# NIGERIA'S HEALTH DIPLOMACY AND PANDEMIC COOPERATION: LESSONS FROM EBOLA AND COVID-19

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**Abstract**

The study investigated Nigeria's use of health diplomacy in managing cross-border health threats, with particular focus on its responses to the Ebola and COVID-19 pandemics. The study was guided by three research questions and was anchored on the Global Health Diplomacy (GHD) theory. A descriptive cross-sectional survey design was utilized in the study. A sample of 360 medical personnel was selected from a population of 3,558 in Lagos State using a proportionate stratified sampling technique. Data were collected through a structured questionnaire validated by experts and tested for reliability ($\alpha = 0.91$). Descriptive statistics including means and standard deviations were employed for analysis. The study found that Nigeria adopted a multi-pronged diplomatic strategy involving regional cooperation through ECOWAS, bilateral engagements with global partners such as the United States and China, and multilateral coordination with platforms like COVAX and AVAT. These diplomatic efforts significantly enhanced the country's capacity to mobilize resources, secure vaccines, and deploy emergency response systems. Key outcomes included the rapid containment of Ebola, extensive capacity building through international partnerships, and the leveraging on foreign policy tools for health system strengthening. Despite these gains, challenges such as limited institutionalization of health diplomacy frameworks, political interference, and coordination gaps were also identified. The study recommends that the institutionalization of health diplomacy within national policy frameworks, strengthened engagement in regional health governance, and a sustained investment in public health infrastructure and partnerships would build resilience against future pandemics.

**Keywords**: Health diplomacy, Ebola, COVID-19, Foreign policy, ECOWAS, WHO

**Introduction**

In the 21st century, global health threats have emerged as critical issues, fundamentally reshaping traditional notions of national and international security. The increasing frequency and impact of epidemics such as Ebola, COVID-19, Avian Influenza, and HIV/AIDS have shown that diseases no longer respect international boundaries, compelling sovereign states to adopt collective responses, with foreign policy playing a crucial role in facilitating these efforts. As globalization accelerates the movement of people, goods, and services, it has also facilitated the rapid transmission of infectious diseases, exposing the limitations of national responses and highlighting the need for coordinated international cooperation.

Consequently, health concerns have evolved from being viewed as purely domestic matters to becoming integral components of global diplomacy and foreign policy. Health diplomacy defined as the negotiation processes through which state and non-state actors coordinate global responses to health challenges have emerged as a vital instrument of global governance. Its growing importance lies in its ability to mobilize resources, broker international alliances, and align public health objectives with national interests (Kickbusch, Silberschmidt& Buss, 2007). This integration of diplomacy into public health frameworks reflects an evolving global landscape where health security is inextricably linked with political, economic, and social stability.

The literature supports this convergence between health and security. Scholars such as Weaver (1997, 2000), Williams (1994), Wyn Jones (1999), and Kaldor (2000) argue that health issues are increasingly tied to national security, as sudden and severe public health crises can trigger political unrest, social instability, and long-term economic decline. The significance of a health threat is typically assessed by factors such as the magnitude of the disease burden, the intensity of the required response, societal disruption, and broader externalities factors all evident during the Ebola and COVID-19 pandemics.

Historical efforts to address transnational health threats can be traced to the 1851 International Sanitary Conference in Paris, which laid the groundwork for institutional responses to epidemics. These early initiatives led to the establishment of structures such as the International Office of Public Hygiene (1907), the Pan American Sanitary Bureau (now PAHO), and later the World Health Organization (WHO) in 1948. The emergence of these institutions reflects a growing recognition that no country can independently resolve global health challenges.

In Africa, Nigeria plays a central role in regional health governance due to its demographic and geopolitical importance. With an estimated population of over 206 million in 2022 and contributing approximately 26% of Africa's 3.6 million health workers, Nigeria is a critical actor in the continent’s public health landscape. At the same time, Nigeria’s vulnerability to cross-border health threats is exacerbated by porous borders, overstretched health infrastructure, limited public health funding, and a high burden of both communicable and non-communicable diseases.

