

ADVOCACY TOOLKIT

Influencing key decision-makers to create
an enabling environment for
Lassa Fever Preparedness and Response in Nigeria



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Acknowledgement

The Advocacy Toolkit for Lassa fever is a living document that focuses on using a multisectoral, multistakeholder, One Health approach to advocate for the control of Lassa fever in Nigeria. The development of the toolkit was led by the Risk Communication and Community Engagement (RCCE) pillar of the National Technical Working Group (NTWG) on Lassa fever. Immense appreciation goes to the leadership of the One Health Steering Committee.

We acknowledge the contributions of the pillar leads and members of the National Lassa Fever Technical Working Group (NTWG) for their participation in meetings/workshops to provide expert insights, share experiences and conduct an in-depth review of the document.

Finally, all this would not have been possible without the technical assistance and support provided by USAID-funded Breakthrough ACTION Nigeria to coordinate the development and finalisation of the toolkit with the engagement of the consultant, Esther Hadiza Ijeaku of Skill Hub Consulting (SHC).



I look forward to improved coordination, engagement and outcomes through the use of the Advocacy Toolkit as a useful tool for all stakeholders in their advocacy efforts to improve the rate of transmission and achieve the reduction of CFR to less than 10%.

Thank you!

THE PURPOSE OF THE LASSA FEVER ADVOCACY TOOLKIT

The Lassa Fever Advocacy Toolkit has been developed as a critical resource to support the efforts of all stakeholders working to influence key decision-makers who can create an enabling environment for prevention and response in Nigeria. Specifically, decision-makers at the systems level are being targeted due to the extensive impact their decisions can have on society to achieve the goal of reducing the case fatality rate (CFR) in the country to less than ten percent (10%) over the next five years.

This advocacy toolkit has been developed to equip and serve as a guide for stakeholders at the National, State and Local Government levels to better identify and target their advocacy efforts for the control of Lassa fever.

Fundamentally, the objectives for advocacy in Nigeria include the following:

1. To create an enabling environment for the achievement of the One Health Approach.



2. Improve the effectiveness of multi-sectoral stakeholder coordination for response.



3. To strengthen health system efficiency for prevention and response in Nigeria.



4. To increase the provision of critical resources (human, material and financial) needed to effectively carry out prevention, response, and surveillance at all levels in Nigeria.



5. To facilitate state ownership of their response efforts



The advocacy toolkit is considered a living document that should be updated with more insights, data, and information as they emerge. The initial document considers the epidemiology data reported weekly in the situation report by NCDC, social and behavioural insights from the human-centred design process conducted by USAID-funded Breakthrough ACTION-Nigeria, and diverse research conducted and presented during the Lassa Fever Colloquium, amongst others.

Intended Toolkit Users

The Lassa fever advocacy toolkit is designed for a variety of stakeholders engaged in One Health, public health advocacy, and communication efforts. These stakeholders may include:

- Health promotion officers responsible for improving and maintaining the health of populations and reducing health disparities among population groups in their communities.
- Risk Communication and Community Engagement (RCCE) officers at the national and subnational levels who are responsible for planning, implementing, and coordinating risk communication support in incident management systems.
- National and state advocacy teams, including the National Rapid Response Teams (NRRT), State Rapid Response Teams (SRRT), Local Government Rapid Response Teams, One Health MDAs, and partners.
- State Epidemiologists responsible for disease surveillance and control.
- Incident managers who are responsible for acting on incidents as they occur to manage and mitigate their impact.
- Lassa fever Technical Working Groups (TWGs) and Public Health Emergency Operation Centres (PHEOCs) which are responsible for coordinating and strengthening preparedness and response activities at the national and sub-national levels.

Overall, the Lassa fever advocacy toolkit aims to provide a wide range of stakeholders with the knowledge and resources necessary to advocate for effective prevention, control, and response measures to combat the spread of Lassa fever.

OVERVIEW OF THE LASSA FEVER ADVOCACY TOOLKIT

The toolkit is divided into three sections, as follows:

Section 1: Introduction

This section provides background information and the theoretical basis required to understand why and how to use the toolkit. It includes introductions to the toolkit contents, the Social-Ecological Model that determined the approach for targeting audiences, and what advocacy is.

Section 2: Advocacy Strategy

This section contains ready-to-use resources that advocates can immediately deploy, revise, or use as examples of what they may want to develop. The section contains three (3) strategies identified and developed after several processes: Research, After-Action Reviews, Human-Centred Design (HCD), and Advocacy Toolkit Development which were facilitated by Breakthrough ACTION Nigeria through funding from the United States Agency for International Development (USAID) in collaboration with NCDC. Participants in the process were experts, members of the Lassa Fever Technical Working Group and representatives of affected communities.

The advocacy strategies developed are designed to influence critical decision-making that will, among others improve the efficiency of prevention, treatment, and response by overcoming challenges being experienced during implementation, reducing the transmission of the disease in Nigeria including

- Strengthen ownership and coordination across sectors and between governance levels (National, State and Local Government).
- Improve the resourcing of emergency health funds at the sub-national level.
- Promote capacity strengthening of healthcare workers to meet standards and protocols set to improve early diagnosis and minimise the transmission of Lassa Fever.

The three (3) selected issues are addressed at the system level, designed for immediate use, and customised to meet the needs of the identified target audiences which include:

- Policy level: State Government
- Organisational level: Health facilities
- Community level: Patent and Proprietary Medicine Vendors (PPMVs)

Section 3: Resources

This section contains tools and guidance notes to help advocates develop their advocacy strategies and enable their effective implementation and reporting. Templates, contact information and other resources can be used by different stakeholders and groups to design focused advocacy strategies that will improve outcomes through optimal use of limited resources and reduction of waste in the creation of enabling environments for prevention and response.





1.0

INTRODUCTION

SECTION 1: INTRODUCTION

1.1 ABOUT LASSA FEVER

Lassa Fever is an acute viral haemorrhagic illness discovered in 1969 in Lassa town, Borno State, Nigeria. It is endemic in West African countries, including Liberia, Sierra Leone, Guinea, and Nigeria, which bear the highest burden globally. It is endemic to the region due to the presence of rodents like the Mastomys rat, the main animal vector of the disease, which is common in parts of West Africa. Recent studies have also detected the Lassa fever virus in multiple non-rodents living closely with humans in Lassa fever endemic and non-endemic regions in Southern Nigeria¹.



It has remained a major public health challenge where an estimated **300,000 to 500,000 cases** and **5,000 related deaths** occur annually in West Africa².



It confers a serious burden in endemic areas where it accounts for 6.0% of fevers, 0.7% of hospital admissions, 40% of case fatality, and almost a quarter of maternal mortality during peak periods. Infection occurs following exposure to food or household items contaminated with the excreta or urine from infected rodents, or via person-to-person transmission through unprotected contact with body fluids, a common cause of healthcare workers (HCWs) infection³.

¹ <https://www.tandfonline.com/doi/full/10.1080/22221751.2023.2294859>

² <https://ncdc.gov.ng/diseases/info/L>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9803109/>

Lassa fever affects all age groups and all sexes. The people most at risk are in rural locations where *Mastomys* rats are typically prevalent and among healthcare workers who provide care to people who are infected. According to the WHO, the overall Case Fatality Rate (CFR) of Lassa fever is 1%, however, it can be as high as 15% among patients hospitalised with severe cases. In Nigeria, CFR from the disease ranges between 3 and 42%, even though the **actual incidence of the disease is unknown**⁴. As such, it is one of the seven epidemic-prone diseases for immediate notification on the Integrated Disease Surveillance and Response (IDSR) platform, with one suspected case considered an alert threshold and predetermined composite indicators used to define an epidemic threshold.

Unfortunately, there are increasing zones of impact in Nigeria (28 states, 124 LGAs as of Epi week 52 of 2023). The cumulative Case Fatality Rate (CFR) still falls short—17.9%—as of week 52 (2023), of meeting the national target of less than ten percent (10%). Current trends observed in Nigeria include annual outbreaks, high morbidity and mortality, seasonal clustering and, in more recent years, all-year transmission with high transmission periods between December and May (*Lassa Fever Season*).

The treatment costs, health burden, and frequency of the outbreaks of Lassa fever make it a public health challenge that must be addressed through targeted and concerted efforts. Public health experts highlight that the disease needs focused attention to reduce transmissibility and bolster other treatment alternatives. The unpredictable characteristics of the disease mean that the risk burden to the health system is challenging to estimate, as the incidence of cases has been closely linked to factors such as environmental settings, rodent exposure, hospital-acquired exposure, financing for surveillance and diagnostics, and political will. Evidence shows that measures for prevention, early detection, and control will greatly reduce the burden of the disease, especially among the most affected populations.

The goal of the country is to reduce the CFR of the disease to less than 10% CFR through the implementation of preparedness initiatives, strengthening operational readiness for outbreak containment, and responding to outbreaks by leveraging efforts at building country capacity, generating evidence, and working with affected communities.

⁴ 3 Nigeria Centre for Disease Control, "", 2019 <<https://ncdc.gov.ng/diseases/info/L>> [accessed 5, 2022].

Key Challenges to Reducing Transmission of Lassa Fever in Nigeria

Transmission of the disease occurs within the nexus of interactions between humans, animals, and the shared environment, with sociocultural practices significantly shaping the interaction. Over time, situation reports have identified three key challenges in reducing the transmission of the disease in the country:

- Poor environmental sanitation conditions are observed in high-burden communities.
- Poor health-seeking behaviour associated with high cost of treatment and clinical management of the disease.
- Late presentation of cases, thus leading to an increase in case fatality ratio.

