

Beyond financial autonomy: Strengthening local governments for effective epidemic response in Nigeria

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Introduction

Local governments are indispensable to public health emergency preparedness due to their proximity to communities and capacity for localized responses. Countries have shown that empowered local authorities can effectively lead outbreak surveillance, risk communication, and response coordination. In Nigeria, however, local governments remain structurally limited by fiscal dependence on states, ambiguous constitutional status, and weak institutional autonomy, undermining their contributions to epidemic response, including for Lassa Fever. The 2024 Supreme Court ruling mandating financial autonomy has rekindled policy interest in decentralization. However, questions remain about whether fiscal reforms alone can enable meaningful change in health emergency governance.

Methods

This study uses qualitative policy analysis, including document review, stakeholder interviews, and thematic coding. Key documents analyzed include the National Action Plan for Health Security (NAPHS), state preparedness plans, and relevant legal frameworks. Eighteen semi-structured interviews were conducted with local health officials, policymakers, and civil society actors across three Lassa Fever-endemic states (Edo, Ondo, Bauchi).

Results

The findings show a consistent pattern of insufficient integration of local government in core epidemic preparedness structures despite statutory responsibility over primary health care. Structural bottlenecks include limited budgetary discretion, overlapping mandates with state health authorities, and poor political representation. However, in states like Ondo and Edo, preliminary policy shifts following the Supreme Court ruling are enabling limited, but promising, local innovations in disease surveillance and response coordination. Stakeholders stressed the need for more than fiscal decentralization, emphasizing participatory governance, clearer mandates, and community trust as essential for success.

Conclusion

Financial autonomy is a necessary but insufficient condition for effective local epidemic preparedness. True decentralization requires political and democratic strengthening of local governments through elected leadership, accountability mechanisms, and institutional reforms. Only then can they fulfil their potential as drivers of community-centred health resilience and Lassa Fever response.