Nigeria's response to the 2014 Ebola Virus Disease (EVD) outbreak demonstrated the country's capacity to act swiftly and effectively in the face of a health emergency. The index case, a Liberian-American, arrived in Lagos on July 20, 2014, and died five days later, initiating a transmission chain that ultimately infected 19 individuals and led to 7 deaths. Remarkably, Nigeria contained the outbreak within 92 days, a response praised by the WHO as a "spectacular success story" (WHO, 2014a). This success was attributed to the early identification and isolation of the index case in a metropolitan area with relatively robust health infrastructure, including the First Consultant Hospital and the virology laboratory at Lagos University Teaching Hospital (LUTH). Nigeria's proactive strategy included standard surveillance, prompt training of health personnel, the use of social media and mass communication, and leveraging existing systems such as the polio program's infrastructure (Vaz et al., 2016). Drawing from lessons learned in Guinea, Liberia, and Sierra Leone, Lagos State developed a Biosecurity Policy and Roadmap by 2018 and expanded the Emergency Operations Centre (EOC) model to other parts of the country.

In contrast, the COVID-19 pandemic posed far greater challenges. Caused by the novel coronavirus SARS-CoV-2, first detected in Wuhan, China in December 2019, COVID-19 was declared a pandemic by the WHO on March 11, 2020. Nigeria recorded its first confirmed case on February 27, 2020, again in Lagos. Unlike Ebola, COVID-19's asymptomatic transmission, novelty, and global reach created widespread uncertainty and panic. Initial containment efforts included travel bans, airport closures, and reactive fumigation, often based on limited scientific understanding (Adesanya, 2020). The pandemic exposed serious weaknesses in Nigeria's healthcare system, which ranked 140th out of 195 countries on the Healthcare Access and Quality Index in 2015, and allocated only 4.14% of its national budget to health far below the recommended 15% (Iliyasu et al., 2021).

Other structural limitations included Nigeria's doctor-to-patient ratio of 1:4,250 (compared to WHO's recommended 1:600), the uneven distribution of healthcare professionals between urban and rural areas, and poor health infrastructure. High urban density in cities like Lagos, widespread poverty, and the presence of internally displaced persons (IDPs) in overcrowded camps further heightened the risk of rapid transmission.

To address these challenges, Nigeria relied on health diplomacy and strategic international collaborations. Diplomatic engagement with partners such as the United States, WHO, UNICEF, and the World Bank resulted in financial and technical support, including over $125 million in aid from the U.S., 4 million vaccine doses, and extensive training programs for over 200,000 personnel. Nigeria also facilitated the creation of a regional solidarity fund to assist Ebola-affected countries and mobilized additional resources through domestic and international initiatives such as the UN COVID-19 Basket Fund ($61.3 million) and CACOVID ($55.7 million from the private sector) (Onyedinma et al., 2023).

National institutions such as the Nigeria Centre for Disease Control (NCDC), the Ministry of Foreign Affairs, and the Presidential Task Force on COVID-19 played central roles in managing the response. Digital innovations like the Surveillance Outbreak Response Management and

Analysis System (SORMAS), mobile strengthening epidemic response systems (mSers), and the Electronic Management of Immunization Data (EMID) platform enabled better case tracking and vaccination oversight (Adesanya, 2020; Onyedinma et al., 2023). In addition, Nigeria accessed vaccines through the African Vaccine Acquisition Trust (AVAT), the COVAX Facility, bilateral donations, and direct purchases, while UNICEF managed procurement and cold-chain logistics.

Nonetheless, inconsistencies in diplomatic coordination and limited institutionalization of health diplomacy frameworks became apparent. Political interference often contradicted the guidance of public health agencies, and a general distrust in political institutions, fueled by perceived elitism in relief distribution, reduced public compliance (Ezeibe et al., 2020). Delayed engagement of foreign policy tools and fragmented donor-funded programs undermined long-term sustainability. Studies also reported corruption in vaccine deployment, including nepotism, falsification of data, and informal payments to health workers (Onwujekwe et al., 2023). Inadequate documentation of staff remuneration and opaque procurement processes further compromised accountability.

