



Sustainable Financing for Lassa Fever Outbreak Response: Policy and Insurance Integration in Nigeria

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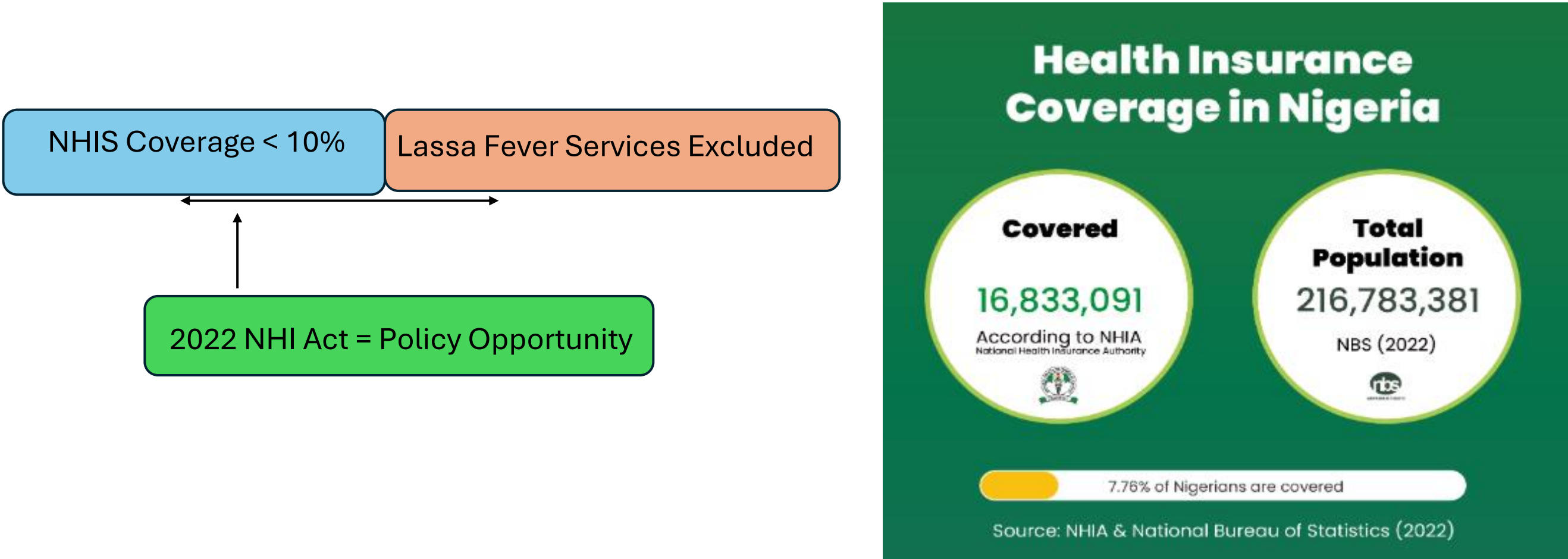
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Background

Lassa fever remains endemic in Nigeria, yet diagnostics, hospitalization and treatment are excluded from National Health Insurance Scheme (NHIS), leaving patients with high out-of-pocket costs. NHIS coverage is below 10% of total population, weakening epidemic preparedness and financial protection. The 2022 NHIA Act presents an opportunity to integrate Lassa fever services into NHIS and strengthen Universal Health Coverage (UHC). The Nigeria Centre for Disease Control and prevention (NCDC) implements annual Incident Action Plans (IAPs) to guide Lassa fever outbreak response, yet limited financing and exclusion from NHIS benefits have constrained their execution

Objectives:
This study aims to (1) examine policy barriers and opportunities for integrating Lassa fever services into NHIS benefit packages, (2) analyze the financing and implementation gaps in national IAPs, and (3) propose sustainable financing strategies to strengthen epidemic preparedness and align with UHC goals in Nigeria



