners, further broadening the scope of multidisciplinary capacity development during the pre-conference programme.

The Cardiovascular Educational Foundation (CVEF), led by Dr Obi Emerole, also facilitated part of the Adult Cardiology sessions. CVEF has maintained a longstanding collaboration with the Nigerian Cardiac Society (NCS) spanning 13 years. This enduring partnership has contributed significantly to the advancement of cardiovascular medicine in Nigeria, particularly through capacity building, professional training, and research.

The opening ceremony of the scientific conference was well attended by over 500 registered participants and was chaired by Dr Adeyemi Johnson the Medical Director of First cardiology Consultant. It was declared open by the first lady of Lagos State, Dr Claudiana Ibijoke Sanwo-Olu, ably represented by Dr Folasade Fadare, the Medical Director of Harvey Road General Hospital, Lagos. Other dignitaries in attendance were the Immediate past Vice Chancellor of Lagos State University, Prof Ibiyemi Ibilola Olatunji-Bello, mni, NPOM ably represented by Prof Yetunde Kuyinu and the Chief Medical Director of LASUTH, Prof Adetokunbo O Fabamwo, ably represented by the Deputy DCST(Admin), Dr Adeola Ajibare.

A member of the Nigerian Cardiac Society was awarded the Fellowship of the Nigerian Cardiac Society (FNCS) during the opening ceremony. In addition, thirty-six full members and thirty-six associated members were inducted at the event.

Asuquo Antia Memorial Lecture

The lecture was delivered by Prof. Oluwatoyin Ogunkunle, retired Professor of Paediatrics at the University of Ibadan and University College Hospital (UCH), Ibadan, on “Rhythms, Rates, Rhymes and Relationships: Musings of a Retired Paediatric Cardiologist.” She highlighted the importance of learning from adversity, innovating practically, and building legacies through mentorship, team work and collaboration.

Fabian Udekwu Memorial Lecture

The lecture was delivered by Prof. Uvie Onakpoya on “Establishing a Sustainable Paediatric Cardiac Surgery Service in Nigeria.” He highlighted the substantial burden of children and adults requiring open-heart surgery in Nigeria. He shared the Ife experience in establishing a cardiac surgery unit, outlining the processes, challenges, and opportunities. He called on the Nigerian Cardiac Society (NCS) to support the development of existing national cardiac surgery centres through advocacy for funding, improved access to care, and strengthened training and retraining of personnel.

Alfred Ikeme Memorial Lecture

The Alfred Ikeme Memorial Lecture, delivered in honour of the late Prof. Alfred Ikeme, was presented by Prof. Okechukwu Ogah on “The Utility of Cardiac Registries in Mapping National Disease Burden.” He highlighted the contributions of registries, including the Ibadan Cardiovascular Registry, Ugandan CVD Survey, and Mampirobi Survey, to understanding and mapping the burden of cardiovascular disease in Africa.

Community Basic Life Support Training

The conference also featured free, walk-in Basic Life Support (BLS) training for residents of Lagos. The training was held daily at the conference venue, providing members of the public with practical skills in basic emergency life support.

Annual General Meeting and Election of National Executive Council and Zonal Representatives

The Annual General Meeting (AGM) was held on Friday, 25th September 2026. In accordance with the NCS Constitution, the Electoral Committee, chaired by Prof. Sulei Solomon Danbauchi, with other members Prof Adeola Animasahun, Prof Chizindu Alikor and Prof. Basil Nwaneri Okeahialam serving as Returning Officer, conducted and moderated the electoral process.

