

Column



Africa Research Writing Prize 2025

Essay Collection



Editor's Note

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The five winning entries are bold, thoughtful, and practical. From the crumbling of Nigeria's healthcare system to the untapped power of rural education in Benin, these writers cut past the noise to offer blueprints worth reading—because they speak to what's broken, and how to fix it.

Ayomide Alabi critiques Africa's renewable energy transition, arguing that many green projects are built around capital and export rather than equity—leaving rural communities in the dark while powerful actors reap the benefits. Precious Ajayi shows how young Nigerians are being nudged away from agriculture instead of toward it—despite millions in government programming.



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Mo Shehu, PhD
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A Dream For My Country: Building An Estonian Model, Made In Benin

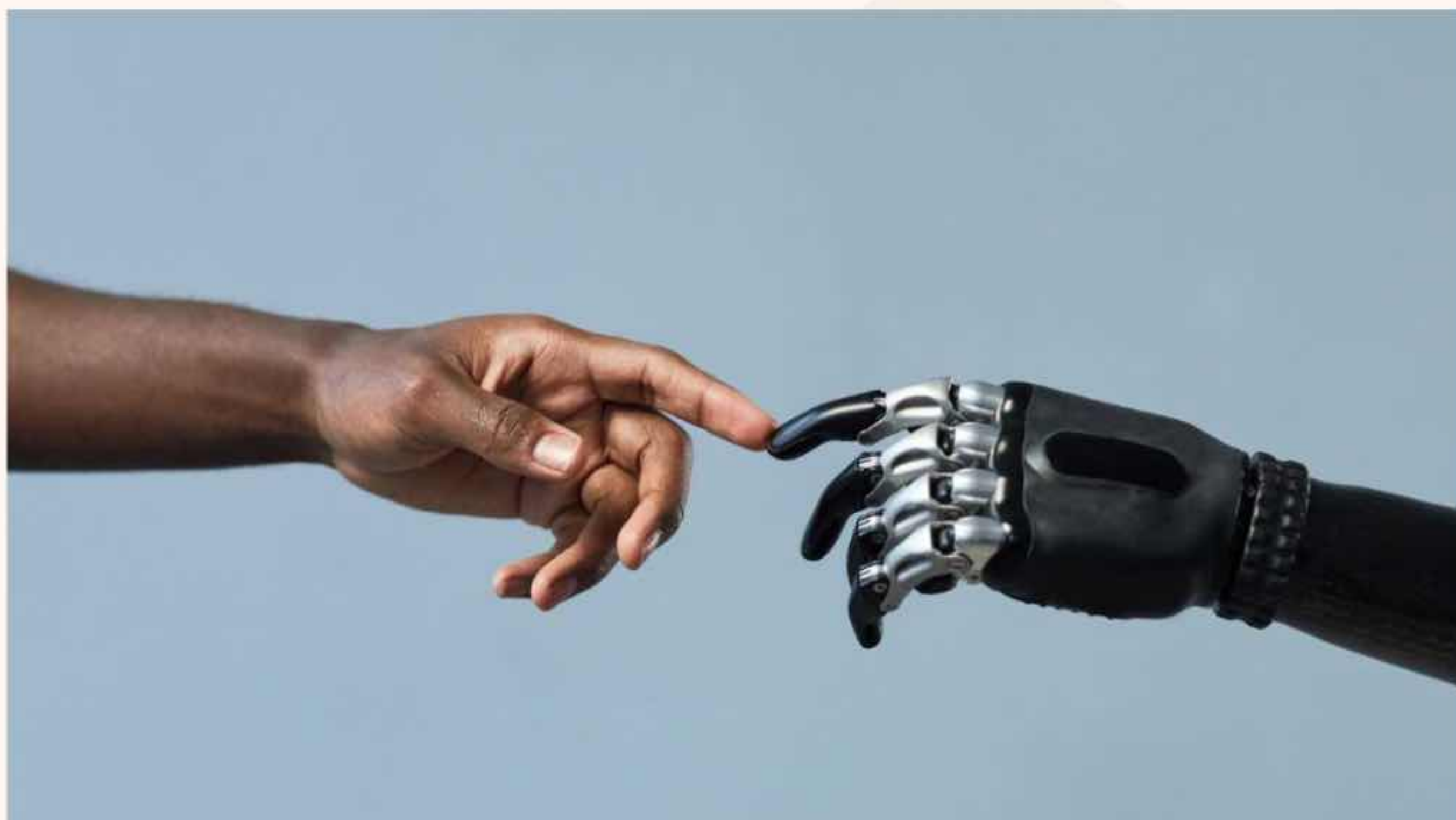
By Aïmane Alassane

"FACED WITH THE RISE OF FUTURE TECHNOLOGIES, BETWEEN RENAISSANCE AND APOCALYPSE, THE CHOICE IS IN OUR HANDS."

My name is Aïmane Alassane, a third-year computer science student at Epitech Benin. Since childhood, inspired by science fiction series, I've nurtured a deep passion for computers and technology. Over time, this curiosity became a purpose: using technology to improve lives.

