



## DATABASE AT A GLANCE: NIGERIA

Nigeria – it's now the largest economy in Africa, and the 26<sup>th</sup> largest in the world. In April 2014, Nigeria's already booming economy, growing at an average rate of 6-8% per year, received an overnight boost when the government's statistical rebasing of the country's GDP resulted in an 89% increase, to \$502 billion in 2013. But what does this mean for the over 170 million people who call Nigeria home?<sup>i</sup>

Despite economic success, poverty levels have remained stubbornly high. 70% of Nigerians still live below the poverty line, and the country ranks 153<sup>rd</sup> out of 187 countries on the UN's Human Development Index. Extending health care to Nigeria's large and diverse population is an enormous challenge, with persistent instability, weak infrastructure and low government capacity preventing health services from reaching society's most vulnerable. According to 2012 estimates by the World Health Organization, approximately 70% of Nigeria's health care expenditures originate from the private sector.

In the midst of these trends, innovators across the country are designing new methods to reach more Nigerians with quality, affordable care.

### A look at the facts

CHMI profiles 49 programs in Nigeria—many identified through Solina Health, CHMI's Regional Innovation Broker—that are using innovative, market-

based approaches to address a wide swath of health care concerns. Of these models, 26 rely on donor support, and 14 are funded through revenue, primarily out of pocket payments; other methods of financing include government partnerships, investor capital or self-funded innovations. Most programs are geared towards low-income populations, with 35% targeting the poorest quintile of Nigeria's population. Programs are located throughout the country, with almost all programs reaching both urban and rural populations.

### Key Takeaways:

- Nearly half of Nigerian programs in the database are using information communication technology (ICT) to enhance their processes.
- Innovators are also relying on technology to reach Northern Nigerian communities where years of conflict and weak infrastructure have made health care delivery difficult.
- Of the 18 programs that have reported expansion or scale 44% have expanded to a new country.

Promising program models emerging from Nigeria include:

### ➤ **Enhancing processes through ICT**

The tech market is a booming industry in Nigeria, contributing nearly 8% to its recent boost in GDP. Not surprisingly, this economic shift has transformed health markets in the country, with nearly half of programs in the database using information communication technology (ICT) to enhance their processes. Of these programs, eight are improving health providers' ability to diagnose and treat patients, seven are improving communications between providers and patients outside traditional visits, and fifteen are improving overall data collection and analysis. For example, [Learning about Living](#) uses ICT to inform and engage with young people about reproductive and sexual health and HIV/AIDS. Users submit health questions via text messages to an online platform or by calling a telephone hotline, and questions are answered by trained health counselors. More than 2,500 questions were received in the program's first five days, illustrating a tremendous demand from youth to access this information quickly and anonymously. Similarly, [Cyber-Sight](#) is an innovative telemedicine program that connects ophthalmologists in developing countries to medical experts that can help them with diagnosis and treatment. The Cyber-Sight web platform provides e-consultations, e-resources for developing country doctors, and e-learning classes to improve skills. Since its launch, more than 10,000 electronic consultations have occurred in ten countries, including Nigeria.

Innovators are also relying on technology to reach Northern Nigerian communities where years of conflict and weak infrastructure have made health care delivery particularly difficult. With these challenges in mind, [eHealth Nigeria](#) has developed electronic health solutions that can be rapidly deployed to manage patient information, streamline clinical procedures, and provide data and analysis on health program outcomes. eHealth's ICT solutions were designed specifically for hot, humid and dusty environments with little to no electricity access, and interfaces are designed to be user friendly for healthcare workers with limited technical knowledge. Within three months of launching their pilot, eHealth received electronic patient forms for all clinic areas in the trial, observed reduced data duplication, and shortened the time needed to compile monthly health reports from days to minutes. eHealth has recently replicated its operations in Cameroon, with plans to expand to additional West African countries this year.

### ➤ **Delivering primary care to hard-to-reach populations**

As is the case with other countries in the CHMI database, primary care is a major focus of Nigeria programs. Many of these programs are finding innovative ways to reach rural clients, either through virtual means or by meeting patients in their communities. The [River Boat Clinic](#), for example, is a public-private partnership between Chevron Nigeria, the Nigerian National Petroleum Cooperation, and the government of the Delta state that reaches rural patients living along the tributaries of the Escravos and Benin Rivers. The boat clinics

dock at five river communities and carry doctors and nurses to treat patients, as well as medical supplies and drugs. Doctors refer complex cases to the nearest urban hospital. The boat clinic currently serves 40 communities and attends to over 2,500 patients a month.