In light of these challenges, scholars and policymakers have emphasized the need for sustained preparedness, proactive diplomatic strategies, and institutional reforms. Effective pandemic response requires not only medical capacity but also transparent governance, community trust, and robust partnerships. Recommendations include increasing health budget allocations (Iliyasu et al., 2021), ensuring transparency in recruitment and procurement (Onwujekwe et al., 2023), and contextualizing international approaches to fit local realities (Eze et al., 2023). Addressing vaccine inequities (Das et al., 2023) and improving Nigeria's capacity to learn from past crises (Konte et al., 2023) are also crucial. By institutionalizing health diplomacy and integrating it into foreign policy, Nigeria can enhance its resilience against future cross-border health threats and play a leadership role in global health security.

**Aim and Objectives of the Study**

The aim of the study is to examine Nigeria's use of health diplomacy in managing cross-border health threats, specifically through its responses to the Ebola and COVID-19 pandemics. Specifically, the study seeks to:

1. Examine health diplomacy strategies adopted by Nigeria during the Ebola outbreak and COVID-19 pandemic
2. Examine the outcomes of Nigeria's pandemic responses attributable to the diplomatic efforts during the Ebola and COVID-19 crises
3. Identify lessons learnt from Nigeria's engagement in health diplomacy during the Ebola and COVID-19 crises

**Research Questions**

In line with the research objectives, the following research questions were raised to guide the study:

1. What health diplomacy strategies did Nigeria adopt during the Ebola outbreak and the COVID-19 pandemic?

2. How did Nigeria's diplomatic efforts influence the outcomes of its pandemic responses during the Ebola and COVID-19 crises?
3. What key lessons can be drawn from Nigeria's engagement in health diplomacy during the Ebola and COVID-19 pandemics for future health emergency preparedness?

## Literature Review

### Definition and Evolution of Health Diplomacy

Health diplomacy refers to the processes by which governments and other actors negotiate and coordinate global policy responses to health challenges that transcend national boundaries. It encompasses formal and informal interactions aimed at improving health security while advancing foreign policy goals. The term has evolved significantly over the past two decades, becoming increasingly relevant due to the global nature of public health threats such as pandemics, which demand international cooperation and multilateral action. Health diplomacy is now recognized as a strategic component of national security and global governance, particularly in contexts where health crises can generate political, social, and economic instability.While often used interchangeably, global health diplomacy, medical diplomacy, and health foreign policy refer to distinct concepts within international relations and global health. Global health diplomacy (GHD), as defined by Kickbusch, Silberschmidt, and Buss (2007), involves multi-actor negotiations and collaboration to influence global health policy. It includes formal negotiations between states and broader engagements involving international organizations, civil society, and private stakeholders.In contrast, medical diplomacy is traditionally associated with the use of health assistance and medical interventions such as sending medical teams or donating equipment to build soft power and improve bilateral relations. Health foreign policy, on the other hand, refers to how a country strategically integrates health concerns into its broader foreign policy agenda. In Nigeria's context, the COVID-19 and Ebola responses reflected elements of all three, where foreign policy instruments, medical aid, and multilateral negotiations converged.

### Cross-Border Health Threats

Cross-border health threats are health emergencies that have the potential to spread beyond national boundaries, requiring transnational cooperation and policy alignment for effective containment. They are characterized by rapid transmission, unpredictable patterns, and the capacity to overwhelm national health systems. Such threats are increasingly viewed as matters of global health security, implicating both public health and geopolitical stability.Nigeria's experience with Ebola (2014) and COVID-19 (2020 onwards) exemplifies the nature of cross-border health threats. In both cases, the diseases originated outside Nigeria but posed significant national risk due to Nigeria's regional connectedness, high population mobility, and limited health infrastructure.

Health threats of this nature demand diplomatic responses beyond medical interventions. For instance, during the COVID-19 pandemic, Nigeria engaged in diplomatic efforts with global powers such as the United States, securing financial aid, vaccines, and medical equipment. The government also worked with multilateral platforms like COVAX and AVAT to improve vaccine equity and access. These engagements not only helped address immediate health needs but also positioned Nigeria as a regional leader in pandemic response.Moreover, Nigeria's

proactive role in ECOWAS solidarity efforts, data-sharing mechanisms (such as SORMAS), and support for neighboring countries during the Ebola crisis highlighted the country's commitment to regional health security. These actions reinforce the idea that health diplomacy is essential for managing transnational health risks and enhancing preparedness.

