ADVOCACY BRIEF

Advancing Maternal Health Outcomes Through Digital Health Solutions and Sustainable Health Financing in Lagos State

430	~5%	15%
per 100,000 live births **Maternal Mortality Ratio in Lagos** (LSMoH, 2025)	of Lagos residents insured **Enrollment in ILERA EKO Scheme** (Lagos MoH Ministerial Briefing, 2025)	of Lagos households **Experiencing Catastrophic Health Expenditure** (Wright et al., 2025)

1. Background and Context

Lagos State is Nigeria's economic capital and the most populous state, with an estimated population of over 30 million (LBS, 2025). Despite being Nigeria's most economically advanced state, Lagos continues to grapple with a persistent maternal health crisis. Its maternal mortality ratio (MMR) stands at 430 deaths per 100,000 live births (LSMoH, 2025), which remains over six times higher than the Sustainable Development Goal (SDG) target of fewer than 70 per 100,000 live births.

The Maternal Health Advocacy and Communications (MHAC) project, implemented by ACIOE Foundation in collaboration with Nigeria Health Watch in Lagos, Ekiti, and Kaduna States, conducted an assessment to understand the private sector's role in delivering digital health solutions and in private healthcare financing. This advocacy brief presents findings from the Lagos-specific component of the assessment, augmented with MHAC project inception findings, maternal health summit, and publicly available Lagos State data, to inform targeted advocacy actions.

Lagos has the highest density of private healthcare facilities in Nigeria. A report on the assessment of FP and MNCH service supply conducted by the University of Manitoba, funded by the Gates Foundation in 2025, indicated that there are 3,109 private facilities, 3,076 Community Pharmacists, and 11,323 Patent and Proprietary Medicine Vendors (PPMVs) in Lagos. However, as of January 30th, 2026, HEFAMMA confirmed that the total number of registered private health facilities in Lagos is 3,046. Private providers account for over 70% of healthcare delivery in the State yet remain inadequately integrated into the health financing and digital health ecosystem (MHAC Assessment Report, 2025).

2. Lagos Maternal Health Burden: Health Financing and Digital Health Gaps

2.1 Maternal Health Burden

Although Lagos records an MMR of 430 per 100,000 live births compared to the national data, the Lagos State Commissioner for Health has declared zero tolerance for preventable maternal deaths, setting an ambitious goal of reducing the MMR to 37 per 100,000 live births within the next two to three decades (LSMoH, 2025). A Lagos State Verbal and Social Autopsy Sample Registration System conducted a population-based survey to estimate maternal mortality and stillbirths, as well as the causes of maternal mortality in the State; this survey estimated Lagos MMR at 833 per 100,000 live births. (LSMoH-LSAVA, 2025). Also, earlier community-based studies in slum areas of Lagos have reported a much higher MMR of 1,050 per 100,000 live births, reflecting sharp geographic and socioeconomic disparities within the State (Umezurike *et al.,* 2020).

Key drivers of maternal mortality in Lagos include inadequate skilled birth attendance, financial barriers, poor referral systems, weak data systems, fragmented service delivery across public and private sectors, and insufficient integration of digital health solutions into maternal care pathways (MHAC Assessment Report, 2025).

2.2 Health Financing Gaps in Lagos

Despite Lagos State's total Y2025 budget of ₦3.366 trillion, the health budget allocation stood at approximately 7% of total state expenditure, still short of the 15% Abuja Declaration benchmark. The Commissioner for Health has publicly acknowledged this gap and outlined plans for progressive increases toward the 15% target (Lagos State Government, 2025; Lagos Ministry of Health Ministerial Briefing, 2025).

A 2025 study across four Local Government Areas in Lagos found that 15% of households experienced Catastrophic Health Expenditure (CHE), defined as out-of-pocket health spending exceeding 40% of annual household income. The study found CHE is more prevalent among lower-income groups and those without health insurance, underscoring the inequitable burden of healthcare costs (Wright *et al.,* 2025)

Despite Lagos' economic strength and a population exceeding 30 million, only approximately 5% (1,391,348 enrollees - LASHMA, 2025) of Lagos residents were enrolled in the State health insurance scheme as of December 2025. The Lagos State Commissioner for Health acknowledged that coverage remains far below what is needed to build a functional insurance ecosystem capable of equitable, people-centered care. Hence the Government of Lagos has issued an executive order mandating all Lagos residents to enroll on the Lagos State Health Scheme. LASHMA has further inaugurated a task force team for implementation. (Lagos Ministry of Health Ministerial Briefing, 2025).

