

Strengthening Patient Advocacy and Policy for Lung Cancer in Nigeria: Opportunities from a Desk Review of Available Evidence

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DISCUSSION AND CONCLUSION

REMEMBER THIS

1. **Pair every awareness push with a policy ask.** Campaigns that stop at "raise awareness" don't move outcomes — attach a specific screening or funding request.
2. **Invest in survivor-led & community programs first.** They are the strongest lever this review found against stigma and mistrust.
3. **Connect the dots, don't duplicate them.** Link existing NGO, society, and patient-group efforts into one network instead of parallel, isolated campaigns.

Progress requires a deliberate **bridge** between grassroots advocacy and national policy — not two parallel efforts, but one coordinated strategy.

COMMUNITY ADVOCACY

- Expand & connect patient networks
- Leverage digital platforms for awareness
- Deepen local community engagement

POLICY ALIGNMENT

- Link advocacy to screening program design
- Fold in environmental health policy
- Support affordable access to treatment

FUTURE DIRECTION

1

Measure impact, not just activity

Move from descriptive advocacy accounts to outcome-linked studies — early detection rates, stage at diagnosis, survival — so clinicians can see what actually works.

2

Study the non-smoker risk gap

Investigate awareness and detection among non-smokers exposed to indoor/outdoor air pollution — a high-risk group current campaigns largely miss.

3

Pilot advocacy–policy integration models

Design and test combined interventions — e.g., community screening tied to environmental health policy — with clinicians and patients shaping the model from the start.

REFERENCES & ACKNOWLEDGEMENTS

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ACKNOWLEDGEMENTS

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RESULTS

- Advocacy is nascent and urban-concentrated, with limited nationwide coordination.
- Awareness campaigns are often short-term and non-specific, leaving many high-risk populations, including non-smokers, exposed to indoor and outdoor air pollution and uninformed about early symptoms.
- Still, scattered initiatives point to what could scale.

