



WEST AFRICAN HEALTH ORGANISATION
ORGANISATION OUEST AFRICAINE DE LA SANTE
ORGANIZAÇÃO OESTE AFRICANA DA SAÚDE

STRENGTHENING REGIONAL COOPERATION TO COMBAT LASSA FEVER AND EMERGING INFECTIOUS DISEASES



VENUE:
ABIDJAN, CÔTE
D'IVOIRE
8TH – 11TH
SEPTEMBER 2025





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EXECUTIVE SUMMARY



No single country can manage the burden of Lassa fever alone. West Africa's approach to this persistent epidemic threat must shift from fragmented national responses to sustained collaboration across borders.

This was the recurring message when over 800 policymakers, scientists, health professionals, and development partners converged in Abidjan, Côte d'Ivoire in September 2025, for the 2nd ECOWAS Lassa Fever International Conference (ELFIC 2025). Over four days, participants established a shared sense of urgency: Lassa fever remains one of the most persistent epidemic threats to health security in West Africa, and coordinated action is no longer optional but imperative.

The conference was structured around six thematic pillars: regional coordination, advancing medical countermeasures, surveillance and early detection, technological innovation, community engagement, and sustainable financing. These themes guided technical discussions, panel sessions, and side meetings that examined the multifaceted nature of epidemic preparedness in the region.

Across 27 sessions, 20 parallel sessions, and eight plenary sessions, participants from 32 countries and territories discussed the importance of safe food storage practices and environmental measures to reduce rodent exposure. They emphasised the critical role of trust and community engagement in countering vaccine hesitancy, sustained progress towards the development of the Lassa fever vaccine, and improved access to competent healthcare providers. Participants further called for greater investment in local research to ensure that solutions reflect the realities of affected communities.

Key Highlights



Ministerial Commitment:

Ministers reaffirmed the importance of regional solidarity, resource mobilisation, and multisectoral collaboration to reduce the burden of Lassa fever.



Scientific Rigour:

Presentations and abstracts reflected high-quality research, with emphasis on linking scientific findings to policy and practice.



Broad Participation:

Representation from all ECOWAS countries, development partners, academia, community survivors and civil society ensured diverse perspectives.



Media Engagement:

Coverage expanded public awareness of Lassa fever and amplified regional advocacy for preparedness and response.

Major Recommendations

01

Enhance mechanisms for translating evidence into actionable policies.

02

Promote inclusive participation, ensuring gender balance and representation from all ECOWAS regions.

03

Build stronger media and communication strategies for the next ELFIC.

04

Establish a clear follow-up mechanism to monitor implementation of ministerial commitments.

Background



Lassa fever remains a significant public health threat in West Africa, with Nigeria, Liberia, Sierra Leone, and Guinea bearing the highest burden. Despite being designated a priority disease for epidemic preparedness by the World Health Organization (WHO), the disease continues to cause cyclical outbreaks across the region, highlighting the critical need to move from reactive outbreak response to sustainable, long-term preparedness. This transition requires not only strengthened health systems and regional coordination but also a dedicated focus on ensuring equitable access to future medical countermeasures, particularly vaccines.

The 2nd ECOWAS Lassa Fever International Conference (ELFIC 2025) convened in Abidjan, Côte d'Ivoire, brought together policymakers, scientists, public health experts, and development partners to address the persistent threat

of Lassa fever and other emerging infectious diseases in West Africa. Building on the achievements of the first conference, which was held in Abuja, Nigeria in 2019, ELFIC 2025 advanced scientific dialogue on vaccine and therapeutic development, enhanced surveillance, promoted One Health approaches, and fostered regional cooperation.

The conference sought to consolidate commitments towards a coordinated response to recurring outbreaks and build resilience in health systems across the region.

The ELFIC 2025 Scientific Programme Committee (SPC) oversaw the planning and scientific direction of the conference, bringing together 39 public health experts and leaders from across the region. Chaired by Prof Issiaka Sombie, Director of Public Health and Research at the

West African Health Organization (WAHO), and Dr Virgil Kuassi Lokossou, Acting Director of Health Care Services, the SPC met biweekly to shape the conference agenda, curate scientific sessions, and ensure a rigorous, high-quality abstract review process. The Committee's work was supported by the Conference Project Secretariat, led by Dr Aishat Bukola Usman, Public Health Expert with the Lassa Fever Coalition Project, and Ms Oluomachukwu Omeje, Senior Programme Manager at Nigeria Health Watch, the Lassa Fever Coalition Secretariat Partner.



Conference Objectives

The ELFIC 2025 agenda was designed to meet the following objectives:

01

Enhance regional coordination and cross-country information sharing: Facilitate discourse among stakeholders to establish a unified framework for cross-country data-sharing and response coordination.

02

Boost research preparedness: Facilitate discourse to revise the regional Lassa fever research agenda and advance regional capabilities for research preparedness.

03

Improve outbreak response capacity: Highlight strategies to enhance outbreak preparedness and response mechanisms.

04

Leverage technology and innovation for Lassa preparedness and beyond: Explore how advanced technologies and innovations, like Artificial Intelligence (AI), can strengthen disease preparedness and response.

05

Strengthen community-based surveillance and preparedness: Explore community-led health communication and response strategies.

06

Advance policy and financing for sustainable preparedness: Mobilise resources and policy actions to integrate Lassa preparedness into national health agendas.

Over four days, ELFIC 2025 featured a dynamic and wide-ranging programme comprising six plenary sessions, 27 organised sessions, 20 parallel discussions, and two special sessions designed to foster dialogue, debate, and knowledge exchange around the conference's core themes. More than 175 speakers and moderators contributed to the discussions, alongside 140 oral abstract presentations and 162 poster displays showcasing new research and innovations. The event also hosted 13 exhibition booths, providing a platform for institutions and partners to highlight tools, technologies, and initiatives driving progress in Lassa fever research and control.



ELFIC 2025 at a Glance

Radisson Blu Airport, Abidjan, Côte d'Ivoire

**8th – 11th
September
2025**

6 Plenaries

20 Parallel sessions

SESSIONS

27 Organised sessions

2 Ministerial sessions



PARTICIPANTS

2,340

registered
delegates



840
in-person,



1500
virtual

32+

countries
represented



175+

speakers and
moderators



PARTNERS



4

platinum
partners



33

Media
partners



5

bronze
partners



13

Exhibitors

Opening Ceremony



The opening ceremony of ELFIC 2025 marked the official launch of the conference, setting a collaborative and forward-looking tone for strengthening West Africa's response to Lassa fever and other epidemic threats. The session underscored regional solidarity, innovation, and self-reliance, bringing together ministers, public health leaders, and technical experts from across ECOWAS Member States.

ELFIC 2025 was officially opened by S.E. Robert Beugré Mambé, Prime Minister of the Republic of Côte d'Ivoire. In his remarks, the Prime Minister acknowledged ECOWAS's efforts and reaffirmed the government's strong commitment to regional cooperation. In addition, he called for "vigorous and rigorous action through multisectoral collaboration to stop epidemics at their roots". Remarks were also delivered by the host, Dr Pierre Dimundemba, Minister

of Health of Côte d'Ivoire, the Honourable Commissioner of Health, Humanitarian Affairs, and Social Development at the African Union, and Prof Muhammed Ali Pate, the Coordinating Minister of Health of the Federal Republic of Nigeria.

Speakers stressed that Africa is not inherently resource-limited but often resource-wasteful, noting that the continent has the capacity to eliminate Lassa fever if resources are properly harnessed. They emphasised the need to create and sustain enabling environments



that support capacity retention, not just capacity-building, alongside strengthened surveillance and preparedness systems. They further highlighted collaboration, self-reliance, and local ownership as central to advancing a unified regional response.

A Special Ministerial Session, titled “Beyond Borders: Advancing a Unified West African Framework for Outbreak Preparedness and Response” brought together ministers and senior health officials to discuss operationalising Multisector Coordination Mechanisms for improved International Health Regulations implementation in West Africa.



The session opened with a keynote presentation by Prof Oyewole Tomori titled Lassa Fever: Progress, Challenges, and Opportunities for the ECOWAS Region. He urged West Africa to invest in its own capacity, leadership, and innovation, reinforcing the conference's core message that achieving regional health security requires African-led solutions grounded in accountability, efficiency, and unity. Moderated by Ms Vivianne Ihekweazu, Managing Director at Nigeria Health Watch, the session also examined national experiences in establishing coordination platforms to enhance epidemic preparedness.

Ministerial Roundtable Session



The Ministerial Roundtable was one of the central highlights of ELFIC 2025. This high-level dialogue brought together Ministers of Health and senior representatives from 10 West African countries, alongside key partners including the World Health Organization (WHO), the Africa Centres for Disease Control and Prevention (Africa CDC), the European & Developing Countries Clinical Trials Partnership (EDCTP3), the Coalition for Epidemic Preparedness Innovations (CEPI), the World Bank and the International AIDS Vaccine Initiative (IAVI). The session, which was facilitated by the Lassa fever Coalition and supported by CEPI, reaffirmed regional commitment to Lassa fever vaccine development and broader epidemic preparedness under a collaborative co-funding model aimed at mobilising sustainable resources for the most advanced Lassa fever vaccine candidate (developed by IAVI).

Ministers endorsed the plan to strengthen national capabilities in clinical trials, laboratory systems, regulatory processes, and manufacturing, recognising these as essential pillars for regional self-reliance. Discussions highlighted that the IAVI Lassa

fever vaccine candidate is projected to reach market licensure by 2032, with development costs estimated between \$225–340 million. Participants agreed on key action steps: to convene a working group comprising coalition countries, CEPI, WAHO, and IAVI to refine the regional funding framework; support immediate fundraising for Phase 2b and bridging studies; coordinate with countries to ensure late-stage development readiness; and to establish a regional monitoring mechanism to track co-financing and capacity progress. A Funders' Roundtable is planned for 2026 to advance these commitments.

At the close of the session, the Ministers adopted a Joint Communiqué reaffirming their collective commitment to support accelerated development and equitable access to Lassa fever vaccines and other countermeasures; strengthen national and regional systems for surveillance, diagnostics, and outbreak response; mobilise sustainable financing and political will to ensure long-term preparedness; and engage civil society and local communities as trusted partners in prevention and response.

