Investing in Innovation AFRICA

Advancing Universal Health Coverage Through Health-Tech in Nigeria:

Priority Innovations, Market Opportunities and Conditions for Scale



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Investing in Innovation AFRICA

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We hope that the findings and recommendations presented in this report will inform evidence-based decision-making, strengthen collaboration across the health ecosystem, and contribute to creating an enabling environment for the adoption, integration, and scale of health-tech innovations that accelerate progress towards Universal Health Coverage in Nigeria.

Executive Summary

Nigeria continues to face significant challenges in achieving Universal Health Coverage (UHC), with persistent gaps across healthcare financing, service delivery, workforce management, supply chain management, and digital health information systems. More than **71.9%** of total health expenditure in Nigeria is financed through out-of-pocket payments,[1] while the country recorded an estimated **572** maternal deaths per **100,000** live births,[2] among the highest maternal mortality burdens globally. At the same time, Nigeria's health-tech ecosystem has expanded considerably, with innovators developing solutions that address many of these systemic challenges. However, despite the growing pipeline of innovations, adoption at scale remains limited, constraining their contribution to health system transformation.

To better understand how health-tech innovations can accelerate Universal Health Coverage (UHC) in Nigeria, this landscape assessment examined the country's health-tech ecosystem through stakeholder consultations, innovation prioritization, market opportunity analysis, innovator mapping, and Key Informant Interviews (KIIs). The assessment provides evidence-based insights to inform government, development partners, innovators, and ecosystem actors seeking to strengthen the role of technology in advancing UHC in Nigeria.

Key Findings

The assessment identified five priority health-tech innovations with strong potential to address Nigeria's most pressing health system challenges while aligning with ongoing government reforms:

- **Order and Inventory Management Systems**
- **Micro-insurance Platforms**
- **Electronic Health Records**
- **Biometric Attendance Systems**
- **Telehealth Kiosks**

Together, these innovations address critical health system challenges across supply chain management, workforce performance, health financing, service delivery, and digital health information systems, while supporting government priorities related to last-mile supply chain strengthening, PHC revitalization, health financing expansion, integrated service delivery, data and analytics systems, and community engagement.

The assessment further demonstrates that these innovations represent substantial commercial opportunities, although their pathways to scale differ. **Order and Inventory Management Systems** present an obtainable market opportunity of **US$19.9 million** and **Biometric Attendance Systems US$1.9 million,** both representing highly deployable solutions with limited infrastructure constraints. **Micro-insurance Platforms** offer a substantially larger obtainable market of **US$211.8 million**, reflecting strong near-term scale potential across Nigeria.

[1] *World Bank Group.* https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=NG

[2] *Nigeria VASA (Verbal Autopsy Social Autopsy) 2024.* https://dhsprogram.com/pubs/pdf/FR400/FR400.pdf

Telehealth Kiosks present an obtainable market opportunity of **US$161.8 million**, while **Electronic Health Records** represent the largest opportunity at **US$901.9 million**. However, unlike the first three innovations, the scale of Telehealth Kiosks and Electronic Health Records remains constrained by gaps in enabling infrastructure, particularly reliable electricity and digital connectivity.

The assessment also identified a **growing pipeline of deployment-ready innovators**, including **more than 20 advanced innovators** demonstrating commercial maturity through multi-state deployments and significant funding traction, including **Series A/B investment, grants exceeding US$500,000, or seed funding above US$1 million.** These findings demonstrate that Nigeria already possesses the innovation capacity and implementation capability required to support large-scale health system transformation.

Despite this progress, stakeholder consultations consistently found that the principal constraint to scale is no longer the availability of innovative solutions, but the ecosystem conditions required to support their adoption and institutionalization. Four barriers emerged consistently across stakeholder groups: **champion-dependent adoption, the absence of structured government adoption pathways, limited dedicated financing for digital health, and weak evidence translation.** Conversely, stakeholders identified **leadership buy-in, blended financing, government co-design, and strong multi-stakeholder partnerships** as the critical enablers for accelerating government adoption and sustainable scale. Collectively, these findings demonstrate that while viable innovations and market opportunities already exist, sustained scale will depend on strengthening the institutional conditions that enable proven solutions to move from successful pilots to routine health system delivery.

To address these barriers, the assessment identifies five strategic priorities for strengthening Nigeria's health-tech ecosystem:

Strategic Priorities

- Develop structured government adoption pathways for innovators.
- Enable value-based procurement and strengthen procurement readiness.
- Establish sustainable financing mechanisms for health innovation.
- Strengthen evidence generation and translation for adoption decisions.
- Improve ecosystem coordination through stronger multi-stakeholder collaboration.

Collectively, these priorities represent the critical ecosystem conditions required to move promising health-tech innovations from fragmented pilots toward sustainable, government-supported deployment at scale and accelerate progress toward Universal Health Coverage in Nigeria.

1. Background and Methodology

1.1 Nigeria's UHC Ambition and the Need for Health System Innovation

Universal Health Coverage (UHC) remains a central objective of Nigeria's health sector agenda, with the goal of ensuring that all citizens have access to quality health services without suffering financial hardship. Despite notable progress over the past decade, the country continues to face significant challenges across healthcare financing, service delivery, health workforce capacity, supply chain management, and digital health information systems. These persistent bottlenecks continue to limit access to quality healthcare and contribute to poor health outcomes, particularly among vulnerable populations.

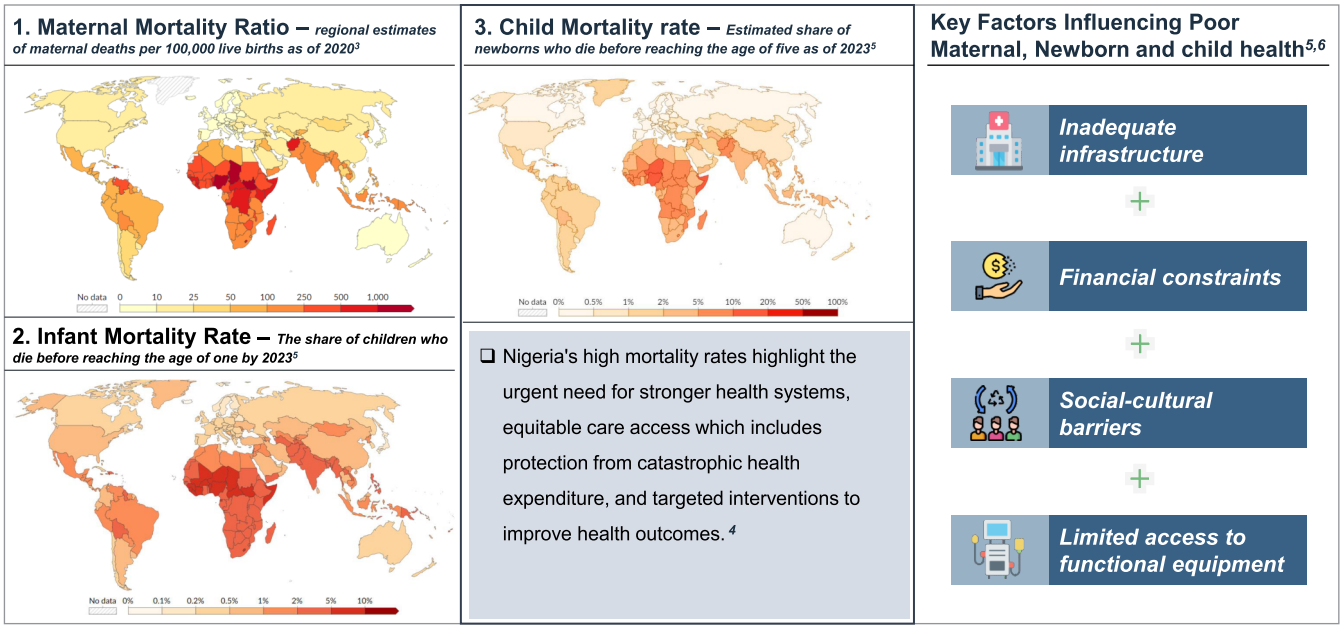


Figure 1. Nigeria's persistent UHC gaps create an urgent need for scalable health-system solutions

As illustrated in Figure 1, Nigeria continues to experience one of the world's highest maternal and child mortality burdens, recording an estimated **572 maternal deaths per 100,000 live births, an infant mortality rate of 6 deaths per 100 live births, and an under-five mortality rate of 10.5 deaths per 100 live births**.[2,5] These outcomes are driven by persistent health system challenges, including inadequate health infrastructure, limited access to functional medical equipment, financial barriers to care, and socio-cultural factors that constrain healthcare utilization. Collectively, these systemic constraints underscore the urgent need for scalable interventions capable of improving access, efficiency, and quality of healthcare delivery.

Digital health and technology-enabled innovations present an opportunity to address many of these bottlenecks by strengthening health information systems, improving supply chain visibility, expanding healthcare access, and enhancing service delivery. Leveraging these innovations will be critical to accelerating progress towards Universal Health Coverage and improving health outcomes across Nigeria.

[3] *Nigeria VASA (Verbal Autopsy Social Autopsy) 2024. https://dhsprogram.com/pubs/pdf/FR400/FR400.pdf*

[4] *Our World in Data. Population and Demography Explorer. Available at: https://ourworldindata.org/explorers/population-and-demography*

[5] *Azuh, D., Oladosun, M., Chinedu, S. N., Azuh, A. E., Duh, E., & Nwosu, J. (2021). Socio-demographic and environmental determinants of child mortality in rural communities of Ogun State, Nigeria. African Journal of Reproductive Health, 25(5S). https://doi.org/10.29063/ajrh2021/v25i5s.15.*

[6] *Atobatele, A. O., et al. (2022). Health systems strengthening and equitable healthcare access in Nigeria.*

1.2 Government Commitment to Digital Health Creates an Opportunity to Align Innovation with National Priorities

Recognizing these challenges, the Federal Government of Nigeria has placed Universal Health Coverage (UHC) at the centre of ongoing health sector reforms through the Nigeria Health Sector Renewal Investment Initiative (NHSRII), a comprehensive reform agenda aimed at strengthening primary healthcare, improving health financing, expanding equitable access to quality services, and accelerating digital transformation across the health sector.



