Investing in Innovation AFRICA

In collaboration with NPHCDA National Primary Health Care Development Agency & Co-Creation Hub

i3 UHC Stakeholder Alignment Workshop Report

Theme: Driving Universal Health Care Impact in Nigeria through Health Tech

June 17th, 2025 Abuja, Nigeria.

Sponsors:

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Coordinating Partners:

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Executive Summary

Nigeria's health system continues to face persistent challenges, including high maternal and child mortality, high out-of-pocket health spending, fragmented digital information systems, an underutilized community health workforce, and poor access to quality care in rural areas. In response, the Federal Government launched the Nigeria Health Sector Renewal Investment Initiative (NHSRII) in 2023 to align reforms and investments with Universal Health Coverage (UHC) goals. While progress has been made especially in revitalizing primary healthcare, expanding the health workforce, and improving insurance uptake, systemic gaps remain.

Health-tech innovation is increasingly recognized as a key lever for addressing these barriers. However, to be effective, these innovations must be aligned with national priorities, adequately financed, and sustainably integrated into public health systems. To support this agenda, the Investing in Innovation Africa (i3) program led by SCIDaR and Salient Advisory hosted a high-level Stakeholder Alignment Workshop in Abuja on June 17, 2025, in partnership with the National Primary Health Care Development Agency (NPHCDA) and Co-Creation Hub (CcHUB). Themed "Driving UHC Impact in Nigeria Through Health Tech," the workshop convened senior government officials, innovators, donors, and private sector actors.

The discussions identified four core problem areas: outdated MNCH/PHC systems, weak financial protection mechanisms for informal workers, fragmented digital health tools, and limited support for community health workers. Stakeholders highlighted several promising tech-enabled interventions, including biometric attendance tools, AI-powered inventory management, mobile micro-insurance platforms, offline-compatible digital health records, and e-learning tools for community health workers.

There was strong consensus on the need for more coordinated governance, with recommendations such as establishing public-private steering committees, joint innovation selection panels, and MDA-based startup hubs. Financing models must also evolve, with emphasis placed on blended finance, challenge funds, CSR contributions, and performance-linked disbursements to mobilize and sustain investment.

This workshop served as a critical first step in shaping a Nigeria UHC Innovation Landscape Assessment the i3 team is set on conducting. It laid the foundation for coordinated action, helping to identify scalable solutions, align stakeholders, and chart a path toward more inclusive, efficient, and tech-enabled health systems.

1.0 Introduction

Despite recent reforms, Nigeria's health system faces deep-rooted challenges that continue to stall progress toward Universal Health Coverage (UHC). Fig. 1 captures four interlinked barriers that must be addressed to scale high-impact solutions and ensure equitable access to essential health services. Launched in 2023, the Nigeria Health Sector Renewal Investment Initiative (NHSRII) aims to realign health investments with UHC goals.

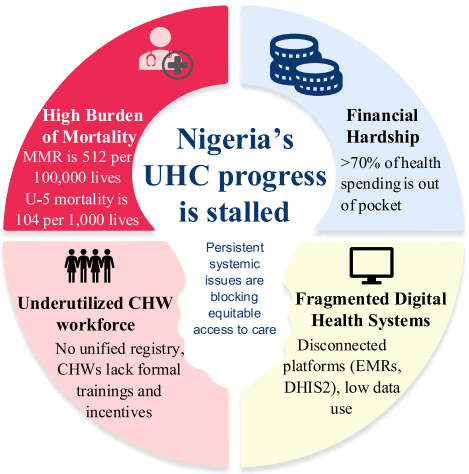
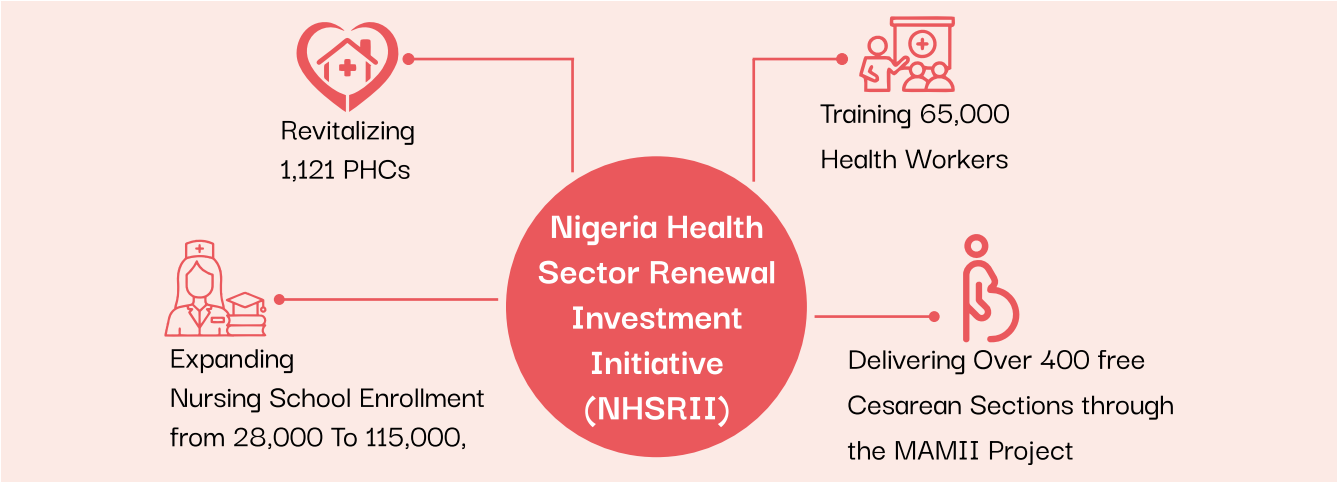


Fig. 1: Systemic barriers to achieving UHC in Nigeria



Further gains include expansion of the Basic Health Care Provision Fund (BHCPF), progress in polio eradication, strengthened health security, and ongoing digital transformation of the health system. However, key gaps remain in translating this momentum into scalable, sustainable action particularly in embedding innovation within health systems and mobilizing the resources needed to scale impactful solutions.

The Investing in Innovation Africa (i3) a pan African initiative led by Solina Centre for International Development and Research (SCIDaR) and Salient Advisory, plays a catalytic role as a strategic actor committed to identifying, supporting, and scaling African health-tech innovations that directly respond to UHC priorities. Through targeted support to growth-stage innovators, i3 aligns private sector potential with public health goals bridging the gap between promising solutions and the systems that need them most.

In collaboration with the National Primary Healthcare Development Agency (NPHCDA) and the Co-Creation Hub (CcHUB), Investing in Innovation Africa i3 co-hosted a strategic stakeholder alignment workshop on June 17, 2025, at 9:00 AM at the Lake Greenfield Hotel, Abuja themed: "Driving UHC Impact in Nigeria Through Health Tech.

1.1 Objectives of the Workshop

The workshop aimed to engage the Government of Nigeria and key stakeholders in defining strategic focus areas, align on priority geographies, and innovation pathways where health tech can effectively accelerate progress toward Universal Health Coverage (UHC).

The specific objectives were to:

1. Identify priority program areas and health system building blocks where health tech innovation can support Nigeria's UHC goals
2. Define a practical governance and stakeholder engagement model, including key decision-makers for sustained collaboration
3. Explore potential resourcing strategies by identifying relevant donors, partners, and funding pathways aligned with the i3 agenda

1.2 Participants/ Stakeholders Invited

Stakeholder participation was intentionally curated to reflect a diverse mix of actors involved in policy, service delivery, financing, and innovation.