But not all hard-to-reach populations live in remote areas. Lagos, a city bursting at the seams with nearly 12 million residents, presents healthcare delivery challenges of its own, and innovators are finding new ways to reach the city's diverse population. [R-Jolad Hospital](#) is a social enterprise hospital in Lagos that provides primary care to 200-250 patients a day. Founded in 1982 as a single physician primary clinic, it has grown into a financially sustainable, full-service hospital that relies on a tiered fee structure to charge patients for services. Sometimes charging as little as \$1 USD for a visit, the hospital is providing quality primary care that is affordable for millions of low-income Lagos residents—many of whom are recent internal migrants living in slums— while ensuring financial sustainability through revenue from higher-income patients.

### ➤ Parent Companies

CHMI's database not only captures innovative healthcare delivery models, but it also surfaces trends in the types of organizations supporting such innovations. In Nigeria, nearly 80% of the health programs profiled have parent organizations. Of these, 16 programs are present only in other sub-Saharan African countries, 16 programs are present internationally, and 7 are Nigeria specific models.

61% of parent organizations are international non-profits, and 41% are for-profit organizations.

One inference from these statistics is that Nigeria's high-level of income inequality is drawing both for-profit and non-profit organizations to the market in relatively equal numbers. A booming private sector and high growth rate may have attracted more for-profits to the Nigerian market, but the country's extremely high poverty rate means that international non-profits are equally interested in finding solutions to health challenges in developing communities.

Of the seven organizations with parent organizations found only in Nigeria, four are microinsurance providers. The [Hygeia Community Health Plan](#), has been a very successful microinsurance program, which offers health insurance to a target group of over 170,000 in Lagos and Kwara state. Insurance is targeted to four specific populations: Lagos market women, small business and informal sector workers that are members of the Computer and Allied Products Dealers Association of Nigeria (CAPDAN), and members of rural, agricultural communities in Shonga and Afon, in Kwara.

### ➤ South-South Cross Border Expansion

Of the 18 programs that have reported expansion or scale, 44% have expanded to a new country. This is an unusually high percentage; of all programs profiled in CHMI that report expansion to a new country, 18% of them have a presence in Nigeria, revealing an exciting amount of cross-border replication.

Of the nine programs reporting replicating in a new country, eight are south-south replications. Five organizations were piloted in other developing countries and brought to the Nigerian market. For example, [Life Wrap](#), an anti-shock garment that helps treat postpartum hemorrhages, was pioneered in a Pakistani hospital. Nigeria was Life Wrap's second country of operation, and it is now found in ten countries worldwide.

Three replicated innovations in the database were piloted in Nigeria and later expanded into other developing markets. [Solar Suitcase](#), a portable lighting and power unit designed to help increase patient's access to timely and safe obstetric care in rural clinics with unreliable electricity, was piloted in Nigeria in June 2009 by an American doctor studying methods to lower maternal mortality rates in Northern Nigeria. Solar Suitcases aims to prevent maternal mortality by reducing the dangers of nighttime delivery. The suitcase provides easy-to-use, portable power and electricity sources for hospitals and clinics, which allows providers to facilitate timely care at all hours and charge crucial medical devices. The organization is now active in 25 countries with plans to expand to Sierra Leone, Uganda and Malawi. Similarly, [Sproxil](#), which

allows consumers to use mobile phones to verify the authenticity of drugs, was piloted in Nigeria in 2010; it has since expanded to Ghana, Kenya and India.

## CHMI in Nigeria

The innovations and trends profiled here represent only a fraction of Nigeria's dynamic health market. As Nigeria's economy and population continues to grow, entrepreneurs will continue to innovate new solutions to evolving health challenges. CHMI maintains an active presence in Nigeria through its Regional Innovation Partner, [Solina Health](#), which is surfacing promising innovations, creating peer-learning opportunities, and building public-private partnerships that can bring exciting new innovations to scale. CHMI and Solina will continue working together to help identify, analyze and connect promising innovations in Nigeria to opportunities that can help them improve, scale and replicate to increase their impact.

*\*Photo at top: Women applying for Hygeia Community Health Plan, Nigeria*

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<sup>1</sup> Africa Economy, "Nigeria Doubles GDP and exposes failures of government," available on 8/6/2014, <http://www.ft.com/cms/s/0/70b594fe-bd94-11e3-a5ba-00144feabdc0.html#axzz36PmdUFT0>