FOCUS

"Unlocking the healthcare value chain is so vital, so we will do that ***and increase the contribution of healthcare to Nigeria's GDP and increase the number of new jobs*** that can be created in the Nigerian economy. The health sector can be a contributor to national economic development too."
— **MUHAMMAD ALI PATE**, CON
Coordinating Minister For Health and Social Welfare

Government of Nigeria's strategic vision for the health sector [2023-2026]

Our goal is to save lives, reduce both physical and financial pain and promote health for ALL Nigerians

Outcomes we want to achieve:
DALY improvement, lives saved, OOP reduced, [metric for producing health], [equity]

EFFECTIVE GOVERNANCE	EFFICIENT, EQUITABLE AND QUALITY HEALTH SYSTEMS	UNLOCKING VALUE CHAINS	HEALTH SECURITY
• Strengthen oversight and effective implementation of the National Act • Increase accountability to and participation of relevant stakeholders and Nigerian citizens • Strengthen regulatory capacity to foster the highest standards of service provision • Improve cross-functional coordination and effective partnerships to drive delivery	• Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition) • Strengthen prevention through primary healthcare and community health care • **Improve quality of care and service delivery across public (primary, secondary and tertiary care) and private, across all levels of the health system** • **Improve equity and affordability of quality care for patients** • Revitalize the end-to-end (production to retention) healthcare worker pipeline	• Promote clinical research and development • Stimulate local production of health products • Shape markers to ensure sustainable local demand • **Strengthen supply chains**	• Improve the ability to detect, prevent and respond to public health threats (e.g. Cholera, Lassa) • Build climate resiliency for the health system in collaboration with all other sectors

Data & Digitization: Digitize the health system & have data backed decision making

Financing: Increase effectiveness of spend and alignment of spend with strategic priorities

Culture & Talent within MDAs: Strengthen capabilities & values and drive a performance-based culture within the FMoH

Progress so far

$1B+ mobilized through NHSRII and SWAp financing to strengthen primary healthcare delivery and reduce maternal and child mortality, alongside new policies to retain skilled health workers	19.1M people covered by health insurance, 43,000+ health workers trained, and functional PHCs established across 8,300+ wards	Government targets local production of 70% of essential drugs by 2030, projected to create 30,000 jobs	Emergency preparedness strengthened across 107 LGAs through the 7-1-7 model and expanded emergency response capacity

- The **current administration has demonstrated political will** to strengthen the health system, as seen in NHSRII, which prioritizes population health and human capital development
- **Universal Health Coverage (UHC) remains central** to improving health outcomes by ensuring equitable, quality healthcare without financial hardship
- Health tech solutions present a key opportunity to improve access, efficiency, and quality of care, accelerating UHC goals
- **Core focus areas include service delivery models** (telehealth kiosks, mobile clinics), **financial protection** (micro and community-based insurance), and **community health information systems**

Figure 2. Government commitment to digital health creates an opportunity to align innovation with national priorities

The Government's strategic vision for the health sector is built around four priority outcomes: Effective Governance, Efficient, Equitable and Quality Health Systems, Health Security, and Unlocking Healthcare Value Chains. Cross-cutting enablers including Data and Digitization, Health Financing, and Institutional Capacity Strengthening further reinforce the central role that digital transformation will play in strengthening healthcare delivery and improving health outcomes nationwide.

These developments demonstrate increasing government commitment to leveraging innovation and digital transformation as catalysts for achieving Universal Health Coverage.

1.3 Nigeria's Health-Tech Ecosystem is Already Demonstrating Impact and Significant Opportunities Exist for Scale

Alongside increasing government commitment, Nigeria's health-tech ecosystem has expanded significantly and now represents one of the continent's largest innovation hubs. Across Africa, more than **1,200 health-tech companies** are estimated to be active, **over 100 of which operate in Nigeria,** positioning the country as one of the leading centres for digital health innovation and entrepreneurship.

Existing innovators are already deploying solutions across electronic medical records, telemedicine, telehealth kiosks, pharmacy management systems, and micro-insurance platforms. Several have demonstrated substantial operational reach, including managing over

60,000 patient records monthly, integrating **more than 2,000 pharmacies**, supporting **over 180,000 patients**, and delivering healthcare through networks of hospitals, laboratories, and telehealth clinics across multiple states.

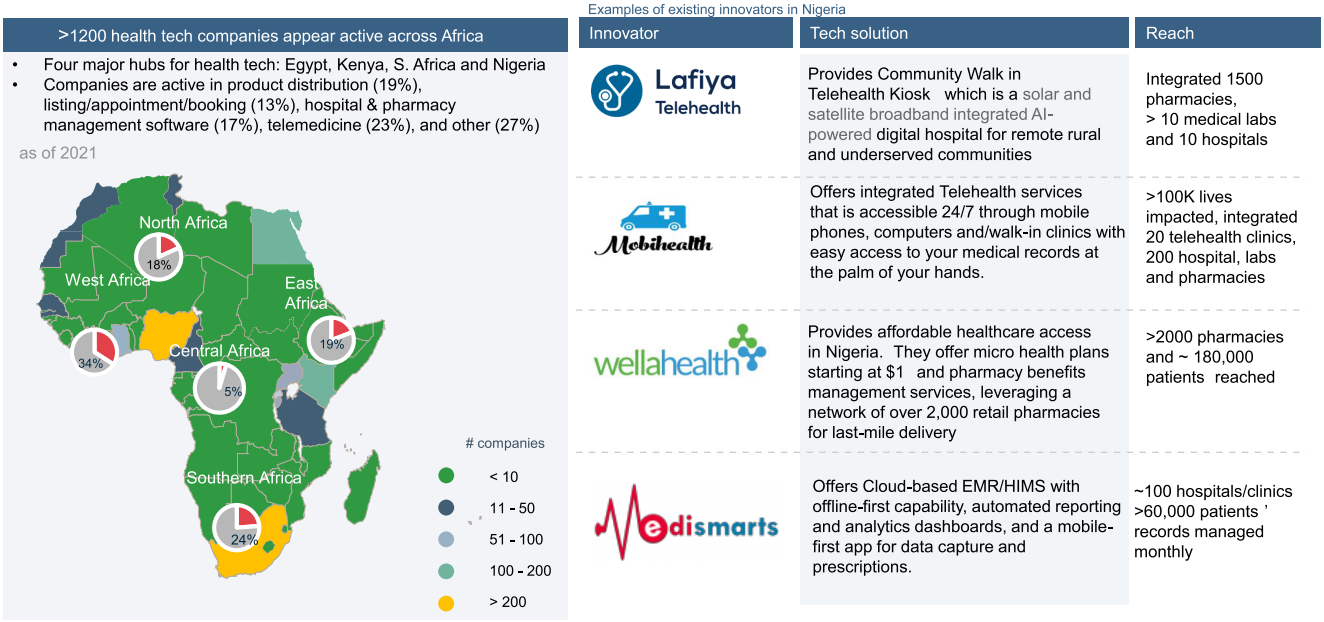


Figure 3. Nigeria hosts one of Africa's largest and fastest-growing health-tech ecosystems

The growing maturity of these innovators demonstrates that Nigeria possesses a strong pipeline of deployable health technologies capable of addressing priority health system challenges. However, translating these innovations from isolated deployments into sustained government adoption and nationwide scale remains a critical challenge.

International experience demonstrates that achieving national scale requires more than innovative products. Rwanda's digital health journey illustrates how deliberate government leadership can successfully integrate innovation into routine health system delivery.

The Government of Rwanda first identified priority health system bottlenecks, validated innovative digital health solutions through pilot implementation, and established long-term partnerships to support nationwide deployment. Demonstrated solutions were subsequently integrated into public financing mechanisms, primary healthcare delivery structures, referral systems, and national health insurance, enabling large-scale adoption across the country. Through the Babyl platform, Rwanda reached over 2 million registered users, supported approximately 3.9 million telemedicine consultations, and expanded services to more than 80% of primary healthcare facilities.[7] Although Babyl ceased operations in 2023 following the bankruptcy of its parent company, Babylon Health,[8] the experience highlights both the opportunities and the sustainability challenges associated with scaling digital health through public-private partnerships, underscoring the importance of resilient domestic financing and institutional ownership.

[7]Musange S, et al. *Digital Primary Health in Rwanda: Qualitative Study of User Experiences and Implementation Lessons From Babyl's Telemedicine Platform.* Journal of Medical Internet Research, 2026;28:e84832. Available at: Journal of Medical Internet Research article.

[8]*Rubuga FK, et al. Telemedicine implementation and healthcare utilization in Rwanda: interrupted time series of Babyl digital health services from 2015 to 2024.* BMC Primary Care, 2026. Available at: BMC Primary Care article.

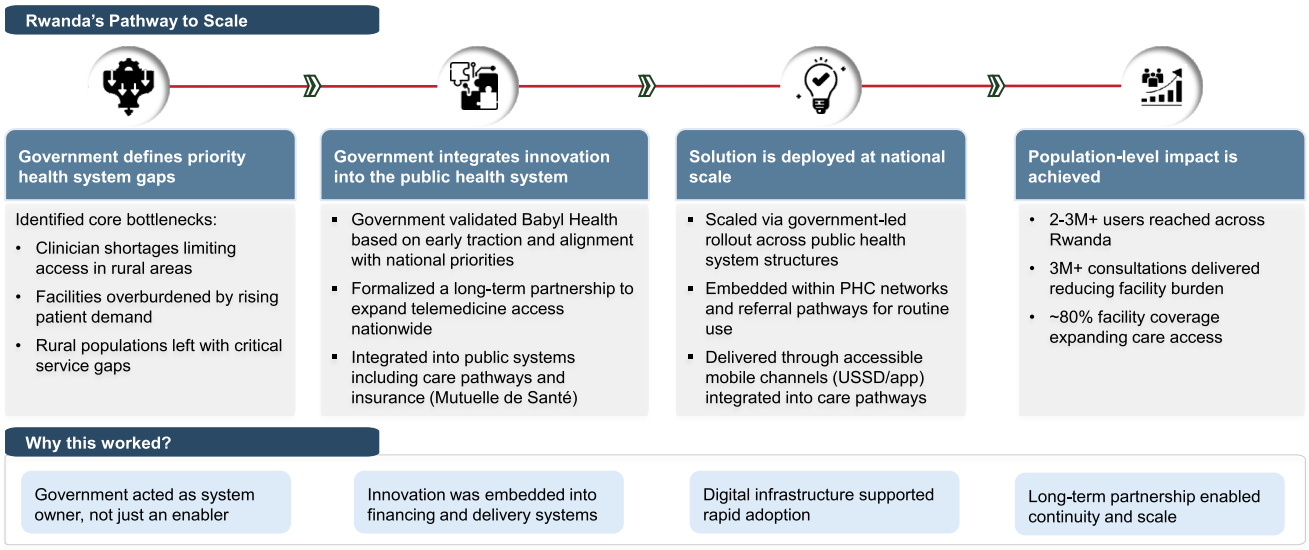


Figure 4. Rwanda Demonstrates That Government-Led Scale Is Achievable

The Rwanda experience provides an important lesson for Nigeria: sustainable scale depends not only on innovative solutions, but also on coordinated government leadership, financing mechanisms, institutional partnerships, and ecosystem support structures.