The AGM subsequently elected the following officers to serve on the National Executive Council (NEC) for the 2026–2028 tenure, with immediate effect:

A. National Executive Council

1. President	Prof. Rasaaq Ayodele Adebayo
2. Vice President	Prof. Akintunde Adeseye Abiodun
3. Secretary General	Prof. Ejiroghene Martha Umuerrri
4. Assistant Secretary General	Dr. Adeola Olubunmi Ajibare
5. Treasurer	Dr Queennette Obby Daniels
5. Publicity Secretaery	Dr Ifuekele Fidelis Okoebor
6. Immediate Past President	Prof Augustine Nonso Odili
7 Immediate Past Secretary General	Prof Chizindu Akubudike Alikor

C. Zonal Representative as part of the expanded National Executive Council.

i. South-West Representative:	Dr. Joy Oshun
ii. South-South Representative:	Dr. Tolulope Taiwo shogade
iii. South-East Representative:	Dr. Nneka Clara Udora
iv. North-Central Representative:	Dr. Elizabeth Tomilola Emmanuel
v. North-West Representative:	Dr. Ruqayya Nasir Sani

OBSERVATIONS

The Nigerian Cardiac Society noted with concern the following issues relating to the theme and sub-themes:

1. Cardiovascular diseases and their complications are rising across the continent, driven by the increasing prevalence of cardiovascular risk factors. The socio-economic burden of the growing cardiovascular diseases in Nigeria is rapidly impacting the overall health of Nigerians.
2. There is intense pressure on personnel involved in managing cardiovascular disease (CVD) in sub-Saharan Africa.
3. A clear shortage of critical infrastructure, including cardiovascular centres of excellence with broad national distribution, is evident.
4. Access to advanced cardiovascular care remains uneven across Nigeria, with specialist services, catheterization laboratories, cardiac imaging, electrophysiology, and cardiac surgery concentrated mainly in a few urban centres.
5. Gaps in emergency medical services, referral coordination, ambulance coverage, and timely access to reperfusion and surgical care contribute to avoidable delays in the management of acute cardiovascular emergencies.
6. The cost of treating and managing cardiovascular diseases is astronomical, compounded by poor health financing, high out-of-pocket expenditure in many African countries, and low insurance coverage among the population.
7. The relatively low level of health care activity and funding in Nigeria has left many patients with critical cardiovascular diseases, including those requiring interventional procedures and surgeries, unable to access care. This is due to the lack adequate of insurance programs and sustained government support.

8. Nigeria requires coordinated, sustainable cardiovascular registries and interoperable data systems to define disease burden, monitor outcomes, support quality improvement, guide resource allocation, and evaluate national cardiovascular policies.
9. The increasing number of locally performed cardiovascular interventions and open-heart procedures demonstrates Nigeria's capacity to expand advanced cardiovascular care through sustained investment, structured training, institutional partnerships, and quality-assurance systems.
10. Cardiovascular care (medical and surgical) is not adequately financed in the country, significantly contributing to the burden and poor outcomes of cardiovascular disease in Nigeria. Funding remains sub-optimal, with limited expansion of insurance coverage under the National Health Insurance Act and Universal Health Coverage.
11. Adequate sponsorship and improved funding are required to advance cardiovascular research in the country, through health endowments, the establishment of cardiovascular research consortia/foundations, and public-private partnerships.
12. Insecurity and population displacement disrupt access to cardiovascular prevention, diagnosis, treatment, medication supply, follow-up, and emergency referral services, particularly in rural and underserved communities.
13. Telecardiology, digital health platforms, remote interpretation of cardiovascular investigations, and structured referral networks offer opportunities to extend specialist support to underserved areas, provided that reliable connectivity, governance, training, and data protection are ensured.
14. There is an urgent need for advocacy and collaboration to enhance cardiovascular training in Nigeria.
15. The availability and affordability of essential cardiovascular medicines, diagnostic consumables, implantable devices, and surgical supplies are vulnerable to import dependence, foreign-exchange pressures, and disruptions in procurement and maintenance.

16. The current inadequate number of physicians managing cardiovascular disease, combined with ongoing emigration, highlights the necessity of task shifting and task sharing in Africa. This approach should be implemented in alignment with statutory guidelines.
17. The expansion of advanced cardiovascular care requires coordinated multidisciplinary teams comprising adult and paediatric cardiologists, cardiothoracic surgeons, anaesthetists, intensivists, radiologists, nurses, perfusionists, physiotherapists, scientists, technicians, and other allied health professionals.