A total of 67 participants attended, representing federal and state governments, donor agencies, development partners, health tech startups, and private sector organizations. Their varied expertise enriched the dialogue and helped shape strategic conversations on how innovation can advance UHC in Nigeria.

See Annex f or the full participants list.

1.3 Meeting Agenda

The workshop was structured to be interactive, solution-driven, and strategically aligned with national priorities. It featured two sessions: the first comprised a series of high-level plenary presentations to set context and direction; the second focused on breakout discussions to identify key service delivery gaps and government priority areas where health tech innovation can be deployed. These sessions also explored governance and financing mechanisms critical for ensuring long-term impact and scalability.

See Annex f or the agenda

2.0 Opening Plenary: Welcome and Goodwill Messages

2.1 Welcome and Opening Remarks

Dr. Uchenna Igbokwe
CEO, Solina Centre for International Development and Research (SCIDaR)

Dr. Igbokwe inaugurated the workshop by underscoring its importance as a collaborative forum to co-create a roadmap for leveraging innovation to accelerate Universal Health Coverage (UHC) in Nigeria.

He acknowledged the pivotal role of health-tech innovators in bridging gaps in service delivery, financing, and digital health, and he reiterated i3's commitment to fostering an enabling environment for their growth and integration.

He closed by restating the workshop objectives as previously communicated to participants.

2.2 Goodwill Remarks

The session featured goodwill remarks from representatives of key partner organisations:

Dr. Leke emphasized the critical role of collaboration between the public and private sectors in accelerating progress toward Universal Health Coverage (UHC) in Nigeria.

He highlighted the need for scalable health-tech solutions that are both inclusive and sustainable, stressing that innovation must align with actual health system gaps and government priorities

Dr. Leke Ojewale
Senior Technical Adviser (Digital Health), Federal Ministry of Health (Nigeria Digital Health Initiative)

Dr. Yakubu Agada-Amada

Director, Standards and Quality Assurance,
National Health Insurance Authority (NHIA)

Delivered a goodwill message on behalf of the Director General, reaffirming the agency's commitment to expanding access to quality healthcare for all Nigerians through increased enrollment in the health insurance scheme.

Mr. Oludare Bodunrin

Senior Program Officer,
The Gates Foundation, the key donor to the i3 program

Underscored the timeliness of the workshop in advancing access to quality healthcare through health technology innovation.

He highlighted the critical importance of promoting contextually relevant, scalable, and sustainable solutions to attract significant investment and foster long-term impact.

Ms. Ota Akhigbe

Director of Partnerships and Programs, eHealth Africa

Shared enthusiasm for the workshop's co-creation approach and posed three critical questions for participants to consider:

A. How can innovations be embedded into national governance, financing, and service -delivery frameworks to drive scale and sustainability?

B. Which metrics best capture outcomes rather than activities?

C. How can risk and value be shared across sectors to ensure accountability and long-term impact?

2.3 Driving UHC in Nigeria Through Innovation

Delivered by: **Dr. Muyi Aina**

ED/CEO, National Primary Health Care Development Agency (NPHCDA)

> "The Government is an Enabler..."

Dr. Muyi Aina delivered a keynote presentation highlighting the state of Nigeria's health system, current government reform efforts, and opportunities for private sector engagement.

Key Insights

1. **Nigeria's health system continues to face significant challenges, including:**

a. Persistently high maternal and child mortality rates.
b. Limited expansion of health insurance coverage.
c. Infrastructure deficits, only 21% of PHCs funded through the Basic Health Care Provision Fund (BHCPF) meet Level 2 readiness.
d. Continued emigration of health workers.
e. Limited local production of essential health commodities.

2. **Through the Nigeria Health Sector Renewal Investment Initiative (NHSRII), the Federal Government is implementing reforms across four strategic pillars, focusing on six key priorities:**

a. PHC revitalization
b. Health workforce capacity optimization and retention
c. Improving service delivery.
d. Ending Polio & improving health security
e. BHCPF expansion.
f. Digitization for operational efficiency.These efforts are designed to strengthen infrastructure, improve access to quality care, and accelerate progress toward UHC.

PROGRESS ACHIEVED

1,121 PHCs already revitalized nationwide with 5,500 in the process of revitalization towards 17,000

172 MAMII Initiative: Targeting 172 high-mortality LGAs, which account for 55% of maternal deaths in Nigeria.

54,000 Zero-Dose Reduction: Over 54,000 previously unvaccinated children reached.

DISEASE CONTROL

94% Tuberculosis treatment success rate.

1.9m People receive uninterrupted HIV treatment.

Opportunities for Private Sector Engagement

Financing	Expand financial protection through innovative models—e.g., microinsurance, low-cost service packages, and PPPs.
Infrastructure:	Adopt and revitalize PHCs; invest in technology-enabled health infrastructure and medical equipment.
Service Delivery	Test and scale integrated, tech-enabled public-private models to expand service access, upskill health workers, and enhance performance monitoring.
Supply Chain	Deploy innovations for last-mile commodity distribution and real-time inventory tracking.
Community Engagement	Collaborate on deploying a tailored Electronic Community Health Information System (eCHIS) and platforms for community feedback.
Data & Analytics	Utilize digital technologies, including AI, for real-time health data management and actionable insights generation.

Key Takeaway

Public-private collaboration is indispensable for strengthening Nigeria's health system and scaling the innovations required to achieve Universal Health Coverage.

2.4 An Overview of i3 Journey

Delivered by: **Anjola Ayodele**

Senior Engagement Manager, SCIDaR.

Anjola Ayodele provided a compelling overview of the Investing in Innovation Africa (i3) program, detailing its evolution, impact, and strategic relevance to Nigeria's UHC journey.

Key insights

Investing in Innovation (i3) is a pan-African initiative committed to accelerating the scale and impact of African-led health tech startups. This program is led by SCIDaR and Salient Advisory, and funded by partners including The Gates Foundation, MSD, Cencora, Sanofi, Endless Foundation, Chemonics, and the Kühne Foundation. In Phase 1, i3 supported 60 health-tech startups across 13 countries, providing $50K in grants, market access, and investment readiness support. This led to some significant achievements of 122 partnerships, $50M in follow-on funding, 942 jobs created, and access enabled for 198M people annually.

In Phase 2, i3 is focused on scaling high-impact, growth-stage African innovations that strengthen health systems and close UHC gaps.

Key interventions include:

- Supporting inclusive, market-ready solutions in service delivery, supply chain, and primary care access.
- Strengthening investment readiness to help innovators scale sustainably
- Embedding innovations into national health systems through policy, advocacy and multisectoral collaboration

The program prioritizes two areas:

1. Future of Pharmacy, where 7 growth-stage innovators providing access to essential health commodities have been onboarded
2. Universal Health Coverage (UHC) through an ongoing ecosystem engagement and a national landscape assessment to identify scalable solutions in service delivery, financial protection, and digital health systems

Over the next three years, i3 aims to:

- Reach over 200M people, especially in underserved communities
- Expand access to health products through pharmacies and community-level channels
- Creating quality jobs across the innovation value chain, with emphasis on women and youth in health tech and distribution.