As I matured, I began to see the social and structural challenges around me. I became convinced that technological progress only matters when it's inclusive. My vision is to contribute to a better world through innovation. And as Mandela said, "Education is the most powerful weapon which you can use to change the world." But change begins with those closest to us.

This article explores a core issue in my country: young people's access to future technologies and the integration of digital tools in Benin's education system. If we can fix this, we can transform our collective future.



The dream

Before writing this article, I spent time reflecting, researching, and questioning. Eventually, I arrived at one conviction: technology—especially artificial intelligence—is the most powerful tool Africa has to close the historical gap it faces. And this transformation must begin with education.

So I share with you a dream: a digital, ambitious, and structured Benin. A Benin inspired by Estonia's digital model, but shaped by our values, our context, and our ingenuity.

The fear

It starts with a fear: our relationship with AI. On one side, a future where humans follow machines blindly; on the other, a world where AI and people work in balance. This is not science fiction—it's a real dilemma.

Some countries understood this early. They chose not to panic but to educate. Estonia's president Alar Karis said: "We know that any major transformation starts with education... That's why we are providing 20,000 students and teachers with free access to leading AI-powered learning tools."

These are powerful words—especially painful when compared to the reality in Benin, where access to digital tools, quality tech education, and a culture of innovation is still limited.

Current challenges in Benin

As of early 2025, only 32.2% of Beninese use the internet despite 4G covering 88% of the country. Cost and lack of digital skills keep most offline, especially in rural areas ([source](#)).

In 2021, only 35% of primary schools had electricity, and just 78% of secondary schools—still below the regional average. In rural areas, access drops to 12% ([source](#)).

A 2011 study revealed that out of 3,725 public secondary schools, fewer than 250 had computer equipment, and only 20 had internet—often slow. Only 3% of surveyed students owned a personal computer, and 15% used the internet for study.

A 2017 follow-up study showed some progress: 92% of students learned to use Word, and 85% gained file management skills. But only 41% learned to search online, and just 35% knew how to use email. Advanced digital skills were almost absent. While there's been some improvement, the scale of the challenge is far bigger than current efforts can meet ([source](#)).

Learning from Estonia

Estonia launched its "[Tiger Leap](#)" program in 1996 to digitize education by equipping schools with internet and computers. Today, it uses advanced digital tools, gives students digital IDs, and manages schooling through online platforms.

This has led to international recognition. In the [OECD's PISA rankings](#), Estonia ranks first in Europe and among the best globally. In 2025, it [partnered](#) with OpenAI to give 20,000 students and teachers access to tools like ChatGPT, aiming to create a digitally literate society.

Benin's response: our own model

We must not copy Estonia, but adapt its model. And we're already taking the first steps. Kevin Degila has trained [26](#) Beninese teachers in AI and prompt engineering. The [BLOBUS](#) initiative brings digital access to remote areas through a tech-equipped bus.

But these are just the beginning. We must scale these efforts and embed them across the education system.

Addressing key barriers

We need political will to invest in electrification and digital infrastructure. Concrete steps must begin with expanding internet coverage and making data more affordable, so that even low-income and rural communities can connect to the digital world.

Alongside this, rural electrification should be accelerated using a mix of solar, wind, and grid-based systems to ensure schools and homes have consistent power.

With electricity and connectivity in place, the next move is to equip key schools with functional computer labs that are connected to the internet, creating environments where digital learning can take root and grow. Even basic tools like Microsoft Office, Figma, Scratch, and Godot can open new horizons.

Revolutionizing computer education

To accelerate progress, we need to train the trainers. And that means empowering youth. Benin produces thousands of tech-savvy students every year. Many already use tools like **ChatGPT, Notion, and Figma.**

We can build a circular learning model that starts with technical students sharing their skills with peers in non-technical fields, creating a ripple effect of knowledge. These newly trained students can then support teachers by leading hands-on workshops, building their confidence and competence with digital tools.

