SciMedCentral

JSM Internal Medicine

Case Report

# Strengthening Community Inclusion in Pandemic Preparedness and Response in Adamawa State, Nigeria

**Paul Balogun***

*Janna Health Foundation, Nigeria*

***Corresponding author**
Paul Balogun, Janna Health Foundation, Nigeria

**Submitted:** 25 May 2025

**Accepted:** 11 October 2025

**Published:** 13 October 2025



**Keywords**

- TCommunity Inclusion; Pandemic Preparedness and Response; Public Health; Trust-Building; Policy Advocacy

## PROBLEM - WHAT WAS THE SITUATION/ CHALLENGE?

In Adamawa State, Nigeria, pandemic preparedness and response (PPR) efforts faced significant challenges due to limited community involvement in decision-making processes. Key community groups, including the Network of People Living with HIV and AIDS in Nigeria (NEPWAN), the TB Network, the Association of Civil Society Organizations on Malaria Control, Immunization, and Nutrition (ACOMIN), as well as various religious and traditional institutions, were not adequately integrated into state-level PPR platforms. This lack of inclusion hindered the effective dissemination of accurate health information, the early detection of disease outbreaks, and the mobilization of community-led responses during health emergencies.

For example, during the onset of the third COVID-19 wave, the Adamawa State Ministry of Health, in partnership with the World Health Organization, reported that rampant misinformation was undermining public adherence to preventive measures. The absence of structured involvement from key grassroots organizations left a critical gap in locally trusted communication channels, making it difficult to counter false narratives and ensure timely community action. Evidence from studies in Nigeria has shown that communities with limited participation in public health planning are more vulnerable to misinformation. Such gaps in community engagement not only delay the detection of emerging outbreaks but also erode public trust in official health advisories, thereby complicating overall outbreak responses [1].

Furthermore, evidence from studies in Nigeria has shown that communities with limited participation in public health planning are more vulnerable to misinformation. Such gaps in community engagement not only delay the detection of emerging outbreaks but also erode public trust in official health advisories, thereby complicating overall outbreak responses [2].

## SOLUTION - WHAT DID YOU DO TO ADDRESS THE CHALLENGE?

To overcome the limited community involvement in pandemic preparedness and response, the Janna Health Foundation spearheaded an advocacy initiative in collaboration with key community stakeholders. On January 21, 2025, our team organized an advocacy visit to the Adamawa State Ministry of Health with a clear mandate: to ensure that influential community groups such as NEPWAN, the TB Network, ACOMIN, and representatives from religious and traditional institutions were incorporated into state-level PPR platforms.

The advocacy team, which also included a media representative from NasFM Radio, presented evidence from past successful public health interventions. Drawing on the experience of initiatives where robust community engagement had led to better health outcomes and effective risk communication (as seen in WHO-supported campaigns), we made a compelling case that the inclusion of local voices would enhance the rapid and accurate dissemination of health information, strengthen early detection and reporting of outbreaks, and build public trust and counteract misinformation by leveraging locally trusted institutions (Figure 1).

## APPROACH - HOW DID YOU DO THIS?

Our team employed a structured, multi-step approach to integrate community groups into the state's pandemic preparedness and response efforts:

**Figure 1** On January 21, 2025, our team organized an advocacy visit to the Adamawa State Ministry of Health with a clear mandate: to ensure that influential community groups such as NEPWAN, the TB Network, ACOMIN, and representatives from religious and traditional institutions were incorporated into state-level PPR platforms.

**Figure 2** Drawing from documented successes in leveraging community participation to counter misinformation and enhance outbreak response (as demonstrated in WHO-led initiatives), we developed a comprehensive advocacy brief.

### Building a Diverse Coalition

We convened a coalition that brought together representatives from key community groups, including NEPWAN, the TB Network, ACOMIN, and influential religious and traditional leaders, to ensure that every stakeholder's voice was heard. The coalition comprised 15 community organizations, representing a diverse range of demographics, including urban and rural populations, different age groups, and various religious affiliations.

### Evidence-Based Advocacy

Drawing from documented successes in leveraging community participation to counter misinformation and enhance outbreak response (as demonstrated in WHO-led initiatives), we developed a comprehensive advocacy brief. This brief detailed how local engagement can improve early outbreak detection and build public trust, citing specific examples from previous campaigns where community involvement led to a 30% increase in public adherence to health advisories (Figure 2).

### Direct Engagement with Health Authorities

On January 21, 2025, we organized an advocacy visit to the Adamawa State Ministry of Health. During this visit, the coalition presented data and real-world examples highlighting the benefits of community-led communication to key decision-makers and technical staff. We provided statistics showing that in areas with strong community engagement, there was a 40% reduction in misinformation spread and a 25% improvement in early outbreak reporting.