1.4 Assessment Purpose

Against this backdrop, this landscape assessment was undertaken to generate actionable market intelligence that enables the i3 programme to identify, support, and scale high-impact health-tech innovations aligned with Universal Health Coverage (UHC) priorities in Nigeria.

Specifically, the assessment sought to:

1. Map the landscape of health-tech innovations aligned with UHC priorities in Nigeria
2. Assess the market size, demand, and broader ecosystem dynamics influencing innovation adoption and scale
3. Evaluate the scalability and business viability of health-tech innovators operating across priority solution areas
4. Identify the ecosystem barriers and enabling conditions required to accelerate innovation growth and sustainable deployment

1.5 Assessment Methodology

The assessment methodology was informed by the WHO Global Strategy on Digital Health, the Digital Implementation Investment Guide (DIIG), and USAID's Taking Innovations to Scale Framework, which collectively emphasize the importance of evidence-based digital health planning, ecosystem readiness, stakeholder engagement, and the institutional conditions required for sustainable innovation adoption and scale.

The assessment commenced with a multi-stakeholder alignment workshop involving **67 participants** drawn from government institutions, development partners, health-tech innovators, donors, investors, healthcare providers, academia, and ecosystem support organizations.



Convened by the Investing in Innovation (i3) programme in collaboration with the National Primary Health Care Development Agency (NPHCDA) in Abuja on 17 June 2025, the workshop intentionally brought together diverse perspectives across policy, service delivery, financing, and innovation to validate Nigeria's priority health system challenges and identify where health-tech could most effectively accelerate progress towards Universal Health Coverage (UHC).







Stakeholders present

Federal Ministry of Health; NPHCDA; Nigeria Sovereign Investment Authority; NITDA National Information Technology Development Agency; National Health Insurance Authority; LASHMA; Lagos State Primary Health Care Board; KADCHMA; Kaduna State Primary Health Care Board; Ogun State Primary Healthcare Development Agency; Gates Foundation; Clinton Health Access Initiative; Gavi The Vaccine Alliance; ARC_ESM; SFH Access; Corona Management Systems; aha!; eHealth Africa; mDoc; Helium Health; HelpMum; Private Sector Health Alliance of Nigeria

Discussions focused on strengthening service delivery, digital health information systems, health financing, workforce development, governance and stakeholder engagement, and sustainable financing mechanisms, while also exploring practical collaboration models and resource mobilization pathways to support future scale. These discussions established a shared understanding of ecosystem priorities and informed the analytical framework adopted throughout this assessment.



Figure 5. Multi-stakeholder workshop used to validate priority UHC challenges and guide the assessment process

Building on insights generated during the workshop, the assessment adopted a structured four-step analytical framework comprising **Innovation Prioritization, Market Sizing, Innovator Mapping, and Key Informant Interviews (KIIs).**

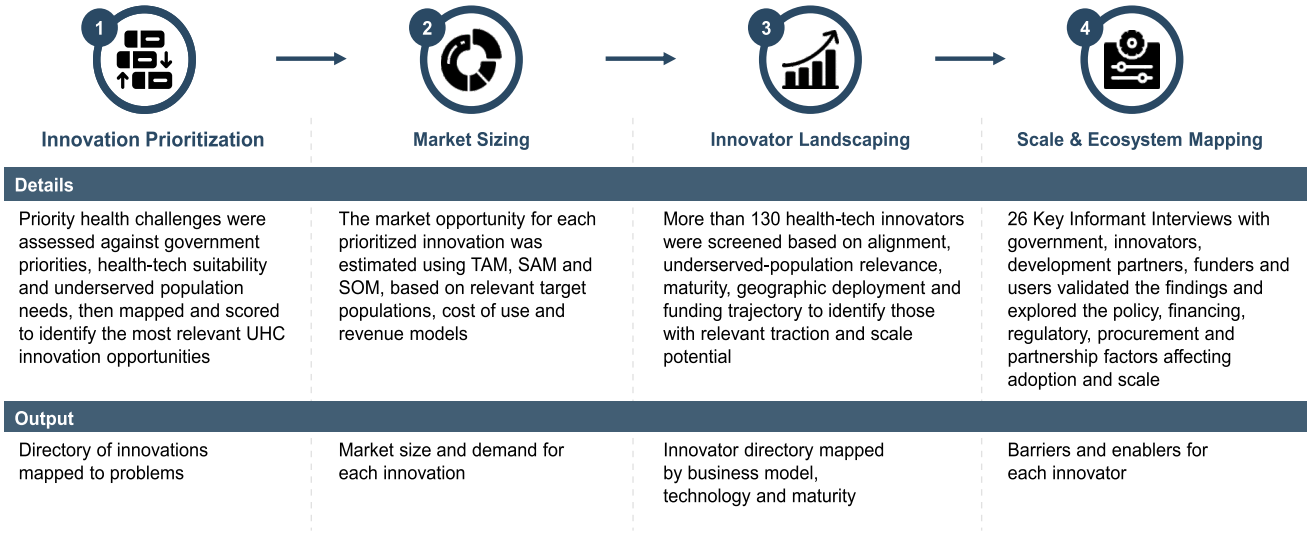


Figure 6. Four-step framework adopted for the UHC Health-Tech Landscape Assessment

The **Innovation Prioritization** exercise applied a structured filtering and scoring process to identify health-tech solutions with the greatest potential to accelerate Universal Health Coverage in Nigeria. Priority health system challenges were first filtered based on their suitability for health-tech intervention, alignment with government priorities, and relevance to underserved populations. These challenges were subsequently mapped to appropriate innovation categories using the WHO Digital Implementation Investment Guide (DIIG), after which each innovation was scored against agreed criteria, including potential population impact, likelihood of addressing the identified problem, and importance to ecosystem stakeholders. The highest-scoring innovations progressed for further analysis.

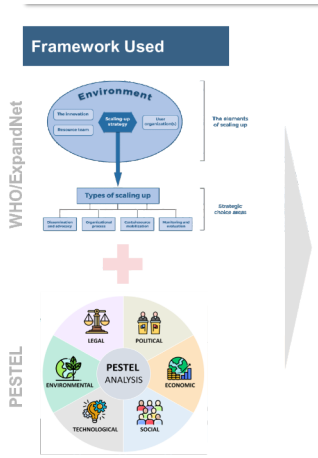
The **Market Sizing** analysis assessed the commercial opportunity associated with each prioritized innovation by estimating the Total Addressable Market (TAM), Serviceable Addressable Market (SAM), and Serviceable Obtainable Market (SOM). The analysis involved defining the primary user segment for each innovation, estimating the annual cost of use, and applying appropriate revenue models to generate national market estimates for each prioritized innovation using UHC-aligned target populations, implementation assumptions, and innovation-specific revenue models.

Methodological Note on Market Sizing

The market sizing analysis was undertaken through a Universal Health Coverage (UHC) lens and therefore focused on underserved population segments most relevant to each innovation category, including primary healthcare facilities, informal sector workers, and urban slum populations. As a result, the estimates presented in this report represent **UHC-aligned market opportunities rather than the full commercial market potential**, which would likely be substantially larger if broader population groups and higher levels of care were included.

The **Innovator Landscaping** exercise identified and profiled health-tech companies operating within the prioritized solution areas through a structured multi-stage screening process. Over 130 innovators were initially sourced from innovation databases and directories before being assessed against criteria including alignment with the prioritized innovation areas, relevance to underserved populations, organizational maturity, geographic deployment, and funding trajectory. The screening process culminated in the identification of innovators with demonstrated traction and readiness for deployment and scale.

Finally, **26 Key Informant Interviews (KIIs) were conducted with representatives from government institutions, health-tech innovators, development partners, funders, and user organizations** using structured discussion guides informed by the WHO/ExpandNet framework for innovation scalability and the PESTEL framework for ecosystem assessment. Participants were purposively selected based on their expertise, institutional roles, and direct involvement in health innovation, digital health implementation, financing, regulation, or healthcare service delivery to ensure a diverse range of perspectives across the ecosystem. The interviews served as the final stage of the assessment, validating findings from the preceding analyses while generating deeper insights into the policy, financing, procurement, regulatory, partnership, and institutional factors influencing health-tech adoption and scale in Nigeria.



	WHO/ExpandNet			WHO/ExpandNet and PESTEL
Focus area	**Innovators**	**Government & Regulators**	**Donors/Investors**	**User Organizations**
Innovation and UHC Alignment	✓	✓	✓	✓
Scale Trajectory and Business Model	✓			
User Experience				✓
Adoption and Demand	✓	✓	✓	✓
Policy, Regulation and Procurement	✓	✓	✓	✓
Evidence, Impact and Learning	✓	✓	✓	✓
Financing and Sustainability	✓	✓	✓	✓
Ecosystem Enablers and Barriers	✓	✓	✓	✓

Figure 7. Key Informant Interview framework used to validate assessment findings and identify ecosystem conditions for sustainable scale

Together, the stakeholder alignment workshop and the four-step analytical framework provide the evidence base for the findings and strategic priorities presented in this report. Additional methodological details, including the innovation prioritization framework, market sizing assumptions, and Key Informant Interview (KII) stakeholder overview, are provided in the Appendices.

1.6 Assessment Limitations

The findings presented in this report should be interpreted within the scope of the assessment design. The innovator mapping exercise was intended to identify a representative pipeline of innovators within the prioritized solution areas and was not designed to provide an exhaustive inventory of Nigeria's health-tech ecosystem. Similarly, the qualitative findings are based on purposively selected Key Informant Interviews (KIIs) with representatives from government, innovators, development partners, funders, and user organizations, and therefore may not fully reflect the perspectives of all ecosystem actors.

In particular, the assessment did not include direct interviews with patients or community representatives, and consequently does not explicitly capture end-user experiences or community perspectives on health-tech adoption.

Furthermore, the innovation prioritization process was informed through structured stakeholder engagement and multi-criteria scoring. As such, the resulting rankings reflect the collective perspectives and current priorities of ecosystem stakeholders rather than an independent or objective measure of innovation performance. These priorities may evolve over time as health system needs, policy priorities, market conditions, and implementation experience change.