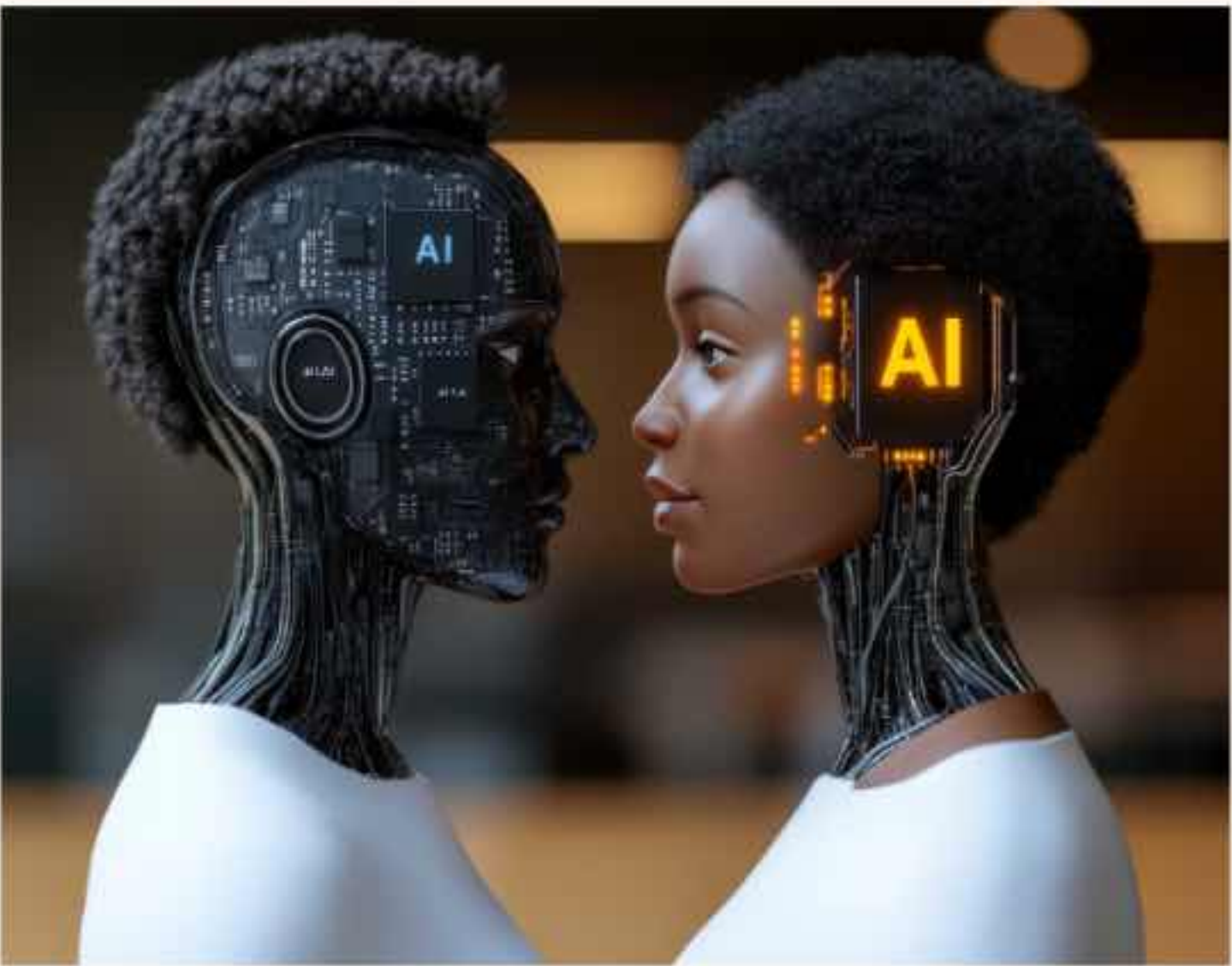
Once equipped, teachers can integrate these tools into their daily teaching practices, making classrooms more interactive, modern, and relevant to the digital age.



The role of AI

AI can become an essential co-pilot in the classroom. For teachers, it can streamline lesson planning, tailor learning materials, and simplify assessments, freeing up more time for mentorship and engagement. For students, AI can serve as a 24/7 tutor, offering explanations, quizzes, and project ideas at their own pace.

As digital exposure becomes more widespread, Benin can begin to channel youth into specialized fields such as cybersecurity, game development, and digital design—areas that are not only in demand globally but can also spark local innovation.



National digital training tour

To democratize access without disrupting school schedules, we can launch a national digital training tour through bootcamps organized during Christmas, Easter, and summer holidays.

These bootcamps can be held in schools, community centers, and local tech hubs, bringing workshops on AI, coding, robotics, and cybersecurity to students across urban and rural areas.

Such seasonal programs would ensure consistent outreach and give students practical, hands-on experience with future-facing technologies.

Raising the digital age floor

The long-term goal is to embed digital literacy into the national mindset—from early education to tertiary institutions.

This approach starts with young adults, who already have some exposure, then expands to teenagers, and eventually reaches children. Over time, digital skills should become as natural as reading and writing.

Imagine a 10-year-old Beninese child confidently designing a simple video game, programming a robot, or automating a basic task with Python. That future is possible if we invest in structured, inclusive, and continuous learning.

Conclusion

Benin must not stand on the sidelines of the digital revolution. The world is moving fast, and we must catch up. This is more than a dream—it’s a plan. We already have the intelligence and energy. What we need now is vision, coordination, and the courage to act. Let’s build a digital Benin. Not a copy of Estonia—but a version shaped by us, for us.

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Bio

Aïmane Alassane is an aspiring AI Scientist passionate about applying mathematics and data to transform daily life. Currently a 3rd-year Computer Science student at Eptech Benin, he explores innovative approaches to education and leverages data for problem-solving. He builds his career on constant learning and solution-oriented thinking.



The Catastrophic Medical Brain Drain in Nigeria: A Healthcare Crisis Demanding Radical Solutions

By Rejoicing Innocent



Nigeria's elite has perfected a dark form of state-sanctioned euthanasia. While legislators fly to Dubai to get checkups, a woman dies every seven minutes during delivery within Nigeria's territory, the all-too-direct consequence of the deliberately overlookable neglect that fuels the world's fastest medical brain drain [1].