***Theoretical Framework***

Global Health Diplomacy (GHD) Theory

This study is underpinned by the Global Health Diplomacy (GHD) theory, propounded by Kickbusch, Silberschmidt, and Buss in 2007. The GHD theory underscores the intersection between global health concerns and foreign policy, emphasizing the role of diplomatic engagement in addressing transnational health challenges. It conceptualizes GHD as a set of political and negotiation processes through which diverse actors influence the global health policy environment. These actors include national governments, international organizations, non-governmental organizations (NGOs), and private sector stakeholders, all collaborating to address health issues that transcend national borders. The theory delineates health diplomacy into three distinct levels: core diplomacy (formal negotiations among states), multi-stakeholder diplomacy (involving actors such as international institutions and NGOs), and informal diplomacy (comprising interactions among technical experts, academia, and civil society groups).The relevance of this theory to the present study lies in its utility as a conceptual lens for examining Nigeria's deployment of health diplomacy in responding to cross-border health emergencies, particularly during the Ebola and COVID-19 pandemics. Through the application of this theory, the study interrogates how Nigeria strategically positioned health issues within its foreign policy agenda, thereby necessitating international cooperation and diplomatic negotiations. Furthermore, it enables a critical assessment of how these diplomatic efforts contributed to regional coordination, resource mobilization, and the strengthening of national preparedness and response mechanisms in the face of global health threats.

**Methodology**

***Research design***

A descriptive cross-sectional survey research design was adopted in this study. A cross-sectional study is a type of research design in which data is collected from many different individuals at a single point in time (Lauren, 2020). This design was deemed appropriate because it facilitate the collection of data from a broad and dispersed population at a single point in time and also supports the identification of patterns and associations across variables such as embassy responsiveness, outreach activities, and levels of diaspora engagement.

***Population of the Study***

A population of 3558 Medical personnel within Lagos State, Nigeria.

***Sample and Sampling Technique***

A sample of 360 respondents was selected using proportionate stratified sampling technique.

***Instrument for Data Collection***

Data were gathered using a structured questionnaire developed in two sections. Section A, collected information on respondents bio-data, while section B collected information pertaining to the research questions.

***Validity of Instrument***

To ensure validity of the instrument, it was face validated by three experts. Also, the instrument was tested for internal consistency by pre-testing it with 30 medical personnel outside the study area. The responses obtained were subjected to reliability analysis using Cronbach alpha. A reliability coefficient of 0.91 was determined which indicated very high reliability of the instrument.

***Data Collection Procedure***

The researcher and two research assistants distributed and collected the questionnaire from the respondents at their respective medical centers. The researcher assistant was briefed on the modalities for distributing and collecting the questionnaire from the respondents on the spot. Distribution and collection of questionnaires lasted for three weeks.

***Method of Data Analysis***

Data collected were subjected through descriptive statistics. The research questions were analyzed with mean and standard deviation were. Any item with mean value that is greater than or equal to 2.50 was considered as accepted while items with mean values less than 2.50 were considered as rejected. Data analysis was conducted using Statistical Package for Social Sciences (SPSS).

**Results**

Research Question 1: What health diplomacy strategies did Nigeria adopt during the Ebola outbreak and the COVID-19 pandemic?