2.5 Summary of Findings from the Desk Review on UHC Innovation Landscape in Nigeria

Delivered by: **Olufunto Olude,** Senior Associate, SCIDaR and **King Ewa-Henshaw**Manager, SCIDaR

Olufunto Olude King Ewa-Henshaw

Key Takeaway

Telehealth can revolutionize access for Nigeria's underserved populations, but success requires tackling systemic barriers in funding, infrastructure, and policy. The Lagos case proves viability when models prioritize inclusivity.

Key Insights

Nigeria's Health Crisis:

- **Alarming mortality rates:** Maternal (814/100k), under-five (104/1,000), infant (70/1,000).
- **Inequitable access:** Rural, low-income, and less-educated groups face severe barriers (e.g., 84.9% of poorest women lack skilled birth attendance compared to 33.6% of the wealthiest).

Health Tech Opportunity:

- With about 200+ health tech innovators in Nigeria, there's a significant opportunity to address these gaps with solutions such as telemedicine, EMR systems, and insure-tech.

A use case of an innovative solution addressing service gaps was highlighted using the Lagos Telehealth Implementation Research (showcased by King Ewa Henshaw):

- **Models Tested:** Toll-free hotline, market kiosks, and pharmacy-embedded kiosks in underserved areas

- **Reach:** 6,425+ users (19% "most vulnerable" – low-income, rural, limited education)
- **Top services:** Chronic disease management (22%), general consultation (22%), malaria (16%)
- **User feedback:** 70%+ rated telehealth "faster, cheaper, and more accessible" than traditional care.
- **Best Performer:** Market kiosks slightly outperformed pharmacy kiosks and hotline in user experience.

Critical Ecosystem Challenges:

- Infrastructure gaps: Poor internet (30% rural coverage), power instability
- Funding constraints: Heavy reliance on unsustainable grants and donor funding
- Policy misalignment: Lack of integration with national systems (e.g., NHIA)
- Workforce limitations: Shortage of digitally skilled health workers

Call to Action:

- Scale context-appropriate telehealth (e.g., low-tech kiosks) to bridge PHC gaps
- Address ecosystem barriers through policy reforms, blended finance, and workforce training.

2.6 Unlocking High-Impact Investments in UHC

Delivered by: **Stephanie Okpere,** Practice Lead, Design for Health and **Gbenga Agoye,** Investment and Portfolio Manager, Syndicate, CcHUB

Stephanie Okpere Gbenga Agoye

Stephanie Okpere and Gbenga Agoye from CcHUB delivered a detailed presentation showcasing high-impact, scalable health tech models and called for stronger investment to transform healthcare access in Africa.

Key Insights

- **Market Opportunity:** Africa's health tech will reach over $11B by 2030 (Nigeria: 30% CAGR). UHC-aligned startups address critical gaps: 77% out-of-pocket spending and only 3% insured Nigerians.
- **High-Impact Models:** Scalable, tech-driven solutions succeed where others fail and investments are seemed to be flowing towards these categories:
  - Digital Platforms (e.g., LifeBank's logistics, 6,400+ facilities served)
  - Microinsurance (e.g., Reliance HMO, 200k+ lives covered)
  - Tech-PHC Networks (e.g., Helium Health, 1,000+ facilities)
  - Pharmalogistics (e.g Figorr, over 200 million health products tracked)
- Avoid non-scalable models (e.g., donor-dependent clinics, low-tech community insurance)
- **Investment Imperative:** Health tech receives less than 20% of African VC. UHC-specific funding is under 5% in Nigeria. Blended finance, accelerators (e.g., CcHUB), and impact capital can bridge this gap.
- **CcHUB's Proof Point:** LifeBank, supported via incubation, grants, and mentorship, delivered 800k+ medical products and saved 206k+ lives.
- **Call to Action (2025–2035):**
  - Direct capital to scalable UHC startups
  - Leverage PPPs and policy alignment (NHIA Act) to insure 100M+ Africans and transform healthcare access

3.0 Question and Answer Session

S/N	Questions	Answers
1	What are the key areas the Ministry of Health needs to work on, specifically regarding health tech and innovation, and what kind of support are they seeking	The Ministry of Health is open to collaboration and mentorship in health tech, recognizing the need for better coordination and feasibility
2	How is "vulnerability" defined in the context of the Telehealth research being conducted, and what are the characteristics used to segment populations based on this definition?	Vulnerability is assessed using a pathways segmentation approach that links health risks to socioeconomic status. Instead of static demographics, it considers the likelihood of poor health outcomes or risky behaviors. This dynamic model enables more targeted, equity - driven interventions by focusing on actual risk exposure
3	How does the Lagos State government currently acquire and manage data from health tech innovators and initiatives, and what are the future plans for data integration with existing state health information systems?	Lagos partners with health tech innovators to manage de-identified data through agencies like LASHMA. Tools like mDoc dashboards and HealthConnect 247 reporting support this, but data remains fragmented. NDHI aims to integrate systems for seamless data sharing and better decision-making
4	Describe the processes for how data collected by health tech startups is processed and analyzed, including considerations for data privacy and compliance within the Nigerian health ecosystem	Health tech startups in Nigeria prioritize data privacy and compliance, ensuring user consent and adherence to national laws. Platforms like mDoc share de -identified data with researchers and agencies like LASHMA. Some use real -time dashboards co -designed with government. By law, patient data must be managed by providers using government -approved systems to ensure security
5	How is the current health tech initiative and its efforts aligned with the broader Nigerian Digital Health Initiative (NDHI), and what are the collaborative efforts in place	Health tech efforts are increasingly aligning with the Nigerian Digital Health Initiative (NDHI), which aims to unify over 151 fragmented local initiatives under a national framework to guide policy and system integration. Additionally, the Digital Innovat ion Hub at NPHCDA is working to strengthen national capacity for managing health data and promote centralized, interoperable systems
6	Given Lagos's ongoing digitalization of its health ecosystem, what is the plan for integrating data gathered from tech hubs/startups into the Primary Healthcare Centers (PHCs) and ensuring a cohesive health information system?	Lagos is working to integrate data from tech hubs into its primary healthcare system. Platforms like mDoc provide real -time dashboards, and HealthConnect 247 submits monthly data to government systems. A major challenge is achieving full integration and interoperability at the PHC level. To support this, the Federal Ministry of Health is upgrading the national health facility registry to better link community services with formal facilities under a "hub and spoke" model

3.0 Question and Answer Session

7	As new technologies are introduced, what is the strategic plan for developing and implementing a robust referral system within the Nigerian healthcare context?	A referral model is underway to link community and digital health services with formal facilities. New telemedicine guidelines will require alignment with government systems. While innovators already refer to private providers, there's increasing focus on integrating with PHCs. The Ministry of Health is driving efforts to improve referral pathways and interoperability.
8	How are pharmacies being integrated into the broader healthcare conversations and delivery models, addressing concerns that they are often overlooked or operate in isolation ?	Pharmacies and PPMVs are key frontline providers but often operate outside the formal health system. Efforts are underway to integrate them through updated records, protocols, and collaboration with the Pharmacy Council of Nigeria. As many already provide primary care, there is a push to formally include them in health policy and planning discussions.
9	Is there a publicly accessible registry of health facilities and innovators, and how can stakeholders effectively engage with government bodies and identify the appropriate contacts for collaboration and information exchange ?	A national health facility registry will soon launch, offering public access to data on facility locations and services, aimed at improving transparency and coordination. The Ministry of Health welcomes collaboration and acts as a connector, guiding innovators to the right channels for engagement and information sharing
10	What initiatives or plans are in place to boost educational campaigns related to health and technology, particularly concerning data privacy and the utilization of health tech solutions?	Some health tech innovators educate users on data privacy, especially in low -income groups, but there is no broad public campaign on safe health tech use. This gap in digital health literacy signals the need for coordinated education to build trust and empower communities
11	Beyond traditional health insurance, what other methods of healthcare financing have been considered or are being explored to ensure broader access and sustainability of health services in Nigeria	Beyond traditional insurance, there is growing interest in pooling small out -of-pocket payments to fund healthcare access. This emerging approach leverages community contributions for sustainability, with the Presidential Value Chain Initiative expected to support its development. However, concrete models are still lacking at scale
12	How are regulators addressing concerns about specific frameworks in the evolving health tech landscape, and what mechanisms are being established to ensure compliance and effective oversight of health tech controllers	Regulators are developing clearer frameworks to strengthen health tech oversight. New telemedicine guidelines will require alignment with statutory systems. Efforts are also underway to define secure data hosting and standardize EMRs, highlighting the need to better align innovation with regulation for safe, scalable solutions