Plenary Sessions

Opening Plenary:

Beyond Borders – Advancing a Unified West African Framework for Outbreak Preparedness and Response



The opening plenary set the stage for the conference by underscoring the urgency of advancing a unified regional framework for outbreak preparedness and response in West Africa. Discussions centred on operationalising multisectoral coordination mechanisms (MCMs) to strengthen the implementation of the International Health Regulations (IHR) across the region.

Experiences from several countries illustrated both progress and persistent gaps. For example, evaluations in Nigeria, Liberia, Chad, and Côte d'Ivoire showed that while coordination platforms had been established and strengthened over time, challenges such as limited technical capacity, uneven multisectoral engagement, and resource management constraints remained. Speakers highlighted the importance of cooperation between IHR national authorities, designated focal points, and broader cross-sectoral partners. Strong collaboration, clear accountability, and social mobilisation were seen as essential to building resilient systems.

A recurring theme was the need for effective surveillance of zoonotic diseases, where coordination across sectors is indispensable.

Outcomes and Key Messages

- Multisectoral coordination is critical for effective IHR implementation in West Africa.
- National experiences demonstrate that coordination platforms improve response capacity, though technical and resource challenges persist.
- Strong collaboration and clear roles between national authorities, IHR focal points, and sectoral actors are essential.
- Countries should institutionalise focal points across sectors and integrate preparedness into broader national social protection plans.

Participants agreed that a unified West African framework for outbreak preparedness and response requires leveraging national experiences, fostering collaboration across sectors, and consolidating institutional mechanisms to ensure sustained readiness for future epidemics.

Plenary I

Closing the Gap: Accelerating VHF's Medical Countermeasure R&D in West Africa



This plenary examined progress and gaps in developing medical countermeasures for viral haemorrhagic fevers (VHFs), with Lassa fever as a central focus. Discussions highlighted the heavy burden borne by Nigeria and the cross-border risks facing neighbouring countries such as Cameroon and Niger. Environmental drivers, including flooding and conflict-related displacement, were identified as key factors compounding outbreaks across the region.

Between 2020 and 2025, Lassa fever, cholera, diphtheria, floods, and poliomyelitis accounted for most of the public health emergencies in West Africa. Lassa fever remained endemic in Nigeria, Guinea, Sierra Leone, Liberia, and Benin, with transmission primarily zoonotic but also occurring between humans in healthcare settings. High case fatality rates—ranging from 20–60%, persisted due to delayed detection and limited access to care, especially in rural communities.

“Lassa fever outbreaks do not respect borders; regional coordination is the only sustainable solution.”

WHO’s technical support in strengthening laboratory capacity, surveillance, and coordination was acknowledged. However, speakers stressed that long-term impact depends on national ownership and sustainable financing. Strategies proposed included strengthening collaborative cross-border surveillance and data-sharing, expanding diagnostic capacity, investing in health worker training, and embedding One Health approaches to address social and environmental drivers.

The session concluded with a unified call for regional collaboration and innovation in vaccines, diagnostics, and therapeutics. As one participant noted, “Lassa fever outbreaks do not respect borders; regional coordination is the only sustainable solution.”

Plenary II –

From Detection to Response: Rethinking Surveillance Architecture for VHFs



Surveillance remains the backbone of epidemic response in West Africa, yet critical gaps persist. Plenary II examined the strengths, weaknesses, and future directions of surveillance and response systems for VHFs in West Africa, drawing lessons from Liberia, Guinea, Sierra Leone, and Nigeria. Community-based surveillance and field epidemiology training were highlighted as critical enablers. However, persistent barriers such as underfunding, weak laboratory capacity, poor internet connectivity, and overreliance on donors continue to undermine progress. Speakers stressed that genomic sequencing, while often treated as a research luxury, must be institutionalised as a core element of public health. Sierra Leone's post-Ebola experience showed improvements in real-time case reporting and community

engagement, but sustainability remains fragile without domestic investment and decentralised infrastructure.

Discussions revealed the need for regional approaches, including common funding baskets, affordable internet solutions, and secure data-sharing platforms. Recommendations focused on strengthening surveillance in remote areas, institutionalising genomic capacity, scaling up workforce training, and ensuring long-term sustainability through regional financing and political commitment. Participants agreed that while progress is evident, scaling up VHF surveillance for in Africa requires shifting from donor dependence to self-reliance, with stronger infrastructure, capacity retention, and locally driven solutions.

Plenary III

AI and Big Data in Outbreak Prediction: Transformative or Overhyped?



This plenary critically examined whether AI and big data can truly transform outbreak prediction in West Africa or whether their promise is overstated. While panellists recognised AI's potential to integrate diverse data streams for real-time insights, they also acknowledged significant barriers such as poor infrastructure, fragmented systems, limited expertise, and ethical concerns. Panellists further noted that imported models often fail in African contexts, underscoring the need for region-specific tools tailored to local health-seeking behaviours and demographic realities. Practical examples from COVID-19 showed AI's value in hotspot mapping and decision-making, but speakers stressed that solutions must be simple, offline-capable, and adapted to low-resource environments.

Ethical risks such as data extractivism and opaque “black box” models were identified as critical concerns. Speakers called for African-led governance frameworks to ensure transparency, accountability, and community trust. They noted that beyond technological innovation, AI could shift epidemic management from reactive responses to proactive forecasting, with a focus on prevention.

The discussion concluded with a consensus that AI and big data hold real promise, but only if Africa builds ownership through local datasets, capacity-building, ethical frameworks, and regionally coordinated approaches.

Plenary IV -

Putting Communities First: Redefining Engagement in Epidemic Preparedness



The plenary session explored how communities can be repositioned at the centre of epidemic preparedness and response. Discussions emphasised that communities are not passive recipients of health interventions but active agents whose knowledge, practices, and lived experiences are critical to success. A recurring insight was that epidemics begin and end in communities; preparedness strategies must therefore be co-created with local populations rather than imposed by external authorities. Traditional knowledge, cultural practices, and community structures already exist and can be harnessed to strengthen public health measures.

Trust was identified as the foundation of effective preparedness and response. Without it, communities may hide symptoms, resist vaccination, or reject

public health measures. Building trust requires genuine listening, respect for cultural norms, and communication that is two-way rather than directive. Equity and inclusion were also highlighted as essential. Ensuring the meaningful participation of women, young people, marginalised groups, nomadic communities, and persons with disabilities strengthens the credibility and sustainability of preparedness efforts.

Their involvement ensures that interventions reflect the realities of those most affected, rather than the perspectives of dominant voices alone.

The discussion further emphasised the critical role of civil society and grassroots organisations, which often serve as bridges between policy and practice. T



These actors help interventions reach vulnerable populations while ensuring that community perspectives inform decision-making at all levels. Survivor voices emerged as a powerful catalyst for change. First-hand testimonies from individuals who have experienced outbreaks, including Lassa fever, illustrate the psychological burden of illness, isolation, and stigma while also helping to counter misinformation, reduce stigma, and strengthen public trust in health services.

The discussion concluded with a call for structural reform, shifting from centralised, government-led preparedness to decentralised, community-driven models. Direct resourcing of communities enables them to design and implement culturally appropriate, realistic, and affordable solutions that better support resilience at the front line.

Closing Plenary –

No Health Security Without Sustainable Financing: Turning Strategies into Investments



The closing plenary emphasised that health security in West Africa hinges on sustainable and predictable financing. Speakers stressed that allocating budget lines alone is insufficient; genuine political commitment and accountability are required to translate strategies into tangible investments.

Discussions highlighted the urgent need to prioritise domestic resource mobilisation across public and private health sectors. Innovative mechanisms such as levies on luxury spending, cross-border partnerships, and stronger private sector engagement—especially in industries like telecoms, fintech, and hospitality were presented as practical options. The Africa Epidemic Fund was identified as a critical instrument, with calls for ECOWAS and Member States to operationalise and dedicate fixed budget percentages to it. Risk pooling and layered financing models, including those offered by African Risk Capacity, were discussed as ways to ensure predictability and incentivise preparedness.

Speakers also stressed that investments in preparedness reduce long-term costs, making early action both strategic and financially prudent. Governance and transparency were recurring themes, with digital platforms recommended for tracking funds, strengthening accountability, and building trust with both domestic stakeholders and external partners. Evidence-based advocacy, demonstrating return on investment beyond mortality statistics was identified as essential to mobilising sustained support.

The discussion reinforced the importance of harmonising national health and financing plans, embedding One Health approaches into policy frameworks, and ensuring community engagement to drive ownership. The overarching message was clear: sustainable epidemic preparedness and response in West Africa will only be achieved when financing is predictable, locally driven, and transparently managed.

Organised Sessions

Across the four days, **28 organised sessions** covered a wide range of themes, including vaccine access and delivery, multisectoral coordination, Lassa fever preparedness and case management, Mpox response, REDISSE lessons, traditional medicine, and the role of ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC). Rapporteurs documented rich discussions on operationalising One Health, advancing vaccine R&D, scaling surveillance systems, and financing epidemic preparedness. Key lessons emerged around the importance of coordination, equitable access, and sustainable financing.

Strengthening Vaccine Acceptance and Delivery in West Africa: From Science to Public Trust

Convened by WAHO

The first organised session examined the persistent challenge of vaccine hesitancy in West Africa and the strategies required to strengthen immunisation delivery and trust. Vaccine hesitancy has undermined immunisation progress across the region, with gaps widening during and after COVID-19. Misinformation, cultural beliefs, gender dynamics, and lack of trust were identified as core drivers of hesitancy, affecting both communities and health workers. Nigeria's experience with HPV rollout and Benin's struggles with rumour management exemplified these challenges. In contrast, Cabo Verde's 98% coverage demonstrated the impact of strong government ownership, community engagement, and outreach beyond health facilities.

Countries shared best practices, including machine learning-based training, digitalisation of data, early warning systems for adverse events, and crisis communication platforms. WHO outlined

a multi-layered support approach, including real-time rumour tracking through the Africa Infodemic Alliance, the use of geo-mapping to identify unvaccinated children, and maintaining global standards for vaccine safety. Civil society voices stressed the importance of mobilising trusted community leaders, women's groups, and local champions to counter misinformation and build acceptance.