2.3 Digital Health Gaps in Lagos

Lagos has made notable strides in digital health infrastructure. In June 2024, the State Government signed the Concession Agreement for the Smart Health Information Platform (SHIP), a landmark public-private partnership developed by the Lagos Ministry of Health, Interswitch, and eClat. The SHIP platform is a key initiative of the Ministry of Health, designed to support a "one patient, one record" approach by creating a centralized, interoperable health information system for Lagos State, with State-owned general hospitals alone generating 7 million contact data points annually (Lagos Ministry of Health, 2024; Interswitch Group, 2024).

However, critical challenges persist, specifically for private healthcare providers. The MHAC rapid assessment found that in Lagos, digital health integration is "emerging and gathering momentum but still with some challenges." Findings from key informant respondents indicate that a proportion of facilities expressed that private healthcare facilities hesitate to share data due to concerns about taxation, administrative burden, and the perception that data sharing exposes them to regulatory scrutiny without commensurate benefits. The government's data reporting tools remain "burdensome, extensive, repetitive, and paper-based," thereby limiting private-sector engagement in health. (MHAC Assessment Report, 2025).

Furthermore, Lagos has been identified as being at an early stage of digital health maturity. A 2025 sub-national assessment found that while Lagos demonstrated early-stage translation of national digital health policies, this had yet to translate into a legal or compliance policy document within State health systems (Medrxiv, 2025).

3. Key Findings from the MHAC Assessment — Lagos-Specific

3.1 Health Financing Pathways

The MHAC rapid assessment revealed that private healthcare facilities in Lagos rely on a complex, fragmented mix of financing mechanisms:

- Government-sponsored Social Health Insurance through the Lagos State Health Management Agency (LASHMA) under the 'Ilera Eko' scheme, which covers maternal health services, including antenatal care and emergency C-sections for approximately ₦55,000/year.
- Commercial HMOs, including AXA Mansard, Reliance, and Leadway, offer maternal coverage, but with widely varying benefit packages and limited awareness of benefits.
- Emerging blended finance innovations, such as Helium Health's credit facility for private health facilities under the FORMom programme, and SCIDaR's collaboration with Wema Bank to offer subsidised loans to Community Pharmacies and Patent and Proprietary Medicine Vendors (PPMVs) at single-digit interest rates.

Key informants highlighted that donor dependency remains a serious vulnerability. For example, the HIV programme is predominantly financed through donor support, highlighting the need for clear strategies to ensure long-term sustainability.

Furthermore, an assessment conducted by Project Aisha identified significant gaps in financial management capacity among private hospital owners and a shortage of qualified personnel to support these functions effectively.

The Lagos Private Health Partnership (LPHP), launched in November 2025, represents a significant reform designed to overhaul health financing, expand insurance penetration, and strengthen private sector engagement. Under the LPHP, private insurers are mandated to contribute 13% of their premiums to a State-managed risk equalization and solidarity fund. The reform acknowledges that private health service delivery accounts for over 70% of healthcare access in the State and aims to formally integrate this sector into the health financing architecture (LASG, 2025).

3.2 Digital Health Integration

Lagos presents the most advanced digital health landscape among the three MHAC project States. Key informants reported that private health facilities are increasingly submitting maternal health data to DHIS2, improving visibility, though monitoring needs to expand to more sites. The FORMom programme's EMR system was cited as transformative for clinical data management and patient tracking. However, several structural barriers impede broader adoption:

- Private providers fear that data sharing will lead to tax enforcement, deterring compliance.
- Digital tools are largely concentrated in Lagos Island and Mainland urban cores, leaving peri-urban and suburban areas underserved.
- The NaviHealth.ai platform introduced on the DigitalMoms project by mDoc and Project Aisha further contributes to the opportunity to integrate women's voices into maternal health service delivery and quality improvement in Lagos State.