4.0 Breakout Session Insights

To complement the opening plenary discussions, four breakout sessions were convened to generate actionable insights aligned with the workshop's core themes. Each session focused on a critical area of Nigeria's health system and was designed to encourage reflection, collaboration, and solution design among stakeholders. Participants included representatives from government agencies, donor institutions, private-sector innovators, and implementing partners. The sessions employed an interactive format involving guided questions, group synthesis exercises, and facilitated discussions.

The insights gathered are presented according to recurring focus areas: diagnosis of system gaps, innovation opportunities, prioritization of solutions, governance mechanisms, and financing/resource mobilization strategies.

Cross section of participants during the breakout session

4.1 Breeakout Session 1 Insights

Group 1: Maternal and Child Health (MNCH) & Primary Health-Care Service Delivery

To identify the most pressing operational gaps in MNCH service delivery, participants reflected on core system elements that are currently underperforming including tools, supply chains, workforce capacity, and governance structures. The discussion then shifted to mapping practical innovations that could strengthen these areas, particularly digital tools that are low-cost, scalable, and tailored to frontline needs. Finally, participants prioritized the most promising interventions based on potential for impact, feasibility, and alignment with existing systems.
(See Annex for the detailed session guide).

Table 1: Summary of insights from Group 1's discussion

Challenge	Innovation potential	Prioritised solutions
Tools & workload Heavy Reliance On Paper Registers and Outdated Software inflates workloads and causes frequent data errors	**E-governance dashboards:** Enable real-time performance tracking and supervision	**Inventory-management Systems** Prevent stock-outs and ensure consistent supply of MNCH commodities
Supply chain Stock-outs of essential drugs and equipment due to poor visibility and late reporting	**Digital patient registers:** Structured data reduces errors and improves continuity of care	**Telemedicine platforms:** Expand access to specialists and reduce delays in rural referrals
Human resources Difficulty attracting and Retaining Skilled Workers in Rural Areas; Limited Digital Training for Staff	**E-learning platforms:** Modular courses and mentorship programs to build clinical and digital capacity	**Digital patient registers:** Improve care decisions with accurate, portable data
Governance & coordination Fragmented planning, duplicate procurements, and poor donor alignment	**Telemedicine:** Connects rural patients and providers to higher-level care	**Secondary:** E-governance dashboards, E-learning platforms, Biometric attendance tracking

Fixing frontline PHC delivery for MNCH requires addressing the invisible but critical systems behind it from data and supply management to workforce capacity. Participants agreed that a handful of practical, scalable digital tools particularly inventory systems, telemedicine, and digital registers can significantly strengthen access, accountability, and quality of care where it's needed most.

Group 2: Health Financing & Financial Protection

This session explored persistent challenges limiting access to affordable healthcare in Nigeria, particularly among informal workers and rural households. Participants assessed how digital and behavioral innovations could widen insurance coverage, reduce out-of-pocket (OOP) spending, and restore trust in public financing schemes and then went on to prioritize solutions with potentials to address the gaps. Table 4.2 below highlights the summary of the discussions.
(See Annex for the detailed session guide).

Table 2: Summary of insights from group 2's discussions

Challenge	Innovation potential	Prioritized solutions
Low insurance uptake among informal/rural populations due to RELIANCE ON OUT-OF-POCKET PAYMENTS and limited scheme reach	**Fintech platforms** (USSD, mobile wallets) that allow small, flexible premium payments and instant claims processing	**Fintech platforms** for micro-insurance payments
Distrust in insurance due to poor treatment of insured clients, leading to low renewal and negative word-of-mouth	**Facility dashboards** and supervision tools to track how insured patients are treated and enforce accountability	Linking routine product purchases to insurance contributions
Complex Enrolment and limited awareness including paper forms, cash-only payments, and cultural resistance which discourages participation	Mobile-based sign-up tools (apps, USSD)	**Secondary solutions:** USSD/mobile apps, awareness campaigns on insurance rights and scalability-performance improvements for insured clients

Other innovation potential identified includes linking routine product purchases to insurance contributions i.e. loyalty schemes which can round up every day for health cover and awareness campaigns on insurance rights building trust and boosting demand.

Despite growing policy momentum for health insurance expansion, financing reforms will fail to deliver unless they directly address the behavioral, trust, and accessibility barriers that keep low-income populations excluded. The most promising innovations are those that embed insurance into everyday financial behaviors, simplify sign-up through mobile tools, and rebuild credibility by ensuring insured clients receive quality care.

Group 3: Digital Health Information Systems

Participants examined the deep-rooted fragmentation and inefficiencies plaguing Nigeria's health information systems. Rather than just listing tools, the session centered on identifying which system elements were failing particularly at the facility and LGA levels and where existing digital platforms are falling short.

From there, the group assessed realistic innovations and interoperability conditions for scaling up EMRs, dashboards, and unified data systems. Final recommendations focused on harmonization, offline-first design, and user-centered approaches that can improve data quality, reduce duplication, and enable better decision-making at all levels of the health system.

(See Annex for the detailed session guide).

Table 3: Summary of insights from group 3's discussion

Challenge	Innovation potential	Prioritised solutions
Tool gaps & outdated systems: Most facilities still use paper or Legacy software, leading to high Workload and frequent data errors	**EMRs and DHIS2 integrations:** Enable structured, real-time data collection and reduce manual entry	**EMRs and DHIS2** as national backbone platforms
Data fragmentation: Vertical Programs and Donor Dashboards don't speak to each Other, Creating Silos and redundant Workflows	**Real-time dashboards & analytics:** Improve system-wide visibility and enable cross-program coordination.	**Standardized national** architecture to guide scale
Coverage gaps at the last mile: Many LGA and rural systems don't capture timely or complete data (referrals, pharmacies)	**ODK-based tools with offline capability:** Ensure data capture even in low-connectivity settings	**Offline-first mobile tools** like ODK integrated with DHIS2
Low user acceptanc& Weak Informatics Capacity: Frontline workers often lackDigital Literacy, and data is underutilized for decision-making	**Learning management systems & in-service data literacy:** Build capacity to collect, clean, and use data effectively	**Secondary:** Capacity-building platforms, CBHMIS, NHLMIS, blockchain pilots

Technology alone cannot fix fragmented health information systems. Participants agreed that standardization, offline readiness, and user acceptance are the critical enablers for scale. EMRs and DHIS2 emerged as foundational platforms but only if deployed with clear national guidelines and investment in local informatics capacity. The success of any solution will ultimately depend on its ability to reduce redundancy, build trust at the point of data entry, and drive real-time use of data for decision-making across all levels.