At the end of the session, the following action points were outlined: strengthen community engagement; build trust through contextualised communication; train health workers in interpersonal and crisis communication; adopt digital tools for monitoring and surveillance; reduce overreliance on external funding; and ensure equitable access, particularly for hard-to-reach and minority groups. Cross-border coordination was also emphasised as critical to managing outbreaks and sustaining immunisation coverage.



Operationalising Multisector Coordination Mechanisms (MCM) for IHR Implementation in West Africa

Convened by WAHO and WHO

This session explored how MCMs can strengthen IHR implementation across West Africa. Country experiences reflected varied levels of progress. Nigeria reported improved scores following the establishment of inclusive platforms that engaged multiple ministries, though resilience challenges persist. Côte d'Ivoire traced its process back to 2016, with a revised 2021 decree that formalised departmental platforms and integrated them into national development planning, improving scores particularly in antimicrobial resistance. Chad adopted a One Health legal framework in 2022, established a secretariat, and began technical working group meetings in 2025, building on existing vaccination collaborations. Liberia, where the platform is led by the Vice President, drew on post-Ebola lessons to better respond to health emergencies.

Despite these advances, common challenges remain, including resource mobilisation, sustaining human capacity, and ensuring functionality of platforms. Time constraints limited in-depth discussion, but the session underscored the importance of well-resourced, coordinated, and resilient MCMs for effective IHR implementation.

Innovations in Lassa Fever Preparedness and Response: After-Action Reviews and Predictive Modelling.

Convened by JHPIEGO

This session, organised by Jhpiego, examined cutting-edge research and operational innovations in Lassa fever preparedness. After-Action Reviews (AARS), laboratory diagnostic advances, and novel surveillance approaches were presented, with emphasis on their potential for scaling across the region. Discussions underscored the critical role of AARs and predictive modelling.

A presentation from Sierra Leone detailed findings from AARs conducted following the 2023 outbreaks, identifying best practices such as community engagement, alongside challenges including delayed funding and weak community-based detection. Key recommendations included training frontline health workers and integrating predictive modelling into outbreak response planning.

Nigeria emphasised the integration of various data streams—like multi-hazard risk calendars and 7-1-7 metrics—into policy frameworks. Practical recommendations called for prepositioning medical supplies and the use of Human-Centred Design principles in public communications.

A scientific presentation from the London School of Hygiene & Tropical Medicine introduced the sentinel forecasting platform. This AI-powered tool uses environmental and case data to provide situational awareness and short-term forecasts of Lassa fever outbreaks. The model supports strategic decision-making, suggesting that pre-season vaccination in high-risk areas could avert up to 70% of severe cases.

Jhpiego highlighted its global health security work, stressing community-centric approaches and capacity-building. The overall conclusion was that combining lessons learned from AARs with advanced predictive analytics creates a powerful, proactive strategy for smarter, targeted interventions against Lassa fever.

One presenter observed: “Every Lassa fever outbreak tests our readiness — and each one teaches us where the gaps remain.” Audience discussions focused on the feasibility of scaling new diagnostic tools in resource-limited settings and the importance of rapid integration into health systems.



Key recommendations included broad adoption of AARs, strengthening regional laboratory networks, and accelerating the deployment of diagnostic innovations proven at the pilot stage.

The session on **“Strengthening Regional Collaboration for Mpox Preparedness and Response in West Africa,”** led by Africa CDC, was cancelled on 6 September due to logistical reasons.





Enhancing Health Security in the ECOWAS Region – The Role of ECOWAS RCSDC

Convened by ECOWAS RCSDC

This session focused on achievements to date and future priorities for strengthening health security in West Africa. Participants emphasised the need to reinforce surveillance systems, harmonise databases across countries, and address laboratory capacity gaps. Côte d'Ivoire identified weaknesses in detection-to-diagnosis information systems, Sierra Leone highlighted challenges from fragmented databases, and Guinea raised concerns over limited reference laboratories and sample transport difficulties. Nigeria stressed gaps in research and resource mobilisation, calling for stronger multisectoral studies to guide epidemic prevention.

Key recommendations included greater political commitment, community engagement, harmonised data sharing, decentralisation and regionalisation of laboratories, stronger Field Epidemiology Training Programmes (FETPs), and sustained investment in research for vaccines and treatments. There was broad agreement that stronger coordination under ECOWAS RCSDC remains critical to overcoming surveillance and response challenges in the region.

Partnering with Communities for Ethical Lassa Fever Research and Response in West Africa

Convened by WAHO and WANE

This session examined the role of strengthened ethical standards and community engagement as critical components of Lassa fever research and response efforts in West Africa.

Discussions identified gaps in Lassa fever vaccine research. While existing studies have examined areas such as comorbidities, seasonal patterns, and specific target groups, little attention has been given to reinfection, leaving a critical research gap. Addressing these priorities requires both scientific rigour and an ethical framework that respects community perspectives.

The session further explored ways to strengthen the operationalisation of ethics in research. Collaborative engagement among national ethics committees across West Africa were identified as key to harmonising standards and improving oversight. The digitalisation of research protocol submissions was cited as a practical innovation that saves time, reduces bureaucracy, and lessens environmental impact.



Participants stressed that ethical approval must not be the endpoint; there must be systematic follow-up in the field to ensure that research is conducted as approved and to uphold accountability.

Another key theme was the importance of feedback to communities. Research is often conducted without returning results to the populations involved, eroding trust and limiting the relevance of findings. By ensuring that communities receive timely and accessible feedback, researchers can foster stronger collaboration, enhance transparency, and increase the impact of research outcomes.

There was broad agreement that ethical, community-centred approaches are not integral to the success of Lassa fever research and response in West Africa. Building on regional collaboration, digital innovation, and stronger community engagement, stakeholders can advance a more trusted, resilient, and ethical research environment to tackle Lassa fever and other emerging infectious diseases.

Critical Partnerships to Facilitate an End-to-End Lassa Fever Vaccine Development Program

Convened by IAVI

This session discussed urgent actions required to accelerate vaccine equity for Lassa fever through stronger regulatory frameworks, expanded regional manufacturing, and inclusive partnerships for vaccine R&D and delivery. Regulatory gaps were identified as a major barrier, with calls for harmonisation across countries through mechanisms such as the African Vaccine Regulatory Forum (AVAREF), alongside mentoring and capacity-building for local regulators. The importance of establishing trial sites in endemic regions and preparing them for rapid deployment was also highlighted.

Cultural and community-related challenges, including fears surrounding blood draws, stigma, and concerns about trial participation, were recognised as equally significant barriers. It was agreed that community engagement must go beyond consultation to fully integrate local voices and cultural contexts into vaccine research and delivery strategies.

The session identified opportunities in strengthening African-led manufacturing hubs, expanding scientific and regulatory expertise, and building stronger collaborations between academia, communities, and governments. Ensuring affordability and equitable access to vaccines was presented as a guiding principle, with sustainability requiring both domestic financing and long-term business cases for neglected diseases like Lassa fever.



Strengthening Regional Syndromic Surveillance Sentinel Strategy (4S)

Convened by IPD Dakar

The session focused on expanding syndromic sentinel surveillance across West Africa to improve early detection of arboviruses and other emerging pathogens through a One Health approach. The programme, first piloted in Senegal, has expanded to 11 countries, enabling early detection of diseases such as chikungunya, dengue, and yellow fever, and contributing to reduced mortality in areas with active surveillance. National ownership, coordination through steering committees, and capacity-building were noted as core strengths.

Key challenges include limited funding, insufficient coverage of sentinel sites, workforce shortages, delays in sample transport, and gaps in testing capacity. Expansion to all ECOWAS countries was emphasised, alongside the need for sustainable financing, stronger coordination, improved sample transport systems, and greater support from regional bodies.

At the end of the scaling-up coverage, building human resource capacity, securing sustainable funding, and enhancing integration between national and regional surveillance systems were identified as essential to strengthening the 4S strategy.

Traditional Medicine and Community-Based Strategies for Epidemic Control

Convened by WAHO

The West African Herbal Pharmacopoeia (WAHP) documents and validates over 80 medicinal plants for priority diseases and epidemics, representing a bridge between heritage and modern medicine. While its potential is significant, challenges remain in adoption, clinical trials, funding, and regulatory frameworks. This session explored how traditional medicine and community-based strategies can strengthen epidemic preparedness and response in West Africa.

Traditional medicine practitioners were recognised as critical actors in early detection, community awareness, and management of haemorrhagic fevers, given their proximity to and trust within communities. Integration with modern health systems was emphasised as vital for strengthening surveillance, referral, and prevention. Key recommendations included scaling up WAHP training, funding clinical research,

promoting collaboration between traditional healers and regulators, integrating traditional medicine into national health systems, and safeguarding intellectual property rights. A multisectoral, culturally grounded approach was considered essential for building more resilient, community-oriented health systems across the region.

Documenting the REDISSE-1 Project – Lessons Learned and Future Opportunities

Convened by WAHO and the World Bank



This session reviewed the Regional Disease Surveillance Systems Enhancement (REDISSE-1) Project, launched after the 2016 Ebola outbreak to strengthen health systems and cross-border collaboration in West Africa. The project aimed to reinforce surveillance infrastructure, improve early detection, expand laboratory capacity, and build expertise in emergency response. Implemented in phases across Senegal, Guinea, and Sierra Leone, using data collection, interviews, and group discussions, the evaluation focused on relevance, community engagement, effectiveness, partnerships, and sustainability.

Key achievements included training in field epidemiology, establishing laboratory networks, strengthening data monitoring systems, and adopting a One Health approach. REDISSE-1 also promoted operational flexibility, enabling adaptable financing mechanisms and crisis response centres.

However, sustainability remains a challenge. Transitioning from donor-driven initiatives to nationally owned systems requires stronger coordination, institutional clarity, and continuous capacity-building. Cross-border and multisectoral collaboration proved essential, but coordination gaps persist.

Participants recommended formalising standards, maintaining regional and national platforms, scaling workforce development, and reinforcing One Health integration to ensure long-term resilience.

Regional Readiness for Lassa Vaccines – From Development to Delivery

Convened by CEPI



The session explored the region's preparedness for the development, access, and delivery of Lassa fever vaccines. Discussions centred on readiness planning, equitable access, and the integration of Lassa vaccines into existing immunisation programmes.