The high virulence and fatality rates have remained a source of concern. The non-specificity and similarity the disease shares with other viral haemorrhagic fevers make the clinical diagnosis of Lassa fever difficult. The absence of a licensed vaccine and the insufficiency of evidence on the role of ribavirin as a treatment for the disease are also important contributors to the challenge of reducing transmission. Other issues that contribute to sustained transmission of the disease include controlling the primary vector of the disease, poor surveillance and response to cases, a lack of timely specimen collection and transportation, as well as limited treatment options. The World Health Organization (WHO) recommends that hygiene and sanitary measures are to be followed at household and community levels as a key driver of reducing transmission. It is also important that health workers apply standard infection prevention and control (IPC) measures, irrespective of their presumed diagnosis of a patient.

State	2017	2018	2019	2020	2021	2022	2023
Abia							
Adamawa							
Akwa Ibom							
Anambra							
Bauchi							
Bayelsa							
Benue							
Borno							
Cross River							
Delta							
Ebonyi							
Edo							
Ekiti							
Enugu							
FCT - Abuja							
Gombe							
Imo							
Jigawa							
Kaduna							
Kano							
Katsina							
Kebbi							
Kogi							
Kwara							
Lagos							
Nasarawa							
Niger							
Ogun							
Ondo							
Osun							
Oyo							
Plateau							
Rivers							
Sokoto							
Taraba							
Yobe							
Zamfara							
# states	19	23	23	27	17	18	28

Figure 1: Lassa Fever outbreaks in Nigeria, 2017 - 2023 (NCDC Lassa fever situation reports)

Over the past five years (2019-2023), Nigeria has reported a total of 33,850 suspected cases of Lassa fever, out of which 4,869 cases have been confirmed. The confirmed cases and their corresponding CFR (case fatality rate) for each year are as follows:



The year 2019 had the highest CFR while the lowest was recorded in 2022. In 2023, there were the highest number of confirmed cases and spread, with 28 states and 124 LGAs recording at least one confirmed case of Lassa fever.

Nigeria Lassa fever response activities

In Nigeria, comprehensive efforts have been made to prevent, detect, and control Lassa fever outbreaks at National and sub-national levels. Some of the interventions undertaken include the following:

- Prevention measures: multichannel public education on personal hygiene, food safety, and rodent control in homes and workplaces.
- Surveillance: detection, monitoring of cases and outbreaks, and laboratory testing.
- Control measures: administration of antiviral drugs to confirmed cases, supportive care, and contact tracing to identify people who may have been exposed to the virus.

To improve the response to outbreaks in Nigeria, the NCDC has developed the Lassa Fever Incident Action Plan with WHO and other partners to prevent and control outbreaks. This plan focuses on strengthening surveillance activities, upgrading, and expanding national laboratory capacity, increasing public awareness, and improving the availability of treatment and care for patients.

1.2 THE SOCIO-ECOLOGICAL MODEL

This Lassa Fever Advocacy Toolkit has been developed using the Socio-Ecological Model (SEM). This is a framework that is used in public health to understand and address the multiple and interactive influences on health and well-being. It recognizes that health outcomes are shaped by the interplay of factors at multiple levels, ranging from individual characteristics to broader societal and environmental influences. The socio-ecological model emphasises the importance of considering the context in which individuals live and how various levels of influence interact to impact health.

The model consists of multiple interconnected levels, typically depicted as concentric circles, each representing a different sphere of influence. The key levels in the socio-ecological model are:

1. Individual Level (Intrapersonal): This focuses on individual characteristics, knowledge, attitudes, and behaviours that directly influence health. Personal factors such as genetics, age, gender, and health beliefs fall within this level.
2. Interpersonal Level: Includes relationships with family, friends, peers, and social networks. Interpersonal factors play a crucial role in shaping health behaviours and outcomes. Social support, communication, and interpersonal dynamics are key elements at this level.

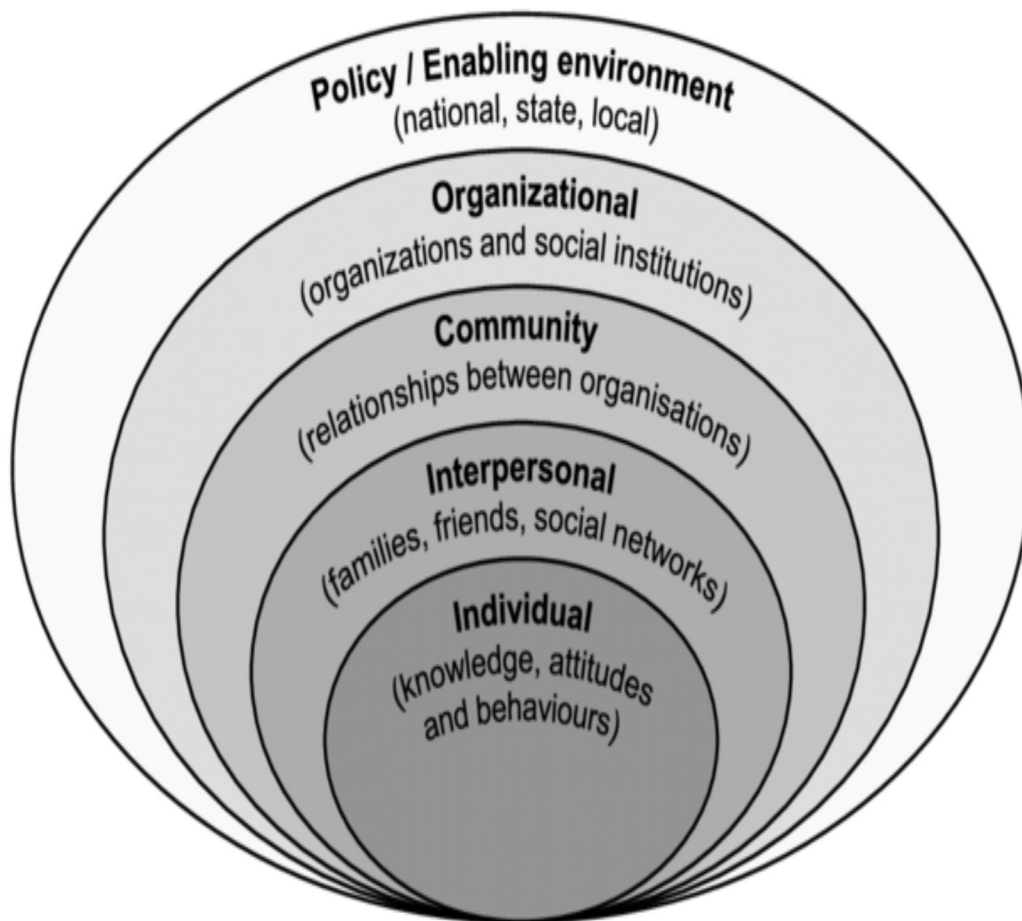


Figure 2: The Socio-Ecological Model

3. **Community Level:** This level considers the characteristics of communities, including neighbourhoods, schools, workplaces, and local organisations. Factors such as community norms, access to resources, and the built environment can impact health at this level.
4. **Organisational Level:** Organisations such as schools, workplaces, and healthcare settings influence health through policies, practices, and the overall environment they create. This level examines how organisational structures can support or hinder health-promoting behaviours.
5. **Public Policy Level (Societal):** The outermost circle represents the broader societal context, including laws, regulations, and public policies that influence health. Economic, political, and cultural factors at the societal level play a significant role in shaping health outcomes.

Key Principles of the Socio-Ecological Model:

Multilevel Perspective: The model recognizes that health is influenced by factors at multiple levels, and interventions should consider these interconnected influences.

Interaction and Reciprocal Determinism: The model emphasises the dynamic interplay between individuals and their environments, with reciprocal influences shaping health outcomes.

Holistic Approach: The socio-ecological model promotes a holistic understanding of health that goes beyond individual behaviours to encompass the broader social, cultural, and environmental contexts.

Targeting Multiple Levels for Intervention: Effective public health interventions often address factors at multiple levels of the socio-ecological model to create comprehensive and sustainable changes.

Why is the Socio-Ecological Model Important for Advocacy?

The Socio-Ecological Model is important for advocacy in public health because it offers a nuanced and comprehensive approach, guiding advocates to focus efforts on influencing decision-makers who are best positioned to address emergency health issues like Lassa fever across sectors at national and sub-national levels.

1.3 ADVOCACY: KEY TERMS AND CONCEPTS

Advocacy

Advocacy is an action by individuals or organisations designed to influence the decisions of individuals or groups. For example, advocate to the State Houses of Assembly to approve budgets for health emergencies, which are mostly unplanned at the state level in Nigeria. Advocacy addresses the causes of an identified problem, specifically focusing on why the needs are arising or why existing services are inadequate. Advocates seek to address the systems and structures that entrench problems. While many forms of advocacy serve different purposes and operate on different scales, they are mostly not mutually exclusive. Effective advocacy often

requires a combination of different approaches to address immediate needs while working toward long-term systemic change. The choice of advocacy type depends on the nature of the issue, the target audience, and the desired outcomes. Therefore, some examples include legislative, policy, consumer, human rights, environmental, and international advocacy. Fundamentally, most of these deploy system advocacy.

System advocacy refers to the process of advocating for changes and improvements at the systemic or structural level of a society or organisation. It addresses root causes and aims to reform policies, structures, and practices to create lasting, positive change. It is a complex and dynamic process. It requires dedication, collaboration, and adaptability to navigate the intricate systems that contribute to social issues and drive meaningful change. For example, the response lacks ownership and leadership at the state level, resulting in a dependence on the health MDAs at the national level. Sub-national ownership, leadership, engagement, and resourcing are critical to the achievement of the current National Lassa Fever Strategy Goal of reducing the Lassa Fever Case Fatality Ratio (CFR) in the country to less than ten percent (10%).