Group 4: Community Health Workers (CHWs) optimization

Fragmentation in Nigeria's CHW system continues to undermine efforts to deliver equitable, last-mile healthcare, particularly for rural and underserved communities. This session examined the structural and operational breakdowns affecting CHW effectiveness from planning and training to digital integration and policy ambiguity. Participants then mapped practical innovations and policy shifts that could strengthen CHW systems, particularly through data-driven tools, clearer governance structures, and better community accountability.

The session concluded with actionable ideas on what to prioritize and who should lead implementation. (See Annex for the detailed session guide).

Table 4: Summary of Insights from group 4's discussion

Challenge	Innovation Potential	Prioritised Solutions
No reliable CHW registry or planning tool: Limits supervision, deployment, and resource allocation	**CHW e-registry systems:** Enable accurate tracking, deployment, and supervision of CHWs across LGAs	**CHW e-registry** and HRH module integration
Inadequate training & poor incentives: CHWs lack clinical capacity, receive minimal compensation, and often work without performance monitoring	**E-learning platforms:** Continuous upskilling via modular clinical training; built-in monitoring and supervision tools	**E-learning tools** and mobile job aids (e.g., CommCare, ECHIS)
Deployment inequities & informal status: Skewed postings and lack of formal recognition affect service quality and legitimacy	**Community-led mapping using CDAs** for deployment tracking; "branding" strategies to improve visibility and legitimacy	**Community-driven** deployment oversight via CDAs
Underused digital platforms: eCHIS and HRH tools remain inactive due to poor training, low buy-in, and infrastructure gaps	**Investments in connectivity** & sustained training to ensure long-term platform adoption	**Secondary:** Policy clarity, licensing reform, mandatory digital monitoring
Unclear CHW policy frameworks: No consistent national definition or differentiation from auxiliary roles	**Clear policy reform** to define CHW roles and mandate digital licensing & supervision	**Requirements:** Digital infrastructure, user training, funding pathways

Transforming Nigeria's CHW system hinges on formalizing roles, strengthening digital infrastructure, and aligning national and community-level governance. Participants prioritized scalable solutions like e-registries, mobile learning platforms, and integrated HRH modules but emphasized that adoption will stall without clear policy direction, connectivity, and ongoing user support.

To enable this shift, the NPHCDA and regulatory bodies must lead with strong stewardship and policy clarity, while state ministries and CDAs ensure grounded implementation and local legitimacy. Public-private partnerships should fund deployment and training, and digital tools must be housed within existing government platforms to ensure sustainability. With coordinated leadership, the CHW system can evolve into a structured, accountable workforce delivering reliable care at the last mile.

Cross section of participants during the breakout session

4.2 Breakout Session 2 Insights

Governance & financing mechanisms for scaling UHC-focused innovations
This session focused on identifying the governance structures, coordination mechanisms, and financing models required to scale and sustain innovations that accelerate progress toward Universal Health Coverage (UHC) in Nigeria. Participants reflected on the roles of key stakeholders, the importance of cross-sector collaboration, and the enabling conditions that support innovation at scale. (See Annex for the detailed session guide).

A. Governance mechanisms

Participants agreed that effective governance requires government to act as a strategic enabler, not the sole implementer. The government's responsibility lies in setting clear policy direction, creating legal frameworks, and ensuring alignment across actors while empowering innovators and funders to co-create solutions. Multi-stakeholder platforms, particularly those embedded in the Federal Ministry of Health or relevant MDAs, were identified as effective coordination structures. These platforms drive transparency, accountability, and alignment with national priorities, especially when they include decision-makers from government, donor agencies, and the private sector. A "fusion model" was emphasized bringing together problem owners (government), solution providers (private sector), and funders (donors and investors) in a single ecosystem to reduce duplication and fragmentation.

Table 4.2a: Snapshot of the discussion on governance mechanisms

Element	What's needed	Examples / insights
Government role	Enable innovation through policy and legal frameworks	Provide direction and oversight, not day -to-day implementation
Preferred structure	Public-private platforms and multi - stakeholder steering committees	FMoH-hosted or aligned with MDAs like NITDA, NHIA
Decision-making	Transparent, joint selection panels	Align selection criteria across funders and implementers
Collaboration model	Fusion of problem owners, solution providers, and funders	Promotes coherence, avoids fragmented pilots

B. Financing mechanisms

On financing, participants noted that innovation funding must reflect the staged and risky nature of innovation development. Blended finance emerged as the preferred model combining donor or public capital with private investment to reduce risk and encourage experimentation. CSR funding from the private sector was seen as a viable and underutilized mechanism, especially when incentivized through tax relief or public recognition.

Participants also explored the value of milestone-based disbursement models, such as Development Linked Indicators (DLIs), which can drive results though they must be grounded in realistic, community-informed metrics. However, participants emphasized that funders increasingly require early-stage innovators to demonstrate not just potential, but actual progress through a minimum viable product (MVP) and some measure of traction or early impact within 12–18 months.

Table 4.2b: Summary of proposed financial models

Model	Strengths	Risks / considerations
Blended finance	De-risks innovation and attracts private capital	Requires clear governance and TA support
CSR + incentives	Mobilizes private sector funds	Needs regulation to ensure accountability and sustainability
Milestone-Based Funding	Drives performance and focus on results	Must reflect local realities to avoid exclusion
Innovation grants (e.g., i3)	Supports early -stage testing and R&D	Limited scale unless matched with follow -on funding
Investment readiness criteria	Ensures funders get value for money	Early -stage innovators need help reaching MVP stage

Governance and financing mechanisms for UHC-aligned innovation must work in tandem: policy and coordination platforms create the enabling environment, while flexible, de-risked capital allows solutions to emerge and scale.

Government must steer, not control, and the innovation ecosystem must be anchored in trust, shared decision-making, and accountability. Whether through CSR, blended capital, or milestone-linked grants, sustained impact will depend on how well actors are aligned not just in goals, but in the systems that support them.

5.0 Key Learnings and Implications for Stakeholders

The plenary and breakout sessions revealed more than operational gaps, they surfaced deeper systemic barriers holding back Nigeria's UHC agenda. Highlighted below are key cross-cutting insights that must inform how innovations are funded, governed, and scaled moving forward.

Cross-Cutting Insights

1. **Government's role must evolve from doer to enabler:** Government's strength lies in setting policy, aligning actors, and creating space for innovation not in owning delivery.
2. **Fragmentation is the core bottleneck:** Siloed platforms, disconnected pilots, and parallel systems limit scale. Coordination is more urgent than invention.
3. **CHWs must be formalized and digitally supported:** CHWs are critical to last-mile care but remain informal and underutilized. E-registries, training, and incentive tools are essential.
4. **Innovation financing must evolve:** Blended finance, CSR-linked incentives, and milestone-based models can unlock capital but only with better coordination.
5. **Data must be interoperable and actionable:** Tools like EMRs and DHIS2 are only useful if systems talk to each other and data drives decisions at every level.
6. **Private sector must move from donor to co-owner:** Long-term progress depends on shared infrastructure and risk not short-term grants or pilots.