Participants highlighted the importance of building on current resources and guidelines to support vaccine development, strengthening regulatory systems, and ensuring that planning processes are inclusive of all stakeholders. Local manufacturing was identified as a critical step for improving vaccine availability, while collaboration across institutions and countries was emphasised as essential to overcoming challenges such as limited production capacity.

Political will emerged as a prominent theme, with governments confirming high-level commitments to support vaccine rollout and financing. The ECOWAS Lassa fever Coalition, including the Governing Entity and national task forces were recognised as a key structure for shaping regional efforts, while CEPI's end-to-end plans were noted as adaptable to local contexts. WHO and Africa CDC are working on workforce development to enhance national capacity for vaccine-preventable diseases.

Community engagement was another major theme, with participants stressing the need to build trust, manage vaccine hesitancy, and engage communities early to align new vaccines with existing health programmes. Social science research, infodemic management, and social listening were highlighted as valuable tools for addressing behavioural drivers of vaccination. Cold chain infrastructure and logistics were discussed as practical considerations, with assurances that existing systems can be leveraged and expanded where necessary. Financing was also identified as a priority that must be integrated from the earliest stages of vaccine development.



Integrated Workforce Development for Surveillance, Clinical Management, Research, and Clinical Trials in the Fight Against Lassa Fever and Other Emerging Infectious Diseases

Convened by WAHO and AFENET

This session examined the importance of building an integrated health workforce capable of responding to Lassa fever and other emerging infectious diseases. Participants emphasised the need to support local research and diagnostics, align health priorities with government agendas, and ensure that healthcare workers have dignified livelihoods, recognition, and clear career pathways.

Training initiatives such as clinical management fellowships for Lassa fever and field epidemiology programmes were highlighted as vital for strengthening multidisciplinary capacity. Participants stressed the need for continuous training, accreditation, and the application of a One Health approach to improve surveillance, case management, risk communication, and community engagement.

Leveraging Lessons from the AfDB COVID-19 Response Project for Strengthening Disease Surveillance and Pandemic Preparedness in the ECOWAS Region

Convened by AfDB

This session highlighted how the African Development Bank (AfDB) COVID-19 Response Project strengthened surveillance and pandemic preparedness across the ECOWAS region, with The Gambia serving as a key case study. The project supported healthcare capacity-building, laboratory strengthening, and the application of the One Health approach. Achievements included the establishment of a sample referral system, the enhancement of biomedical engineering capacity, the mobilisation of funds for emergency infrastructure, and the integration of training, such as the FETP One Health curriculum.

Project savings were strategically redirected to expand cross-border collaboration through simulation exercises and joint investigations with neighbouring countries. While successes were recorded in building laboratory infrastructure, workforce skills, and regional data reporting systems, persistent challenges remain, particularly the absence of formalised cross-border surveillance committees, sustainable financing mechanisms, and standardised One Health guidelines.



Key Insights and Outcomes from Discussions

01



Integrated Workforce Development

- Building capacity through a One Health approach strengthens surveillance, case management, risk communication, and community engagement.
- Models such as the FETP are effective for multidisciplinary training.
- Recognition, adequate compensation, and clear career pathways for health workers are critical for sustaining motivation.
- Accreditation of training programmes enhances quality assurance and institutional recognition.

02



Leveraging Lessons from COVID-19 (AfDB Response Project)

- The One Health approach proved effective in outbreak response, particularly in cross-border collaboration (e.g., Gambia–Senegal).
- Investments in laboratory infrastructure, emergency facilities, and biomedical engineering built long-term resilience.
- Simulation exercises and Integrated Disease Surveillance and Response (IDSR) trainings strengthened preparedness and rapid response.
- Gaps remain in formalising cross-border surveillance structures, MOUs, and sustainable funding.

03



Ethical and Community Engagement in Lassa Fever Research

- Community trust and feedback mechanisms are essential to ethical research and response.
- Digitalisation of protocol submissions accelerates approval processes and reduces administrative bottlenecks.
- Gaps in Lassa fever research include reinfection, comorbidities, and vaccine target groups.
- Lessons from Ebola and COVID-19 emphasise the difficulty of balancing urgency with ethics in emergency contexts.

04



Closing the Gap in Medical Countermeasure R&D

- Accelerating regional clinical trials and strengthening regulatory frameworks are central to advancing vaccines and therapeutics for VHFs.
- Collaborative R&D initiatives should prioritise on African-led agendas to ensure solutions address local realities.
- Financing mechanisms need to be diversified to reduce dependency on external donors.

05



Cross-Cutting Themes

- Stronger government ownership and leadership are needed to sustain health security initiatives.
- Sustainable domestic financing remains critical for preparedness and response systems.
- Collaboration across disciplines and borders ensures that no country is left behind in epidemic preparedness.
- Research outcomes must be shared back with communities to reinforce trust and accountability.



Parallel and Poster Sessions

The parallel sessions at ELFIC 2025 provided a deep dive into the latest research, field experiences, and strategic insights on combating Lassa fever. Organised into 20 distinct thematic tracks running concurrently over two and a half days, the sessions provided a comprehensive exploration of the multifaceted response to the disease. This structure allowed for

Parallel sessions offered a platform for scientific exchange on therapeutics, epidemiology, surveillance, clinical management, digital innovation, One Health, social science, and financing, with over 140 oral presentations and 160 poster displays. These sessions highlighted new evidence on vaccine acceptance, innovative treatment protocols, genomic characterisation of Lassa virus strains, and approaches to addressing stigma and community perceptions. They demonstrated the breadth of ongoing research in West Africa and opportunities for scaling innovations.

140+

Oral
Presentations



160

Poster
Displays



Parallel Session 1: Cross-Border Collaboration

**Number of
presentations:**

6

Theme:

Enhancing regional
cooperation for
disease surveillance
and control.

Key Presentations:

Sessions featured case studies on cross-border Mpox surveillance between Côte d'Ivoire and Ghana, and Côte d'Ivoire and Liberia. A case report of a laboratory-confirmed Lassa fever case in Kwara State, Nigeria, illustrated the practical realities of cross-border spread. Discussions also covered genomic surveillance disparities and operational insights from coordinating large epidemiological studies like the Nigeria Lassa Epidemiology (NiLE) study.



Parallel Session 2: Advancements in Therapeutics

Number of
presentations:

6

Theme:

Evaluating new treatments and improving patient outcomes.

Key Presentations:

This session was rich with clinical trial data, including Phase II results for dexamethasone plus ribavirin and favipiravir versus ribavirin. The PATHOGENESIS study provided recommendations for therapeutics based on disease pathways (vascular leak versus neurological). Additional studies explored predictive scores for mortality, a promising intervention for post-Lassa hearing loss, and innovations in managing Acute Kidney Injury (AKI), including dialysis strategies.

Parallel Session 3: Clinical and Epidemiological Perspectives from Nigeria

Number of
presentations:

6

Theme:

Ground-level insights from Africa's most affected country.

Key Presentations:

Presentations detailed epidemiological patterns in Ondo and Ebonyi States, including lessons from AARs. Critical clinical topics were covered, including the management of Lassa fever in pregnancy, neonatal cases, and prolonged complications such as proteinuria. The session demonstrated the scale of the clinical burden of the disease on the healthcare system.



Parallel Session 4: Leveraging Digital Innovation

Number of
presentations:

4

Theme:

Applying technology for preparedness and diagnosis.

Key Presentations:

Highlights included the development of predictive analytics tools for forecasting outbreaks and a specific XGBoost-based AI model for early diagnosis. Other presentations focused on the use of digital tools for Social and Behaviour Change (SBC) campaigns and hotspot mapping to support participant recruitment for clinical studies like the CEPI ENABLE project.

Parallel Session 5: Coinfections, Complications, and Clinical Innovations

Number of
presentations:

7

Theme:

Addressing complex clinical scenarios.

Key Presentations:

Studies investigated the co-endemicity of Lassa fever with malaria and yellow fever, presenting a dual diagnostic and treatment challenge. Research from Irrua Specialist Teaching Hospital (ISTH) highlighted the significant impact of optimised haemodialysis on AKI outcomes and explored the role of lumbar punctures in neonatal sepsis management in endemic areas.

Parallel Session 6: Vaccine Acceptability

Number of
presentations:

6

Theme:

Understanding and addressing vaccine hesitancy.

Key Presentations:

Studies assessed vaccination intentions among healthcare workers and endemic communities in Nigeria. A key focus was on tackling misinformation through culturally tailored dialogues and strengthening community engagement capacity to build trust ahead of future vaccine trials.



Parallel Session 7: Financing, Policy, and System Readiness

**Number of
presentations:**

8

Theme:

Building sustainable and resilient systems.

Key Presentations:

Presentations centred on scaling political commitment, sustainable financing models (including a novel model linking land-use innovation to spillover risk reduction), and translating national lessons into regional strategies. The catastrophic health expenditure faced by households affected by Lassa fever was also highlighted, emphasising the economic burden on affected communities.

Parallel Session 8: Innovations in Vaccine Development and Access

**Number of
presentations:**

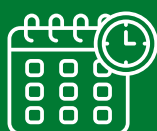
7

Theme:

The scientific and logistic pathway to a vaccine.

Key Presentations:

Topics ranged from scoping reviews of vaccine research and early lessons from Nigeria to technical advances such as bioinformatics for mRNA vaccine design. Critical enabling factors were also discussed, including the expansion of clinical trial access through mobile units and a global analysis of Lassa fever R&D funding from the G-FINDER project.



**Focus on Systems, Communities,
and Surveillance**

The later sessions delved into health systems strengthening, community engagement, and advanced surveillance techniques.



Parallel Session 9: Behavioural and Social Science

Number of
presentations:

7

Theme:

Understanding the human factors in disease transmission and control.

Key Presentations:

Research identified sociocultural and environmental risk factors in endemic communities. Studies used human-centred design principles to identify behavioural barriers and assessed the psychological distress of caregivers. One presentation examined the challenge of concurrent outbreaks (Lassa fever during a West African Ebola Virus outbreak in Benin).

Parallel Session 10: Building Resilient Health Systems

Number of
presentations:

7

Theme:

Assessing and improving outbreak preparedness

Key Presentations:

Sessions covered the piloting of clinical training packages, assessments of health facility preparedness, and analyses of bottlenecks in achieving the 7-1-7 target for outbreak response. Lessons were drawn from leveraging Lassa fever trend data to strengthen clinical trial site readiness.