3.3 Policy Environment

TLagos State has domesticated several national policies relevant to maternal health and digital health. These include the Lagos State Family Planning Costed Implementation Plan, the Lagos Adapted Reproductive Health Policy, LASAM for RMNCAH+N, the Lagos Every Newborn Action Plan, and the National Reproductive Health Policy. The Health Data Protection dimension is fully embedded in the Lagos State Ministry of Health infrastructure.

A critical policy gap remains: The National Health Act lacks specific recognition of telehealth. Even though there are operational guidelines for the implementation of digital health services such as telemedicine, e-prescriptions, or remote maternal monitoring within the health insurance reimbursement framework, Lagos has yet to enact a dedicated Digital Healthcare Act. (MHAC Assessment Report, 2025).

The Health Facility Monitoring and Accreditation Agency (HEFAMAA) is the primary regulatory body responsible for ensuring compliance with minimum standards for private health facilities.

Enforcement remains uneven, with many private providers, particularly in peri-urban areas, operating with limited oversight (MHAC Assessment Report, 2025). However, HEFAMAA noted that while enforcement gaps exist in these areas, there has been noticeable improvement in recent years.

4. Lagos State Advocacy Asks

These advocacy asks are directly premised on the MHAC rapid assessment findings for Lagos, inputs from MSD for Mothers Collaborators, publicly available Lagos-specific data, and are aligned with the National Digital Health Initiative (NDHI) and the Maternal and Neonatal Mortality Reduction Innovation Initiative (MAMII).

4.1 Health Financing Reforms

Ask 1: Increase Lagos State's health budget allocation toward the 15% Abuja Declaration target and improve the timely release of the allocated funds.

Lagos allocated approximately 7% of its state budget to health in 2025. Given that the total Y2025 budget stands at ₦3.366 trillion, achieving the 15% Abuja benchmark would translate into an additional allocation exceeding ₦269.3 billion annually for health, including maternal services. Despite an increase in the Y2025 State budget from Y2024, the budget allocation to Health in Y2025 was lower than the allocation for health in Y2024. (LAHA, 2025). The Lagos State House of Assembly and the Office of the Governor should establish a clear timeline for incremental budget increases and ensure the timely release of allocated funds (Lagos State Official Website, 2025; Lagos Ministry of Health, 2025)

Ask 2: Accelerate mass enrollment in the mandatory Lagos State Social Health Insurance Scheme

With only approximately 5% of Lagos residents currently covered, despite the State Government Executive Order in July 2024 mandating enrollment and a Presidential Executive Order reaffirming the mandate in September 2025, the full enforcement framework must be operationalized at all levels. Specific actions should include:

- Full enforcement of the Social Health Insurance Executive Order at all Public Health facilities and empaneled private hospitals. Also, grow the LASHMA-AID programme launched in December 2025 which provides emergency services for all enrollees and vulnerable residents.
- Grow the Ilera N' Tiwa Cooperative, launched in December 2024, to reach informal sector workers and market traders with flexible premium installment payment options.
- Expand the LASHMA Equity Fund, which Lagos tripled from ₦1 billion in 2024 to ₦3 billion in 2025, making it the only State in Nigeria to prioritize this as a first-line budget charge, to specifically cover all vulnerable persons (LASG, 2025).

Ask 3: Expand health insurance coverage to more private maternal health service providers

Private-sector health delivery accounts for over 70% of Lagos' healthcare access, yet many private facilities remain outside the Ilera Eko network. The Lagos Private Health Partnership (LPHP), launched in November 2025, provides the framework for integrating private insurers and providers. We therefore Ask:

- LASHMA to accelerate accreditation and onboarding of private health facilities, including maternity homes, into the ILERA EKO network, with revised fee-for-service tariffs that account for inflation and operational costs.
- LASHMA to implement the NHIA Act mandate requiring all employers with five or more staff to provide health insurance for employees, including domestic workers who may be pregnant.
- Leverage the LPHP's risk equalisation fund, which requires private insurers to contribute 13% of premiums, to cross-subsidise the premiums which would include maternal health services in private health facilities.