Up to 2023, the United Kingdom (UK) remains the destination of choice, with over 12,000 Nigerian physicians. The United States, Canada, and Germany are following closely. But with a maternal mortality rate 28 times Britain's, Nigeria is the dystopian exemplar of the way a nation can systematically dismantle its own healthcare system [2].

This talent haemorrhage is not haphazard. It is a natural outcome of policy choices that value oil revenues over human life, foreign debt service over hospital equipment, and political ego initiatives over educated midwives. The bodies piling up in understaffed maternity units across Kano and Katsina are not tragedies, but a manifestation of a system that has abandoned its most noble duty to protect its people.

In a crowded teaching hospital in Lagos, Nigeria. Dr. Amina scans her full patient list of over 100 to get through before lunch. At the end of the corridor, three cardiac monitors flash irregularly, as the technician who knew how to calibrate them now resides in a London suburb. Midwives deal with complicated births alone in the maternity wing because the last obstetrician left for Canada six months ago. This is Tuesday morning in Nigeria's health system.

The Anatomy of Collapse

Brain drain involves the migration of skilled workers out of their countries to more developed nations in search of better remuneration, working conditions, and political stability [3]. Nigeria's healthcare system operates in a state of engineered scarcity. With only 74,543 registered doctors for 218 million people, the doctor-patient ratio stands at a catastrophic 1:3,500—six times worse than the World Health Organisation's (WHO) minimum standard of 1:600 [4].

While the WHO recommends 4.45 doctors, nurses, and midwives per 1,000 population to achieve universal health coverage, Nigeria struggles below 2.1 [5]. Specifically, less than 50% (30,000) of Nigeria's 80,000 registered doctors currently practice domestically [6]. Around 200 pharmacists have left Nigeria to work abroad [7].

This critical shortage delays access to quality healthcare, reduces usage of accredited facilities, and drives reliance on unorthodox alternatives—all key factors worsening national health indices. Tragically, Nigeria accounts for 28.5% of global maternal deaths (82,000 annually), while infant mortality reaches 72 per 1,000 live births, the fourth highest worldwide [2]. This translates to pregnant women in rural Borno delivering by flashlight, surgeons in Lagos reusing gloves, and elites spending \$1 billion annually on medical tourism while 50% of households face "catastrophic health spending" [2]. The situation isn't a crisis but a state-enabled massacre.

The Rot Beneath the Exodus

The mass departure of healthcare professionals represents a rational response to systemic betrayal. Nigerian doctors earn less than \$500 monthly—a fraction of the \$316,000 their counterparts make in the UK as illustrated (Table 1). This forces many to survive on locum shifts that pay more for one weekend abroad than three months of domestic service.

But financial exploitation is only part of the story. A newspaper publication by Punch on September 1, 2024 mentioned that medical facilities have become killing fields where doctors report kidnapping threats or terrorist violence, turning hospitals into high-risk zones rather than sanctuaries [8]. The infrastructure decay is equally grotesque: 70% of primary clinics lack functioning X-ray machines, forcing diagnoses to rely on guesswork [9].

Meanwhile, Western nations compound the crisis through hypocritical recruitment. While the UK publicly condemns "unethical recruitment," its National Health Service (NHS) actively hires over 900 Nigerian doctors annually through targeted visa schemes, creating a perverse pipeline that drains \$2 billion yearly from Nigeria's economy through lost training investments and medical tourism [11]. This isn't mere brain drain; it's a transnational extraction economy built on Nigerian suffering.

While the exodus is fueled by neglect and extraction, hope exists. Proven solutions from across Africa and adaptable OECD models offer a concrete blueprint for reversal.

Table 1: Top four developed countries attracting the most Nigerian doctors. The disparity in annual income between these countries and Nigeria underscores why healthcare professionals are leaving in droves.

Country	Number of Nigerian doctors	Year	Average annual income
United Kingdom	12,198	2023	\$138,000
United States	4,000	2020	\$316,000
Canada	932	2020	\$194,000
Germany	133	2020	\$183,000

Data adapted from Dataphyte research [2].

Evidence-Based Solutions from the Continent

Nigeria does not need to reinvent solutions to stem the medical exodus. It must merely engage in radical, multi-pronged interventions targeting root causes while drawing on existing success stories from Africa and the diaspora.

Financially, immediate retention demands shock therapy. Rwanda’s reallocation of 30% of health budgets to staff welfare, increasing salaries by 50%, reduced doctor attrition by 60% within three years [11]. Fiscally, Nigeria should ring-fence 15% of petroleum revenues toward healthcare compensation, issuing Health Workforce Stabilisation Bonds to benchmark salaries at 60% of UK equivalents (\$83,000 annually) with rural hazard allowances [12]. Tanzania demonstrated that linking leader benefits to performance and banning medical tourism for officials eliminated drug shortages in 18 months through enforced accountability [11].

Protectively integrated security is non-negotiable. Ghana’s “Doctors in Blue” program reduced kidnappings by 80% by embedding police units in rural clinics, directly addressing safety concerns cited by 78% of Nigerian physicians [11]. Operationally, this must be matched with decentralised equipment procurement via Nigeria’s planned Medical Special Economic Zones (SEZs), replicating Calabar Free Trade Zone models to ensure stable power, modern diagnostics, and tax-free equipment imports [13].