Methods

Systematic desk review (2012–2024) conducted under PRISMA framework
Sources: NHIS Guidelines (2012), National Health Policy (2016), NHIA Act (2022), Nigeria UHC Roadmap (2020–2030), NCDC IAPs (2023–2024)
Inclusion criteria: Policy/financing/epidemic preparedness documents (2012–2024). Nigeria-focused; relevant to Lassa fever or NHIS
Exclusion criteria: Non-policy papers, commentaries, duplicates, outside scope
Screening results: 62 records identified → 30 full texts assessed → 16 included (12 policy docs, 4 peer-reviewed studies)
Analysis: Thematic synthesis of benefit gaps, financing barriers, and role of Basic Health Care Provision Fund (BHCPF) & COVID-19 Preparedness and Response Project funds (CoPREP) in Lassa fever response

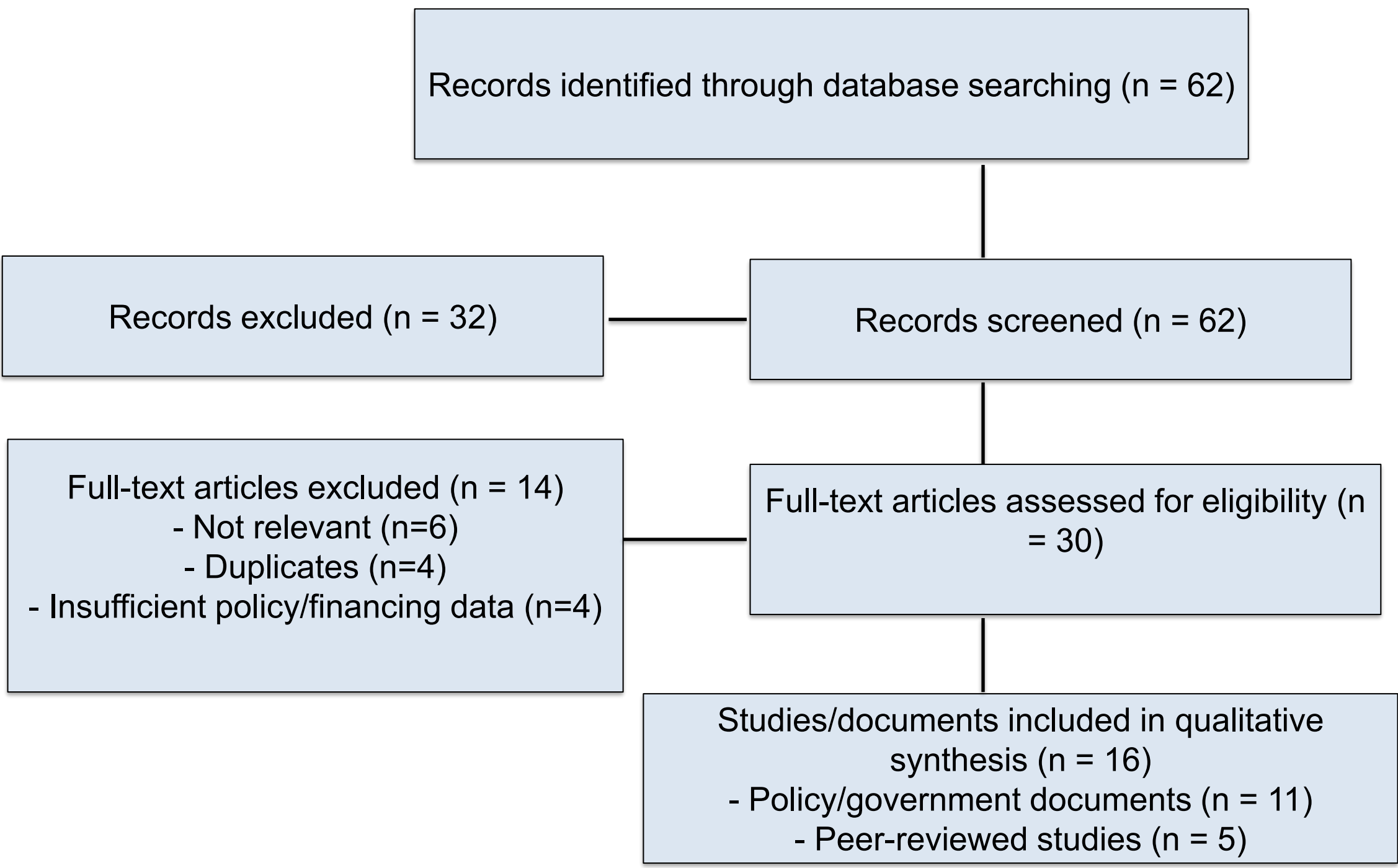


Fig 1: PRISMA Framework

Results

- NHIS Benefit Packages**
- National Coverage <10%
 - Narrowly focused; Lassa fever services excluded
- Primary Health Centers (PHCs)**
- Many PHCs lack NHIS accreditation
- 2023 Incident Action Plan (IAP) Implementation**
- 16% (6/38) activities fully implemented
 - 66% (25/38) activities not conducted
 - Weak financing and operational bottlenecks undermined execution
- 2024 Incident Action Plan (IAP) Implementation**
- 29% (9/31) activities fully implemented
 - 71% (22/31) activities not conducted
 - Supported by Basic Health Care Provision Fund (BHCPF) and World Bank CoPREP at the national, which enabled improved outbreak response activities
 - Thematic analysis identified gaps in benefit design, financing barriers, and role of BHCPF and CoPREP funds in IAP implementation