Ask 4: Develop blended finance mechanisms for private maternal healthcare

TThe FORMom model for Helium Health credit facilities and SCIDaR's partnership with Wema Bank for subsidized PPMV loans demonstrate a proof of concept for blended finance in Lagos. Scale these models through:

- Establish a state-level healthcare innovation grant fund, leveraging equity funds, to provide seed capital for digital maternal health innovations.
- Advocate for commercial banks operating in Lagos to develop structured healthcare loan products with single-digit interest rates specifically for private health facilities, as recommended by the 2025 Abuja Health Financing Dialogue.
- Explore a Lagos-specific fund manager model (SEC-regulated) to pool resources via commercial papers, potentially raising up to ₦100 billion for private health sector financing at lower interest rates.

4.2 Digital Health Reforms

Ask 5: Finalize the Lagos State digital healthcare and data protection law

Lagos State already has a Digital Health strategy. This has positioned Lagos as the only State in Nigeria with the economic, technological, and institutional capacity to lead the creation of a comprehensive Digital Healthcare Act. Such legislation should include telemedicine, e-prescriptions, remote patient monitoring, health data privacy (complementing the Nigeria Data Protection Regulation), and formal integration of private digital health services into the state's health financing framework. This would align with the National Digital Health Initiative (NDHI)'s call for enabling regulations at the subnational level (Medrxiv, 2025; MHAC Assessment Report, 2025).

Ask 6: Scale proven digital maternal health platforms

The MHAC assessment identified several proven digital health platforms active in Lagos that have demonstrated an impact on maternal health. These include:

- mDoc CompleteHealth™: digitally enabled, end-to-end care model that supports women across the maternal health journey, from preconception through pregnancy and postpartum by combining AI-powered self-care coaching, risk screening, and personalized health education on the Digital Mom project.
- Helium Health EMR: Deployed under the FORMom project in Lagos private health facilities, transforming clinical record management and enabling patient tracking and performance analytics.

- NaviHealth.ai ™: A geo-coded referral and experience-of-care review system that connects users to healthcare providers while capturing real-time feedback on service quality and outcomes. It strengthens care navigation, improves referrals, and generates actionable insights to enhance accountability, quality improvement, and health system performance. This innovation is implemented by the Digital Mom project and Project Aisha.

Ask 7: Establish a Technical Working Group (TWG) on digital health

According to the MHAC findings, Lagos has established a digital health committee. We therefore ask for an expansion into a dedicated TWG with representation from private health providers, health tech companies, CSOs, development partners, and women's health advocates. This TWG should oversee the Lagos digital health roadmap and adopt a comprehensive, citizen-centered approach that accounts for the diverse health needs of all Lagos State residents, especially pregnant women. This will ensure alignment with NDHI standards and existing digital infrastructure.

4.3 Policy and Private Sector Engagement

Ask 8: Develop an explicit policy framework for private sector involvement in maternal health

The current regulatory environment treats private providers primarily as subjects of oversight rather than partners in delivery. Lagos should develop a private sector maternal health engagement policy that specifies:

- Structured incentive packages, including tax relief on maternal health equipment and consumables.
- Formalized referral systems with digital feedback loops between private and public facilities.
- Adoption of a proven quality improvement model that results in improvement in maternal outcome, as demonstrated in the developed Project Aisha's Change Package.

Ask 9: Mandate Maternal Perinatal Child Death Surveillance and Response (MPCDSR) in private health facilities

Wright et al. (2024), in their study on population-based estimation of maternal mortality in Lagos State, concluded that the maternal mortality rate in Lagos remains unacceptable and recommended that Lagos intensify community-based intervention strategies and programs in private hospitals. We therefore ask that Lagos extend mandatory MPCDSR reporting to all licensed private health facilities with 24-hour delivery services, using digital reporting facilitated through the existing e-MPCDSR digital platform and other available structures.

5. Cross-Cutting Advocacy Messages

Private Sector as Partner, Not After thought

With over 70% of healthcare delivery in Lagos provided by private actors, the state cannot achieve its maternal health goals without formally integrating private providers into financing, digital, and policy systems.

Insurance as the Equaliser

At ₦15,000/year, ILERA EKO is among the most affordable quality insurance plans available. Scaling from 1,391,348 people to over 20 million enrollees requires political will, enforcement, and community mobilization. Also, kindly facilitate engagement with the PPMVs and CPs in Lagos State to enlist them as Enrolment agents.