Advocacy Frameworks

Advocacy frameworks are structured models or systematic approaches that guide individuals, organisations, or movements in planning, implementing, and evaluating their advocacy efforts. These frameworks provide a systematic way to approach advocacy work, helping advocates define their goals, target audiences, strategies, and desired outcomes. They help advocates navigate the complexities of influencing policies, changing practices, and creating positive social change. Examples of advocacy frameworks include the CLEAR Advocacy Framework (Collaborative, Leverage, Evidence, Advocacy, Results), SMART Advocacy, Results-Based Advocacy (RBA), Logic Model Approach, and various outcome-based frameworks.

For the development of this advocacy toolkit, the SMART advocacy framework was used.

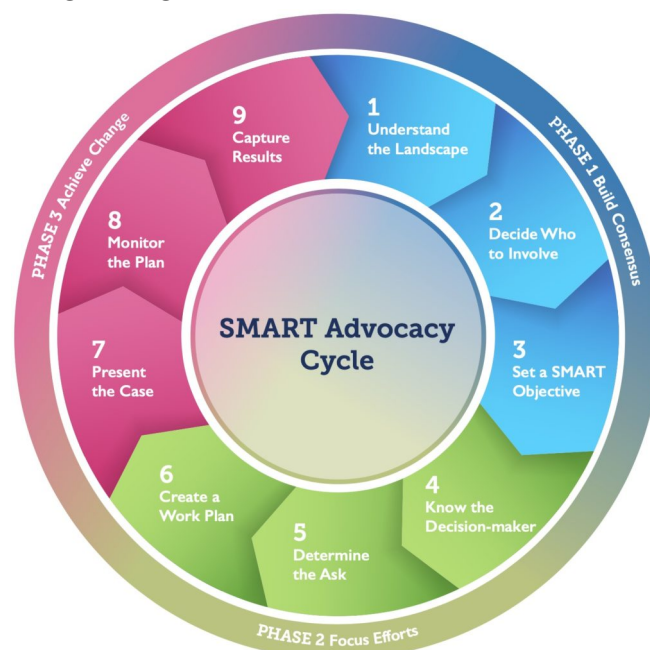
SMART Advocacy

SMART Advocacy refers to an approach where advocacy efforts are guided by the principles of being *Specific, Measurable, Achievable, Relevant, and Time-bound*.

- Is an approach that provides a framework to achieve the near-term advocacy wins needed to reach broad, long-term goals.
- It focuses on decision-makers—that is, the specific people with the power to act on requests from well-prepared champions.
- Prepares advocates to anticipate what information and insights will convince a decision-maker that taking a particular action will achieve their goals and yours.
- It rests on identifying what can be achieved within discrete timeframes and which policy change has the potential to advance a larger, long-term goal.
- Is one way of advocating. Rather than seeking reform through tactics like activism or mass media campaigns.
- Seeks to reach and work with a specific person who controls the lever of change. It emphasises the benefits of a specific policy or budgetary change that is within the control of the key decision-maker.

SMART Advocacy Cycle

The SMART Advocacy cycle moves from identifying advocacy opportunities to setting an objective, implementing a strategy that aims for a specific policy or funding decision, and learning from your effort to take on the next challenge in reaching your goal. It has nine steps across three phases focused on building consensus, focusing efforts, and achieving change.



Guidance on the SMART Advocacy Cycle

Phase 1: Build Consensus

Step 1: Understand the Landscape

- Assess the landscape by using evidence and knowledge to identify the issues, opportunities, and challenges.
- What data or evidence are available?
- Who are the actors?
- What opportunity will you focus on?

Step 2: *Decide Who to Involve*

- Who do you need in an advocacy working group to reach your opportunity?
- Draw up a list with their contact details.

Step 3: *Set a SMART Objective*

- Agree on a long-term goal.
- Create a SMART objective to reach that goal in the short term based on the landscape.
- Is your objective SMART? Is it Specific, Measurable, Attainable, Relevant and Time-bound?

Phase 2: Focus Efforts

Step 4: Know the Decision-maker.

- Identify your decision-makers—document names, positions, and locations.
- Prioritize and select the key decision-maker.
- Get to know your decision-maker.
 - Identify their background or profession, level of authority, precedents (that suggest they can act on your request), and statements they made (for or against your issue). Are they willing and able to act, and who is in their social or political circle?
- What does the decision-maker value? E.g. social development, cost-effectiveness, human rights, religious beliefs, career development, etc.
 - Which is the core value, and how will saying “Yes” benefit the decision-maker?

Step 5: Determine the Ask

- Plan to argue your case using the three E's: Evidence (facts), Emotion (humanizing the need for action), and Ethics (religion and culture).
- Determine a messenger, i.e., List and prioritise the individuals who are most likely to influence your decision-maker to act and to whom you have access.
- Practice your ask.

Step 6: Create a Workplan

- Map your resources: Finance, time, evidence or data, human resources, and access to the decision-makers or those who can access them.
- Create a SMART workplan, i.e., a detailed timeline and specific activities.

Phase 3: Achieve Change

Step 7: Present the Case

- Carry out the advocacy.

Step 8: Monitor the Plan

- Identify outputs for your activities and their means of verification.
- Outline the outcomes you anticipate when the objective is achieved.
- As multiple advocacy wins are achieved, which indicators demonstrate impact?

Step 9: Capture Results

- Draft your story, which can be a success story, case study, blog, etc. Whatever the outcomes of your advocacy are, there are lessons to learn.

Seven Guiding Principles for Success

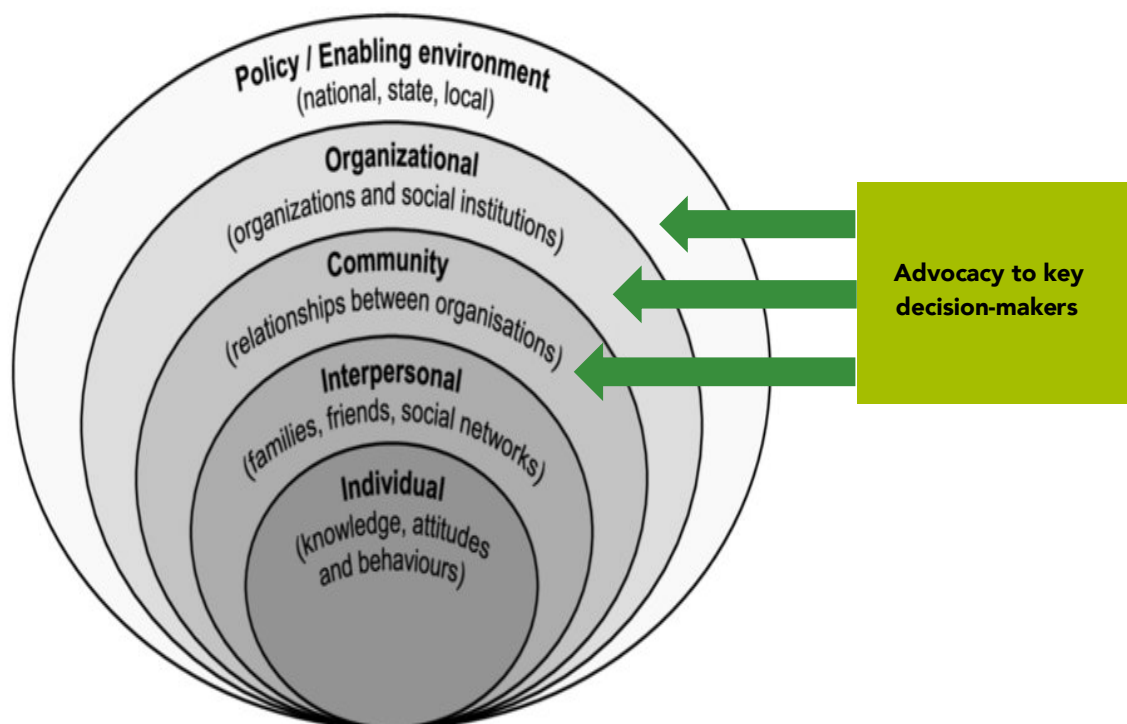
To improve your chances of success when implementing the SMART advocacy cycle.

Actions should be;

- Locally driven
- Focused on the key decision-maker who controls funds and policies.
- Evidence-based
- Collaborative,
- Influential
- Accountable
- Sustainable.

1.4 THE SOCIO-ECOLOGICAL MODEL AND THE LASSA FEVER ADVOCACY

Social ecology is “the study of the influence of the social context on behaviour, including institutional and cultural variables. The socio-ecological model examines layers of influence to provide insight into the causes of problems to find possibilities for change. The different levels and the dynamics between them **demonstrate** complexity, interrelatedness, and wholeness.



Key considerations for the Lassa fever advocacy strategy include the far-reaching effect of the outer levels in facilitating or limiting change at lower levels due to the operational environment created. Effective system-level changes need to go beyond the development of legal and policy frameworks to ensure the accompaniment of necessary actions by key stakeholders and the availability of resources. Otherwise, policies by themselves may have limited influence, catalysing change at lower levels.

Lassa fever advocacy is anchored on identifying key decision-makers at the three outer levels of the socio-ecological model (Policy, Organisational and Community). to deliver the enabling environment for influencing behaviour at the personal and interpersonal levels where SBCC and social mobilisation interventions are also taking

place, resulting in improved health outcomes. interventions address multiple levels, and targeted advocacy for key decision-makers can improve effectiveness and impact.