One highly promising approach combines hybrid diaspora engagement with flexible working patterns. Ethiopia demonstrated this strategy’s viability by leveraging its diaspora through 5% tax-free bonds, mobilising \$200 million for specialised facilities like the Tigray Cancer Centre [11]. Nigeria can capitalise by creating a National Medical Diaspora Initiative enabling virtual mentoring, telemedicine, and rotational service with housing incentives.

This initiative could integrate lessons from the UK’s adaptable staffing pools and Canada’s licensure reciprocity for foreign-trained physicians [13].

Expanding community-based National Health Insurance Authority programs to cover Nigeria's informal sector (82% employment) is essential to halt catastrophic out-of-pocket costs affecting 50% of households [12].

Forced public-private partnerships under corporate stewardship offer another path. Angola's Sonangol Clinic reduced maternal deaths by 40% through "adopt-a-hospital" schemes mandating resource firms to fund hospitals [11]. Nigeria must legislate similar mandates for Shell/Chevron in oil regions and accelerate Medical SEZs with autonomous management, a model projected to save \$1 billion in medical tourism losses.

Globally, developed countries mirror these efforts. The UK NHS's flexible rostering combats burnout, while Germany's accelerated licensing and language training address shortages [14]. Dually, these reforms reflect Nigerian physicians' core demands. 92% prioritise compensation, while 86% emphasise workplace safety.

Proposed Implementation Path

Procedurally, Nigeria could roll out reforms through:

- Emergency pay bonuses (Months 1–3)
- Security deployments to hotspots (Months 4–6)
- SEZ activation (Year 1)

Accountably, this solution requires a "Trust Vaccine": enhanced monitoring of health services (as Uganda's Health Monitoring Unit did to cut bribery in the health sector by 50% [15]) and enforcing President Tinubu's retirement age extension to 65 years not as isolated gestures but as part of a comprehensive workforce strategy.

African-proven models integrated with OECD adaptations create an effective template. Financial dignity, security, and professional growth must replace sacrificial patriotism as Nigeria's retention policy.

With half of the remaining physicians planning to depart in five years or less, blending these approaches offers the last functional lifeline [12].

Final Thoughts

Nigeria stands at a crossroads: invest in healers or bury citizens. The solutions are available. Rwanda has proved salaries save lives; Ghana has shown insurance keeps out bankruptcy; Ethiopia has demonstrated diaspora capital builds hospitals. What's missing is not money or knowledge, but moral courage to hold human dignity more important than political kleptocracy.

When a Nigerian doctor in Manchester can video-conference into a rural clinic but won't do it because of outstanding salaries or threats to kill, that is not brain drain; it's a vote of no confidence in national leadership. The revolution begins not with the mass return of doctors, but with the mass uprising of political will. As Nigerian doctors in London watch, their homeland must decide: will it remain a graveyard of potential, or become Africa's next epic redemption story? The corpses of 82,000 mothers annually demand an answer.



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Bio

Innocent Rejoicing Chijindum is a pharmacist, public health researcher, and passionate mental health advocate. She holds a Bachelor of Pharmacy and presently facilitates evidence-based care in Africa. Her research closes the gap between pharmaceutical science and health priorities, such as improved access to essential medicines and mental health outcomes. She trains early-career researchers, publishes high-impact reviews, and advocates for evidence-informed decision-making in health. Her vision is to see a world where systematic reviews drive safe, effective, and affordable drug use—where quality pharmacological care is the standard, not an exception, in Africa's diverse healthcare systems.





Green Energy For Who? The Socio-Political Divide In Africa's Renewable Energy Push

By Ayomide Alabi

I realized recently that I've written about almost everything—except the one sector that first inspired me to write: energy.

Africa is often cast in international energy discussions as either the land of endless poverty and bad governance or the continent brimming with potential yet perpetually stuck. Sometimes, it's both. But either way, the continent of sun, wind, and water is expected to be central to the global green energy push. The stats are promising, yet they often mask an uncomfortable truth: the transition might not serve ordinary Africans.

As someone with an interest in energy law, I've read the policy papers, reviewed Power Purchase Agreements (PPAs), and tracked Energy Transition Plans (ETPs). I've seen the same pattern repeat: renewable energy projects designed for the people, but not with the people. Deals signed in capital cities while villages rely on kerosene lamps. This article explores how, if left unchecked, Africa's renewable energy transition risks replicating the same extractive models of the past—where a few benefit while many stay in the dark.

The mirage of universal access

One of the most harmful assumptions is that renewable energy will automatically deliver universal access. It doesn't. Most large-scale green projects in Africa are built for industry and export. Solar farms in the Sahel, wind farms in Kenya, and hydropower in the Congo often serve mining operations, urban centers, and cross-border grids—not rural households. As of 2023, 600 million people in sub-Saharan Africa still lacked electricity—80% of the world's total. Grid expansion and solar kits have helped, but rural communities are still left behind.