Results of Research Question 1 are presented in table 1

Table 1: Mean with standard deviation responses of the respondents on health diplomacy strategies Nigeria adopted during the Ebola outbreak and the COVID-19 pandemic

| sn | Item Statement | $\bar{X}$ | SD | Decision |
|---|---|---|---|---|
| 1 | Nigeria actively engaged with ECOWAS in coordinating joint pandemic response strategies during Ebola and COVID-19. | 3.35 | 0.72 | Agreed |
| 2 | The Nigerian government used bilateral diplomacy to secure pandemic support from countries such as China, the U.S., and the UK. | 3.41 | 0.65 | Agreed |
| 3 | Nigeria partnered with the World Health Organization (WHO) for technical support, policy guidance, and response coordination. | 3.50 | 0.58 | Agreed |
| 4 | Diplomatic channels were used to negotiate donations of vaccines, ventilators, and PPE during the COVID-19 pandemic. | 3.44 | 0.60 | Agreed |
| 5 | Nigeria implemented regional border coordination strategies through diplomatic platforms to prevent cross-border disease spread. | 3.12 | 0.76 | Agreed |
| 6 | Nigeria's diplomatic outreach influenced funding and | 3.27 | 0.69 | Agreed |

| | | | | |
|---|---|---|---|---|
| | resource allocation from multilateral donors like the World Bank and UN agencies. | | | |
| 7 | The Ministry of Foreign Affairs and health authorities jointly led international stakeholder engagements during public health crises. | 3.20 | 0.74 | Agreed |

*Note: $\bar{X}$=Mean, SD=Standard Deviation, N = Number of Respondents=360*

The results in Table 1 presents the mean and standard deviations of respondents' views on on health diplomacy strategies Nigeria adopted during the Ebola outbreak and the COVID-19 pandemic. The results reveal that the strategies employed by the embassies to engage the diaspora include regional coordination with ECOWAS, bilateral diplomacy for support, and partnership with WHO, negotiating vaccine and equipment donations, regional border coordination, mobilizing multilateral funding and joint leadership in stakeholder engagements ($\bar{X}$> 2.5).

Research Question 2: How did Nigeria's diplomatic efforts influence the outcomes of its pandemic responses during the Ebola and COVID-19 crises?

Results of Research Question 2 are presented in table 3

Table 3: Mean with standard deviation responses of the respondents on how Nigeria's diplomatic efforts influence the outcomes of its pandemic responses during the Ebola and COVID-19 crises

| sn | Item Statement | $\bar{X}$ | SD | Decision |
|---|---|---|---|---|
| 1 | Nigeria's diplomatic relationships enabled the timely delivery of COVID-19 vaccines through platforms like COVAX. | 3.33 | 0.67 | Agreed |
| 2 | Engagement with international partners resulted in enhanced disease surveillance systems during both pandemics. | 3.38 | 0.64 | Agreed |
| 3 | Nigeria's diplomatic interventions improved cross-border information sharing and joint public health surveillance. | 3.29 | 0.70 | Agreed |
| 4 | Through diplomacy, Nigeria gained technical assistance and training from WHO, China CDC, and other global health bodies. | 3.40 | 0.61 | Agreed |
| 5 | Access to emergency funding and medical logistics was improved through Nigeria's participation in global health diplomacy networks. | 3.22 | 0.73 | Agreed |
| 6 | The effectiveness of Nigeria's response to COVID-19 and Ebola was significantly influenced by external cooperation secured via diplomacy. | 3.36 | 0.69 | Agreed |

*Note: $\bar{X}$=Mean, SD=Standard Deviation, N = Number of Respondents=360*

From Table 3, it can be seen that all item statements have their mean values greater than 2.5. This indicated Nigeria's diplomatic efforts influenced the outcomes of its pandemic responses during the Ebola and COVID-19 crises.

Research Question 3: What key lessons can be drawn from Nigeria's engagement in health diplomacy during the Ebola and COVID-19 pandemics for future health emergency preparedness?

Table 5: Mean with standard deviation responses of the respondents on the key lessons drawn from Nigeria's engagement in health diplomacy during the Ebola and COVID-19 pandemics for future health emergency preparedness

| sn | Item Statement | $\bar{X}$ | SD | Decision |
|---|---|---|---|---|
| 1 | Nigeria's experience during Ebola and COVID- | 3.42 | 0.59 | Agreed |