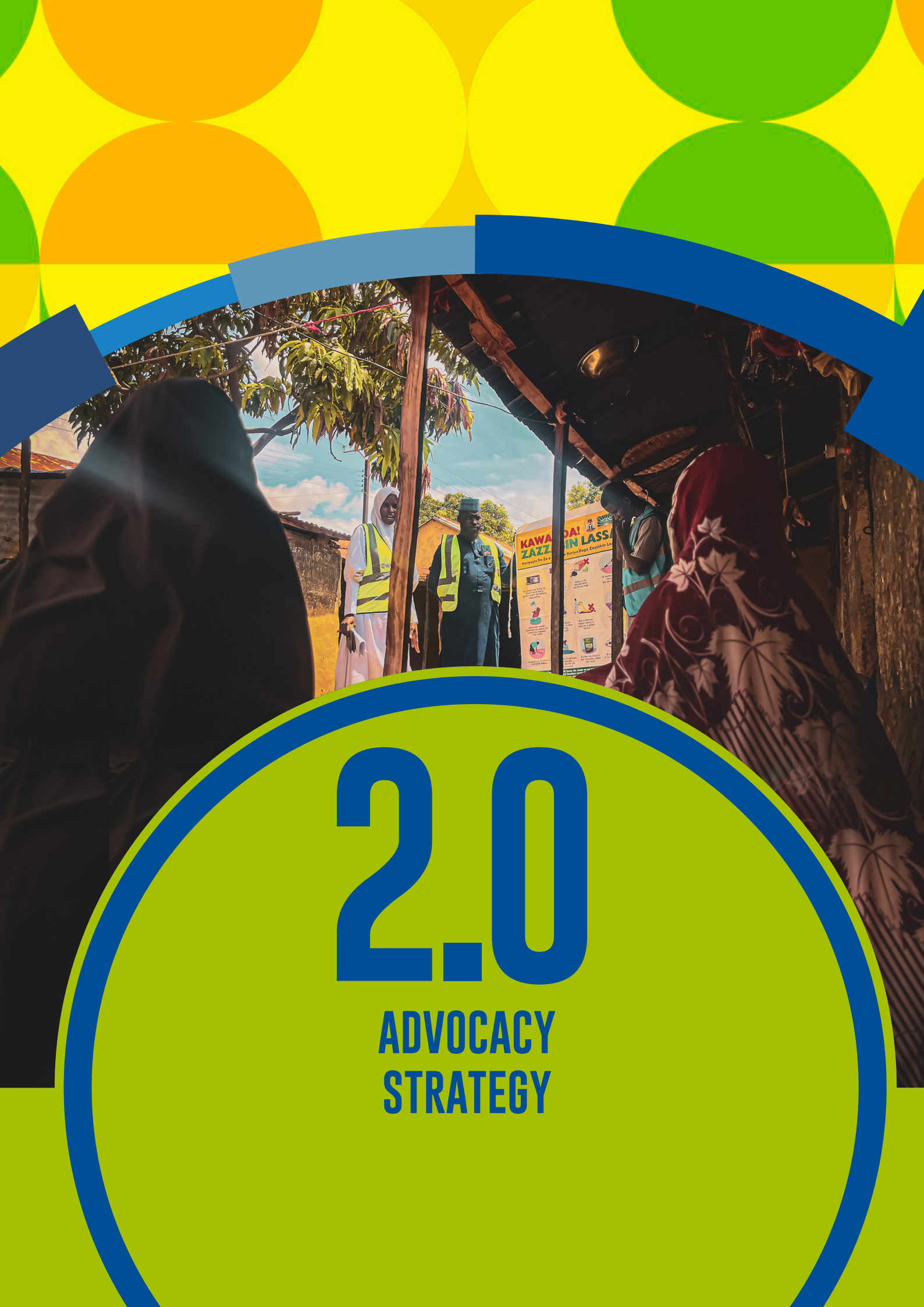
Advocacy Strategy

An advocacy strategy is a comprehensive and overarching plan that outlines the overall approach and methods for achieving specific advocacy goals, usually over an extended period involving multiple activities. It provides a roadmap for guiding the entire advocacy campaign, including the identification of goals, target audiences, key messages, strategies, tactics, and a timeline for implementation. Advocacy strategies are broad, strategic documents that may include various advocacy briefs, messages, and tactics.

Advocacy Brief

An advocacy brief is a focused and concise document that presents key information to support a particular aspect of an advocacy campaign. It can be considered a component of a larger advocacy strategy as it has a narrow scope. It is designed to communicate specific information or arguments related to a particular issue or policy to influence decision-makers, stakeholders, or the public by presenting a compelling case for a specific action or change. They typically address a single issue, provide background information, present evidence, and propose specific recommendations.





2.0

**ADVOCACY
STRATEGY**

SECTION 2: ADVOCACY STRATEGY

LASSA FEVER ADVOCACY'S OVERARCHING GOAL

The goal of the advocacy strategies in this document aligns with the goal of the National Lassa Fever Technical Working Group, which is *“To reduce the Case Fatality Rate (CFR) in the country to less than ten percent (10%)”*.

The system is now facing several difficulties, which affect Nigerians' health results concerning Lassa disease. Nonetheless, health outcomes and the likelihood of reaching the target of less than 10% CFR will rise dramatically if recognised and appropriately managed. They consist of but are not restricted to:

- Decision-makers' lack of awareness of the critical roles they can play in control (prevention, treatment, and response).
- Weak coordination of critical stakeholders across One Health sectors and at all levels (national and sub-national).
- The low prioritisation of response by sub-national governments.
- Low state-level ownership of programming is due to a lack of political will.
- Lack of and inadequate infrastructure, e.g. proper waste disposal system, standard laboratories for testing, access to clean and running water, etc.
- Exclusion of care and treatment of infectious diseases (including Lassa fever) in the Basic Health Care Provision Fund (BHCPF) package.
- Low and late referral of suspected cases to health facilities.
- Delayed diagnosis and treatment of suspected cases.
- Limited access to resources and materials for diagnosis and treatment, e.g. PPE, lab consumables.
- Low healthcare workers' knowledge and capacity to respond effectively.
- Low index of suspicion of Lassa fever among caregivers and healthcare workers.

It is important to note that resolving some of these challenges may require advocacy to key decision-makers to catalyse necessary actions. Out of these issues identified, the Lassa Fever Technical Working Group developed three (3) system advocacy strategies to serve as samples and ready-to-use resources.

Summary Table for Advocacy Strategies Developed

JUSTIFICATION FOR THE ADVOCACY STRATEGIES			
	Level	Primary Target Audience	Justification
2.1	Policy	State Governor	<p>There is currently a lack of ownership of the response by leadership at the sub-national level, which significantly impedes a timely and effective response. The governor is the key decision-maker at the state level. To ensure the effectiveness and sustainability of the Lassa Fever response, it is critical that states take ownership of their prevention and response. A governor can prioritise, influence, or mobilise other stakeholders and make resources available.</p> <p>Therefore, advocacy to the Governor on the need to strengthen the health system effectively to prevent and control Lassa fever will catalyse a state-level response.</p>
2.2	Organizational	Hospital Chief Medical Director (CMD)	<p>The Chief Medical Director is the key decision-maker in a hospital. Hospitals play a critical role in the early diagnosis and treatment of confirmed cases and the subsequent reduction of fatality rates. There is a dearth of laboratories for diagnosis in affected states, the consumables needed, like PPE, and staff with the necessary skills to provide the</p>

			<p>services. This is largely a prioritization issue for the CMD, who can decide to provide or mobilise needed support to provide standard laboratories or upgrades to meet those standards in the facility. In facilities, HCWs are at risk of infection and transmission of Lassa fever to colleagues and other patients if adequate resources like PPE are not made available.</p>
2.3	Community	Patent and Proprietary Medicine Vendors (PPMVs)	<p>Patent and Proprietary Medicine Vendors (PPMVs) are more widely distributed in rural areas than standard health facilities, sometimes serving as the closest and maybe only source of healthcare in some communities. Due to their proximity and the trust community members have in PPMVs, they tend to be the first point of contact for people trying to access healthcare services.</p>

2.1 Advocacy for Lassa Fever at the State Policy Level

2.1.1 The State Policy Level Advocacy Strategy

Target Audience

Primary

- State Governor

Secondary

- Leadership of state health MDAs
- Leadership of state environment MDAs
- Leadership of state Agriculture and food security MDAs
- Leadership of state water resources and their MDAs (WASH)
- State House Committees on Health, Environmental and Agric issues.
- State Director for Public Health
- State Epidemiologist
- Commissioner of Health
- Director General (NCDC)

What does a State Governor value?

A state governor is interested in the social development and health of the citizens of the state. The spread of Lassa fever would be considered a negative development that could put the reputation of the administration and Nigeria at risk. Therefore, positive action will communicate care for citizens and commendation from the Federal level as a good example of a State implementing the One Health Strategy of the Federal Government of Nigeria. Economically, food produced in the state, like garri, may be rejected due to fear of transmission.

Guidance to the Advocacy Team

- Consensus building among state-level stakeholders under the One Health approach.
- Use current and compelling data to make a case for their involvement in the response to infectious disease outbreaks.
- Communicate prioritised, specific demands in letters, calls or visits.
 - Propose state-specific changes and improvements, for example,
 - To remove the embargo on employment where more health workers are needed.

- Treatment issues - Suggest the coverage of treatment in the State Health Insurance Scheme (SHIS).
- Better work remuneration and incentives for health workers.
- Continuous public education is needed to improve health literacy.
- Improve the waste disposal system.
- Provide access to clean and running water.
- Media coverage and engagement on commitments and progress made.

Checklist for Advocacy Team

	Yes	No
Pre-advocacy		
Do you have the introduction letter from NCDC concerning Lassa fever prevention and response?		
Do you have data on the current issue/ problem within the State/ community?		
Have you conducted a risk/ need assessment?		
Do you have the talking points?		
Do you have specific demands that need to be addressed immediately?		
Do you have all the relevant information for contacts you may need to share during the advocacy?		
Post-Advocacy		
Did you get any immediate commitment/Feedback?		
Did you document the commitment?		
Do you have a follow-up plan?		