Parallel Session 11: One Health Integration

Number of
presentations:

7

Theme:

Linking human, animal, and environmental health.

Key Presentations:

Presentations included studies on small mammal contact networks, the use of abattoirs as sentinel sites, and integrated sero-molecular surveillance. Research from Guinea and Côte d'Ivoire provided data on Lassa virus (LASV) circulation in rodent populations and the ecological drivers of spillover risks.



Parallel Session 12: Enhancing Clinical Management and Rapid Response

Number of
presentations:

7

Theme:

Improving frontline patient care and outbreak coordination.

Key Presentations:

Topics included strengthening rapid response team deployment, assessing the impact of dialysis on paediatric outcomes, and identifying predictors of organ failure and mortality. An Early Action Review of outbreaks using the 7-1-7 framework, was presented as a performance improvement tool.

Parallel Session 13: Epidemiology, Surveillance, and Response to EIDs

Number of
presentations:

6

Theme:

Broad surveillance and response strategies for emerging diseases.

Key Presentations:

Presentations drew on insights from outbreak simulation exercises in Nigeria and the implementation of the One Health approach in the ECOWAS region by WAHO. Studies also covered broader emerging infectious diseases (EIDs), including a Dengue fever outbreak in Ghana.

Parallel Session 14: Capacity-Building

Number of
presentations:

5

Theme:

Strengthening the regional workforce.

Key Presentations:

Sessions evaluated knowledge of Lassa fever among healthcare workers and reported outcomes from regional clinical management trainings programmes. Strategic plans, such as Nigeria's 2025-2029 national plan, were discussed for their role in advancing regional collaboration.



Parallel Session 15: Community-Based Surveillance and Perception

Number of presentations:

6

Theme:

Engaging communities as the first line of defence.

Key Presentations:

This session focused on efforts to train local health workers in early warning systems, assess the impact of health education interventions, and understand gender dynamics and community perceptions to improve participation in clinical trials.

Parallel Session 16: Predictive, Clinical, and Genomic Insights

Number of presentations:

6

Theme:

Advanced scientific understanding of the virus and disease.

Key Presentations:

Research included long-term antibody responses in survivors, comparative genomics of LASV strains, predictive models for diagnosis, and geospatial mapping of outbreaks to target interventions in resource-limited settings.

Parallel Session 17: Strengthening Laboratory Networks

Number of presentations:

8

Theme:

Ensuring accurate and timely diagnostics.

Key Presentations:

Critical updates included establishing External Quality Assurance (EQA) systems for Lassa fever testing in Nigeria, developing Target Product Profiles for diagnostics, and progress in genomic surveillance capabilities in Guinea and Benin.



Parallel Session 18: Mapping, Modelling, and Surveillance of Lassa and Yellow Fever

Number of presentations:

6

Theme:

Using spatial analysis, predictive modelling, and digital systems to understand and proactively manage Lassa fever and Yellow fever outbreaks

Key Presentations:

Presentations examined the technical application of data science and spatial analysis to improve the understanding and management of Lassa fever and yellow fever. They showcased how modern tools can transform raw data into actionable intelligence to support proactive public health.

Parallel Session 19: Epidemiology, Burden, and Transmission Dynamics

Number of presentations:

6

Theme:

Quantifying the true impact of the disease.

Key Presentations:

Studies investigated Ebola and Lassa fever cases in Guinea and reported on the incidence of symptomatic infection from the ENABLE 1.0 prospective cohort. Additional presentations focused on postmortem surveillance to uncover the hidden burden of Lassa fever.

Parallel Session 20: Surveillance, Mortality, and Genomic Insights

Number of presentations:

7

Theme:

In-depth analysis of disease patterns and outcomes.

Key Presentations:

Topics included the persistence of the virus in body fluids, the use of verbal autopsy to determine causes of death, spatiotemporal modelling of transmission, and risk factor analyses for mortality in Liberia and Nigeria.

Celebrating Excellence:

ELFIC 2025 Conference Awards

The 2nd ECOWAS Lassa Fever International Conference (ELFIC) 2025 concluded with the presentation of two prestigious awards, recognising outstanding scientific contributions in both oral and poster presentations.

BEST ORAL PRESENTER AWARD



The **Best Oral Presenter Award** was conferred on **Sheila Mary Ojor Ileli** of the Department of Paediatrics, Irrua Specialist Teaching Hospital (ISTH), Nigeria. Her winning presentation, titled **"Indications and potential diagnostic utility of lumbar puncture in the management of non-neonatal paediatric Lassa virus Disease"** (Abstract ID: ELIC2025433, Oral 073), addressed a critical and specialised aspect of clinical case management. This award highlights the conference's emphasis on research that directly improves patient care and addresses complex clinical challenges in vulnerable populations.

BEST POSTER AWARD



The **Best Poster Award** was presented to **Quadri Mustapha** of Kwara State University, Nigeria, for his work titled **"Exploring the response capacity and preparedness of healthcare facilities in Nigeria to Lassa Fever Outbreak"** (Abstract ID: ELIC2025380, Poster 053). The research focused on assessing the operational readiness of the health system itself, a fundamental component of effective outbreak control. The award underscores the importance of health systems strengthening and practical, on-the-ground preparedness.

These awards recognised the high-quality research presented at the conference. By honouring contributions in both advanced clinical research and essential public health systems analysis, the awards reflected the conference's comprehensive "Beyond Borders" theme and its commitment to advancing a more resilient and united West Africa.

WAHO Scholarship Support for Abstract Presenters at the Conference

A key highlight of ELFIC 2025 was the West African Health Organization's (WAHO) decision to award scholarships to all abstract presenters who applied for support. In total, 207 participants, comprising both oral and poster presenters, benefited from this unprecedented gesture. The initiative underscored WAHO's commitment to fostering equity, inclusivity, and knowledge dissemination across the ECOWAS region.

Abstract presenters form the core of scientific conferences, bringing forward innovative research, lessons from the field, and evidence that can inform regional and global health policy. By ensuring that every selected presenter who sought support received it, WAHO lowered financial barriers that often limit participation, particularly for early-career researchers and practitioners from resource-constrained settings.

The impact of supporting such a large cohort was immediately evident. Conference sessions were enriched by diverse contributions ranging from young scientists and field epidemiologists to senior policymakers and technical experts. Poster and oral presentations benefited from the broader representation, enhancing the exchange of ideas, building professional networks, and strengthening collaboration across borders.

WAHO's scholarship program aligns directly with its mandate to advance research and capacity-building in West Africa. By investing in people, WAHO ensured that scientific outputs from the region were given the visibility and platform they deserve. The decision also reinforced the principle that knowledge generation and sharing must be inclusive to drive innovation and sustainable solutions.

This support to 207 scholars will be remembered as a milestone in the conference's history and as a clear demonstration of WAHO's role in championing equitable access to scientific platforms.



207

Participants, comprising both oral and poster presenters, benefited from this unprecedented gesture.



Major Conference Outcomes

01

Ministerial Communiqué on Accelerating Lassa Fever Vaccine Readiness —

Health Ministers committed to mobilising co-funding, strengthening laboratories, regulatory readiness, and ensuring equitable vaccine access.

02

Conference Press Release: “West Africa Unite in Abidjan to Fast-Track Lassa Fever Vaccine and Strengthen Epidemic Preparedness” —

Reaffirmed six thematic pillars and positioned vaccine development, diagnostics, treatments, and community resilience as core components of epidemic preparedness

03

Wahooas+1 Book of Abstracts: Proceedings of the ECOWAS Lassa Fever International Conference 2025 —

Compilation of scientific studies showing innovations in diagnostics, genomic surveillance, vaccine hesitancy, hotspot mapping, and other research to guide policy and action.

04

Proceedings of the ECOWAS 2nd Lassa fever International Conference <https://afenet-journal.org/proceedings-of-the-ecowas-2nd-lassa-fever-international-conference-in-abidjan-september-2025/>

05

Conference Supplement in Journal of Interventional Epidemiology and Public Health (ongoing).

Key Recommendations & Action Points

The conference generated actionable recommendations, including:

Establishment of a regional coordination platform for Lassa fever and emerging infectious diseases.

Acceleration of Lassa vaccine trials with regional collaboration and community participation.

Expansion of genomic and laboratory surveillance networks across ECOWAS countries.

Strengthening of community-based surveillance and risk communication platforms.

Integration of epidemic preparedness into national health financing frameworks.

Promotion of operational research and data sharing to guide interventions

Closing Ceremony

The closing ceremony brought ELFIC 2025 to a fitting conclusion, with reflections on four days of intensive dialogue and reinforcing the commitments made by governments and partners. Remarks were delivered by representatives of WAHO, Côte d'Ivoire, WHO, and CEPI. A joint communiqué was formally adopted, reaffirming commitments to regional solidarity, multisectoral coordination, and sustained investment in epidemic preparedness. The conference drew to a close with cultural performances and a dinner that celebrated the spirit of regional unity at the heart of ELFIC 2025.

Media Highlights

ELFIC 2025 recorded extensive media presence, generating more than 30 reports across print, broadcast, and digital platforms before, during, and after the event. Members of the SPC and leading experts contributed through live media engagements and the preconference webinar.

Media content was produced in English, French, and Portuguese, reflecting the linguistic and cultural diversity of the ECOWAS region. This inclusive communication strategy ensured the broad dissemination of conference outcomes and solidified ELFIC 2025's standing as a leading regional forum for science communication, policy exchange, and knowledge sharing on epidemic preparedness.