End Donor Dependency: Lagos Must Own Its Maternal Health Solutions

Donor funding is declining. Without domestic financing through insurance expansion, BHCPF, and private sector investment, successful programmes like DigitalMoms, Project Aisha, and FORMom will not survive beyond their project cycles.

Data as the Foundation for Equity

Fragmented data prevents evidence-based allocation of resources. DHIS2 and private sector EMRs must become an interconnected ecosystem that enables Lagos to identify and respond to maternal health hotspots in real time.

6. Conclusion and Call to Action

Lagos State stands at an inflection point. It has the economic base, political will, technological infrastructure, and private sector density to lead Nigeria's transformation of maternal health outcomes. The MHAC rapid assessment confirms that both the challenges and the solutions are known. What remains is the will to scale what works, along with the governance structures to sustain it.

We Call On:

- **Lagos State Governor and Executive Council: Endorse and operationalize the Lagos Digital Healthcare Act; enforce the Social Health Insurance mandate; increase the health budget to 15% and improve the timely release in the next budget cycle.**
- **Lagos State House of Assembly: Legislate a Digital Healthcare Act; mandate MPCDSR in all licensed private health facilities; pass a dedicated private sector maternal health engagement policy; amend the LSHS Law to reflect the mandatory nature of Social Health Insurance in line with the NHIA Act.**
- **LASHMA: Accelerate mass enrollment through community-based channels, including PPMVs, community pharmacies, and the Ilera N' Tiwa Cooperative.**
- **Private Sector, Banks, and FinTechs: Develop healthcare-specific loan products; participate in the Lagos Private Health Partnership (LPHP) risk equalisation fund; invest in healthcare assets to cover the $82 billion healthcare investment gap identified by Knight Frank (2020).**
- **Development Partners and Donors: Transitions successful pilots (DigitalMoms, Project Aisha, PACS project, and FORMom), to State-funded programmes.**
- **Lagos State Ministry of Health: Scale up successful pilots (DigitalMoms, Project Aisha, PACS project, and FORMom), to State-funded programmes.**
- **Private Health Facilities: Adopt a financial management strengthening model that ensures a sustainable private healthcare business that enables quality service delivery.**

References

Boundioa, J., & Thiombiano, N. (2024). Effect of public health expenditure on maternal mortality ratio in the West African Economic and Monetary Union. BMC Women's Health, 24(1), 109. https://doi.org/10.1186/s12905-024-02950-2

Interswitch Group. (2024, June 17). Lagos State government signs concession with Interswitch for Lagos Smart Health Information Platform. Interswitch Group. https://interswitchgroup.com/news/lagos-state-government-signs-concession-with-interswitch-for-lagos-smart/

Knight Frank. (2020). *Healthcare in Africa.* Knight Frank LLP. https://content.knightfrank.com/research/1981/documents/en/healthcare-in-africa-2020-7198.pdf

KPMG International. (2024, October 2). Nigeria – Lagos State government requires subscription to health insurance scheme. KPMG Flash Alert 2024-191. https://kpmg.com/xx/en/our-insights/gms-flash-alert/flash-alert-2024-191.html

Lagos Ministry of Health. (2024). Sub-national health accounts for Lagos State. Lagos State Ministry of Health. https://health.lagosstate.gov.ng/assets/Final-Report_Lagos-State-Health-Accounts-2020-2021-1v-Ubong-6-Oct-2023-MpB9yk2s.pdf

Lagos Ministry of Health. (2024, December 17). Lagos State Staff Clinic gets digital upgrade with four major projects. Lagos State Ministry of Health. https://lagosministryofhealth.org/lagos-state-staff-clinic-gets-digital-upgrade-with-four-major-projects/

Lagos Ministry of Health. (2024, June 19). Lagos floats smart health information platform for patients' data management. Lagos State Ministry of Health. https://lagosministryofhealth.org/lagos-floats-smart-health-information-platform-for-patients-data-management/

Lagos Ministry of Health. (2025, March 28). LASHMA boosts health insurance awareness, unveils new initiatives. Lagos State Ministry of Health. https://lagosministryofhealth.org/lashma-boosts-health-insurance-awareness-unveils-new-initiatives/

Lagos Ministry of Health. (2025, May 1). Sanwo-Olu's six-year health revolution: Lagos sets standards in health access, infrastructure, and innovation. Lagos State Ministry of Health. https://lagosministryofhealth.org/sanwo-lus-six-year-health-revolution-lagos-sets-standards-in-health-access-infrastructure-and-innovation/

Lagos Reproductive and Child Health Indicator Survey (LARCHIS), 2022.