Questions



Prepare relevant answers to the following likely questions you may be asked during the advocacy with guidance notes.

- **How do I come in?**

This is detailed in 'The Ask'. Delegate a member of the advocacy team to communicate 'the ask'. For example, "As the Governor, efforts in responding to Lassa Fever in the state will benefit from your interest and prioritisation. Some gaps need to be addressed immediately like improved waste disposal, leveraging existing health funds, and increasing public awareness. We need your support for the response team in the state to have all necessary authorisations and resources to act."

- **Who are the key officials responsible for the response in my state?**

The State epidemiologist or Commissioner for health

- **Are there existing funds that can be leveraged?**

Co-PREP, Basic Health Care Provision Funds, COVID-19 CRM, Pandemic Funds, Saving One Million Lives, etc.

- **Are there partners available to support the activities?**

[Have a list of state and/or national partners present in the state e.g. WHO, UNICEF, USAID, US-CDC, etc.]

- **What are the proposed actions?**

Government policies to improve One Health coordination, routine environmental sanitation, proper waste management system, improve infrastructure within the treatment centres, and alternative methods for safer food processing, storage, and transportation.

- **What do I stand to gain if I key into this?**

Strengthened state public health institutions, health emergency response and support from partners/government can lead to the creation of employment, improved state reputation and well-being of the citizens.

2.2 Advocacy for Lassa Fever at the Organizational Level

2.2.1 The Organisational Level Advocacy Strategy

Target Audience

Primary Audience

Chief Medical Director (CMD) - Private and Public Health Facilities

Secondary Audience

- Head of Laboratories
- Head of Clinical Services
- Consultant Clinicians
- Head of Nursing
- Head of Pharmacy
- Non-Clinical Staff

What does the Chief Medical Director (CMD) value?

The CMD values satisfied clients and feedback. As a service provider, it is important to meet standards and protocols and address health needs as much as possible. To achieve this, it may require investments in infrastructure, equipment, personnel, and staff training. The growth and reputation of the facility are also important to the CMD. In a state with a high burden, facilities can be supported to upgrade their laboratories to improve diagnostics. Consequently, the decision to provide diagnostic services for Lassa fever can attract partnerships and support for training, resources, and funding to the facility from NCDC and other partners.

Guidance to the Advocacy Team

- Strengthen synergy/collaboration among departments and units within the health facilities.
- Use current and compelling data to make a case for prompt diagnosis, referral, treatment, and documentation of Lassa fever cases across all levels of healthcare delivery (Public and Private).
- Communicate prioritised, specific demands in letters, calls or visits.
- Media coverage and engagement on commitments and progress made.

Key Messages

- A low index of suspicion increases the risk of exposure of healthcare workers to Lassa fever.
- Late diagnosis can contribute to increased fatality rate.
- The availability of standard laboratories and trained personnel is critical for the reduction of the Lassa fever disease burden in Nigeria.

Checklist for Advocacy Team

	Yes	No
Pre-advocacy		
Do you have the introduction letters from the NCDC concerning the prevention and response?		
Do you have data on the current issue/ problem within the State/ community?		
Have you conducted a risk/ need assessment?		
Do you have any talking points?		
Do you have specific demands that need to be addressed immediately?		
Do you have all the relevant information for contacts you may need to share during the advocacy?		
Post-Advocacy		
Did you get any immediate commitment/Feedback?		
Did you document the commitment?		
Do you have a follow-up plan?		

Questions



Prepare relevant answers to the following likely questions you may be asked during the advocacy with guidance notes.

- **How do I come in?**

This is detailed in 'The Ask'. Delegate a member of the advocacy team to communicate 'the ask'. For example, "We would like you to consider expanding the diagnostic services in your facility to include Lassa fever because there is currently no such service in the whole state and support is available through NCDC.

- **Who can provide more information on this?**

More information can be obtained from the Commissioner of Health, State Epidemiologists, the state IPC focal person and the state laboratory officer.

- **What opportunities have you identified for my facility?**

E.g. if there is a PCR machine or dialysis machine.

- **What human resources would be required for this?**

Trained personnel for testing and diagnostics, oversight of the personnel and in-house capacity-building sessions.

- **What more can I do?**

Make sure that your facility staff are well trained in Infection Prevention and Control and Interpersonal communication and counselling, they should also have access to standard PPE, clean and running water and a proper waste management system.

- **What do I stand to gain if I key into this?**

Playing a critical role in improving LF diagnosis and treatment while reducing CFR in your state. Improving the capacity of your facility and the safety of your staff for a healthier workforce. Stronger collaboration with the National level response and recognition of the facility as a centre of excellence for the management of infectious diseases.

2.3 Advocacy for Lassa Fever Preparedness and Response at the Community Level

2.3.1 The Community-Level Advocacy Strategy

Target Audience

Primary Audience

- Proprietary and Patent Medicine Vendors (PPMVs)

Secondary Audience

- Pharmaceutical Council of Nigeria.
- Nigerian Association of Patent and Proprietary Medicine Dealers - NAPPMED
- **Community gatekeepers** (Traditional and religious leaders).
- Local Government Area Disease Surveillance and Notification Officer (LGA DSNO).
- Lassa Fever diagnostic and treatment health facilities (referral centres).
- National Union of Road Transport Workers - NURTW.

What does the PPMV value?

The PPMV values satisfied clients and referrals. As a trusted service provider, it is important to offer standard care to keep the trust of community members, especially in ensuring that they access care promptly. This will keep satisfied clients coming back for services in future. The PPMV is viewed as a knowledgeable and influential professional whose guidance is taken seriously and followed by leaders and members of the community. Consequently, ensuring that the PPMV is a recognised service provider who can contribute to Lassa Fever control through improved index of suspicion, self-care and referral will result in reaching many individuals who would not go to the Health Care Facilities as their first choice.

Guidance to Advocacy Teams

- Identify, map and build relationships for collaboration with Traditional leaders, religious leaders, LGA DSNOs, LGA HPOs, and existing community structures (e.g. Ward Development committees, Ward Focal Persons, Community Informants etc.)

- Use current and compelling data to make a case for their involvement in and support for the Lassa fever response.
- Provide tools and resources that will aid the PPMVs in identifying suspected cases, making appropriate referrals, reporting, and following up promptly. For example, SBC materials (standard case definition, community case definition, fact sheets) job aids (like fever algorithm and referral cards), a list of referral centres, and contact information for LGA DSNOs and LGA HPOs.

Key Messages

- PPMVs can help identify suspected cases in the community as the first points of contact for health services.
- Your action can help in improving prompt access to diagnosis, care, and treatment for Lassa fever.
- Not all fevers are malaria. To protect yourselves and your loved ones, refer all high fevers to the nearest health centres for proper diagnosis and care.

Checklist for Advocacy Teams

	Yes	No
Pre-advocacy		
Do you have the Introductory letters from NCDC concerning the Lassa Fever prevention and response?		
Do you have data on the current issue/ problem within the State/ community?		
Have you conducted a risk/ need assessment?		
Do you have talking points?		
Do you have specific demands that need to be addressed immediately?		
Do you have all the relevant information for contacts you may need to share during the advocacy?		
Post-Advocacy		
Did you get any immediate commitment/Feedback?		
Did you document the commitment?		
Do you have a follow-up plan?		

Questions



Prepare relevant answers to the following likely questions you may be asked during the advocacy with guidance notes.

- **How do I come in?**

This is detailed in 'The Ask'. Delegate a member of the advocacy team to communicate 'the ask'. For example, "We know that you are likely to be the first person to encounter suspected Lassa Fever cases. Therefore, your ability to identify suspected cases, protect yourself and others and refer to the nearest facility for confirmation can save lives and control the spread of Lassa Fever."

- **Is there anyone who I can liaise with in the referral process?**

Please notify the Local Government Area Disease Surveillance and Notification Officer (LGA DSNO) of any referrals you have made and share the information.

- **What do I stand to gain if I key into this?**

Lassa fever is a highly contagious disease that can affect you, your loved ones, and your community. You can play a critical role in improving LF diagnosis and treatment while reducing the rate of fatality in your community by identifying and promptly referring suspected cases of Lassa Fever to the nearest diagnostic/treatment facility.

- **Can we be supplied with Ribavirin for patient treatment?**

No, Ribavirin is only available for administration at Treatment Centres of Healthcare facilities. All suspected patients should be referred accordingly.

- **Do we have any incentives for referrals?**

If you can refer your clients appropriately, you will be well known and trusted in your community which will improve your reputation and increase your patronage and number of loyal customers who know that you care about their health and wellbeing.



3.0

RESOURCES

SECTION 3

3.1 Frequently Asked Questions (FAQs) to advocate for Lassa fever.

Question 1. What is Lassa Fever, and how is it transmitted?

Lassa Fever is an acute viral haemorrhagic illness transmitted to humans through contact with food or household items contaminated by rodent urine or faeces.

Question 2. Why is Lassa Fever a concern in Nigeria?

Lassa Fever is endemic in Nigeria, and the country experiences regular outbreaks. It poses a significant public health risk due to its potential for rapid transmission and severe health outcomes.

Question 3. How can Lassa Fever be prevented?

Prevention involves measures such as practising good hygiene, storing food in rodent-proof containers, and implementing rodent control strategies. Additionally, early diagnosis and treatment are crucial.

Question 4. What are the signs and symptoms of Lassa Fever?

Early symptoms include fever, headache, and malaise. In severe cases, symptoms may progress to bleeding, respiratory distress, and organ failure.

Question 5. How can communities get involved in Lassa Fever prevention?

Communities can engage in awareness campaigns, practice hygiene measures, and collaborate in rodent control efforts. Active involvement in education and prevention initiatives is vital.