Graphics Information



30+
accredited
on-site
reporters



17
countries
covered ELFIC
2025



30+
unique
articles and
broadcast
mentions



15
media fellows
supported
through
scholarship

Social media summary

Social Media (Pre, During and Post-Conference)

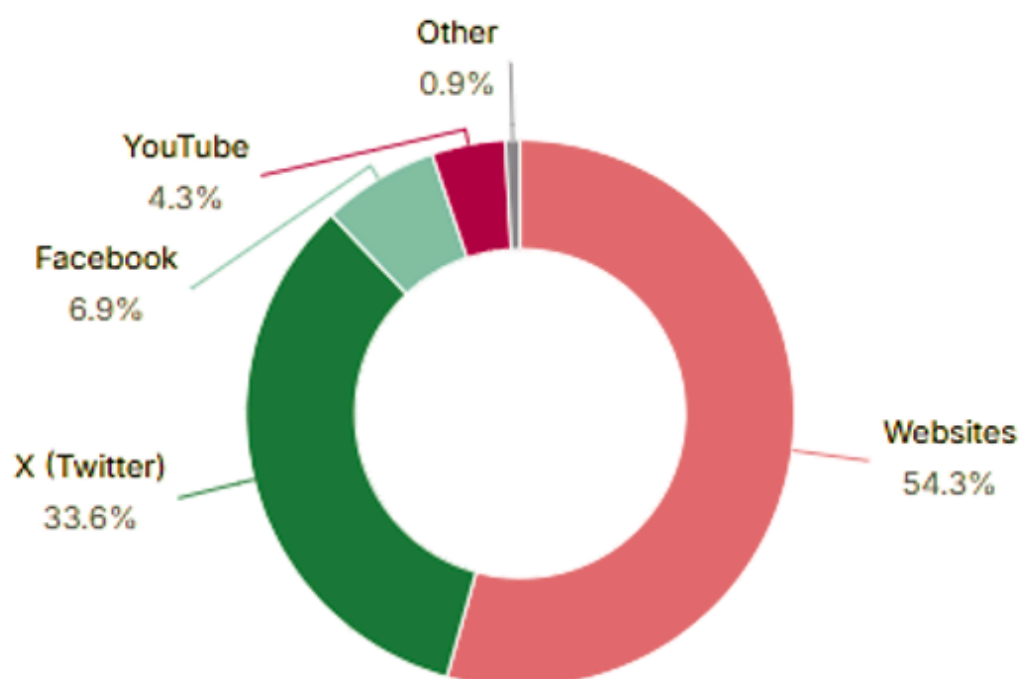
Between **1 March and 21 October 2025**, the official social media handles for the 2nd ECOWAS Lassa Fever Conference recorded the following metrics:



Since the launch of the conference campaign, 54.3% (63) of the total mentions originated from websites (including LinkedIn), 33.6% (39) from X (formerly Twitter), 6.9% (8) from Facebook, 4.3% (5) from YouTube, and 0.9% from Instagram.

Source Distribution - Mentions

See the share of conversations by channels to gauge where your topic is being discussed most

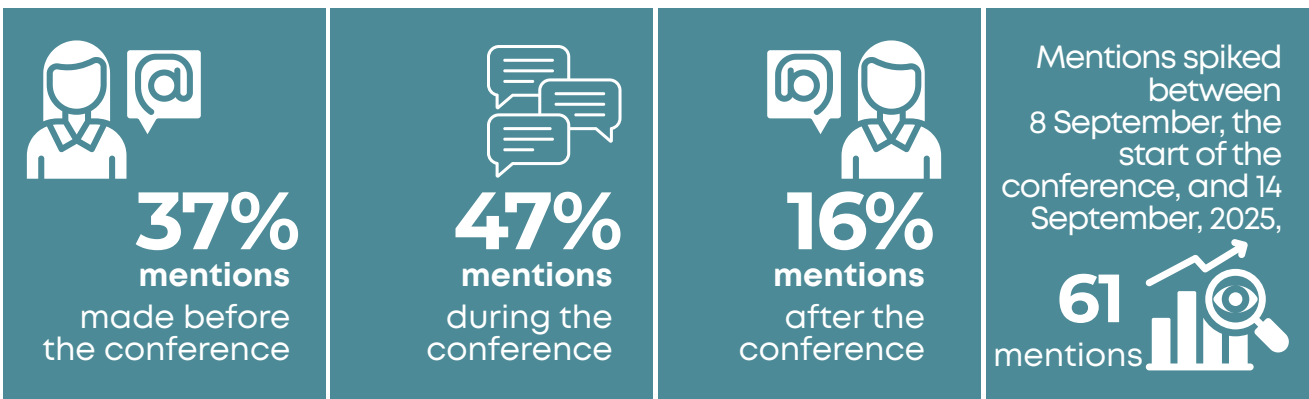




Approximately 72% of total interactions were recorded between 1 March and 7 September, 2025, before the conference. During the event, 8-12 September 2025, 18% of total interactions occurred, while the remaining 10% took place post-conference between 13 September and 21 October, 2025.

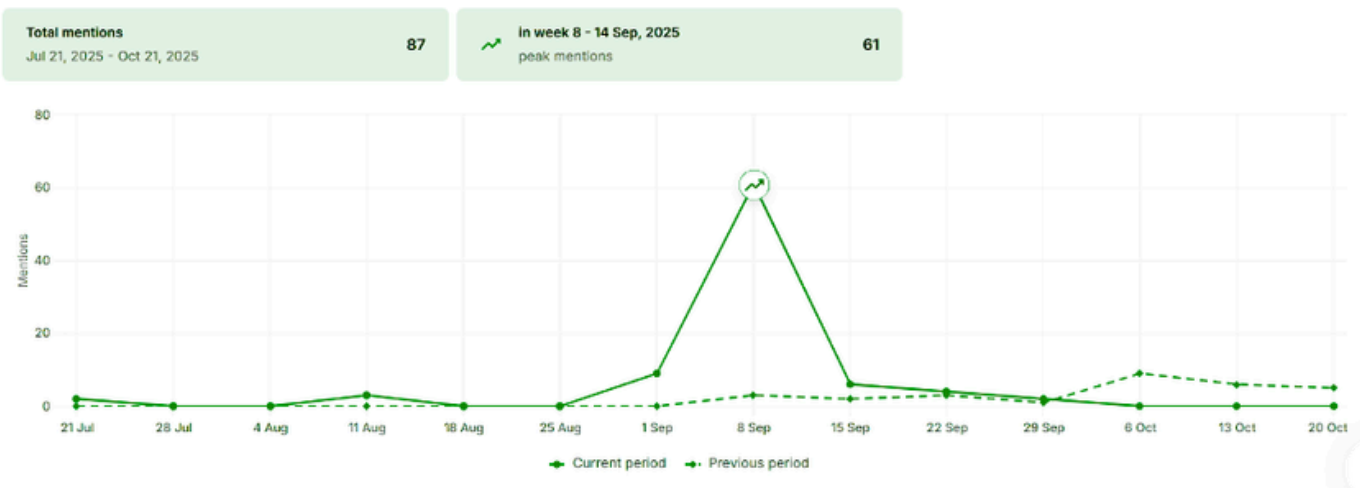


37% of the total mentions were made before the conference, 47% during the conference, and 16% after the conference. The highest spike of mentions occurred between 8 September, the start of the conference, and 14 September, 2025, with 61 mentions.



Popularity trend - mentions

Track the volume of your topic's mentions over time comparing current trends against previous periods





LinkedIn Metrics

Between 1 March and 21 October, 2025, conversations on LinkedIn on the 2nd ECOWAS Lassa fever conference generated the following metrics:



Conversation Opinion Leader

462,141 = 93% of total impressions came from these top 10 opinion leaders in order:

Nigeria Centre for Disease Control and Prevention (NCDC)	NTA Network News	PM News Nigeria,	Nigeria Health Watch,	Gazette Nigeria,
Borborbor TV,	Guardian,	Premium Times Nigeria,	News Dairy Online,	3news Ghana.

Opinion leader	Sentiment ratio	Mentions	Interactions	Impressions
1 @NCDCgov		3	32	180.46k
2 NTA Network News		3	123	92.54k
3 @pmnewsnigeria		1	3	43.2k
4 @nighealthwatch		5	101	33.48k
5 @GazetteNGR		1	2	27.05k
6 Borborbor TV		1	355	26.9k
7 guardian.ng		4	63	20.61k
8 premiumtimesng.com		4	115	17.28k
9 Newsdiaryonline		3	1	15.58k
10 3news.gh		1	822	5.05k



BELOW ARE THE MOST POPULAR PHRASES DURING THE PERIOD:

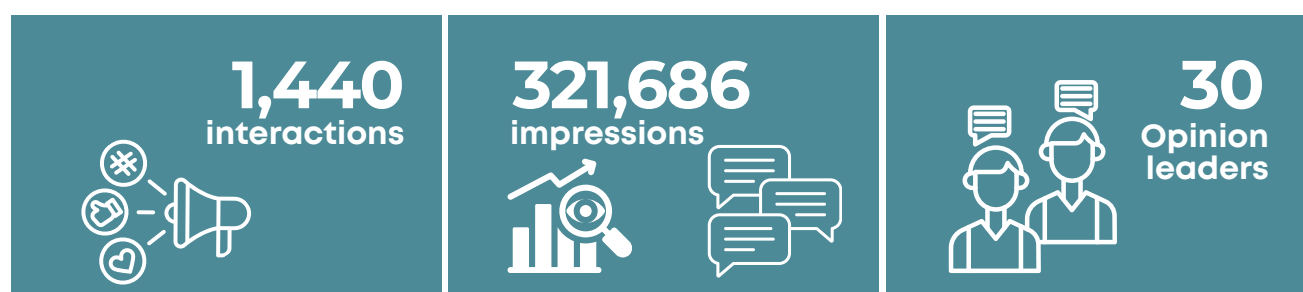
Understand rising trends in messaging about your topic



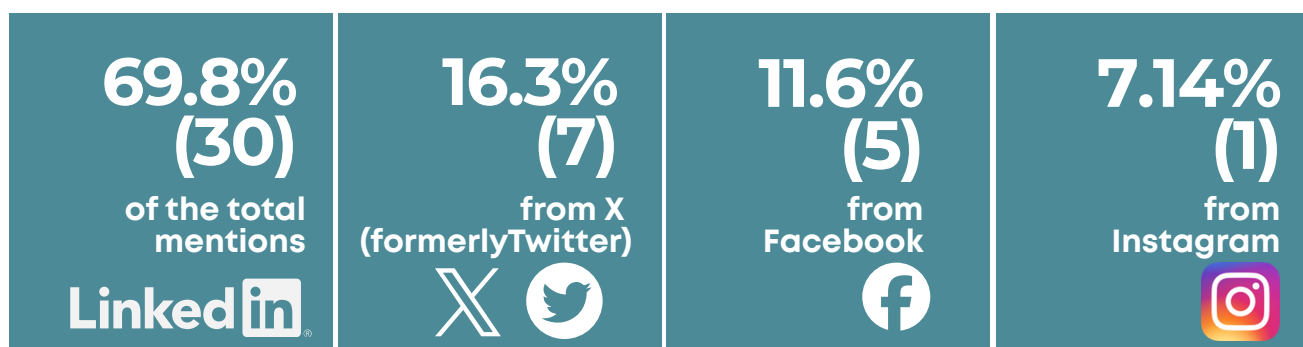
Breakdown by Timeline

Pre-conference (1 March – 7 September)