Take the Lake Turkana Wind Power Project in Kenya. It's one of Africa's largest wind farms at 310 MW. Yet only 10–15% of households in Turkana are connected to the grid. The legal frameworks that enabled the project were designed for private investors and national priorities—not local electrification. Without deliberate safeguards, Africa's clean energy future will deepen the same inequalities as the fossil fuel era.

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Without deliberate safeguards, Africa's clean energy future will deepen the same inequalities as the fossil fuel era.

Power without people: Who really benefits?

PPAs with multinational energy firms often prioritize investor protections, repayment schedules, and state guarantees. Community rights, land conflicts, and environmental risks are sidelined. These contracts are rarely public. Displaced communities and those who lose traditional livelihoods are typically ignored.

Energy policymaking in Africa is still largely top-down. Ministries sign deals. Regulators issue permits. Financiers drive terms. Communities are either excluded or given token consultations. This isn't just unjust—it's risky. Projects face backlash, lawsuits, and legitimacy issues. We've seen this with Nigeria's stalled Mambilla hydropower project, protests in Uganda's Bujagali dam, and rural grid neglect in Zambia.

Power without people: Who really benefits?

Many African countries have bold energy transition plans. But the laws to implement them often lack enforceable protections for communities. Benefit-sharing is rare. Dispute resolution is weak. Investors still hold most of the power.

There are glimmers of change. Nigeria's 2023 Electricity Act opens sub-national energy markets and supports decentralized systems. But implementation is patchy, and power still rests heavily with private players. It's easier to close a \$100M solar deal than ensure rural women's cooperatives have first access to the electricity it generates.

A green transition or a new extraction?

Without caution, we risk reproducing the same problems: big infrastructure, foreign capital, local displacement, and wealth for the elite. Swapping oil rigs for wind turbines doesn't fix structural inequality. If the legal and governance frameworks aren't designed to spread benefits, this transition will look just like the last one.

What needs to change?

First, benefit-sharing must be legally binding. Like the Petroleum Industry Act in Nigeria, renewable projects should be required to support host communities—through trust funds, education, health, and infrastructure. These obligations should be embedded in project licenses, not left to CSR.

Second, energy contracts must be transparent. At minimum, they should be subject to parliamentary or community oversight. Confidentiality shouldn't be a cover for exclusion.

Third, we need real support for decentralized energy—mini-grids, solar home systems, cooperatives. Kenya increased grid access from 37% in 2013 to 79% a decade later by embracing these models.

Fourth, community participation must be real, not performative. From the design stage, communities should help shape the projects—not be informed after the fact.

Final word

I've seen the contracts, watched negotiations, and heard the concessions. I've also seen the silence of communities brushed aside by bureaucracy. The energy transition isn't just about technology, but about governance, justice, and people.

If Africa is to own its clean energy future, we must fix the legal and policy flaws of the present.

This shift must serve the teacher in Kokahoue, the farmer in Kasese, the girl doing homework by candlelight in Okitipupa. Not just the elite or foreign investors.

Finally, I want to acknowledge the group "Friends of Lake Turkana" (FOLT)—a women-led, indigenous organization advocating for justice in the Turkana Basin. Their work deserves more recognition. More groups like FOLT are needed across Africa.



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Bio

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Why Nigerian Youth Avoid Agriculture

By Precious Ajayi



Throughout Nigeria's history, efforts have been made to foster cross-regional unity and boost internal development. One such initiative is the National Youth Service Corps (NYSC), established in 1973 under General Yakubu Gowon shortly after the Nigerian Civil War.

Despite having a large and growing youth population, Nigeria faces one of the highest youth unemployment rates in Africa—53.4% as of Q4 2022 (Adeiye, 2023). While agriculture currently employs about 30.1% of Nigerian youth (NBS, Nairametrics, 2024), interest remains low. Programs like Skills Acquisition and Entrepreneurship Development (SAED) and agro placements were introduced by NYSC to reduce unemployment and foster national growth. Yet, youth participation in agriculture is still underwhelming. Why?

Understanding the problem

A major barrier is perception. In an era dominated by AI and social media, many young people see agriculture as dirty, outdated, and unprofitable. Despite evidence from Osabohien et al. (2021) showing that farming can reduce household poverty by up to 17%, interest stays low. NYSC agro programs often feel forced, disconnected, or poorly structured. Balogun (2018) argues that institutional inefficiencies have led to corps members being placed in irrelevant roles, limiting skill acquisition and impact.

In addition, most SAED and NYSC agro trainings are theoretical and classroom-based. This undermines practical learning, which is essential for career readiness. Adelakun et al. (2019) found that only 17% of participants had an agricultural background, and even fewer established agribusinesses afterward. With only 64% of corps members positively disposed to SAED, it's unsurprising that interest fades once service ends.

Structural barriers further compound the issue. Poor supervision, lack of training facilities, and inconsistent policies prevent corps members from turning training into viable businesses. Land access is a major challenge, complicated by insecure land tenure and intergenerational ownership conflicts. Post-service support is nearly non-existent—no starter tools, credit, or mentorship. As Njoku (2017) notes, fewer than 10% of youth entrepreneurs in agriculture access formal credit, which is critical for success.