RESOLUTIONS

Rising from its 55th Annual General Meeting and Scientific Conference held in Lagos, Nigeria, the Nigerian Cardiac Society resolved as follows:

1. The Nigerian Cardiac Society shall intensify sustained, evidence-based advocacy and engage government, legislators, professional bodies, civil society, the private sector, and patient groups to place cardiovascular health prominently on Nigeria's national and sub-national policy agenda.
2. The Federal and State Governments should establish, equip, accredit, and sustainably fund regional cardiovascular centres of excellence, linked through functional referral networks, to provide equitable access to cardiac imaging, interventional cardiology, electrophysiology, intensive cardiac care, and cardiothoracic surgery.
3. Relevant authorities should develop and enforce a national framework for coordinated, multidisciplinary cardiovascular care, with clear standards for staffing, training, accreditation, clinical governance, quality assurance, and patient safety.
4. Government, development partners, health foundations, and the private sector should provide dedicated and transparent financing for cardiovascular prevention, clinical care, research, infrastructure, workforce development, equipment maintenance, and reliable supply chains for essential medicines, devices, and consumables.
5. The Nigerian Cardiac Society shall strengthen nationwide public education on cardiovascular risk factors, early warning symptoms, emergency response, and healthy

lifestyles through sustained, culturally appropriate partnerships with communities, schools, workplaces, the media, and other relevant stakeholders.

6. The Federal Government and health insurance authorities should include comprehensive cardiovascular prevention, diagnostics, medicines, rehabilitation, interventional procedures, cardiac devices, and surgery within publicly financed benefit packages, while reducing out-of-pocket expenditure and protecting vulnerable patients from catastrophic health costs.
7. The Society urges all Nigerians to adopt heart-healthy lifestyles, including regular physical activity, healthy diets, avoidance of tobacco, moderation of alcohol intake, routine blood-pressure and metabolic screening, and timely use of qualified health services.
8. The Federal Government and relevant stakeholders should fully implement the National Cardiovascular Health Policy through enabling legislation, adequately funded implementation plans, defined responsibilities, measurable targets, and periodic public reporting on progress.
9. The Nigerian Cardiac Society calls for coordinated national cardiovascular registries and interoperable data systems to measure disease burden, monitor access and outcomes, support continuous quality improvement, guide resource allocation, and evaluate policy implementation.
10. The Federal and State Ministry of Health and other stakeholders should continue to integrate the prevention, screening, referral, and long-term management of hypertension, diabetes, and other non-communicable diseases into primary health care, supported by trained teams, essential medicines, appropriate task sharing, telecardiology, and dependable referral pathways.

APPRECIATION

The Nigerian Cardiac Society extends her heartfelt appreciation to the Local Organizing Committee, ably led by Dr Folasade Daniel and the Chairperson of Scientific subcommittee, Prof Adeola Animasahun, for successfully hosting the 55th Annual Scientific and General Meeting of the Nigerian Cardiac Society, EKO 2026. The society also express her gratitude to Federal ministry

of Health, Lagos state government, LASUTH, corporate bodies, industries and individuals for their generous support that contributed to the conference's success.

We also thank the 2026 Asuquo Antia Lecturer, Prof. Olufunmilayo Ogunkunle; the Fabian Udekwu Lecturer, Prof Uvie Onakpoya; and the Prof. Alfred Ikeme Lecturer, Prof. Okechukwu Ogah, for their contributions to the success of the conference.

Long Live the Nigerian Cardiac Society!

Long Live the Federal Republic of Nigeria!



Prof Rasaq Ayodele Adebayo FNCS
President



Prof. Ejiroghene Martha Umuerrri FNCS
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Dr. Ifuekele Fidelis Okoebor
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