Implications for stakeholders

Stakeholder	Strategic direction
Government	Build an enabling architecture for innovation through policy clarity, shared governance platforms, and aligned funding structures
Donors & funders	Support systemic infrastructure (data, CHWs, financing systems), not just individual innovations. Co -design with local actors and invest in scale pathways
Innovators	Focus on proving value within national priorities. Demonstrate early traction, system integration potential, and measurable impact
Implementers & partners	Align digital tools with broader reforms. Avoid verticalism. Support workforce digital capacity and community -led models
Communities	Engage in governance and accountability for PHC and CHW systems. Own and shape how innovation reaches the last mile

Innovation alone won't drive UHC but strategically governed, sustainably financed, and equitably deployed innovation can. To get there, Nigeria must shift from fragmented pilots to shared platforms. From top-down decisions to multi-actor collaboration. And from funding ideas to financing outcomes. This moment presents not just a challenge but an opportunity to rewire how innovation supports health equity at scale.

6.0 Recommendations

Based on shared workshop insights and stakeholder priorities, three clear imperatives emerged to drive forward UHC innovation in Nigeria:

Institutionalize collaboration: Establish public-private platforms within the Ministry of Health to align policy, funding and implementation

Invest in proven solutions: Scale digital platforms with demonstrated impact from EMRs and inventory systems to telehealth and CHW tools

Mobilize smart capital: Deploy blended finance and milestone-based funding to support scale ready innovations aligned with national priorities

7.0 Next Steps

Building on the momentum and shared insights from the Stakeholder Alignment Workshop, the key next steps are:

Finalize and disseminate workshop report	Conduct UHC innovation market analysis	Mobilize funding for scale-ready innovations	Support scale pathways for high potential innovations
Jul. 30, 2025	Jul. – Sep. 2025	Oct. – Dec. 2025	Ongoing into 2026

8.0 Annexes

8.1 Meeting Agenda

Date: Tuesday, June 17, 2025 | Time: 9:00 am – 2:00 pm | Venue: Lake Greenfield Hotel

Agenda item	Time	Facilitator
Opening Session		
Arrival & Registration	8:30 - 9:00 am	SCIDaR
National Anthem	9:00 - 9:10 am	All
Welcome and Opening Remarks	9:10 - 9:20 am	Dr. Uchenna Igbokwe
Goodwill messages	9:20 - 9:35 am	FMOH, NHIA, Gates Foundation, eHealth Africa, mDoc
The Current State of UHC in Nigeria and governments' priorities	9:35 - 9:50 am	Dr Muyi Aina, ED/CEO NPHCDA
An overview of i3's journey	9:50 - 10:00 am	Anjola Ayodele
Summary of findings from the desk review on UHC innovation Landscape in Nigeria	10:00 - 10:15 am	Olufunto Olude, King Ewa-Henshaw
The Investment Case for UHC in Nigeria: Unlocking High-Impact Innovations and Financing Models	10:15 - 10:35 am	Stephanie Okpere, Gbenga Agoye
Q&A	10:35 - 10:55 am	Dr Uche Igbokwe, Anjola Ayodele
Tea break	10:55 - 11:10 am	
Breakout Session		
Session opening & Context setting	11:10 - 11:20 am	Anjola Ayodele
Breakout session	11:20 - 12:25 pm	All
Plenary Session		
Group share out	12:25 - 12:55 pm	Somto Keluo-Udeke
Feedback session	12:55 - 1:05 pm	Olufunto Olude
Summary of key insights & Next steps	1:05 - 1:15 pm	Olufunto Olude
Wrap and vote of thanks	1:15 - 1:20 pm	Stephanie Okpere
Lunch	1:20 - 1:50pm	

8.2 Session Guides

8.2.1 Group 1

11:10 – 11:55 AM | BREAKOUT SESSION 1: UHC PRIORITIES & INNOVATION OPPORTUNITIES

GROUP 1: MNCH & PRIMARY HEALTH CARE DELIVERY

Objective: Identify key gaps and health tech opportunities to improve access and quality in maternal, newborn, and child heal

Context setting...

The Problem

- **About 79% of public PHCs nationwide fail to meet Functional Level 2 readiness**, power outages, poor water, and dilapidated buildings limit service delivery all show the fragile infrastructure of the PHCs
- Across Nigeria's six zones, our PHCs still need **9,569 more skilled birth attendants** to meet the **minimum** of **four per facility** leaving thousands of rural mothers and newborns at risk every day.
- **Access barriers** like **long distances** and **high transport costs** keep many Nigerians from **timely primary care**

What's being done?

- The **NHSRII** secured about **$2.2 billion** for PHC renovations and workforce training yet equipment and staffing gaps persist.
- **Launch of MAAMII project**
  - **1,003** of the **17,600** targeted PHCs are completed with **5,500** in progress to close **critical infrastructure gaps.**
  - Retraining **thousands** of **frontline workers** growth in nurse enrolment from **28K to 115K** and expanded training capacity by **32%.**
  - An integrated, **cloud-based EMS** now links ambulance dispatch across states
  - **154 CEmONC sites** have been **empanelled** so women in crisis can reach emergency obstetric care faster.

The opportunity

- Leveraging **telehealth** and **digital platforms** especially via community pharmacies can drive **UHC in underserved regions**
  - Services like **HealthConnect24x7 hotline** and **remote diagnostic** tools mean patients can get vital triage and monitoring without waiting for PHC renovations
  - **mDoc's** market-kiosk model delivers **tele-mentoring and virtual coaching** to community health workers and midwives, lightening the load on scarce skilled birth attendants
  - **Mutti doctor's community pharmacy kiosks** turn local drugstores into **walk-in teleconsultation hubs** slashing travel time and transport costs for rural families
- Reflecting on **Ondo's Abiye program** where maternal deaths fell by **85%** while facility births and ANC rose.

Discussion prompts		Expected output
Diagnosis **What's Broken?** (10 mins)	• **What are the most pressing challenges facing MNCH and Primary healthcare delivery?** ➢ What are the most critical breakdowns in MNCH service delivery today, especially at the PHC or community level? ➢ What specific services are unavailable or poor quality? ➢ What's the impact on mothers and children (e.g. delayed care, preventable deaths)? ➢ What are the root causes? (e.g., HR shortage, weak supervision, access barriers, poor logistics or coordination)	**Thematic summaries to inform next-phase investment in MNCH & Primary health care delivery**
Innovation Potential **What Could Work?** (15 mins)	• **Where can technology be applied to fix or leapfrog these failures?** ➢ What digital tools, mobile decision -support, telehealth platforms, or supply tracking systems could support frontline workers? ➢ Are there any health tech startups already piloting or scaling solutions here? ➢ What role can CHWs or PHC staff play in deploying or using these tools?	
Prioritization **What Must We Act On?** (15 mins)	• **Which solutions have the highest potential and what would it take to make them real?** ➢ What are the top 2–3 solutions this group recommends for investment or partnership? ➢ What's needed to scale them? (Training, Policy changes, Funding, Public sector buy -in) ➢ Who are the stakeholders that must be involved?	

8.2.2 Group 2

11:10 –11:55 AM | BREAKOUT SESSION 1: UHC PRIORITIES & INNOVATION OPPORTUNITIES

GROUP 2: HEALTH FINANCING & FINANCIAL PROTECTION

Objective: Identify tech -enabled financing models that expand access and protect users from catastrophic costs

Context setting...

The Problem

- 71% of Nigerians pay out-of-pocket for health
- Formal insurance coverage remains below 10%
- Many informal sector workers are excluded from risk pooling

What's been done ?

