Proceedings of the ECOWAS 2nd Lassa fever International Conference in Abidjan, September 8 – 11, 2025

Sustainable financing for Lassa fever outbreak response: Policy and insurance integration in Nigeria

Vivian Oluchi Nwechi[1,&], Yetunde Abioye[1], Fatima Saleh[1], Jibril Mayowa Alliyu[1], Esther Chioma Fejiokwu[1], Stephen Ohuneni Adeshina[1]

[1]Nigeria Centre for Disease Control and Prevention, Abuja, Nigeria

[&]Corresponding author: Vivian Oluchi Nwechi, Nigeria Centre for Disease Control and Prevention, Abuja, Nigeria, **Email:** vivian.nwechi@ncdc.gov.ng

Citation: Vivian Oluchi Nwechi et al., Sustainable financing for Lassa fever outbreak response: Policy and insurance integration in Nigeria. Journal of Interventional Epidemiology and Public Health. 2025;8(Conf Proc 5):00298.

DOI: https://doi.org/10.37432/JIEPH-CONFPRO5-00298

LINK: https://afenet-journal.org/sustainable-financing-for-lassa-fever-outbreak-response-policy-and-insurance-integration-in-nigeria/

Received: 24/03/2025 **Accepted:** 09/07/2025 **Published:** 12/08/2025

Keywords: Lassa fever, health insurance, policy integration, epidemic preparedness, Nigeria

This is part of the proceedings of the ECOWAS 2nd Lassa fever International Conference in Abidjan, September 8 – 11, 2025

Introduction

Lassa fever remains endemic in Nigeria, yet diagnostics, treatment, and hospitalization are excluded from the National Health Insurance Scheme (NHIS), leaving most patients to cover costs out-of-pocket. With NHIS coverage below 10%, both epidemic preparedness and financial protection are compromised. The 2022 National Health Insurance Authority Act offers a policy window to integrate *Lassa fever* services into NHIS and advance Universal Health Coverage (UHC).

Methods

A systematic desk review of national health policy, epidemic preparedness, and financing documents published between 2010 and 2024 was conducted using the PRISMA framework. Key sources included the NHIS Operational Guidelines (2012), National Health Policy (2016), NHIA Act (2022), Nigeria's UHC Roadmap (2020–2030), and NCDC Lassa fever Incident Action Plans (2023–2024). Screening identified 62 unique records, 31 full texts were assessed, and 17 documents met the inclusion criteria. Thematic analysis explored gaps in benefit design, financing barriers, and the roles of the Basic Health Care Provision Fund and the COVID-19 Preparedness and Response Project funds.

Results

The review revealed that NHIS benefit packages omit *Lassa fever* services and that primary health centers in endemic states lack accreditation. Analysis of the 2023 Incident Action Plan showed that only 6 of 38 (16%) priority activities were fully implemented, 7 of 38 (18%) were partially implemented, and 25 of 38 (66%) were largely not conducted. In 2024, flexible, decentralized financing markedly improved Emergency Operations Centre activation and case reporting.

Conclusion

Achieving resilient and equitable outbreak response in Nigeria requires more than emergency activation—it demands structural reform. Integrating *Lassa fever* services into NHIS benefit packages is not just a policy option; it is a public health imperative. Strategic actions such as expanding NHIS accreditation to endemic PHCs, institutionalizing flexible subnational financing, and operationalizing joint NHIA–NCDC accountability frameworks can transform underfunded response plans into sustainable national capacity. These reforms will not only improve the execution of IAPs but also serve as a model for embedding epidemic preparedness within UHC systems across West Africa.