Despite these limitations, the assessment triangulates evidence from stakeholder consultations, market analysis, innovator mapping, and qualitative interviews to provide a robust evidence base for identifying priority opportunities and strategic actions to strengthen health-tech adoption and scale in Nigeria.

2. Key Findings

Nigeria's health-tech ecosystem has reached an important stage of maturity, characterized by a growing pipeline of innovative solutions, expanding commercial opportunities, and an increasing number of innovators capable of supporting health system transformation. The assessment demonstrates that the challenge facing the ecosystem is no longer the absence of innovation, but rather the enabling conditions required to support government adoption and sustainable scale.

Drawing on innovation prioritization, market sizing, innovator mapping, and key informant interviews, the findings presented in this section provide a comprehensive understanding of both the opportunities and ecosystem conditions shaping the future of health-tech innovation in Nigeria.

2.1 Priority Health-Tech Solutions for Universal Health Coverage

The innovation prioritization exercise identified **five health-tech solutions with the strongest potential to accelerate progress towards Universal Health Coverage (UHC) in Nigeria**. The assessment applied a structured multi-criteria framework that considered alignment with national health priorities, potential population impact, implementation feasibility, and the ability of innovations to address persistent health system bottlenecks affecting underserved populations. **Order and Inventory Management Systems, Biometric Attendance Systems, Micro-insurance Platforms, Telehealth Kiosks, and Electronic Health Records** emerged as the highest-ranking innovations because they consistently performed strongly across these criteria while demonstrating significant potential for scalable implementation and system-wide impact.

(A detailed description of the innovation prioritization methodology and scoring framework is provided in Appendix A).

Government Priority Areas	Health financing expansion	PHC revitalization	Last-mile supply chain strengthening	Integrated service delivery	Data & analytics systems	Community engagement

	Priority Innovation	Challenges addressed	Government Priority Areas Addressed	Why It Matters for UHC
1	Order and inventory management Systems	▪ Frequent stockout of drugs ▪ Inefficient procurement planning (no real-time visibility)		Improves availability of medicines and reduces service disruption at PHC level
2	Biometric Attendance Systems	▪ High absenteeism among health workers ▪ Uneven distribution of health workers		Strengthens workforce reliability and improves service delivery consistency
3	Micro-insurance Platforms	▪ Low health-insurance enrolment ▪ High out-of-pocket payments		Expands financial protection for informal and low-income populations
4	Telehealth Kiosks	▪ Poor access to health facilities ▪ Shortage of qualified health workers		Extends access to care in underserved and remote communities
5	Electronic Health Records	▪ Low continuity of medical history ▪ Weak referral linkages between PHCs and higher facilities causing treatment delays		Enables coordinated care and improves clinical decision-making

Figure 8. Five priority health-tech solutions identified through the assessment

Each innovation responds directly to a critical health system challenge while supporting one or more government priority areas. Order and Inventory Management Systems improve medicine availability and procurement planning by providing real-time visibility into commodity consumption and stock levels. Biometric Attendance Systems strengthen workforce accountability and improve service delivery consistency by reducing absenteeism and improving workforce monitoring.

Micro-insurance Platforms with USSD enrollment address persistently low health insurance coverage and high out-of-pocket expenditure by expanding financial protection for informal and low-income populations. Telehealth Kiosks improve access to healthcare services in underserved communities where shortages of qualified health workers and physical health infrastructure continue to limit service availability. Electronic Health Records integrated with Health Information Exchange functionality improve continuity of care by strengthening patient information management and referral coordination across different levels of the health system.

Collectively, these innovations support government priorities relating to health financing expansion, primary healthcare revitalization, integrated service delivery, community engagement, last-mile supply chain strengthening, and data and analytics systems. Beyond their individual contributions, they demonstrate the growing ability of digital health technologies to address systemic health system constraints while improving efficiency, access, and quality of healthcare delivery.

2.2 Market Demand and Innovator Landscape

Following innovation prioritization, the assessment examined the market opportunity for each priority innovation at both the national level and across the three priority states of Kaduna, Kano, and Lagos. The national analysis provides a strategic view of the overall opportunity for accelerating Universal Health Coverage (UHC) through health-tech innovation, while the state-level analysis offers a more detailed assessment of implementation opportunities within the project's priority geographies. Together, these complementary analyses provide a balanced understanding of both the scale of opportunity across Nigeria and the contexts in which deployment efforts can be most effectively pursued.

The market sizing analysis was intentionally designed to estimate market opportunities for accelerating Universal Health Coverage (UHC) rather than forecast commercial market penetration. Accordingly, the Serviceable Obtainable Market (SOM) represents the portion of the serviceable market that remains immediately addressable under the technology and implementation assumptions adopted for each innovation category. For example, the analysis of Inventory Management and Biometric Attendance Systems was based on offline-capable solutions that require minimal supporting infrastructure, whereas the analyses for Electronic Health Records and Telehealth Kiosks explicitly account for infrastructure dependencies such as reliable electricity and digital connectivity. Unlike conventional commercial market sizing, the estimates do not incorporate assumptions relating to competitive market share or future customer acquisition.

(Detailed market sizing assumptions, estimation methodology, and calculation frameworks are provided in Appendix B).

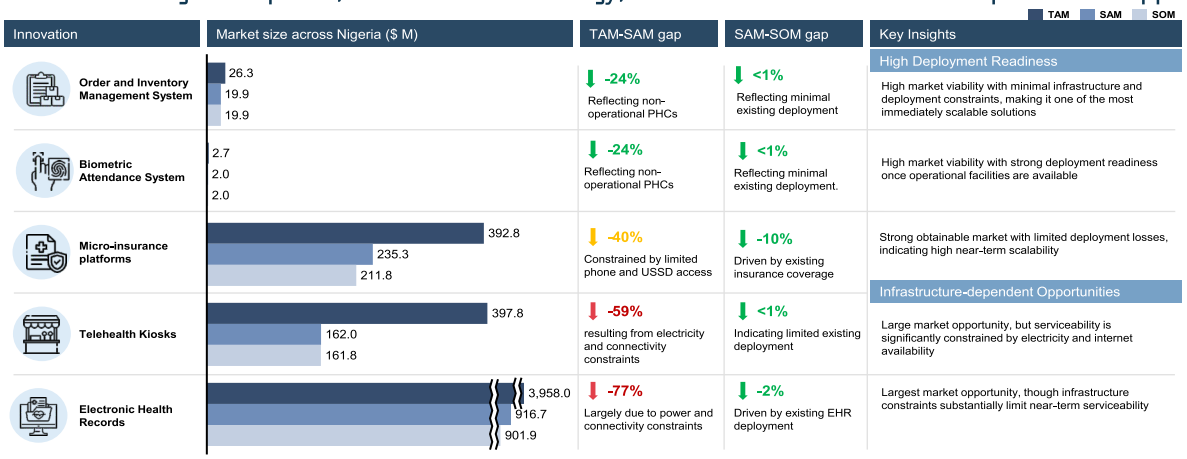


Figure 9. National Market Opportunity Across Priority Health-Tech Innovations in Nigeria

The national market sizing analysis demonstrates that Order and Inventory Management Systems, Biometric Attendance Systems, and Micro-insurance Platforms exhibit the strongest near-term scale potential. Order and Inventory Management Systems **(TAM: US$26.3 million; SOM: US$19.9 million)** and Biometric Attendance Systems **(TAM: US$2.7 million; SOM: US$1.9 million)** experience only marginal reductions between the Serviceable Addressable Market (SAM) and Serviceable Obtainable Market (SOM), reflecting their offline-capable design and limited infrastructure requirements. Micro-insurance Platforms similarly present a strong near-term opportunity, with a Total Addressable Market (TAM) of US$392.8 million and a Serviceable Obtainable Market (SOM) of US$211.8 million, indicating relatively limited deployment constraints once serviceability requirements are met.

By contrast, Telehealth Kiosks and Electronic Health Records (EHRs) integrated with Health Information Exchange (HIE) functionality exhibit substantially larger market opportunities but experience significant reductions between their Total Addressable Markets (TAM) and Serviceable Addressable Markets (SAM). Telehealth Kiosks **(TAM: US$397.8 million; SAM: US$162.0 million)** and Electronic Health Records **(TAM: US$4.0 billion; SAM: US$916.7 million; SOM: US$901.9 million)** are primarily constrained by electricity supply and digital connectivity rather than market demand. While both innovations remain strategically important for strengthening primary healthcare delivery and digital health systems, realizing their full market potential will require complementary investments in enabling infrastructure and implementation support.

While the national market sizing provides a strategic perspective on the overall opportunity for accelerating UHC across Nigeria, implementation efforts under this assessment were intentionally focused on Kaduna, Kano, and Lagos States. These states were selected to reflect diverse demographic, health system, and market contexts, enabling a more detailed assessment of how market opportunities vary across different operating environments. Examining these priority geographies provides practical insights into where health-tech innovations can be deployed most effectively in the near term and highlights state-specific differences that may inform implementation and investment decisions.