- NHIA targets 20% coverage by 2025—including 50% informal workers—through digital enrollment and tiered premiums, with over 20M enrollees to date
- NHIA Catastrophic Health Insurance Fund for Cancer, Dialysis N25 B in 2025 budget
- Basic Health Care Provision Fund (BHCPF)– funds gateways for vulnerable groups, aiming to stimulate enrollment and access
- In Lagos, LASHMA operates the "Ilera Eko" scheme, featuring sliding -scale premiums tailored to income levels, yet informal - sector uptake remains low

The opportunity

- Leverage healthtech to expand access and improve value in health financing for low -income and informal populations
  - WellaHealth offers tech -enabled microinsurance with 5,200+ enrollees, 300,000+ visits, and 1.4B in pharmacy claims processed
  - WellaHealth uses mobile platforms for USSD enrollment and payments via Airtel and PalmPay, expanding access through digital enrollment
  - mDoc's Quality Network supports strategic purchasing by training providers and guiding decisions with performance data

Discussion prompts		Expected output
Diagnosis **What's Broken?** (10 mins)	• **Where are the biggest gaps in health financing and financial protection today?** ➢ What groups are being left out (e.g., informal workers, rural women)? ➢ Why don't they trust, enroll in, or remain in insurance or pooling schemes? ➢ Where do current models break down (e.g., affordability, complexity, lack of awareness)?	**Thematic summaries to inform next-phase investment in health financing and financial protection**
Innovation Potential **What Could Work?** (15 mins)	• **How can technology improve enrollment, access, and affordability?** ➢ What digital platforms or fintech tools can help people contribute, save, or access care? ➢ Could mobile payment systems, USSD, or savings groups be used to increase coverage? ➢ Are there existing pilots that have worked in Nigeria or similar settings?	
Prioritization **What Must We Act On?** (15 mins)	• **Which solutions have the highest potential — and what would it take to scale them?** ➢ Identify the top 2–3 digital financing solutions worth investing in or testing ➢ What ecosystem changes (e.g., NHIA buy -in, donor funding, digital ID systems) are needed? ➢ Who are the key players that should co -lead scale -up?	

Source: FMOH, NHIA, NPHCDA, SCIDaR analysis

8.2.3 Group 3

11:10 –11:55 AM | BREAKOUT SESSION 1: UHC PRIORITIES & INNOVATION OPPORTUNITIES

GROUP 3: DIGITAL HEALTH INFORMATION SYSTEMS

Objective: Explore digital health innovations that can strengthen decision making, data use, and interoperability.

Context setting...

The Problem	What has been done?	The opportunity
• Nigeria's routine health information system is fragmented, with many facilities still using paper -based registers • Data delays of up to 3 months and transcription errors undermine timely decision -making • Policymakers often lack real -time data on immunization and key health indicators, limiting effective response and resource allocation	• Nationwide DHIS2 adoption as administrative platform for data collation has improved health data quality • The NDHI, led by the FMOH, provides a clear roadmap with governance, standards, and priority solutions to strengthen Nigeria's digital health ecosystem. It focuses on data integration, process optimization, and analytics • To date, it has digitized over 700 facilities and engaged more than 2.5 million healthcare workers	• Accelerated EMR deployment is underway across both public and private sectors ○ Helium Health has digitized over 1,000 health facilities across Nigeria and other African countries ○ Lagos State, through its SHIP (Smart Health Information Platform) initiative with Interswitch/eClat, has digitized all public health facilities, advancing statewide EMR adoption • Kapsule provides data infrastructure and analytics, supporting 600+ facilities in Nigeria and processing 14M+ records to help governments track key health indicators

Discussion prompts		Expected output
Diagnosis What's Broken? (10 mins)	• **Where are the biggest breakdowns in Nigeria's health information system?** ➢ What parts of the system lack timely, quality, or usable data? ➢ Why is data often not used for planning or performance improvement? ➢ Where is the lack of interoperability most harmful (e.g., between state systems, vertical programs, facility levels)	**Thematic summaries to inform next-phase investment in Digital Health Systems & Health Information**
Innovation Potential What Could Work? (15 mins)	• **What digital solutions can improve how data is collected, shared, and used?** ➢ Could electronic medical records (EMRs), DHIS2 integrations, AI analytics, or real -time dashboards be deployed? ➢ Are there innovations that could work in offline/low -connectivity settings? ➢ Are there platforms successfully piloted in Nigeria or similar contexts?	
Prioritization What Must We Act On? (15 mins)	• **Which digital health tools or systems should be scaled — and what would it take?** ➢ Which top 2–3 tools or ideas should Nigeria invest in? ➢ What standards, policies, or government leadership would be needed? ➢ Who should champion, fund, or host them?	

Source: SCIDaR analysis, State of the Nation Report FMoH (2024), DHIS2 community,. NDHI, Omokanye et al. (2025), Helium Health, Lagos Ship

8.2.4 Group 4

11:10 –11:55 AM | BREAKOUT SESSION 1: UHC PRIORITIES & INNOVATION OPPORTUNITIES

GROUP 4: COMMUNITY HEALTH WORKERS

Objective: Explore how technology can strengthen community-level health systems and empower CHWs to deliver better care

Context setting...

The Problem – Fragmented CHW	What interventions have been deployed?	The opportunity
• There is **no reliable system to track community health workers,** their deployment, or the populations they serve making effective planning, supervision, and support nearly impossible • **Many CHWs are undertrained and unsupported** , leaving them ill-equipped to deliver quality care or respond to evolving health needs at the community level • **Inconsistent, delayed, and opaque payment processes weaken accountability,** lower morale, and contribute to high attrition	• NPHCDA has **revamped the CBHW program** , introducing two clear cadres to formalize CHW roles and improve care quality in remote areas • By late 2024, **over 61,700 frontline workers** had been trained, with a target of 120,000 by 2027 • Support is also being **digitized through the eCHIS tool** under the NDHI to improve service delivery	• Leverage an integrated digital system to strengthen CHW performance and accountability through; ➢ **CHW e-Registry** which enables digital tracking of the CHW identity, deployment, training status, and population coverage i.e. Expand Nigeria's National Health Workforce Registry (NHWR) to include CBWs ➢ **Mobile-based eLearning platforms** to deliver modular, up -to-date training and refreshers to CHWs ➢ **Equip CHWs with mobile tools for real -time symptom triage, protocols, and data capture i.e CommCare ,** Opticcs ➢ Automate payments to make it transparent and ultimately reduce attrition ➢ Partnerships with digital solution providers that do big data exchange

Discussion prompts		Expected output
Diagnosis What's Broken? (10 mins)	• **Where is the CHW system breaking down in meeting the health needs of underserved and hard -to-reach communities?** ➢ How can CHWs be effectively mapped, assigned, and redistributed to ensure equitable coverage? ➢ Are CHWs equipped through training and tools to address the most pressing health issues facing the most vulnerable population s? ➢ How do inconsistent pay and poor incentives affect CHWs' ability to build trust and sustain engagement in low -income communities ?	**Thematic summaries to inform next-phase investment in Community CHWs**
Innovation Potential What Could Work? (15 mins)	• **What technology can improve CHW performance and community service delivery?** ➢ What types of apps, job aids, or supervisory dashboards could support CHWs? ➢ Could mobile reporting, client scheduling, e -learning, or AI-based triage be introduced? ➢ What has worked in pilots and what are barriers to scale?	
Prioritization What Must We Act On? (15 mins)	• **What top 2–3 tech-enabled solutions could transform CHW effectiveness?** ➢ What would it take to make them real (e.g., device access, training, connectivity)? ➢ What ecosystem support is needed (government, partners, funders)? ➢ Who needs to be involved?	