Question 6. What is the role of policymakers in addressing Lassa Fever?

Policymakers play a critical role in allocating resources, creating supportive policies, and fostering a robust healthcare system to prevent, detect, and respond to Lassa Fever outbreaks effectively.

Question 7. How can healthcare workers protect themselves when managing Lassa Fever cases?

Healthcare workers should use personal protective equipment (PPE), undergo training on infection prevention and control, and follow established protocols for handling suspected or confirmed cases.

Question 8. What are the challenges in Lassa Fever response, and how can they be addressed?

Challenges include limited resources, surveillance gaps, and the need for community engagement. Addressing these issues requires increased funding, improved surveillance systems, and community-based initiatives.

Question 9. Why is international collaboration important in addressing Lassa Fever?

Lassa Fever knows no borders, and international collaboration is crucial for information sharing, resource mobilization, and coordinated responses. Working together with neighbouring countries and global health organizations enhances the effectiveness of response efforts.

Question 10. How can advocacy contribute to Lassa Fever control and prevention?

Advocacy can raise awareness, influence policies, and mobilize resources. By advocating for increased funding, community engagement, and policy changes, advocates can contribute to a more effective and sustainable response to Lassa Fever.

3.2 Resources

VIRAL HAEMORRHAGIC FEVER QUICK REFERENCE GUIDE (QRG)

For social mobilisation

https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/vhfs/83_1517222929.pdf

For LGA Rapid Response Team

https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/vhfs/82_1517222811.pdf

For healthcare workers (Laboratory)

https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/vhfs/81_1517222763.pdf

For healthcare workers (Hospitals and Treatment Centres)

https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/vhfs/80_1517222586.pdf

For community informants

https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/vhfs/79_1517222512.pdf

NATIONAL GUIDELINES FOR LASSA FEVER CASE MANAGEMENT

[https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/protocols/
92_1547068532.pdf](https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/protocols/92_1547068532.pdf)

VIRAL HAEMORRHAGIC FEVER AND RESPONSE PLAN

[https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/protocols/
24_1502192155.pdf](https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf)

NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRHAGIC FEVER

[https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/protocols/
341_1707300274.pdf](https://ncdc.gov.ng/ncdc.gov.ng/themes/common/docs/protocols/341_1707300274.pdf)

3.3 Components of an Advocacy Checklist

Review the list below to identify components you need for your advocacy and use for tracking. Tick as required.

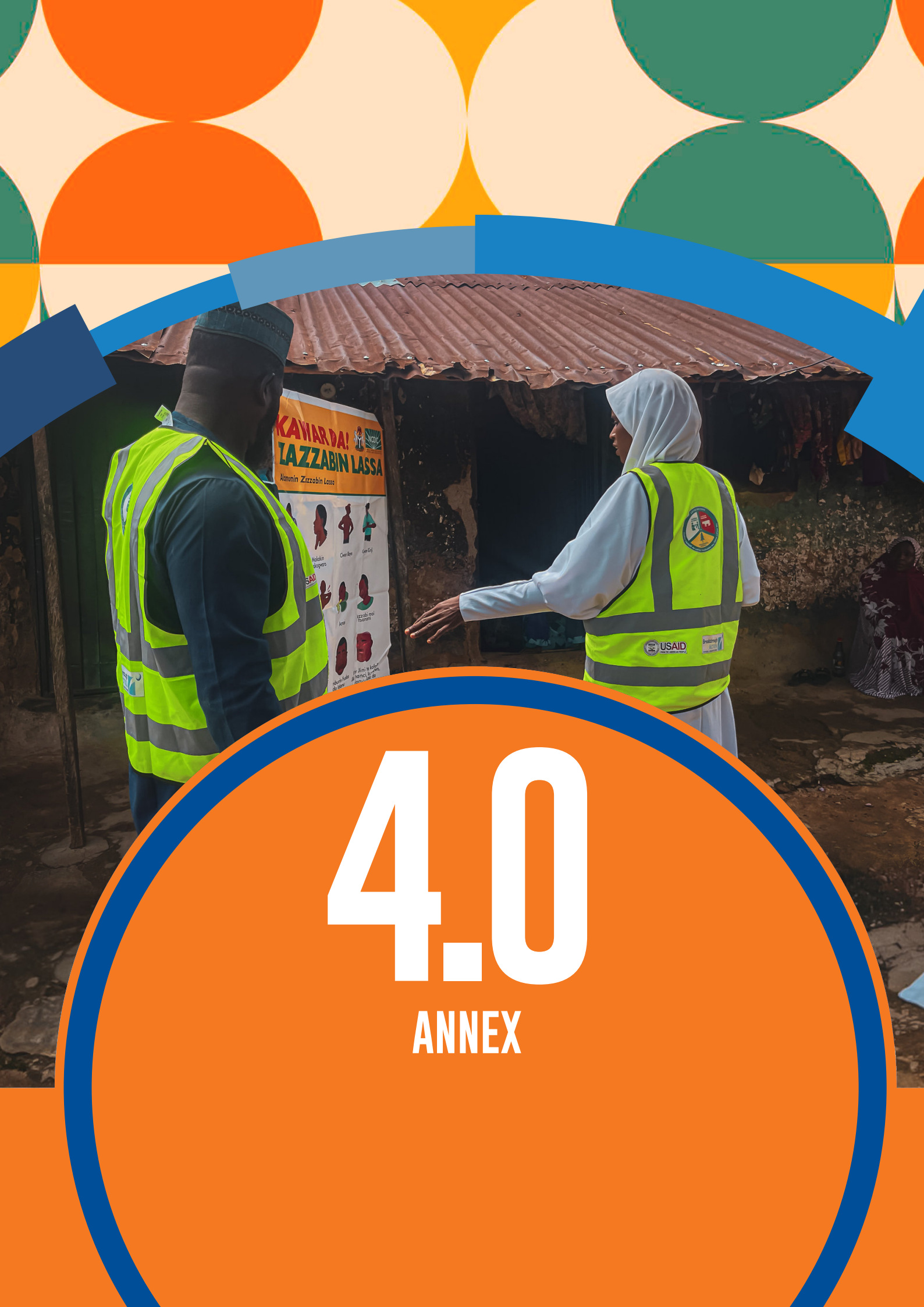
		Required	Done
1	The advocacy issue		
2	Importance		
3	Purpose of the Advocacy		
4	Background		
5	Advocacy Goal and Objective		
6	Target audience (Primary and Secondary)		
7	Perception of relevance and mandate		
8	Key messages		
9	Advocacy strategies		
10	Advocacy tools and resources		
11	Legislative Advocacy		
12	Success stories/Case studies/Lessons learned		
13	M & E		
14	Frequently Asked Questions (FAQs)		
15	Challenges		
16	Support points- What the decider needs to have to act		
17	Call to Action		
18	Contact Info		

3.4 List of Contributors

S/No	Name	Organisation
1	Yetunde Abioye (Lassa fever Incident Manager)	Nigeria Centre for Disease Control and Prevention (NCDC)
2	Yahya Disu	Nigeria Centre for Disease Control and Prevention (NCDC)
3	Sarah Peter	Nigeria Centre for Disease Control and Prevention (NCDC)
4	Michael Okali	Nigeria Centre for Disease Control and Prevention (NCDC)
5	Osafemi Charity Temiloluwa	Nigeria Centre for Disease Control and Prevention (NCDC)
6	Damisa Oyinoza Sekeenat	Nigeria Centre for Disease Control and Prevention (NCDC)
7	Lorna Williams Enenche	Nigeria Centre for Disease Control and Prevention (NCDC)
8	David Olatunji	Nigeria Centre for Disease Control and Prevention (NCDC)
9	Saadatu Aliyu Abubakar	Nigeria Centre for Disease Control and Prevention (NCDC)
10	Abbah Okpachi	Nigeria Centre for Disease Control and Prevention (NCDC)
11	Femi Stephen	Federal Ministry of Health and Social Welfare
12	Friday Yusuf Odiba	Federal Ministry of Health and Social Welfare
13	Imolehin Ayokunle	Federal Ministry of Environment
14	Salome Bawa	Federal Ministry of Agriculture and Food Security
15	Prof. Kabir Sabitu	World Health Organisation (WHO)

16	Halilu Usman	United States Center for Disease Control (US-CDC)
17	Banji Ipadeola	United States Center for Disease Control (US-CDC)
18	Nnenna Ananaba	United States Center for Disease Control (US-CDC)
19	Maryam Abdurashed	ICAP Global Health
20	Favour Makava Adeniji	Jhpiego
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23	Jonathan Duku	Breakthrough ACTION-Nigeria
24	Obinna Onuoha	Breakthrough ACTION-Nigeria
25	Smart Joseph	Breakthrough ACTION-Nigeria
26	Usman Usman Sabo	Breakthrough ACTION-Nigeria
27	Aisha Waziri	Breakthrough ACTION-Nigeria
28	Joseph Njoku	Breakthrough ACTION-Nigeria
29	Meyiwa Ede	Breakthrough ACTION-Nigeria
30	Edoziem Valentine	Breakthrough ACTION-Nigeria
31	Anna Helland	Johns Hopkins Center for Communication Program
32	Arzum Ciloglu	Johns Hopkins Center for Communication Program
33	Stephanie Clayton	Johns Hopkins Center for Communication Program
34	Esther Hadiza Ijeaku	Skill Hub Consulting (SHC)





4.0

ANNEX

4.1

ADVOCACY BRIEF: STATE GOVERNMENT OWNERSHIP AND LEADERSHIP OF LASSA FEVER PREPAREDNESS AND RESPONSE



Introduction:

Lassa fever poses a significant public health threat, necessitating urgent action to combat its transmission and impact. This advocacy brief aims to highlight key areas of intervention to effectively address and strengthen the overall public health response. By refining the policy framework, establishing relevant laws, providing comprehensive training, ensuring access to essential resources, promoting collaboration in the One Health Sector, combating stigma, and raising awareness through campaigns and educational programs, we can collectively work towards controlling and preventing outbreaks.