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|---|---|---|---|---|
| | 19 demonstrates the value of formalizing health diplomacy within national emergency response plans. | | | |
| 2 | Early engagement with international partners should be a routine component of Nigeria's pandemic preparedness strategy. | 3.45 | 0.55 | Agreed |
| 3 | The success of regional health collaboration during COVID-19 underscores the importance of strengthening ECOWAS health coordination mechanisms. | 3.31 | 0.68 | Agreed |
| 4 | Nigeria's delayed access to early vaccines in COVID-19 revealed gaps in equitable diplomatic negotiation power. | 3.18 | 0.83 | Agreed |
| 5 | A coordinated platform linking the Ministry of Health, Ministry of Foreign Affairs, and NCDC is essential for future emergencies. | 3.39 | 0.63 | Agreed |
| 6 | Diplomatic experiences from past pandemics highlight the need to invest in long-term global health partnerships. | 3.48 | 0.60 | Agreed |

*Note: $\bar{X}$=Mean, SD=Standard Deviation, N = Number of Respondents=400*

The results in Table 5 shows that all item statements have their mean scores greater than 2.50. This indicates that Nigeria's experiences during the Ebola and COVID-19 outbreaks underscore the critical need to institutionalize health diplomacy within national emergency plans, prioritize early international engagement, regional coordination, equitable global negotiations, integrated multi-agency collaboration, and long-term health partnerships to strengthen its pandemic preparedness and response.

**Discussion**

The study found that Nigeria adopted a multi-pronged health diplomacy approach to manage cross-border health emergencies, by leveraging on regional alliances, bilateral relations, and available multilateral platforms. These diplomatic efforts made by Nigeria, played a crucial role in enhancing the country's preparedness, mobilizing external resources, and shaping collective regional responses. Nigeria demonstrated strong regional leadership by actively engaging ECOWAS mechanisms to coordinate joint pandemic responses. During the 2014–2016 Ebola outbreak for instance, Nigeria collaborated with ECOWAS and private sector to establish a regional solidarity fund and also extended financial support to affected nations, including Guinea, Sierra Leone, and Liberia (Kia Bariledum&DumleCalistus, 2024). This engagement facilitated a regional framing of the crisis and positioned Nigeria as a stabilizing force in West Africa. As Abayomi et al. (2021) noted, Nigeria's effective containment of Ebola within 92 days was internationally commended, with WHO describing it as a "spectacular success story."During the COVID-19 pandemic, Nigeria continued to play a central role in ECOWAS coordination. As documented by Lokossou et al. (2022), Nigeria participated in regional simulation exercises and emergency ministerial meetings, where it contributed to the harmonization of cross-border surveillance. These findings align with broader regional health governance models that prioritize collaborative action, particularly in contexts with porous borders and shared vulnerabilities.

The study also found that Nigeria effectively utilized bilateral diplomacy to secure critical support from global powers such as the United States, China, and the United Kingdom during the COVID-19 crisis. The United States, for instance, provided $125 million in funding, over 4 million vaccine doses, ventilators, and training for health and security personnel (Kia Bariledum&DumleCalistus, 2024). This support was facilitated through inter-agency collaboration between U.S. mission staff and Nigerian authorities. Similarly, Nigeria's bilateral engagement with China yielded technical advice and essential medical supplies, including PPE from philanthropist Jack Ma.Although direct UK support to Nigeria during Ebola was limited, the UK's Foreign, Commonwealth & Development Office (FCDO) partnered with Nigerian programs for behavioral communication during COVID-19 (World Bank, 2021). These bilateral ties demonstrate Nigeria's ability to strategically align foreign policy with public health diplomacy to secure pandemic-related aid, a pattern also observed in other West African nations during similar crises (Zhao et al., 2020).

The study found that Nigeria's foreign policy engagements and health diplomacy significantly shaped its response to both the Ebola and COVID-19 pandemics. Through multilateral platforms, bilateral relations, and regional collaborations, Nigeria mobilized external support across key areas such as vaccine delivery, disease surveillance, technical assistance, and funding. These partnerships ultimately enhanced the effectiveness of Nigeria's public health interventions and reflect a growing trend of integrating global health diplomacy into national emergency response frameworks. In terms of vaccine acquisition the study revealed that Nigeria's diplomatic ties facilitated timely access to COVID-19 vaccines through global mechanisms such as COVAX, AVAT, and bilateral donations. Nigeria adopted a multi-pronged vaccine acquisition strategy with the goal of vaccinating 51.4% of its adult population (approximately 111.8 million people) within two years. This strategy relied heavily on international partnerships, with COVAX and the African Union's AVAT serving as major procurement platforms. Notably, the World Bank provided US$400 million in Additional Financing (AF) for vaccine purchase and deployment, of which US$357.5 million was specifically allocated for vaccine acquisition (World Bank, 2021).