Between 1 March and 7 September, there were a total of 43 mentions on the 2nd ECOWAS Lassa fever conference, generating the following metrics:



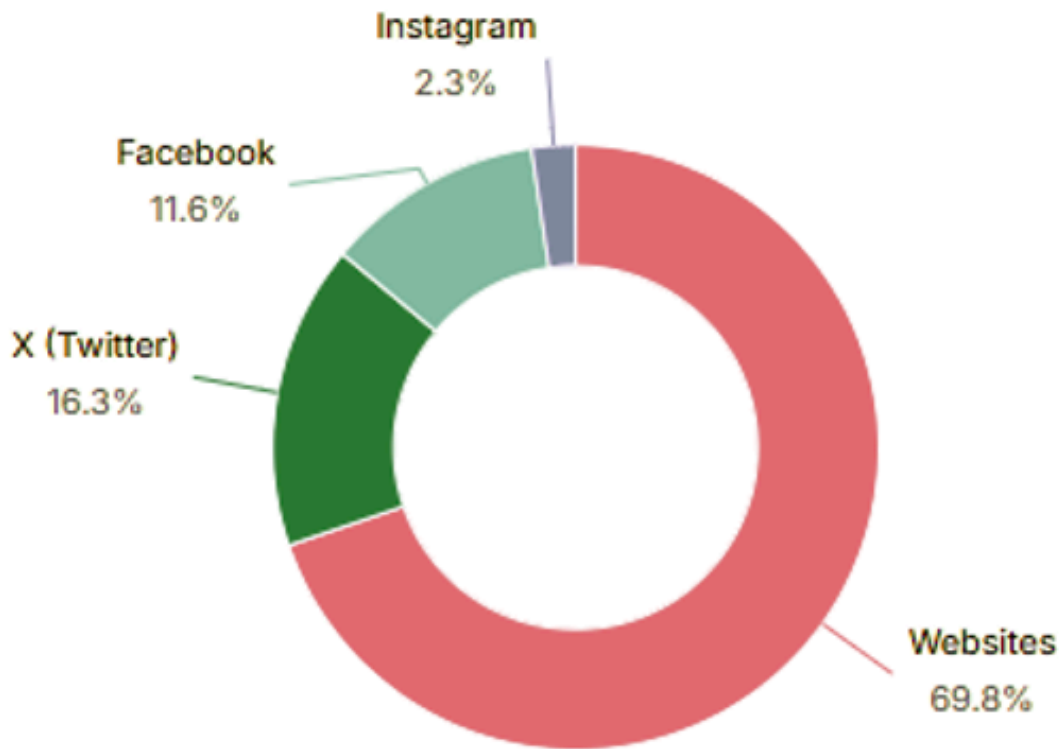
Pre-conference, 69.8% (30) of the total mentions came from websites (including LinkedIn), 16.3% (7) from X (formerly Twitter), 11.6% (5) from Facebook, and 7.14% (1) from Instagram.





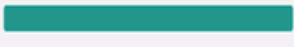
Source Distribution - Mentions

See the share of conversations by channels to gauge where your topic is being discussed most



316,924 = 98% of total impressions pre-conference came from 9 opinion leaders, in the following order:

Nigeria Centre for Disease Control and Prevention (NCDC)	NTA Network News	Borborbor TV,	3 News Ghana.	Premium Times Nigeria,
The Whistler Nigeria	myjoyonline.com	Medical World Nigeria	University of Lagos	

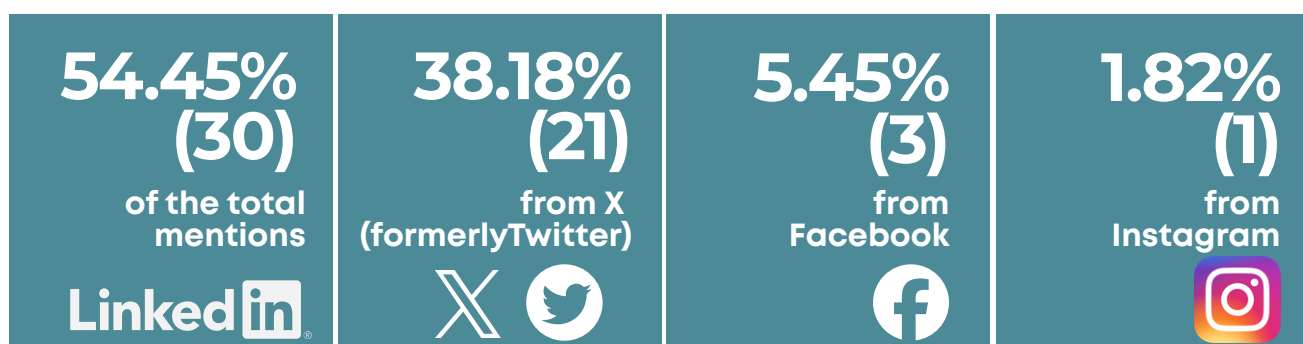
Opinion leader	Sentiment ratio	Mentions	Interactions	Impressions
1  @NCDGgov		3	32	180.46k
2  NTA Network News		3	123	92.54k
3  Borborbor TV		1	355	26.9k
4  3news.gh		1	822	5.05k
5  premiumtimesng.com		1	7	3.96k
6  blueprint.ng		4	0	2.4k
7  @TheWhistlerNG		1	1	1.71k
8  myjoyonline.com		1	7	1.61k
9  @MedicalworldNig		1	0	1.3k
10  unilag.edu.ng		1	27	1k

During Conference

During the conference between 8 September and 12 September, there were a total of 55 mentions of the second ECOWAS Lassa Fever Conference, generating the following metrics:



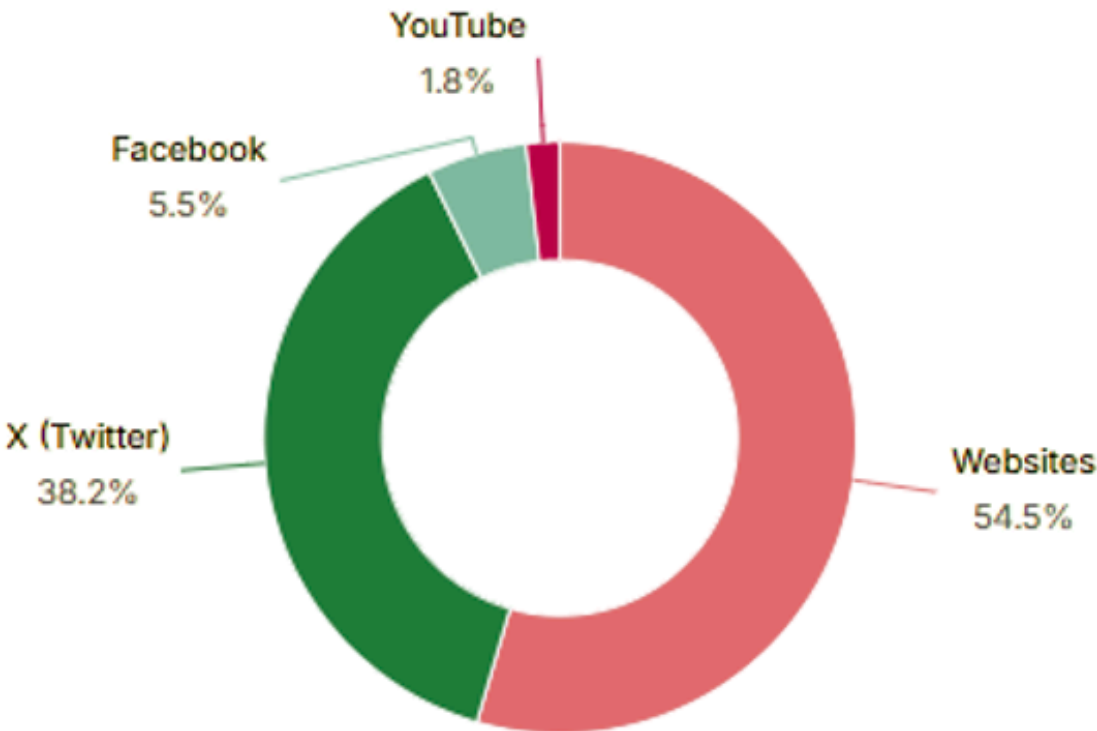
During the conference, 54.45% (30) of the total mentions were from websites (including LinkedIn), 38.18% (21) from X (formerly Twitter), 5.45% (3) from Facebook, and 1.82% (1) from Instagram.