Lagos State Bureau of Statistics (LBS) (2025). Estimated Population of Lagos residents. https://eko360.ng/search-dataset

Lagos State Government (2025) Lagos Charts Bold Path to Universal Health Access. https://lagosstate.gov.ng/news/all/view/68664db75e4c9d6cecacc363

Lagos State Government. (2025). Y2025 Citizens Budget. Lagos State Ministry of Economic Planning and Budget. https://lagosmepb.org/wp-content/uploads/Y2025-Lagos-State-Citizens-Budget.pdf

Lagos State Government. (2025, January 9). Sanwo-Olu signs 2025 Appropriation Bill. Lagos State Government Official Website. https://lagosstate.gov.ng/news/all/view/67801b64db5e7ef4cd952303

Lagos State House of Assembly (LAHA) (2025) Appropriation Bill. 2024-2025.

Lagos State Ministry of Health (2025) Lagos Unveils Landmark Health Financing Reforms, Launches LPHP to drive Universal Health Coverage. https://lagosministryofhealth.org/lagos-unveils-landmark-health-financing-reforms-launches-lphp-to-drive-universal-health-coverage/

Lagos State Ministry of Health (2025). Estimates of Maternal Mortality and Stillbirths and Causes of Maternal Mortality in Lagos State: Findings from the Lagos State Verbal and Social Autopsy Sample Registration System. (D. Family Health and Nutrition).

Lagos State Ministry of Health (LSMoH). (2022). Maternal and Child Mortality Reduction (MCMR) Programme. Lagos State Ministry of Health. https://lagosministryofhealth.org/lagos-state-maternal-and-child-mortality-reduction-mcmr-program/

Lagos State Ministry of Health. (2023). Lagos State sub-national health accounts 2020–2021: Final report. Lagos State Ministry of Health. https://health.lagosstate.gov.ng/assets/Final-Report_Lagos-State-Health-Accounts-2020-2021-1v-Ubong-6-Oct-2023-MpB9yk2s.pdf

Maternal Health Advocacy and Communication (MHAC) Project (2025). The private sector's role in delivering digital health solutions and private healthcare financing in MSD for Mothers (MfM) supported states: Final assessment report. ACIOE Foundation.

Medrxiv (2025, June 27). Assessing digital health maturity in Nigeria: Evidence from a sub-national assessment across ten (10) states and strategic imperatives for the health sector. https://www.medrxiv.org/content/10.1101/2025.06.27.25330401v1.full

Umezurike, S. A., et al. (2020). Underlying causes of underutilization of maternal, neonatal and child health (MNCH) services in Africa: A survey from Lagos State, Nigeria. PMC. https://pmc.ncbi.nlm.nih.gov/articles/PMC7731355/

Wright, K. O., Adeniran, A., Aderibigbe, A., Akinyemi, O., Fagbemi, T., Zamba, E., et al. (2025). Factors associated with catastrophic healthcare expenditure in communities of Lagos Nigeria: A megacity experience. PLoS ONE, 20(1). doi.org/10.1371/journal.pone.0316814

Wright, K. O., Fagbemi, T., Omoera, V., Imosemi, D., et al. (2024). A population-based estimation of maternal mortality in Lagos State, Nigeria using the indirect sisterhood method. BMC Pregnancy and Childbirth, 24, 314. https://doi.org/10.1186/s12884-024-06516-w

ACIOE FOUNDATION

Contact Information
Suite 305, 3rd Floor, Yobe Investment House
Plot 1332 Ralph Shodeinde Street, CBD, Abuja, Nigeria
Phone: +234 705 457 4057 **Email:** contactus@acioe.com **Website:** https://acioefoundation.org