Practical solutions

To make NYSC agro placements useful, the program should shift from passive learning to hands-on, project-based experiences. Assigning each corps member—or a small group—a farm plot or greenhouse during service will give them real exposure. NYSC should partner with private farms, agritech firms, and commercial estates to provide mentorship, practical work, and even job placement. This kind of real-world learning can transform agriculture from a chore into a career option.

Beyond service year, NYSC must help link interested corps members to opportunities. That means easier access to small loans, agribusiness grants, and incubators offering training and tools. Existing programs like the Central Bank's Anchor Borrowers Scheme and NIRSAL loans must be more youth-accessible. A database of trained agro corps members can help match them with projects and investors, turning temporary exposure into long-term paths.

Agriculture also needs a brand overhaul. Young people often avoid it because it doesn't seem cool or rewarding. To fix this, NYSC and its partners can use social media to showcase successful young agri-entrepreneurs. Real stories showing innovation, income, and impact can change perceptions. Influencers can promote farming in creative ways on TikTok, Instagram, YouTube, and Twitter. NYSC could launch competitions like an "Agro Challenge," where corps members showcase their farm projects and win grants. Making farming visible, rewarding, and youth-driven can shift public perception.

How this could work in Nigeria

For any of this to succeed, better coordination is needed among NYSC, the Ministry of Agriculture, state governments, agribusinesses, and financial institutions. NYSC must focus on effective placements; the ministry should support with land and policies; agribusinesses can provide mentorship; and financial bodies must simplify access to credit.

Most crucially, agriculture must stop being seen as a fallback. Media campaigns can help, but real change will come when young people begin to succeed and others see the results. With the right structure, support, and storytelling, NYSC agro programs can become launchpads, not stop gaps.

Conclusion

Nigeria has a large, vibrant youth population burdened by unemployment—and an equally large opportunity in agriculture. NYSC was built to unify the country and create opportunities, but its agro programs fall short. With better design, stronger partnerships, and consistent post-service support, we can help youth see agriculture as a business worth pursuing.

The goal isn't to force them into farming. It's to show that it works.

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Bio

Precious Ajayi is a passionate researcher and writer with a keen interest in making change in Africa via policy review and research. His work explores societal paradigm shifts, with the goal of amplifying African voices and perspectives. Outside academia, he tutors students in his alma mater to ensure they graduate with flying colors.



Environmental Determinants Of Vector-Borne Diseases: The Case Of Inadequate Housing In Enugu

By Amarachi Maduwuba



Enugu, a city of over 847,000 people, has many densely populated slums like Ogui, Abakpa Nike, and Iva Valley. These areas are crowded with poorly planned or makeshift housing, often lacking basic sanitation.

In a survey of 459 residents, 43.8% lived in one-room apartments. Nearly a third had broken floors (28.8%), 18.3% had leaky roofs, and over half (56.9%) lived in poorly ventilated homes. A striking 91.5% had unkempt gutters, and just 11.1% had complete plumbing.

Only 37.3% had access to pipe-borne water, while 13.7% lacked adequate toilets. These conditions create perfect breeding grounds for mosquitoes and rodents. Unsurprisingly, 95.4% reported mosquitoes in their homes, and 84.3% saw rats.

These housing flaws directly raise the risk of vector-borne diseases. Malaria or fever was the top health complaint for 97.4% of respondents. In the six months before the study, 56.2% had fallen ill—all with malaria. Typhoid was also reported by 37.2%.

National data supports this trend. Nigerian children under five living in poor-quality housing are 1.4 times more likely to contract malaria. A 2025 study across eight southeast Nigerian slums linked structural flaws—open eaves, broken floors, clogged gutters—to high indoor mosquito presence and malaria.

In Alulu-Nike's peri-urban communities, a study found 32.4% malaria prevalence among 1,440 people. *Anopheles gambiae*, the main malaria vector, was the dominant indoor mosquito. Larvae thrived in waste tires, gutters, and stagnant water stored in homes.

Enugu's heavy rains from March to October and poor drainage worsen the problem. Overflowing gutters and prolonged flooding create long-lasting mosquito habitats, with breeding cycles completing in just 7–10 days.

Improving slum housing is key to better health. Community-led interventions offer a proven way forward.

Adding mesh to windows, doors, and eaves has proven effective in reducing mosquito entry. In Gambia, this approach led to a 79–96% drop in mosquito presence, with children in screened homes showing less anaemia. A similar trend was observed on Bioko Island, where malaria prevalence in screened homes was 9.1% compared to 20.1% in unscreened homes.

Beyond screening, sealing roof eaves—commonly left open in slum housing—reduced indoor mosquitoes by 95% in trials conducted in Gambia.

When these physical barriers are paired with insecticide-treated nets, the effect compounds: a 16-month trial in Ethiopia showed lower infection rates in homes with both interventions than in those using nets alone.

These interventions work best when led by the community. In Nyimba, Zambia, a project trained local masons and carpenters to install and maintain screens using PVC mesh. A year later, 90% of the window screens were still in place, and households were actively involved in upkeep.

Similar efforts in Enugu would benefit from partnerships with NGOs and municipal bodies to subsidize the cost of materials and offer payment plans for low-income families. Training programs should teach residents how to repair screens, drain stagnant water, clear gutters, and cover water containers to reduce breeding grounds.