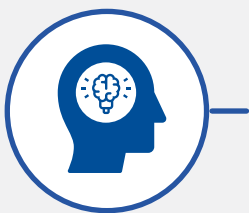
Issue:

Lassa fever is a serious disease that can be fatal. It is endemic to several states in Nigeria. High-risk states may have a public health emergency that may get out of control without prompt and efficient response. This can result in fatalities, stigma, and discrimination, as well as the subsequent loss of business for the state. The availability of health emergency funds is critical for prompt response and control in the event of any emergency.



Problem:

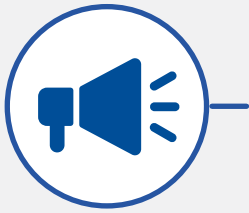
The current state government ownership and leadership of the response needs improvement. External stakeholders cannot adequately provide the relevant policies, infrastructures, and resources for creating a resilient health system, especially for health emergency response.



Solution:

The government has a mandate for health security and how to serve its citizens in the state. Advocating the executive and legislative arms of government (e.g., governor, house of assembly, first-class traditional rulers, etc.) will drive political will and increase interest in the control of Lassa fever in the state. There is a need for policymakers to align with, contextualise and endorse the policy framework for Lassa fever. There is also the need to establish laws and regulations to curb open drying practices, environmental sanitation violations, and indiscriminate dumping of refuse.

Additionally, policymakers are requested to champion the cause of providing comprehensive and specialised training to public health workers, spearhead the advocacy for essential materials and resources, advocate for robust collaboration and reinforcement of the One Health sector, urge the formulation of policies to combat stigma and enhance health coverage, and focus on raising awareness about Lassa fever through campaigns and educational programs.



Areas for Advocacy:

- To increase government ownership and leadership in the state's response to Lassa fever.
- To support state-level multi-sectoral coordination for response.
- To strengthen the health care system to effectively prevent, diagnose and treat in the state.
- To demand a budget for public health emergencies (including outbreaks) with dedicated budget lines to facilitate swift and effective responses in the state.



Key Messages:

- Coordination of an outbreak response using the one health approach at the sub-national level is critical to the overall success of the national response.
- The prioritisation of infectious diseases such as Lassa fever will result in a sustained multi-sectoral response to outbreaks and improve overall health security in the state.
- Your interest and commitment as the governor will catalyse immediate prioritisation of Lassa fever and its response in your state.
- There are available resources to support the Lassa fever response through NCDC and other development partners.



Call to Action:

- Strengthen the State health system to effectively control Lassa fever using the One Health approach.



Conclusion:

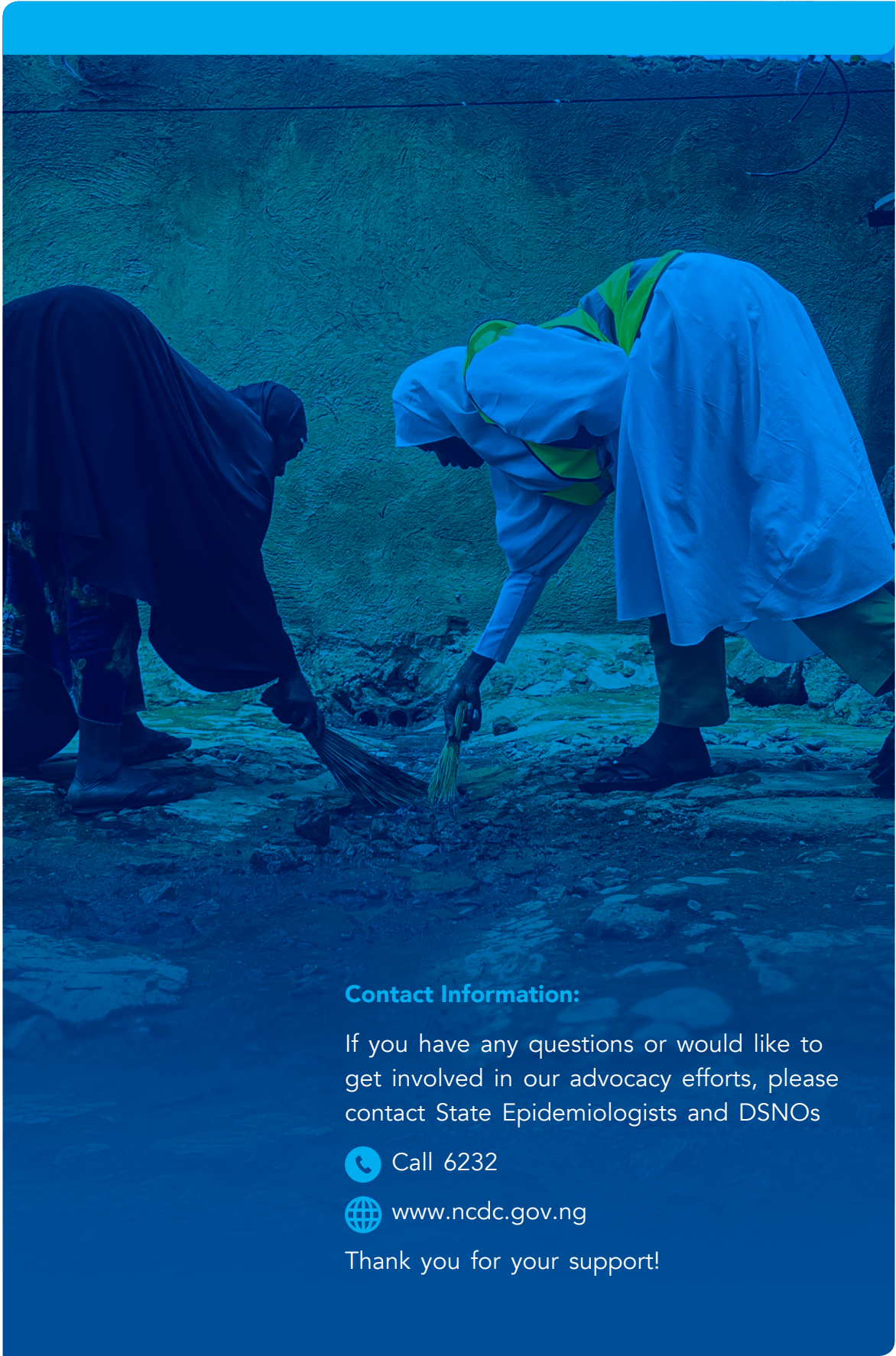
Addressing Lassa fever requires a multi-faceted approach that is owned and led by the State government at the subnational level. It involves refining policies, establishing regulations, providing training, ensuring access to resources, promoting collaboration, combating stigma, and raising awareness. We can significantly reduce the spread of infectious disease epidemics like Lassa, safeguard public health in the process, and save lives if we work together to advocate for these policies and engage with important stakeholders. Building a safer and healthier future for everyone may be achieved by uniting to combat and control future outbreaks of Lassa fever.



Timeline:

We are calling on policymakers to take action on Lassa fever immediately, as the disease surge has become more frequent throughout the year.

We will be tracking the progress of our advocacy efforts and will provide updates as needed.



Contact Information:

If you have any questions or would like to get involved in our advocacy efforts, please contact State Epidemiologists and DSNOs

 Call 6232

 www.ncdc.gov.ng

Thank you for your support!

4.2

ADVOCACY BRIEF: MORE LASSA FEVER DIAGNOSTIC SERVICES FOR A TIMELY AND PROMPT RESPONSE



Introduction:

Lassa Fever poses a significant public health threat, necessitating urgent action to combat its transmission and impact. This advocacy brief aims to highlight key areas of intervention to effectively address and strengthen the overall public health response. By refining the policy framework, establishing relevant laws, providing comprehensive training, ensuring access to essential resources, promoting collaboration in the One Health Sector, combating stigma, and raising awareness through campaigns and educational programs, we can collectively work towards controlling and preventing Lassa fever outbreaks.



Issue:

Lassa Fever is a serious disease that can be fatal. It is endemic to several states in Nigeria. Early diagnosis, especially in high-burden states, is critical for the reduction of transmission and subsequent fatality rates due to the provision of prompt treatment. There aren't enough diagnostic facilities to meet the needs for an early diagnosis of Lassa Fever. Chief Medical Directors (CMD) of facilities can make resources available or attract necessary resources for more laboratories and personnel to handle testing in their facilities.



Problem:

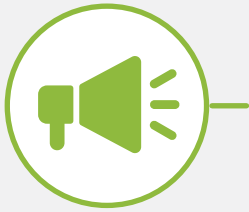
Inadequate diagnostic facilities are leading to late diagnosis of Lassa fever infection, i.e., standard laboratories with trained HCWs. Hospital management depends on national diagnostic facilities, which may be in another state, and takes too much time due to the high demand for services, therefore putting patients and HCWs at risk. Implications include potential risk to HCWs, transmission, wrong diagnosis, increased cost of care, and overall mortality.



Solution:

Top management in health facilities has a mandate to manage clinical operations, liaise between administration and medical staff, and ensure that patients receive the highest standard of medical care while healthcare personnel are not exposed to risk while performing their duties.

Advocacy to the Chief Medical Director (CMD) will result in increased support and funding for adequate diagnostic services and relevant personnel training. There is a need for decision-makers at the facility level to align with, contextualise and contribute to the Lassa fever response in their state. Additionally, CMDs are requested to champion the cause for the provision of comprehensive and specialised training on infectious disease management (such as Lassa fever) for their workers and essential materials and resources to meet the needs of their clients as safely and promptly as possible.



