

Financing the fight against Lassa Fever: A 10-year review of national budgetary allocations and donor contributions in 10 endemic African countries (2014–2024)

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Introduction

Lassa Fever (LF) poses a recurrent public health threat in Africa. Despite its epidemic potential, financing for preparedness remains inadequate across many endemic countries. This review examines the national budgetary allocations and donor contributions of 10 endemic countries towards LF preparedness, with a focus on sustainability and alignment with national policies.

Methods

A structured review of national health budgets, expenditure frameworks, and donor databases was conducted across ten LF-endemic countries: Nigeria, Sierra Leone, Liberia, Ghana, Guinea, Benin, Togo, Mali, Burkina Faso, and Côte d'Ivoire. Data sources included WHO Joint External Evaluations, World Bank Health Financing Profiles, and OECD Creditor Reporting System records. Preparedness financing was categorized into six domains: surveillance, laboratory capacity, emergency operations, infection prevention and control, case management, and risk communication.

Results

National budgetary allocations for LF preparedness were limited, with less than 17% of total funds originating from domestic sources. Nigeria showed

the highest allocation but largely through emergency spending, not sustained budget lines. Post-Ebola reforms in Sierra Leone and Liberia improved donor alignment, yet domestic investment remained low. Other countries had no specific budget lines for LF, with funding dispersed under broader communicable disease programs. Donor funding from WHO, USAID, ECDC, and the World Bank Pandemic Emergency Financing Facility often filled critical gaps but was mostly short-term and response-focused. Weak donor coordination and duplicative project funding were reported by stakeholders in six of the ten countries.

Conclusion

LF preparedness financing across endemic African countries remains heavily donor-dependent, poorly structured, and unsustainable. There is an urgent need to institutionalize epidemic financing within national budget cycles, with specific allocations for LF preparedness and health emergency infrastructure. Governments should establish public health emergency funds, adopt budgetary contingency frameworks, and explore innovative domestic financing approaches, such as levies on high-risk industries or integration into health insurance schemes.