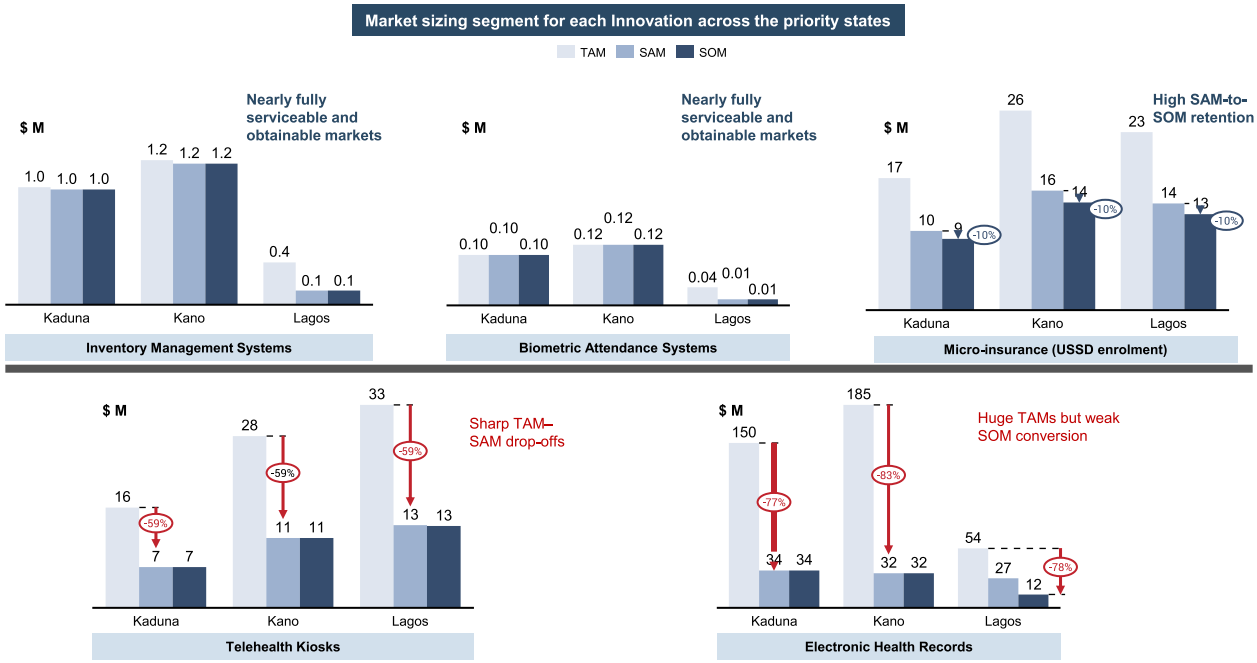


Figure 10. Market Opportunity Across Priority Health-Tech Innovations in Kaduna, Kano, and Lagos States

The state-level market sizing analysis reinforces the national findings while highlighting important differences across Kaduna, Kano, and Lagos States. Inventory Management Systems, Biometric Attendance Systems, and Micro-insurance Platforms consistently exhibit strong deployment potential, with minimal reductions between the Serviceable Addressable Market (SAM) and Serviceable Obtainable Market (SOM). This indicates high market viability once serviceability requirements are met.

By contrast, Telehealth Kiosks and Electronic Health Records (EHRs) experience substantial reductions between their Total Addressable Markets (TAM) and Serviceable Addressable Markets (SAM), reflecting infrastructure constraints such as electricity and internet connectivity across all three states. However, the minimal reductions between SAM and SOM suggest that once these enabling conditions are in place, most of the serviceable market remains immediately obtainable.

Taken together, the national and state-level analyses demonstrate that Nigeria presents substantial opportunities for scaling priority health-tech innovations. While the national assessment highlights the overall magnitude of the opportunity, the priority state analysis illustrates how these opportunities differ across implementation contexts. This reinforces the importance of combining nationally coordinated policies with state-responsive implementation strategies to accelerate the adoption and scale of health-tech innovations.

The assessment further demonstrates that Nigeria's health-tech ecosystem already possesses a strong pipeline of innovators capable of responding to these opportunities.

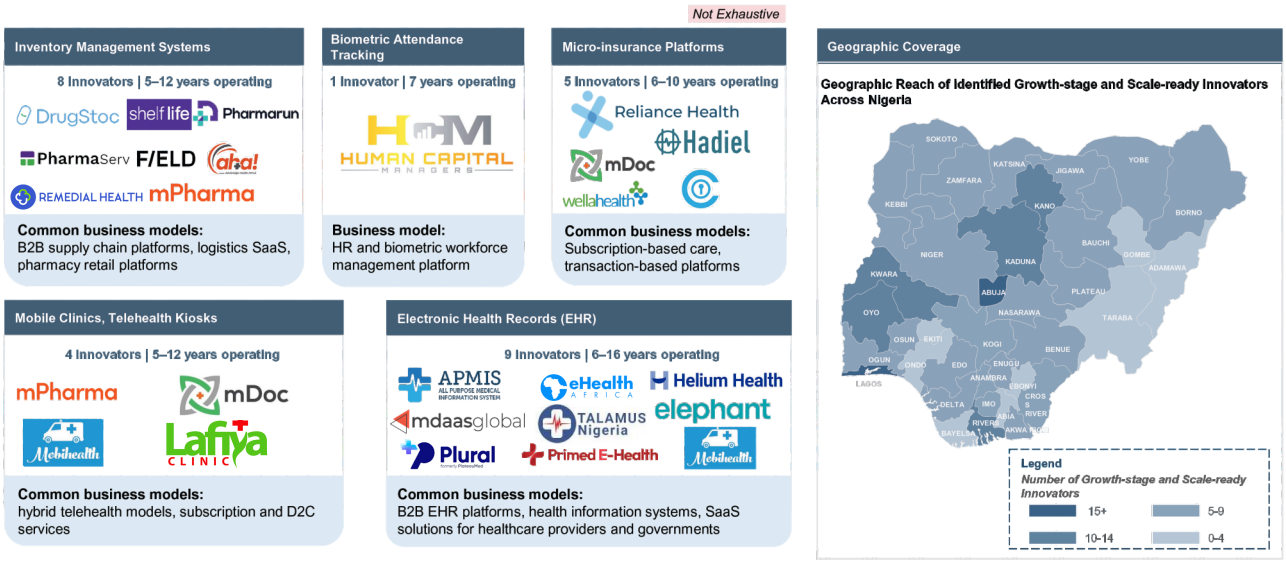


Figure 11. Nigeria's health-tech ecosystem contains a growing pipeline of growth-stage and scale-ready innovators

Across the five priority innovation areas, the assessment identified a non-exhaustive pipeline of **24 growth-stage and scale-ready innovators** operating across supply chain management, workforce management, digital insurance, telehealth, and electronic health records.

As shown in Figure 12, these innovators emerged through a structured multi-stage screening process that assessed solution alignment, deployability, and organizational maturity. While the mapping was not intended to capture every health-tech company operating in Nigeria, it demonstrates the breadth and maturity of innovators already supporting priority health system functions.

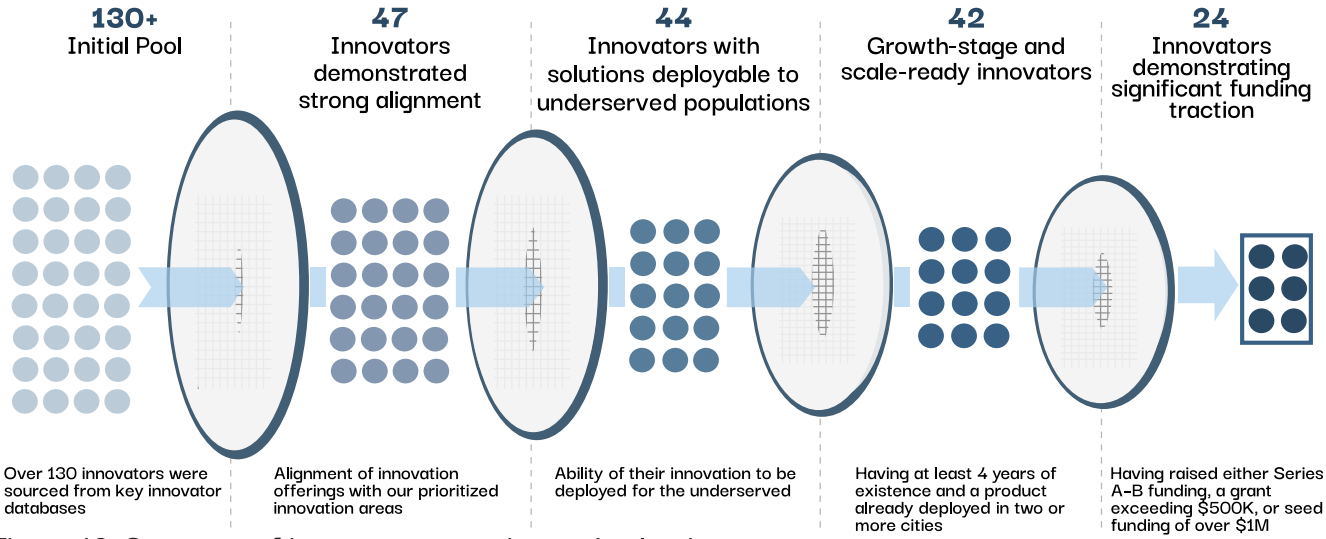


Figure 12. Summary of innovator screening and selection process

The geographic distribution of innovators further illustrates the growing depth of Nigeria's digital health ecosystem. Innovators are increasingly present across multiple geopolitical zones, with particularly strong concentrations in Lagos and growing representation across northern and southern Nigeria. This geographic spread indicates that innovation capacity is no longer limited to isolated urban centres but is increasingly supporting broader ecosystem development across the country.

Taken together, the market sizing and innovator mapping analyses suggest that Nigeria's health-tech ecosystem has progressed beyond isolated innovation pilots and now possesses both the market opportunity and implementation capacity required for large-scale deployment. The principal challenge therefore lies not in generating new innovations but in creating the enabling conditions necessary to support sustainable government adoption and ecosystem-wide scale.

2.3 Ecosystem Readiness for Health-Tech Scale

To complement the innovation prioritization, market sizing, and innovator mapping exercises, the assessment conducted Key Informant Interviews (KIIs) with representatives from government institutions, health-tech innovators, development partners, funders, and user organizations. The interviews explored **eight focus areas** designed to assess both the readiness of existing innovations for scale and the broader ecosystem conditions required to sustain long-term adoption.

(Further information on the stakeholder groups engaged and the thematic areas explored during the KIIs is provided in Appendix C).

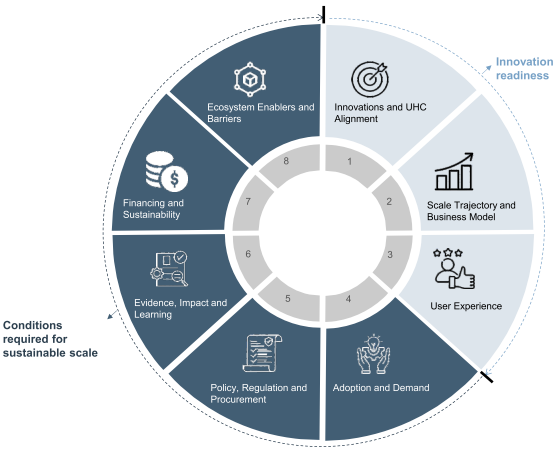


Figure 13. Framework for Assessing Ecosystem Readiness for Health-Tech Scale

As illustrated in Figure 13, the assessment framework distinguishes between **Innovation Readiness**, which examines whether existing innovations are aligned with health system priorities, commercially mature, and operationally viable, and **Conditions Required for Sustainable Scale**, which explores the policy, financing, procurement, evidence, and ecosystem factors that influence large-scale adoption and institutionalization. Together, these focus areas provide a structured lens for understanding both the strengths of Nigeria's health-tech ecosystem and the systemic barriers that continue to constrain scale.