Source: SCIDaR analysis, NPHCDA

8.2.5 Breakout Session 2 Guide

12:00 – 12:15 PM | BREAKOUT SESSION 2: GOVERNANCE & FINANCING FOR SCALE

Objective: Identify the key actors, structures, and funding models to sustain UHC-focused innovation

- Facilitator sets the stage for the second breakout session (2 mins)
- Highlights that scaling innovation isn't just about the idea, it is about the ecosystem. Without strong governance and blende d financing, even the best solutions won't stick
- Highlight examples from successful models (e.g., GAVI's blended finance; i3's Steering Committee)
- Goes ahead to highlight the key questions and expected output and hands it over to the facilitators for each group

Discussion prompts		Expected output
Governance	• Who are the key actors that should be involved in program governance and direction (e.g., government, donors, private sector), and what roles should they play? • What governance structures (e.g., steering committees, working groups, public -private platforms) can help ensure startup funding and support aligns with national UHC goals and delivers impact? • What decision-making approaches (e.g., joint selection panels, aligned funding criteria, multi -stakeholder committees) can improve accountability and inclusiveness in supporting health startups?	**Clear ideas on how to structure program governance and fund scale-up**
Financing and resource mobilization	• What proven funding models or partnerships can be adapted to support the scale -up of UHC-focused startups? (e.g., blended finance, co -investments, donor -backed challenge funds) • How can funding be structured to reduce risk and reward impact? (e.g., milestone -based disbursements, pooled funds, catalytic grants, or impact -linked finance) • What makes a UHC-focused health tech solution investment -worthy, and what support is needed to get it there?	
Wrap up	Each table lists: • 1 proposed governance mechanism • Key stakeholders to engage • Funding opportunities and incentives	

8.3 List of Participants

S/N	ORGANISATION	NAME	DESIGNATION
	Innovators		
1	Helium health	Chukwuma Okoroafor	Head, Legal
2	Wella Health	Olanrewaju Akintobi	COO
3	Healthconnect 24x 7	Olasogba Folarin	Ag. MD
4	Helpmum Africa	Oluseun Odunsi	Head, Monitoring, Evaluation & Research
5	mDoc	Adorah Odukwe	Senior Manager, Oncology & Tele-education
6		Chiagozie Abiakam	Manager, Women's Wellness
7	HISP	Woyengikuro Appah	Information System Officer
8	mPharma	Dr Seun Odiase	Global Health Services Manager
9	Advantage Health Africa	Abimbola Adebakin	CEO
10	Life Bank	Aniekan Joseph	VP, Growth and Partnerships
11	Clafiya	Jennie Nwokoye	CEO
12	WhispaHealth	Mr Adeboye Fajemisin	ED
13	OneClick-Med	Reagan Rowland	Founder
	Federal Government Agencies		
14	Federal Ministry of Health	Dr Leke Ojewale	Senior Technical Adviser (Digital Health) to the HMH
15		Dr Ijaodola Olugbenga	Deputy Director, Planning Research and Statistics
16		Dr Dachung Alexander	Head, Community Unit
17		Dennis Ejike	Statistician
18		Brooks Godwin	D/EPID
19		Chukwu edwin	AD/R&KM
20	NPHCDA	Dr Muyi Aina	ED/CEO
21		Kamal Abdul-Razaq	TA
22		Ayebatonye Fezighe Ikoli	Acting Head, ICT
23		Dr. Uzoamaka Epundu	Head, Monitoring and Evaluation division
24		Dr Mohammed Bello Garba	Deputy Director
25	NHIA	Dr Yakubu Agada-Amade	Director, Standard and Quality Assurance
26		Akinbinu Oluwayemisi	Deputy Director
27		Sylvester Abah	Assistant Director
28	NSIA	Hauwa Abubakar	Senior Analyst
29	NITDA	Jerry Ifeanyichukwu Zane	ONDI's Lead, Strategy, Research and Analytic
30		Musa Daniel	ONDI Researcher
	State Government agencies		
31	Lagos State Health Management Agency	Olukinni Temitope	Care Manager
32		Oladejo Sefiu	Head, ICT
33	Lagos State Primary Health Care Board	Dr Adekitan Adetoke	DDMS
34		Pharm Shakirat Adeosun	Director, Pharmaceutical Services
35	Kaduna State Ministry of Health	Dr Jonathan Gyawiya Gajere	Director, Medical Services
36		Dr Sunday Joseph	Director, Planning Research and Statistics

37	Kaduna State Ministry of Health	Pharm Isa Abubakar Balarabe	Director, Pharmaceutical Services
38	Kaduna Health supply Management Agency (KADHSMA)	Pharm Aishat Isyaku	Executive Secretary
39	Kaduna State Contributory Health Management Authority (KADCHMA)	Abubakar Hassan	Director General
40		Dr Nenadi Sheyin Hedima	Head, Quality Assurance
41		Pharm Bala Saidu	Head, Monitoring and Evaluation
42	Kaduna State Primary Health Care Board (KSPHCB)	Dr Musa Gimba	Director, Planning Research and Statistics
43		Mr Maxwell Utema Sanda	Director Admin, Human Resources
44	Kano State Ministry of Health	Dr Shehu Usman Abdullahi	Director, Medical Services
45		Dr Ibrahim Aliyu Umar	Director, Public Health
46		Mohd Nura Yahaya	Director, Planning Research and Statistics
47	Jigawa State Primary Healthcare Development Agency	Mallam Hassan Shuaibu	Director PHC
48		Surajo Suleiman	State Officer
49	Gombe State Primary Healthcare Development Agency	Dr Maryam Abubakar	Ag. ES
	Donors and development partners		
50	The Gates Foundation (PHC NCO)	Oludare Bodunrin	Senior Program Officer
51	CHAI	Umar Nasir M	Senior Analyst
52		Sessi Olu-Timehin	Associate
53	Gavi	Dr Maureen Ugochukwu	Country Liaison Officer
54	ARC-ESM	Dr Stephanie Oluyide	Manager
55		Kehinde Abdulkadir	Consultant
56	SFH	Omole Daniel	Market Innovation
57		Isawode Mayowa	Innovation Lead
58	Private Sector Health Alliance of Nigeria (PSHAN)	Dr Anne Adah-Ogoh	Director of Policy
59	Penn Promise Ventures	Johnpaul Nwobodo	Venture lead
60		Tolulope Omokore	Lead, Venture studio
61	ehealth Africa	Ota Akhigbe	Director, Partnerships and Programs ehealth Africa
	Private Sector		
62	Corona Management System (CMS)	Tarik Mohammed	Program Associate
63	Stanbic IBTC	Ifeanyi Akaleme	Head, Health sector
64	Human Capital Managers	Shamsuddeen M. Ismail	Technical and Operations Director
65	The Excellence Hospital	Dr Ojo Bayo	MD/CEO
66	Glad Tidings Hospital	Dr Daudu Emmanuel Abiodun	Medical Director
67	ECRAFTI	Valentine Ogunaka	CEO

Photo Gallery

Driving Universal Health Care Impact in Nigeria through Health Tech
UHC Stakeholder Alignment Workshop Report

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