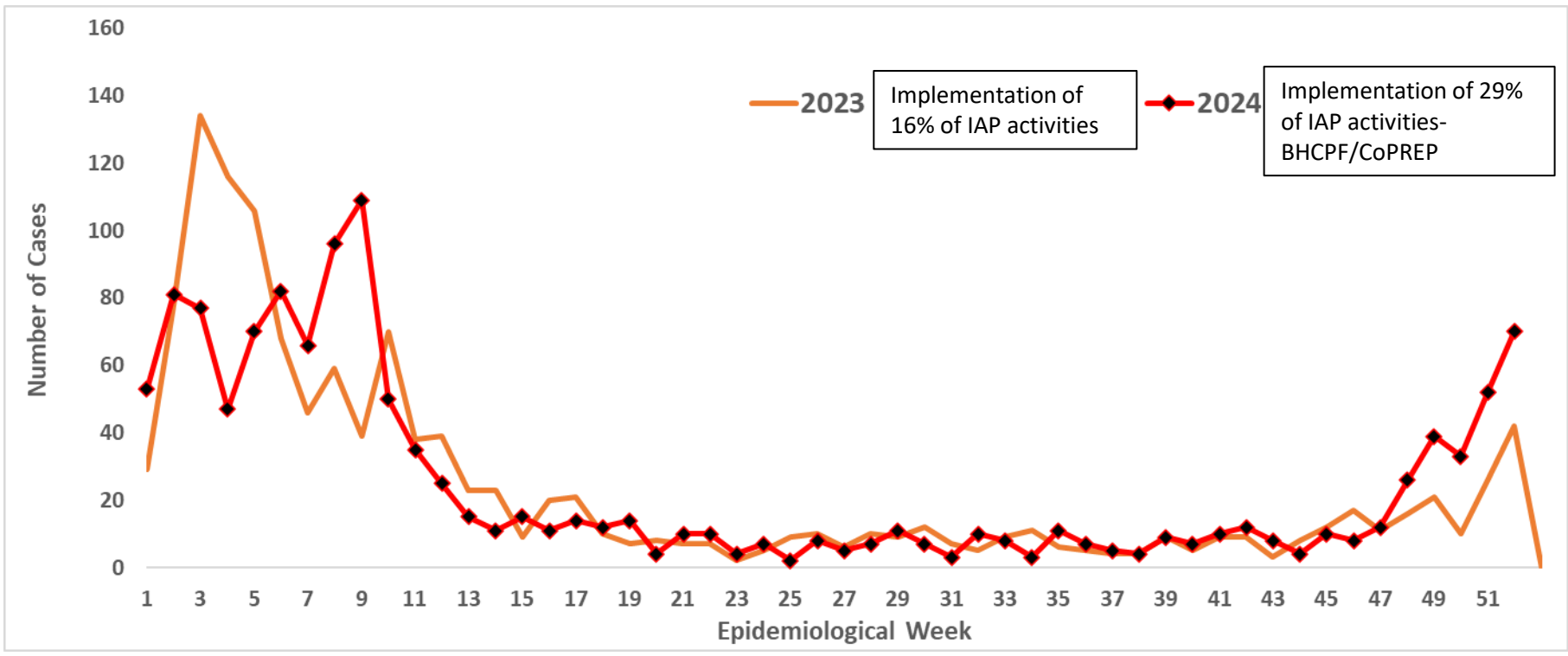


Fig 2: Lassa fever 2023/2024 trend analysis

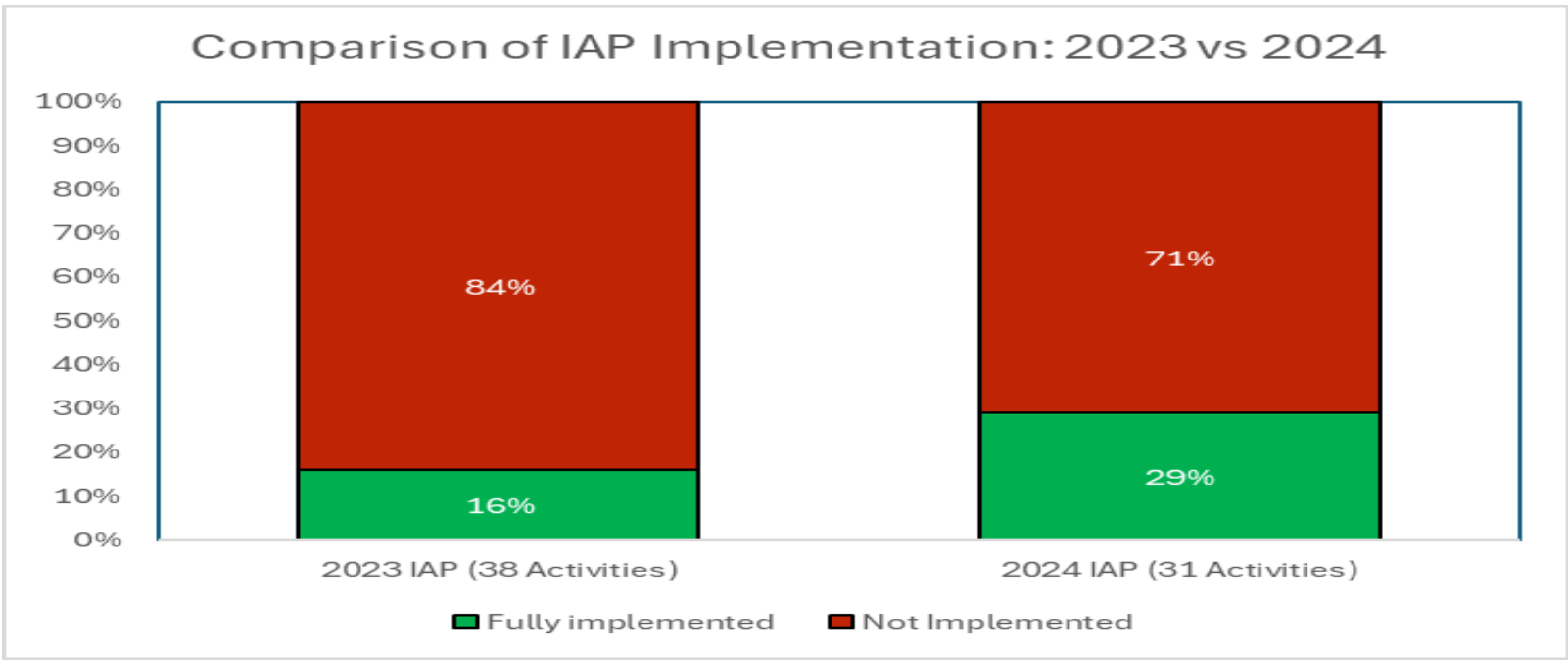


Fig 3: comparison of 2023/2024 IAP implementation

Conclusions and Recommendations

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 implementation of IAPs but also serve as a model for embedding epidemic preparedness within UHC systems across West Africa

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