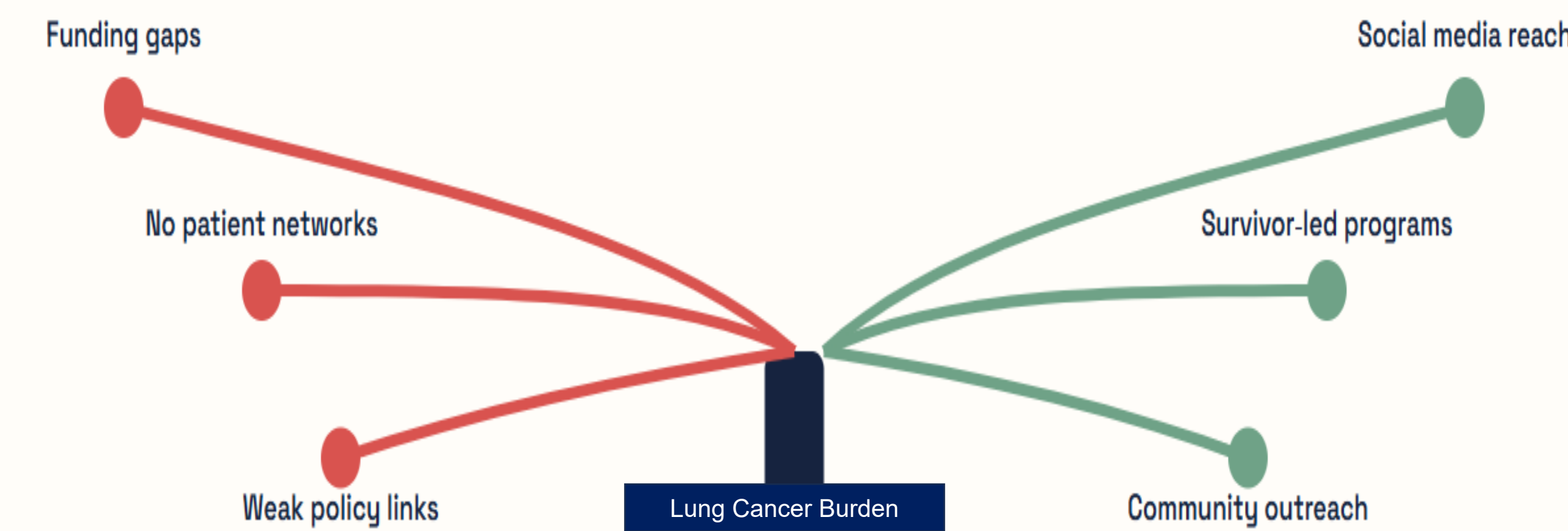


FIG. 1 – From one burden, two branches: what holds advocacy back (left) and what's already working (right)

✗ Key Barriers

- ✗ Insufficient, unstable funding for sustained campaigns
- ✗ Absence of structured, connected patient networks
- ✗ Limited media engagement beyond short-term pushes
- ✗ Weak integration with national cancer control policy

✓ Promising Initiatives

- ✓ Oncology societies, NGOs & patient groups leading isolated wins
- ✓ Social media used to build awareness and reach younger audiences
- ✓ Survivor-led programs reducing stigma from within community
- ✓ Early openings for policy-linked screening & environmental health action

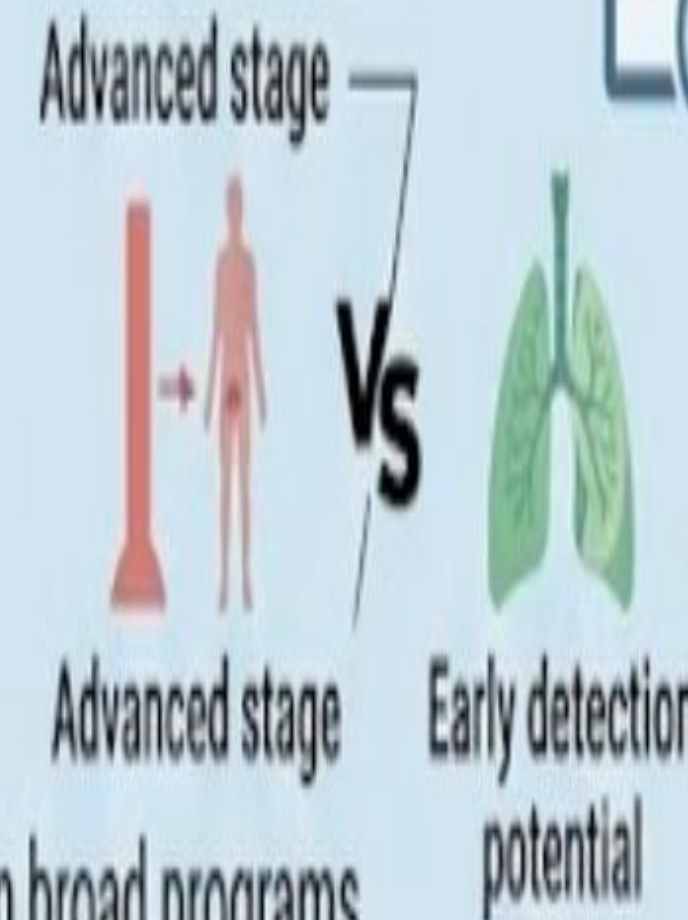
BACKGROUND

Lung cancer is **UNDERDIAGNOSED** in Nigeria; patients present at **ADVANCED STAGES**, causing poor survival.

Effective advocacy & supportive policies can improve early detection, access, and engagement.

Current advocacy is **LIMITED, FRAGMENTED**, embedded in broad programs.

STUDY AIMS: Synthesize evidence on advocacy efforts, barriers, and opportunities to integrate community interventions with policy.



METHODS

A systematic search of electronic databases plus grey literature (national health reports, NGO publications, institutional sites), screened by title/abstract, then full text.

85

sources identified & screened

52

met inclusion criteria

1

narrative synthesis

2000

2024