The study found that Nigeria successfully leveraged on its diplomatic relationships to secure technical assistance and training support from various international agencies. The United States for example, provided over $125 million in funding, more than 4 million COVID-19 vaccine doses, 200 ventilators, and PPE, while also supporting the training of over 200,000 personnel in pandemic control. Additionally, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) supported testing infrastructure which was repurposed for COVID-19 diagnostics (PEPFAR, 2021).Further technical contributions came from WHO, the China CDC, and private bodies like SIDANI and the International Vaccine Access Centre (IVAC). The NCDC also negotiated with disease-specific programs to repurpose diagnostic equipment such as GeneXpert machines, initially used for TB, for SARS-CoV-2 testing. Training programs for field epidemiologists were scaled up and deployed to support the pandemic response (Hu et al., 2022). These initiatives reflect how Nigeria's diplomatic engagement translated into meaningful capacity building, expanding the health workforce and diagnostic infrastructure.

The study reveals that Nigeria's experiences with the 2014 Ebola Virus Disease (EVD) outbreak and the COVID-19 pandemic underscore the strategic importance of embedding health diplomacy into national emergency response frameworks. Key lessons emerged across various dimensions, including international engagement, vaccine access, regional collaboration, domestic coordination, and long-term health system investments. The findings highlight how Nigeria's proactive foreign policy measures, partnerships with international actors, and institutional adaptability collectively shaped the outcomes of its pandemic responses.The study concludes that Nigeria's diplomatic engagements during both Ebola and COVID-19 highlight the importance of sustained investments in global health partnerships. Nigeria's "Ebola legacy" provided a useful template for later outbreaks, especially in Lagos State, which leveraged its prior experience and infrastructure to respond quickly to COVID-19 (Abayomi et al., 2021).

**Conclusion**

This study concludes that Nigeria's adoption of a multi-pronged health diplomacy approach leveraging regional alliances, bilateral relations, and multilateral platforms significantly enhanced its capacity to respond to cross-border health emergencies like Ebola and COVID-19. Through proactive engagement with ECOWAS, strategic alignment with global partners, and effective mobilization of external resources, Nigeria demonstrated how foreign policy can be instrumental in shaping public health outcomes. The integration of health diplomacy into emergency response planning enabled timely vaccine access, capacity building, and strengthened disease surveillance. Overall, the findings underscore the necessity of institutionalizing health diplomacy within national frameworks and investing in long-term global health partnerships to build resilient health systems and prepare for future pandemics

**Recommendations**

Based on the conclusion of the study, the following recommendations are made:

1. It is recommended that the Federal Government of Nigeria institutionalize health diplomacy by embedding it within national health security and foreign policy frameworks. This should include the establishment of dedicated inter-ministerial platforms for coordinating international health engagements, thereby ensuring timely diplomatic action during health emergencies and aligning foreign policy objectives with public health goals.
2. The Nigerian government should enhance its commitment to regional and global health cooperation through sustained engagement with bodies such as ECOWAS, the World Health Organization (WHO), and other bilateral and multilateral partners. Strengthening these partnerships will facilitate the exchange of technical expertise, joint surveillance mechanisms, and equitable access to critical resources such as vaccines and therapeutics in times of crisis.
3. Nigeria should increase investments in the health sector, with particular emphasis on disease surveillance infrastructure, health workforce development, and research and innovation. Strengthening institutions like the Nigeria Centre for Disease Control (NCDC) and scaling up Emergency Operations Centres (EOCs) nationwide will enhance the country's capacity to detect, prevent, and respond to future cross-border health threats more effectively.

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