Source Distribution - Mentions

See the share of conversations by channel to gauge where your topic is being discussed most



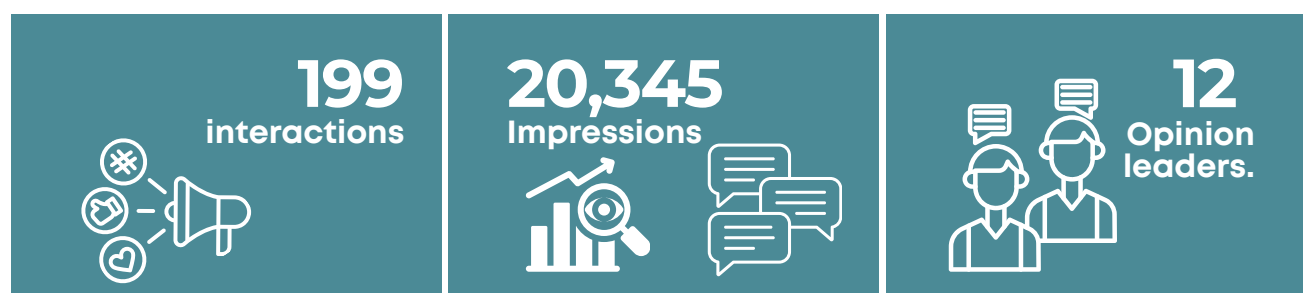
(143,916) = 95% of total impressions came from the following top 10 opinion leaders in this order:

PM News Nigeria	Gazette Nigeria	Guardian	Nigeria Health Watch	News Dairy
Premium Times	PM News Nigeria.co m	Ghana Web	Business Day	News Dairy online

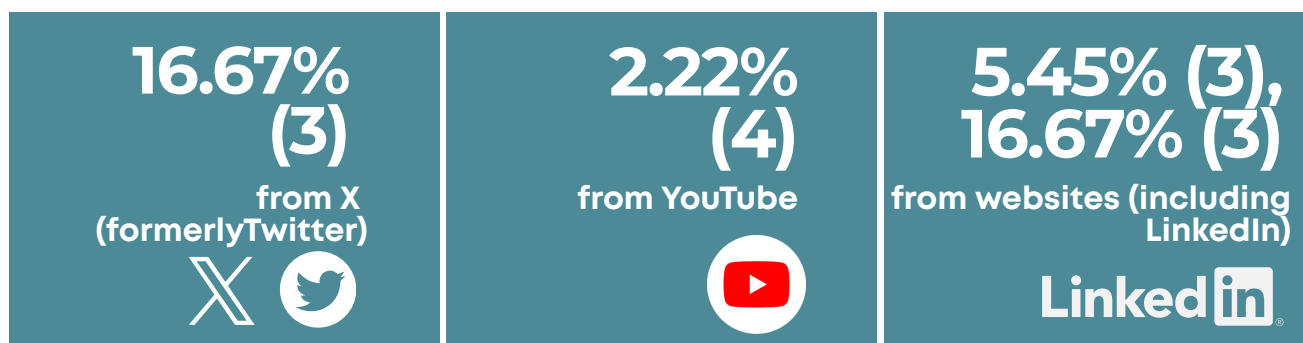
Opinion leader	Sentiment ratio	Mentions	Interactions	Impressions
1  @pmnewsnigeria		1	3	43.2k
2  @GazetteNGR		1	2	27.05k
3  guardian.ng		4	63	20.61k
4  @nighealthwatch		3	68	20.22k
5  Newsdiaryonline		3	1	15.58k
6  premiumtimesng.com		2	52	8.74k
7  pmnewsnigeria.com		1	56	3.31k
8  ghanaweb.com		1	0	2.01k
9  businessday.ng		1	0	1.62k
10  @newsdiaryonline		1	0	1.58k

Post Conference (13 September – 21 October)

Post the conference between 13 September and 21 October, there were a total of 18 mentions on the 2nd ECOWAS Lassa fever conference, generating the following metrics:



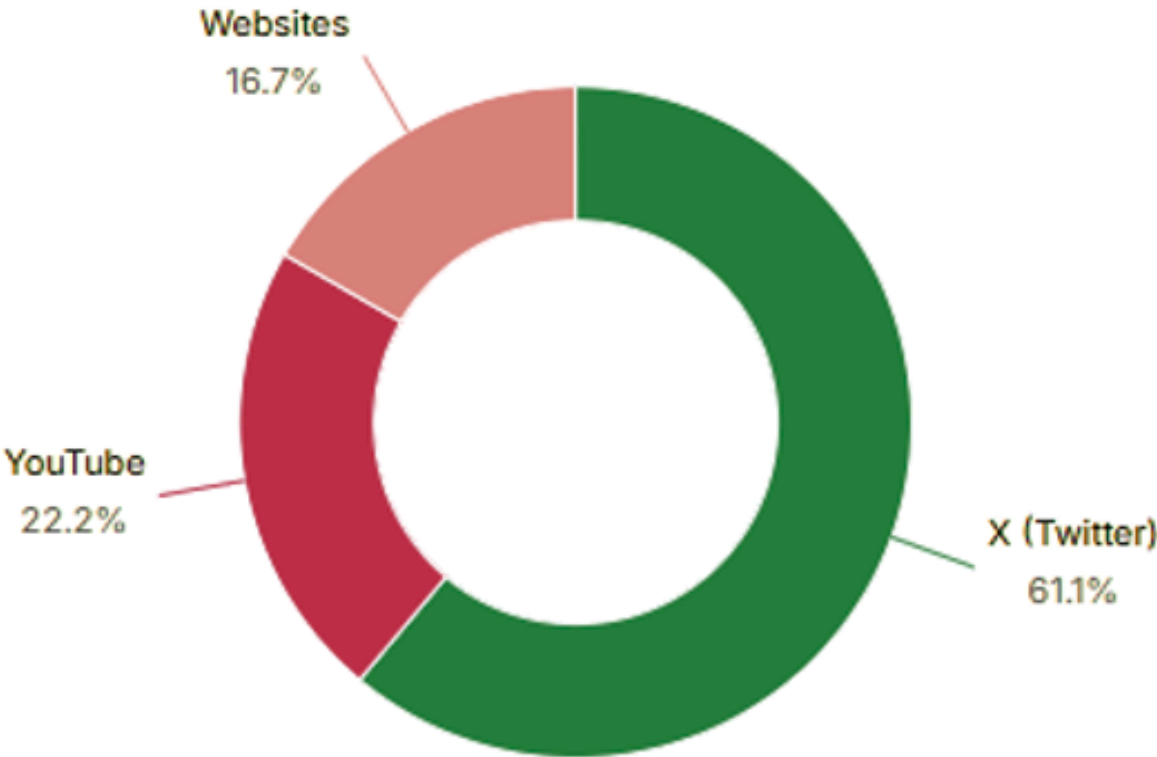
Post-conference, 61.11% (11) of the total mentions were from X (formerly Twitter), 22.22% (4) from YouTube, 5.45% (3), and 16.67% (3) from websites (including LinkedIn).





Source Distribution - Mentions

See the share of conversations by channel to gauge where your topic is being discussed most



20,312 = 99% of total impressions came from the following top 10 opinion leaders in this order:

Nigeria Health Watch	Premium Times	Vivianne Ihekweazu	Okikiola	Angelica Obayi
Kwasu Alumni	Helpmum ng	Emmanuel Ebesunu	Osemele.	



	Opinion leader	Sentiment ratio	Mentions	Interactions	Impressions ▾
1	 @nighealthwatch		2	33	13.27k
2	 premiumtimesng.com		1	56	4.58k
3	 @Vihekweazu		1	39	712
4	 @Okikiola_g		3	16	428
5	 @Team_Hibaya		1	12	363
6	 @TheKWASUALumni		1	14	260
7	 @helpmum_ng		1	9	260
8	 @emmanuelebesunu		1	11	191
9	 @osemele_osemele		1	5	145
10	 Nigeria Health Watch		4	4	107



List of Acronyms

AFDB	African Development Bank
AFENET	African Field Epidemiology Network
CEPI	Coalition for Epidemic Preparedness and Innovations
ECOWAS	Economic Community of West African States
ELFIC	ECOWAS Lassa Fever International Conference
EIDs	Emerging Infectious Diseases
LASV	Lassa Fever Virus
NILE	Nigeria Lassa Epidemiology
SPC	Scientific Programme Committee
WAHO	West African Health Organisation
WAHP	West African Herbal Pharmacopoeia
WHO	World Health Organisation



Conference Organising Committee Members

Dr. Melchior Athanase Joël C. AISSI	ELFIC Convener
Dr. Virgil Lokossou	Chair of the Central Planning Committee and Advocacy and Resource Mobilisation Committee Lead
Prof Issiaka Sombie	Chair of the Scientific Publications Committee (SPC)
Dr. Aishat Bukola Usman	ELFIC Secretariat Lead
Ms Oluomachukwu Omeje	ELFIC Secretariat Co-lead
Mr. Harvey e Hardt-Kaffils	Chair of Communications and Media Public Relations Committee
Ms Asari Ndem	Communications and Media Public Relations Committee Member
Ms Lala Adjaratou	Communications and Media Public Relations Committee Member
Ms Plifade Antonia Batista	Communications and Media Public Relations Committee Member
Mr Ayedjo Charbel Atihou	Communications and Media Public Relations Committee Member
Mr Ousmane Nikeima	IT Committee member
Mr. Albert Kiswendsida Ouedraogo	Chair of the IT Committee
Mr Mohamadi Zongo	IT Committee member
Mr Koko Aadum	IT Committee member
Mr Ebuka Nwafia	IT Committee members
Dr Romeo Adegbite	SPC member
Ms Oyeronke Oyebanji	SPC member
Mrs Elsie Ilori	SPC member
Dr Ugochi Eyong	SPC member
Mr Anwar Abubakar	SPC member
Mr Olaoluwa Olatunde	SPC member
Mr Ibukun Oguntola	SPC member



Dr Ifeoma Ezenyi	SPC member
Dr Lola Fagbami	SPC member
Dr Ermel Johnson	SPC member
Guy Gerard Kouame	SPC member
Dr Lionel Sogbossi	SPC member
Prof Balde Thierno	SPC member
Prof Sylvanus Okogbenin	SPC member
Dr Shakir Balogun	SPC member
Dr Ndir Adama	SPC member
Mr Chimezie Anueyiagu	SPC member
Dr Kemisola Agbaoye	Advocacy and Resource Mobilisation Committee member
Pharm Olutoun Sanusi-Oladunni	Advocacy and Resource Mobilisation Committee member
Dr Chijioke Kaduru	SPC member
Ms Vivianne Ihekweazu	SPC member
Prof Chimezie Anyakora	SPC member
Mr Yemalin Lambert Boton	Chair of Logistics, Security, and Medical Support Committee
Dr. Uwaifiokun Okhwarobo	SPC member/CSP focal person for ministerial roundtable
Mrs Florence Awoyale	Logistics, Security, and Medical Support Committee Member
Mrs Hadijatou JANNEH	Logistics, Security and Medical Support Committee Member
Mrs Clémence SANON/SOMDA	Logistics, Security and Medical Support Committee Member
Mrs Assiata Doumbia KADJO	Logistics, Security and Medical Support Committee Member
Mr German Wisdom	Logistics, Security and Medical Support Committee Member
Mrs Chigozie Ugwu	Logistics, Security, and Medical Support Committee Member
Ms Oluwatosin Egunyinka	Logistics, Security and Medical Support Committee Member

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