2.3.1 Innovation Readiness

The assessment explored three dimensions of innovation readiness to understand the extent to which existing health-tech innovations are aligned with Nigeria's Universal Health Coverage (UHC) priorities, demonstrate commercial maturity, and generate operational value within healthcare settings. Together, these findings suggest that the ecosystem increasingly possesses solutions that are both relevant and deployable, with the remaining challenge centred on enabling sustainable scale.

A. Innovations and UHC Alignment

Assessment Question: Are health-tech innovations addressing priority health system challenges and serving underserved populations?

Key Insights

Health-tech innovations are addressing priority UHC challenges across service delivery, health workforce effectiveness, and financial protection. All innovator respondents described solutions that respond to identified health-system priorities, indicating strong alignment between the innovation pipeline and the challenges underpinning Nigeria's UHC agenda. Government stakeholders similarly recognized these areas as central to health-system priorities, reinforcing the relevance of the solutions assessed.

> *"We are transforming clinic health disease management and improving self-care... This addresses service delivery"*
> **Innovator**

Many of the solutions incorporate an explicit focus on reaching underserved populations. Most innovators described solutions designed to improve access for populations that may otherwise face geographic or socioeconomic barriers to healthcare.

> *"The solution is about leveraging technology to improve access to healthcare for everyone regardless of your geographical location or socioeconomic status"*
> **Innovator**

The alignment of these solutions with government priorities is reinforced by their perceived potential for scalable health impact and investment. Government respondents identified service delivery and health-system data as key priorities, while funders and investors highlighted challenges such as the health workforce as significant and investable opportunities. This convergence validates the prioritization of these solution areas to address government priorities.

> *"I think that there are two that come to mind... the healthcare worker challenge, because that is a clear and present issue... how do you leverage your healthcare workers that you have? ...very investable"*
> **Funder/Investor**

B. Scale Trajectory and Business Model

Assessment Question: What is the commercial maturity of health-tech startups in Nigeria's UHC ecosystem, and can they sustain operations without continuous external support?

Key Insights

Health-tech innovators demonstrate strong commercial maturity and evidence of expansion beyond the proof-of-concept stage. All innovators reported operating across multiple Nigerian states, with several extending their activities into other African markets. This indicates that the assessed pipeline comprises solutions with established operating models and demonstrated capacity to expand beyond initial markets.

> *"We have supported over 160,000 members through our Health platform... we are in over 32 states in Nigeria because we are digital.... we have also scaled to train healthcare workers in Ghana and Kenya"*
> **Innovator**

Innovators are using diversified revenue models and strategic partnerships to support financial sustainability and extend access to underserved populations. Commercial revenues and cross-subsidization models allow innovators to maintain affordable offerings for rural and underserved communities, while partnerships help extend reach and strengthen their operating models. This suggests that sustainability is increasingly being built into the business models of mature innovators rather than relying solely on external funding.

> *"We made it affordable because we know it's a rural axis... we're using more of the resources from the urban axis to fund what's happening in the rural communities"*
> **Innovator**

Despite their commercial maturity, innovators face significant challenges in engaging the public sector, limiting their ability to achieve population-level impact. Stakeholders identified the public sector as the most important pathway for reaching scale, but innovators continue to face difficulties navigating government procurement and payment systems. Limited understanding of public-sector economics further constrains the ability of commercially viable solutions to translate into broad health-system adoption.

> *"If you really want to maximize impact as a social enterprise...you would still need to go into the public sector, and right now... there are very, very few, I can literally count it on my fingers those that really understand how to unlock the public sector economics"*
> **Funder/Investor**

C. User Experience and Operational Fit

Assessment Question: How do facilities experience the implementation of health-tech solutions, and what operational factors enable or hinder sustained use?

Key Insights

Digital integration at the facility level is generating tangible improvements in operational efficiency and data quality. All user organisations reported that successful implementation of digital health solutions reduced patient waiting times, improved the availability and quality of health information, and minimized revenue leakage.

These experiences demonstrate the potential for well-integrated digital tools to address practical operational inefficiencies within health facilities.

> *"It has shortened the time, the waiting time of our [patients]... the time wasted searching for their case notes... carrying their case note around... has been cut out by sending everything real-time, online"*
>
> **User organization**

Training and capacity building are critical to ensuring that users can confidently adopt and sustain digital health solutions. Beyond deploying the technology itself, facilities need users who understand how to operate the tools and feel comfortable incorporating them into their routines. Without adequate training, uncertainty and fear of making mistakes can undermine uptake and limit the value of otherwise suitable solutions.

> *"Training is the single most important factor. If you don't train someone, they are afraid to use a tool, afraid to make mistakes, and afraid to explore"*
>
> **User organization**

Infrastructure constraints remain a significant threat to the reliability and sustained use of digital health solutions. Power outages, poor connectivity, and system breakdowns can interrupt access to digital tools and prevent facilities from consistently integrating them into daily workflows. These constraints can ultimately undermine user confidence and create frustration, particularly where facilities lack the infrastructure required for reliable digital operations.

> *"It is unsuccessful in areas where there are no tools, no electricity, or where systems break down and people cannot log in"*
>
> **User organization**

Key Takeaway

The innovation-focused assessment demonstrates that health-tech innovations are increasingly aligned with priority health system needs, commercially maturing, and delivering measurable operational value in real-world settings. The principal challenge has therefore shifted from proving solution viability to creating the ecosystem conditions required for sustainable adoption and large-scale deployment.

2.3.2 Conditions Required for Sustainable Scale

While innovation readiness is increasingly evident across Nigeria's health-tech ecosystem, the assessment finds that sustainable scale will depend on strengthening the broader enabling environment rather than developing additional technologies. Stakeholder consultations explored five ecosystem domains that influence innovation adoption and long-term institutionalization, highlighting both persistent barriers and emerging enablers for scale.

A. Adoption and Demand

Assessment Question: What enablers and barriers influence the adoption of health-tech solutions, and what signals indicate that a solution is ready for the market?

Barriers to Scale

Adoption depends too heavily on individual champions.
Adoption often slows or collapses when government champions leave or priorities shift, making reliance on individual leadership a vulnerability to sustained uptake. Embedding ownership within institutions can help ensure that adoption continues beyond individual champions and changes in leadership.

Procurement systems are not designed for digital solutions.
Innovators cited existing procurement processes as a critical barrier to adoption, with conventional systems often prioritizing low-cost commodity purchases over digital innovations. This creates a mismatch between current procurement approaches and the characteristics of health-tech solutions.

> *"Our procurement process is not an innovation procurement process. When a company like mine shows up, nobody wants to hear technology; they want to hear the cheapest price for paracetamol"*
> **Innovator**

Enablers to Scale

Leadership buy-in accelerates adoption.
Strong government leadership and endorsement can significantly accelerate procurement and integration of health-tech solutions. Funder and investor respondents emphasized that government leadership is particularly important for creating the institutional conditions needed for innovations to progress toward adoption.

> *"If you don't have the leadership buy-in, you're not going anywhere. And in this case, the leadership will be the government"*
> **Funder/Investor**

Workflow fit and ease of use reduce resistance.
Workflow fit and ease of use emerged as important drivers of uptake across stakeholder groups. Solutions that are simple, user-friendly, and compatible with existing ways of working are more likely to gain acceptance and become integrated into routine practice.

> *"It must be user-friendly because we have many people in the civil service who are not young and are slow to take up new technology. Ease of use is simple but critical"*
> **User Organization**

Demonstrated demand builds institutional confidence.

Government respondents highlighted clear value as an important factor influencing adoption. Demonstrating that a solution responds to a clear need and delivers tangible value can therefore strengthen confidence among decision-makers and support progression toward wider uptake.

> *"Definitely the number one factor would be a clear value. ... clear value is definitely one of the factors that affects adoption of such innovations"*
> **Government**

B. Policy, Regulation and Procurement

Assessment Question: What legal, regulatory, and administrative factors enable or hinder the transition of health-tech solutions from pilot to national scale?

Barriers to Scale

Lack of adoption pathways limits scale-up.

Many successful pilots fail to progress to scale because formal government pathways for adopting health-tech solutions are not clearly established. Without predictable routes from piloting to government adoption, innovations can struggle to transition from demonstrated value to broader health-system integration.

> *"Nigeria does not lack health tech innovation; what we lack is predictable pathways from innovation to government adoption and scale"*
>
> **Innovator**

Weak implementation limits digital health policy effectiveness.

Nigeria's digital health policy environment is constrained by weak implementation and limited sub-national domestication. While national-level policies and discussions provide direction, gaps in translating these into action at state and local levels limit their ability to support sustained adoption.

> *"...it's one thing to have those discussions at the national level, then at the states, everything just is hanging in the air. And in that, at sub-national level, that's where the work happens"*
>
> **Funder/Investor**

Political transitions disrupt continuity.

Changes in leadership can disrupt procurement priorities, relationships, and budget commitments, creating uncertainty around the continuity of health-tech initiatives. This can make it difficult for innovations to maintain momentum as political and institutional priorities change.

Enablers to Scale

Government co-design strengthens institutional ownership.

Early government involvement in the design and development of health-tech solutions can improve alignment with government priorities and strengthen institutional ownership. Co-creation also provides an opportunity to build stakeholder commitment from the outset and support continuity beyond individual projects.

> *"In those partnerships, there should be co-creation.. The government should be involved in the creation, the development partners... should also be part of the co-creation"*
>
> **Government**

Regulatory sandbox mechanisms support innovation testing.

Regulatory sandboxes can provide a controlled environment for innovators to test and validate solutions before wider deployment. Government respondents highlighted this approach as a way to create a safer pathway for assessing innovative technologies within existing regulatory requirements.

> *"Government needs to create a testing environment—a sandbox... so folks can come in and test their brilliant innovation against them"*
>
> **Government**

C. Evidence, Impact and Learning

Assessment Question: What types of evidence are required to convince stakeholders to adopt or invest in health-tech solutions, and what evidence do innovators currently possess?

Barriers to Scale

Operational data is not translating into outcome evidence.

Innovators generate substantial operational data, but limited translation into evidence on health outcomes constrains its use in investment and procurement decisions. Strengthening the link between operational performance and measurable health outcomes can therefore help demonstrate the broader value of innovations.

> *"We track impact primarily through operational performance data generated by the systems themselves... changes in commodity availability, reductions in stock-outs, improvements in planning efficiency"*
>
> **Innovator**

Enablers to Scale

Health outcome evidence accelerates adoption.