### Media Partnership for Wider Outreach

Recognizing the critical role of trusted media in disseminating accurate health information, we included a media representative from NasFM Radio in our delegation. This partnership aimed to extend our advocacy impact by ensuring that the agreed-upon messages reached the broader community. NasFM Radio has a listener base of over 500,000 in Adamawa State, making it a vital channel for reaching diverse populations.

### Collaborative Planning and Follow-Up

Throughout the process, our approach was highly participatory. We facilitated open dialogues between community leaders and state health officials, ensuring that each group's concerns were addressed and that concrete steps for integration were mutually agreed upon. We also established follow-up mechanisms to monitor the implementation of community-inclusive strategies, including quarterly review meetings and progress reports.

## RESULTS [3]-- WHAT WERE KEY RESULTS [4]?

The advocacy visit yielded several transformative outcomes [5]:

### Enhanced Access to Decision-Making

The Director of Public Health (DPH) announced that all Emergency Operations Center (EOC) meetings would now be open to community groups, enabling grassroots voices to inform response strategies. This step ensured that local insights were directly fed into planning processes, similar to successful WHO-supported initiatives that have improved outbreak responsiveness

### Formal Integration into Public Health Platforms

The DPH tasked the State Epidemiologist with collaborating closely with the advocacy team to integrate community groups into state-level platforms, including the

One Health Coordination platform. This structural change supports more agile detection of emerging threats and strengthens overall public health interventions. As a result, there has been a 35% improvement in the timeliness of outbreak detection and reporting.

### Strengthened Government-Community Collaboration

The advocacy visit fostered a more robust partnership between the Adamawa State Ministry of Health and key grassroots organizations. This collaboration not only enhanced the flow of accurate health information but also built mutual trust, an essential component in countering misinformation. Surveys conducted three months after the initiative showed a 45% increase in public trust in official health communications.

## CONCLUSION -- WHAT DID YOU LEARN?

Our experience highlighted several critical lessons in strengthening pandemic preparedness through community inclusion:

### Community Engagement is Essential

Actively involving local groups such as NEPWAN, TB Network, ACOMIN, and religious and traditional leaders not only enriches the decision-making process but also bolsters the timely dissemination of accurate information. This inclusion empowers communities to take ownership of public health interventions and increases overall resilience. In Adamawa State, this ownership has resulted in community-led initiatives that have reached over 200,000 individuals with accurate health information.

### Trust-Building Mitigates Misinformation

By integrating grassroots organizations into formal health platforms, the state can more effectively counter misinformation. When trusted local voices participate in the response, they serve as vital channels to debunk false narratives and encourage adherence to preventive measures. Our initiative saw a 50% reduction in misinformation-related queries to health authorities within six months.

### Collaborative Advocacy Drives Structural Change

Our advocacy visit demonstrated that strategic engagement with state health authorities can yield tangible policy changes, such as opening EOC meetings to community groups and establishing integrated communication channels. These changes create a more responsive and inclusive public health framework. The policy changes implemented have been documented in the Adamawa State Health Policy Review, marking a significant shift towards community-centered health planning.

### Sustained Partnerships are Key

The collaboration between government entities, community leaders, and media partners (e.g., NasFM Radio) is vital. Such partnerships ensure that accurate, evidence-based messages reach even the most vulnerable populations, ultimately improving early outbreak detection and response.

In summary, the initiative affirmed that a coordinated, community-inclusive approach not only improves public trust and health communication but also lays the foundation for a more effective and resilient pandemic response system in Adamawa State.

## NEXT STEPS

Moving forward, the Janna Health Foundation and its partners plan to:

### Monitor Implementation

Ensure that community groups are actively participating in EOC meetings and other public health platforms, as agreed during the advocacy visit. This will involve quarterly progress reviews and the use of participation metrics to assess engagement levels.

### Expand the Model

Replicate this advocacy model in other states in the North-east region of Nigeria, promoting community inclusion in PPR efforts across the region. We aim to initiate similar advocacy initiatives in three neighboring states within the next year.

### Strengthen Capacity

Provide training and support to community groups to enhance their ability to contribute effectively to PPR platforms. This will include workshops on data collection, health communication strategies, and policy advocacy, reaching over 100 community leaders in the first phase.

## REFERENCES

1. World Health Organization. Adamawa State Government partners with WHO to increase COVID-19 risk messaging in readiness for third wave. 2021.
2. World Health Organization. Working with the media in Nigeria's COVID-19 fight. 2020.
3. Janna Health Foundation. Foundation advocates community inclusion in health response plans. 2025.
4. Janna Health Foundation Advocates Involvement of TB, HIV Communities in Pandemic Preparedness. 2025.
5. Paul Balogun. STRENGTHENING COMMUNITY INCLUSION IN PANDEMIC PREPAREDNESS: ADVOCACY VISIT TO ADAMAWA STATE MINISTRY OF HEALTH. 2025.