Areas for Advocacy:

- To increase the number of diagnostic laboratories in high-burden states.
- To ensure the availability of trained diagnostic personnel to improve early diagnosis.
- To enforce the availability and proper use of SOPs for the management of Lassa fever cases.
- To improve the capacity of all hospital personnel in high-risk states for Lassa fever management.



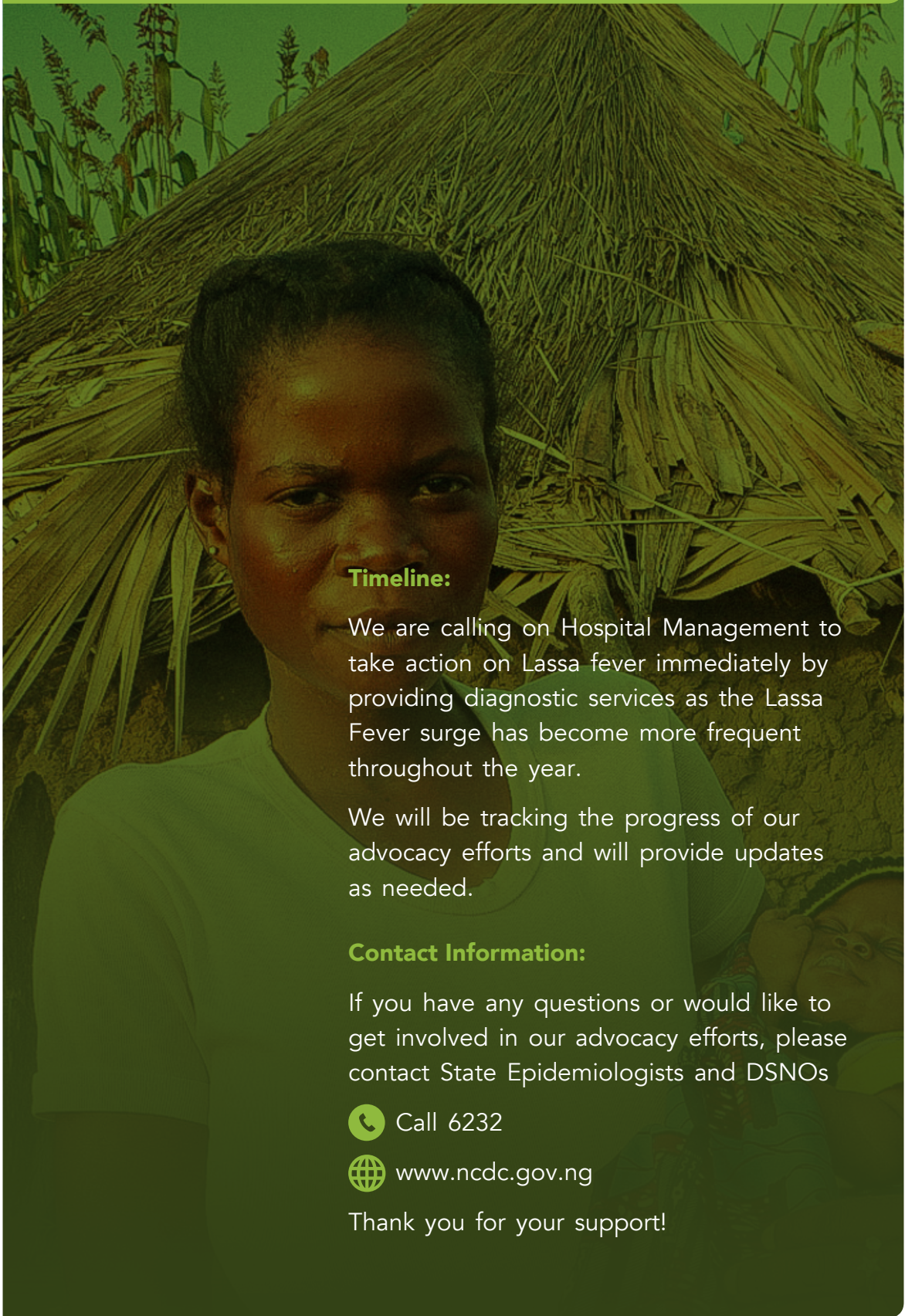
Calls to Action:

- Operationalization of laboratories in the health facility.
- Build more diagnostic laboratories and train staff.



Conclusion:

Addressing Lassa fever requires a multi-faceted approach that requires accessible facilities with competent personnel in every state. It involves refining policies, establishing regulations, providing training, and ensuring access to infrastructure/resources in HCFs. By collectively advocating for these measures and engaging with key stakeholders, we can make significant strides in controlling and preventing Lassa fever outbreaks, ultimately protecting public health, and saving lives through coordinated efforts and the provision of critical diagnostic services which can reverse current CFR trends in high burden states and Nigeria. Being united in the efforts to combat this disease is a good way to build a safer, healthier future for all.



Timeline:

We are calling on Hospital Management to take action on Lassa fever immediately by providing diagnostic services as the Lassa Fever surge has become more frequent throughout the year.

We will be tracking the progress of our advocacy efforts and will provide updates as needed.

Contact Information:

If you have any questions or would like to get involved in our advocacy efforts, please contact State Epidemiologists and DSNOs

 Call 6232

 www.ncdc.gov.ng

Thank you for your support!

4.3

ADVOCACY BRIEF: INCREASING PPMV INDEX OF SUSPICION TO IMPROVE EARLY REPORTING, DIAGNOSIS, AND TREATMENT OF LASSA FEVER



Introduction:

Lassa fever poses a significant public health threat, necessitating urgent action to combat its transmission and impact. This advocacy brief aims to highlight key areas of intervention to effectively address and strengthen the overall public health response. By refining the policy framework, establishing relevant laws, providing comprehensive training, ensuring access to essential resources, promoting collaboration in the One Health Sector, combating stigma, and raising awareness through campaigns and educational programs, we can collectively work towards controlling and preventing outbreaks.



Issue:

Lassa fever is a serious disease that can be fatal. It is endemic to several states in Nigeria. Health care-seeking behaviour is a key factor which may affect outcomes negatively or positively for suspected Lassa Fever cases. In most communities, especially in rural areas, PPMVs are the first line of care for community members when they are ill. PPMVs are trusted to play a key role in providing healthcare for the community and they want to be perceived as important in the community by solving health problems. Consequently, they are in the best position to refer suspected cases to relevant health authorities.



Problem:

There is a knowledge gap on how serious Lassa fever is amongst PPMVs which translates to a low index of suspicion for protecting themselves and making timely referrals for diagnosis and further treatment. Delayed health care seeking, and treatment can lead to increased transmission, and death i.e. the CFR. Considering that they are businesses, there may be concerns about potential loss of patronage and therefore conflict of interest in referring suspected cases to the right health facilities. On the other hand, there might be the fear of losing the trust of the community if mortality increases at the referral centre and their role (referral) is misunderstood.

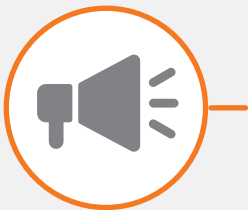


Solution:

PPMVs are usually the first point of contact for the treatment of fever and other health problems, and they can easily refer suspected cases to relevant health authorities. It is therefore important to increase the risk perception of PPMVs.

As frontline contacts, the PPMV's risk of contracting Lassa Fever from their clients is high. Therefore, being able to identify Lassa Fever symptoms for prompt referral to Health centres is critical. To improve efficiency and effectiveness, capacity building on Lassa fever, utilisation of relevant job aids (case definition, fever algorithm, linkage with treatment centres, use of referral cards, SBC materials etc.) and coordination with traditional and religious leaders are critical.

Benefits for the PPMVs could include recognition for the quality of services, especially if such PPMVs are willing to follow up and ensure that clients referred visit the facility for proper diagnosis and treatment.



Areas of Advocacy:

- To increase PPMV's knowledge of Lassa Fever symptoms and risks.
- To foster a heightened index of suspicion for Lassa Fever that results in immediate and urgent action.
- To harness the role of PPMVs in communities for Lassa Fever prevention and response.
- To increase early reporting, referral, and follow-up procedures for all suspected cases.



Call to Action:

- Promptly refer all instances of high fever to the closest health centres to ensure early identification & treatment and notify the Local Government Area Disease
- Surveillance and Notification Officer (LGA DSNO) about all referred cases, ensuring their timely presentation at the health centres to save lives.
- Observe all safety precautions when attending to clients to protect yourself.
- Become a change agent to encourage community members to seek medical care at health facilities when referred.



Conclusion:

Addressing Lassa fever requires a multi-faceted approach that leverages the current health-seeking behaviours of communities for timely referral, early diagnosis, and treatment of Lassa fever. PPMVs are an integral part of communities being well positioned to improve Lassa Fever control by protecting themselves and others adequately. By collectively advocating for these measures and engaging with key stakeholders, we can make significant strides in controlling and preventing Lassa fever outbreaks, ultimately protecting public health, and saving lives through coordinated efforts. Being united in the efforts to combat this disease is a good way to build a safer, healthier future for all.



Timeline:

We are calling on PPMVs to improve vigilance and take action on Lassa fever immediately, as the Lassa Fever surge has become more frequent throughout the year.

We will be tracking the progress of our advocacy efforts and will provide updates as needed.



How to get involved:

Collaborate and establish linkages with DSNOs, HPOs and associations of PPMVs.

Key individuals involved: state and LGA DSNOs, Health promotion officers, traditional and religious leaders, list of Treatment centres, and state food safety officers.



Contact Information:

If you have any questions or would like to get involved in our advocacy efforts, please contact State Epidemiologists and DSNOs

 Call 6232

 www.ncdc.gov.ng

Thank you for your support!