Evidence demonstrating tangible health outcomes, such as lives reached or diseases prevented, can strengthen the case for government adoption. Decision-makers require evidence that innovations are delivering meaningful improvements beyond implementation activity or usage metrics.

> *"The most important is the reach. Any government wants to see the specific numbers of people that have embraced the innovation. Coverage and reach are what they look for"*
>
> **Government**

Cost-effectiveness evidence strengthens investment decisions.

Evidence of value for money can increase willingness among funders and institutions to commit resources to health-tech solutions. Demonstrating that an innovation achieves meaningful outcomes efficiently can strengthen both the investment case and institutional support for scale.

> *"Is this saving lives? Is it health now? We're talking about human lives... we need to be able to tie it to outcome, not outputs. Not oh we trained 100 workers... We need to be sure that we're measuring the right things"*
>
> **Funder/Investor**

D. Financing and Sustainability

Assessment Question: What financing mechanisms effectively support the scale of health-tech solutions, and what financial barriers hinder their transition to sustainable revenue?

Barriers to Scale

No dedicated government budget for digital health.

Respondents highlighted limited government financing mechanisms to sustain health-tech solutions beyond donor support. Without dedicated public funding, innovations may struggle to transition from externally supported programmes into sustainable components of the health system.

> *"Government should dedicate some sort of innovation financing that is tied directly to universal health coverage targets to encourage youngsters to go out there and think"*
>
> **Innovator**

High commercial interest rates constrain growth financing.

Commercial debt remains expensive for health-tech innovators, limiting their ability to access financing required for sustainable growth. High borrowing costs can particularly constrain innovators seeking to expand operations without relying on continued grant support.

Enablers to Scale

Blended finance unlocks private capital.

Blending grants, concessional debt and equity can reduce investment risk and make health-tech opportunities more attractive to private investors. This can help address the financing gap between grant-funded innovation and commercially sustainable scale.

> *"Health innovation needs patients, patient capital. So, what is advisable is to blend it... patient equity... there needs to be a blend of short-term and long-term"*
>
> **Funder/Investor**

Catalytic grant funding enables early-stage development.

Milestone-based grants can help innovators progress through early development and generate the evidence or traction needed to unlock further investment. This positions grant funding as a catalyst for growth rather than a long-term substitute for sustainable revenue.

Government procurement acts as a demand guarantee.

Government commitment to procure proven solutions can provide greater certainty around demand, helping reduce investor risk and strengthen confidence in financing health-tech innovations. A clearer pathway from demonstrated value to government purchasing could therefore support more sustainable scale.

> *"One change would be to treat digital health systems or core public infrastructure rather than just donor-funded projects. When digital platforms are embedded in government budgets, procurement systems, and adoption becomes sustainable and solutions scale naturally"*
>
> **Innovator**

E. Ecosystem Enablers and Barriers

Assessment Question: What broader ecosystem conditions are required for health-tech solutions to scale beyond the capabilities of individual innovations?

Barriers to Scale

Fragmented systems limit continuity and visibility of care.
Poor interoperability across digital systems can result in siloed data, duplicated patient records, and limited visibility across platforms. These fragmentation challenges reduce the ability of health-tech solutions to operate as part of a connected health system and can constrain continuity of care.

Weak infrastructure constrains deployment.
Unreliable power supply and poor connectivity continue to undermine the adoption and sustained use of digital health solutions. These infrastructure limitations can disrupt system availability and make it difficult for facilities and users to consistently integrate digital tools into routine operations.

Talent shortages limit ecosystem scale capacity.
Brain drain and broader workforce shortages reduce the ecosystem's capacity to support rapid expansion. Limited availability of the technical and operational skills required to deploy, manage and sustain digital solutions can therefore constrain the ability of innovations to scale effectively.

Enablers to Scale

Multi-stakeholder partnerships accelerate scale.
Partnerships across government, innovators, funders and user organisations were identified as important to ecosystem growth. These relationships can bring together complementary capabilities, including technical expertise, financing, government access and implementation capacity, to support the expansion of health-tech solutions.

> *"Partnerships are very essential...one of our cross-cutting enablers is partnership in collaboration because we understand the need for stakeholder engagement from very zero. Governments provide the policy direction and the scale platform. Innovators are the gurus providing the technical agility and technology. Funders provide catalytic capital"*
> **Government**

Training and capacity building strengthen adoption.
Continuous workforce support improves the ability of facilities and government actors to use and sustain digital tools. User organisations emphasized the importance of training in building confidence and reducing resistance to technology adoption.

> *"Training is the single most important factor. If you don't train someone, they are afraid to use a tool, afraid to make mistakes, and afraid to explore"*
> **User Organization**

Ecosystem intermediaries improve coordination.
Platforms such as i3 can help reduce information and coordination gaps by improving visibility across ecosystem actors and connecting innovators with relevant stakeholders. This can also reduce investment risk by making opportunities more visible to potential funders.

> *"I think a platform like i3 can position as a connector, make this product visible, but also make the products visible to the funders... and document evidence around things that have been worked so that new investments can be more attracted"*
> **Funder/Investor**

Key Takeaway

The assessment demonstrates that Nigeria's health-tech ecosystem has matured beyond the challenge of innovation generation. Across the innovation prioritization, market analysis, innovator mapping, and stakeholder consultations, evidence consistently points to the existence of high-potential solutions, significant market opportunities, and a growing pipeline of deployment-ready innovators capable of addressing critical health system challenges and advancing Universal Health Coverage (UHC).

However, the findings also reveal that the primary constraint to scale is no longer the availability of innovative solutions, but the ecosystem conditions required to support their adoption and institutionalization. Many promising innovations continue to struggle to transition from successful pilots to sustained, system-wide deployment due to fragmented government engagement pathways, procurement barriers, limited financing mechanisms, weak evidence translation, and insufficient ecosystem coordination.

As a result, a sustainable health-tech scale will depend less on the strength of individual innovations and more on the ability of the broader ecosystem to create the conditions necessary for coordinated adoption, long-term implementation, and institutional integration. Strengthening these enabling conditions will be critical to unlocking the full potential of health-tech innovation and accelerating progress towards Universal Health Coverage in Nigeria.

3. Strategic Priorities

The findings from this assessment indicate that Nigeria's health-tech ecosystem is no longer constrained by the availability of innovative solutions or entrepreneurial capacity. Rather, the principal barriers to scale lie within the broader ecosystem conditions that govern innovation adoption, financing, procurement, evidence generation, and coordination. Addressing these systemic constraints will be critical to enabling promising health-tech innovations to transition from isolated pilots into institutionalized solutions that strengthen health system performance and accelerate progress towards Universal Health Coverage (UHC).

Drawing on evidence from innovation prioritization, market sizing, innovator mapping, and stakeholder consultations, the assessment identifies **five strategic priorities** that collectively strengthen the enabling environment for health-tech adoption and scale.

3.1 Build Structured Adoption Pathways

The assessment highlights the need for structured mechanisms that connect government demand with innovation supply. Although a growing number of health-tech innovators are developing solutions aligned with government priorities, there remains no centralized mechanism through which ministries, departments, and agencies can systematically identify credible innovators, understand available solutions, and engage them for procurement or deployment opportunities.

Establishing a centralized government-innovator engagement platform would create a more transparent and coordinated adoption pathway while simultaneously helping innovators better understand government priorities, institutional mandates, sector strategies, and relevant policy frameworks. Such a platform would reduce information asymmetry, improve visibility of credible innovations, and strengthen government capacity to identify deployment-ready solutions that address priority health system challenges.

Expected outcome: Government institutions have a transparent and structured mechanism for identifying, assessing, and adopting credible health-tech innovations aligned with national priorities.

3.2 Enable Value-Based Procurement and Adoption

Procurement systems play a critical role in determining whether innovations transition from successful pilots into sustained government deployment. However, existing procurement processes remain largely designed for traditional commodities and services, creating significant barriers for digital health innovators seeking to engage the public sector.

Supporting government agencies to develop innovation-friendly procurement approaches while strengthening innovators' understanding of procurement requirements would improve participation in public-sector opportunities and encourage procurement decisions that prioritize long-term value, implementation outcomes, and system impact rather than lowest-cost purchasing alone. This would create clearer pathways for integrating innovative solutions into routine government service delivery.

Expected outcome: Procurement systems increasingly prioritize health outcomes, interoperability, and long-term value alongside cost considerations.

3.3 Establish Sustainable Financing Mechanisms

One of the most significant constraints identified through the assessment is the absence of sustainable financing mechanisms capable of supporting health-tech innovations beyond donor-funded pilots. Many promising solutions struggle to secure the long-term financing required for deployment and scale, while government financing commitments for digital innovation remain limited.

Developing blended financing structures that combine catalytic funding, government budget commitments, and private-sector investment would help bridge this financing gap and enable proven innovations to transition from short-term pilots into sustained procurement, deployment, and scale within the public health system. Such mechanisms would provide innovators with greater financial certainty while reducing investment risk and encouraging long-term ecosystem growth.

Expected outcome: Sustainable blended financing mechanisms enable proven innovations to transition from donor-supported pilots to long-term deployment.

3.4 Strengthen Evidence Translation

Although many innovators generate significant operational and implementation data, relatively little of this evidence is translated into standardized decision-making tools capable of informing procurement and investment decisions. Consequently, government agencies and funders often lack the evidence required to confidently adopt or finance promising innovations.

Strengthening evidence translation mechanisms would support the development of procurement-ready evidence packages, standardized investment cases, and implementation guidance that communicate both health impact and value for money. Translating operational learning into decision-grade evidence would improve government confidence, strengthen investment decisions, and accelerate the adoption of high-impact health technologies.

Expected outcome: Government and investors have access to decision-grade evidence that strengthens procurement and investment decisions.

3.5 Improve Ecosystem Coordination

The assessment consistently identifies fragmented coordination as a major constraint to sustainable innovation scale. Limited collaboration between government institutions, innovators, funders, development partners, and ecosystem organizations reduces visibility of available solutions, weakens information sharing, and limits opportunities for partnership and joint implementation.

Strengthening ecosystem coordination through recurring convenings, partnership platforms, peer-learning forums, and structured engagement mechanisms would improve collaboration, facilitate knowledge exchange, and create stronger alignment between ecosystem actors. Such coordination mechanisms would also strengthen market access opportunities for innovators while enabling more coherent and collaborative approaches to scaling health innovation across Nigeria.