Monitoring and evaluation should be built into the process. Local primary healthcare centers can track progress over time—ideally with six- and twelve-month check-ins—to assess the impact on both household practices and disease prevalence.

Why this can work in Enugu

There is strong local and regional evidence that housing-based interventions can reduce infections. These efforts align with Nigeria's National Malaria Strategic Plan (2021–2025), which explicitly supports improvements to housing as part of a broader public health strategy. Screens are a cost-effective solution—they're affordable, durable, and not affected by growing mosquito resistance to insecticides.

More importantly, these solutions work best when the community is involved. Local ownership ensures better uptake and long-term maintenance. And when physical improvements are combined with existing tools like treated nets and medicines, the protective effect is even stronger.

Conclusion

Vector-borne diseases like malaria are driven by poor housing in Enugu’s slums. Data shows that small changes—screens, sealed gaps, clean gutters—can reduce mosquito presence and illness.

When communities lead these changes with public health support, results are lasting and effective. This isn’t just about spraying chemicals or handing out medicine, but about making homes safer.

Improving housing must be part of Enugu’s public health response. Done right, it can save lives and restore dignity to slum communities.



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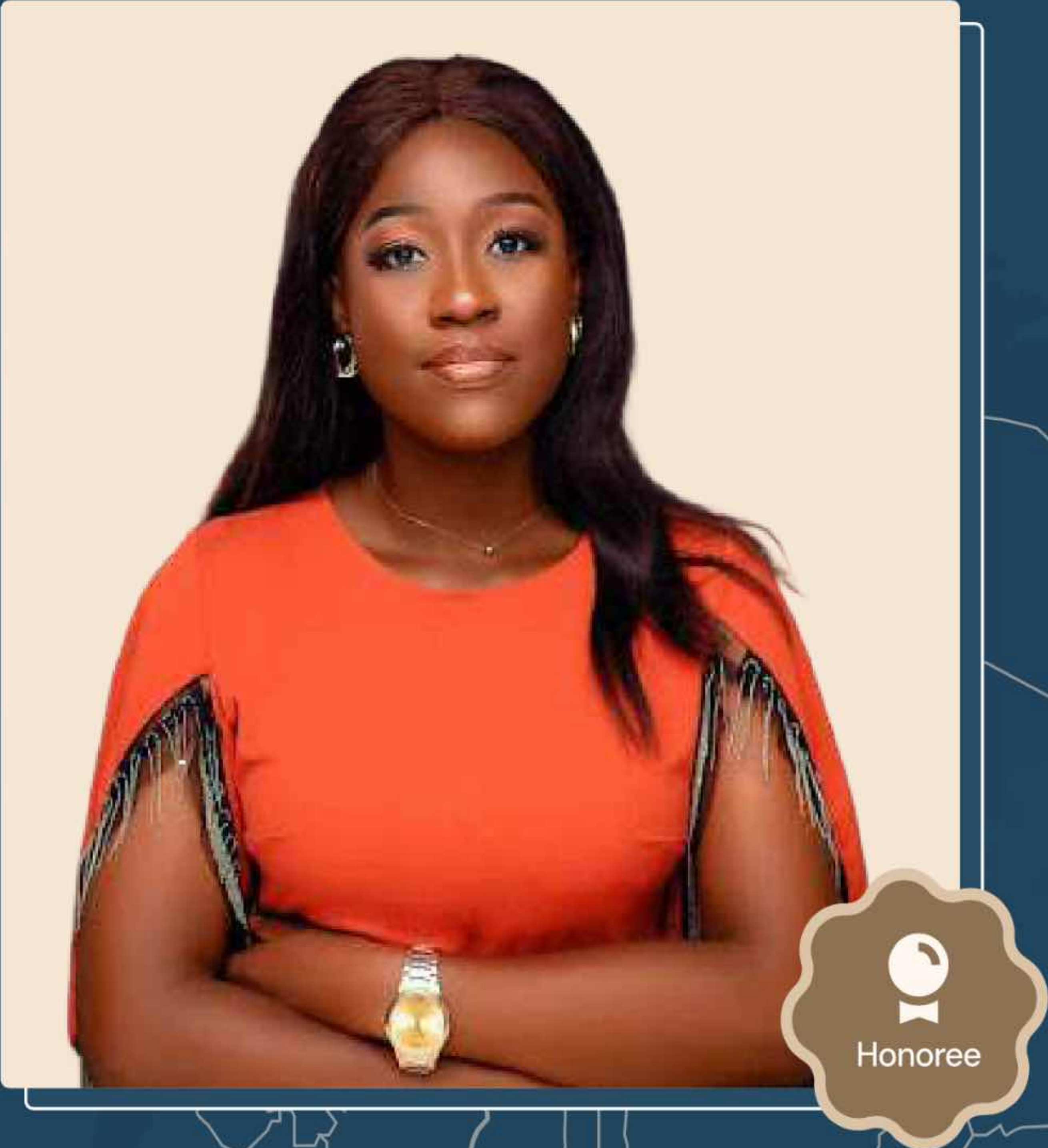
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