Expected outcome: Stronger collaboration across government, innovators, funders, and ecosystem organizations improves coordination and accelerates innovation scale.

4. Implications for Ecosystem Stakeholders

The strategic priorities identified in Chapter 3 require coordinated action across government, development partners, innovators, investors, and ecosystem support organizations. While the priorities define the ecosystem changes needed to accelerate health-tech adoption and scale, their successful implementation depends on the distinct roles each stakeholder plays within Nigeria's health system. The actions outlined below translate the five strategic priorities into practical responsibilities for the actors best positioned to drive implementation.

Stakeholders	Priority Actions	Strategic Priority
Government	Establish a structured innovation intake and assessment mechanism aligned with NHSRII; adopt value-based procurement approaches; expand sustainable financing for digital health.	3.1, 3.2, 3.3
Development Partners, Donors & Investors	Capitalize blended financing mechanisms; support procurement-ready evidence generation; align investments with government priorities.	3.3, 3.4
Health-Tech Innovators	Generate decision-grade evidence; strengthen procurement readiness; align solutions with interoperability and government priorities.	3.2, 3.4
Ecosystem Support Organizations	Convene ecosystem actors; strengthen government-innovator linkages; support evidence generation and knowledge sharing.	3.1, 3.5

Table 1. Lead Stakeholders and Priority Actions

4.1 Government

Government institutions, particularly the Federal Ministry of Health and Social Welfare (FMoHSW), the National Primary Health Care Development Agency (NPHCDA), the National Health Insurance Authority (NHIA), and State Primary Health Care Development Agencies (SPHCDAs), have a central role in creating the enabling conditions required for sustainable health-tech adoption. Beyond supporting innovation, government leadership is critical to institutionalizing the policies, financing mechanisms, and governance structures that enable proven solutions to move from pilots to routine implementation.

To accelerate adoption and scale, government should:

- **Establish a structured innovation intake and assessment mechanism** that provides a transparent pathway for identifying, evaluating, and adopting health-tech innovations aligned with national health priorities.
- **Strengthen procurement and financing systems** by adopting value-based procurement approaches and expanding sustainable domestic financing mechanisms that enable proven innovations to transition from donor-supported pilots to routine government deployment.
- **Promote institutional coordination** across federal and state agencies to ensure health-tech investments align with broader health system priorities and are integrated into routine service delivery.

4.2 Development Partners, Donors and Investors

Development partners, donors, and investors can play a catalytic role in strengthening Nigeria's health-tech ecosystem by reducing investment risk, supporting evidence generation, and aligning external investments with government priorities. Coordinated financing and technical support will be essential for enabling promising innovations to achieve sustainable scale while strengthening long-term government ownership.

To strengthen the enabling environment, development partners, donors, and investors should:

- **Mobilize catalytic and blended financing** that de-risks innovation deployment and attracts additional public and private investment into priority health-tech solutions.
- **Support the generation of decision-grade evidence,** including implementation, health outcomes, and cost-effectiveness evidence required for government procurement and adoption decisions.
- **Coordinate investments around national priorities by** aligning funding with government-led adoption pathways and fostering collaboration across ecosystem stakeholders.

4.3 Health-Tech Innovators

As Nigeria's health-tech ecosystem matures, innovators will need to complement technological innovation with stronger implementation readiness and institutional engagement. Sustainable scale will increasingly depend on demonstrating measurable value to the government, aligning solutions with health system priorities, and building the capabilities required for successful public sector adoption.

To improve readiness for scale, innovators should:

- **Generate robust implementation evidence** demonstrating health impact, operational effectiveness, and cost-effectiveness within public health settings.
- **Strengthen procurement readiness** by developing a clear understanding of government procurement processes, regulatory requirements, and institutional decision-making.
- **Design solutions for integration and scale,** ensuring alignment with national digital health standards, interoperability requirements, and priority government health programmes.

4.4 Ecosystem Support Organizations

Innovation hubs, accelerators, research institutions, industry associations, and ecosystem intermediaries play an important convening role within Nigeria's health-tech ecosystem. By strengthening coordination, building institutional capacity, and facilitating collaboration between government, innovators, and funders, these organizations can help address many of the ecosystem barriers identified in this assessment.

To strengthen ecosystem performance, ecosystem support organizations should:

- **Facilitate coordination across ecosystem actors** by convening government institutions, innovators, funders, and development partners around shared priorities for health-tech adoption and scale.
- **Support innovators in building implementation readiness,** including evidence generation, procurement readiness, and government engagement capabilities.
- **Strengthen ecosystem learning and visibility** by documenting implementation lessons, sharing best practices, and maintaining visibility of deployment-ready innovators that align with national health priorities.

4.5 From Assessment to Action

This assessment was undertaken to generate actionable evidence that enables the Investing in Innovation (i3) programme to identify, support, and scale high-impact health-tech innovations aligned with Nigeria's Universal Health Coverage priorities. The findings presented in this report provide the evidence base for the programme's next phase of engagement.

Specifically, the assessment will inform:

1. Identification of high-potential innovators aligned with government priorities
2. Design of targeted technical assistance and catalytic support to strengthen deployment readiness
3. Engagement with government institutions to strengthen innovation adoption pathways
4. Collaboration with ecosystem partners to address financing, procurement, evidence generation, and coordination barriers; and
5. Continued ecosystem convening to strengthen collaboration and accelerate government adoption of proven health-tech solutions.

Through these actions, the i3 programme aims to support the transition of promising health-tech innovations from successful pilots to sustainable, government-supported deployment, contributing to accelerated progress towards Universal Health Coverage in Nigeria.

Closing Reflection

The assessment demonstrates that Nigeria possesses both the innovation capacity and ecosystem potential required to accelerate Universal Health Coverage through digital health. The priority now is to strengthen the enabling environment that allows proven innovations to move beyond pilots and become embedded within routine health system delivery. Achieving this transition will require coordinated action across government, innovators, funders, development partners, and ecosystem support organizations working towards a shared vision of a more resilient, efficient, and equitable health system.

Appendix (scan the QR code below to access the Appendices A and B)

Appendix A. Innovation Prioritization

1. Innovation Prioritization Scoring Framework
2. Problem Scoring and Innovation Ranking

Appendix B. Market Sizing

1. Market Sizing Methodology and Assumptions
2. Target Used for Market Estimation
3. Detailed Market Sizing Assumptions and Results

Appendix C. Stakeholder Engagement Summary

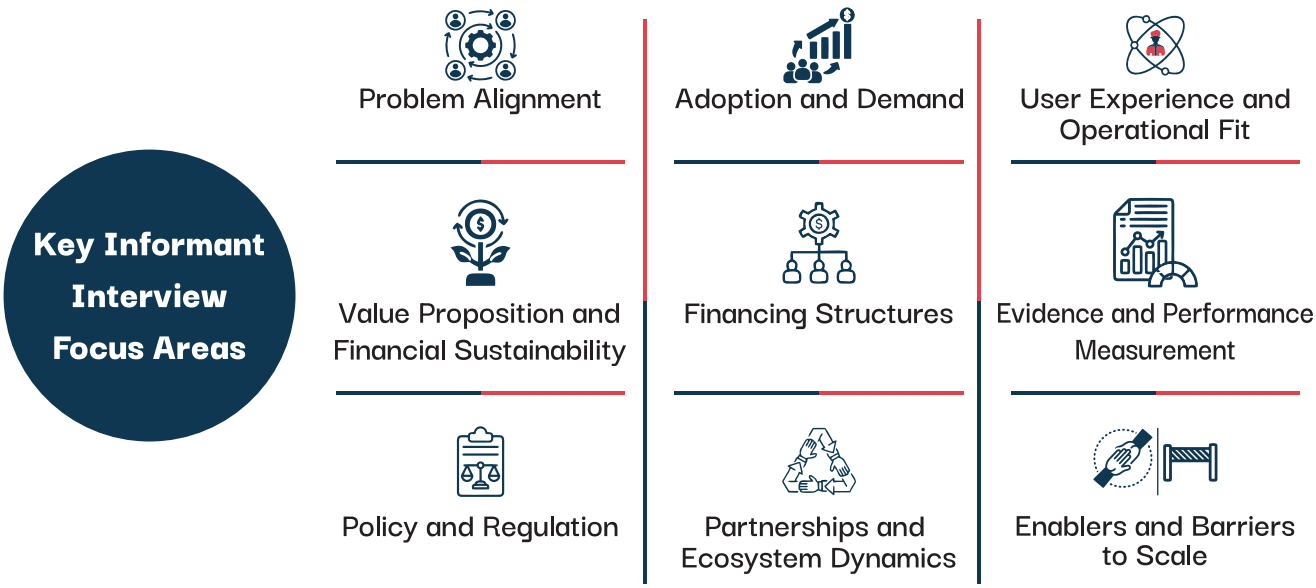
To complement the quantitative analyses, the assessment conducted **26 Key Informant Interviews (KIIs)** with stakeholders representing the Nigerian health-tech ecosystem. Stakeholders were purposively selected based on their expertise, institutional roles, and experience in digital health implementation, policy development, financing, innovation, and healthcare service delivery.

Table C1. Key Informant Interview Participants

Stakeholder Category (Total of 26 informants)	Stakeholders
9 Innovators representing the priority solutions across Micro-insurance, Inventory management systems, Telehealth Kiosks and Electronic health records	mDoc, mPharma, elephant, eHealth AFRICA, Hadiel, aha!, Mobihealth, Helium Health, DrugStoc
10 Government agencies including federal and state agencies. State agencies from priority states i.e. Kano, Kaduna, Lagos	Federal Agencies: NPHCDA, PVAC, Federal Ministry of Communications, Innovation & Digital Economy, National Health Insurance Authority, NiTDA, NDHI; State Agencies: Lagos, Kaduna, Kano
4 Funder/Investor organizations comprising of donors, development partners and a financial institution	Gates Foundation, MSD, Gavi The Vaccine Alliance, Sterling
3 User Organizations including 2 health facilities and a state agency who are currently using health tech innovations	Glad Tidings Hospital, The Excellence hospital, FCTA – FCT Health & Human Services Secretariat

Government participants included representatives from both federal institutions and state agencies across **Kaduna, Kano, and Lagos States**. Innovators represented the priority solution areas of **micro-insurance, inventory management systems, telehealth kiosks, and electronic health records**, while user organizations included health facilities and public institutions currently deploying digital health solutions.

The interviews explored ecosystem dynamics across nine thematic areas designed to assess both innovation readiness and the broader conditions required for sustainable scale.

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