FEDERAL MINISTRY OF HEALTH AND SOCIAL WELFARE & ACIOE FOUNDATION

National Policy Dialogue

Event Report

THEME

Institutionalising Health Financing and Digital Health Innovations in Nigeria: Maternal Health Reforms – A Case for Private Health Sector Integration

DATE	VENUE
30 July 2026	Abuja Continental Hotel, Abuja

01 Executive Summary

The National Policy Dialogue on Institutionalising Health Financing and Digital Health Innovations in Nigeria was convened by the Federal Ministry of Health and Social Welfare in collaboration with ACIOE Foundation, Nigeria Health Watch, and MSD for Mothers on 30 July 2026 in Abuja. It brought together senior government officials, development partners, financial institutions, private healthcare providers, professional associations, regulators, digital health innovators, academia, civil society and the media.

The dialogue examined evidence from the Maternal Health Advocacy and Communications (MHAC) Project, implemented across Ekiti, Kaduna and Lagos States, and showcased proven innovations: the Helium Health Maternal Health Fund, the PACS Project, the MomCare Framework, and digital and community models including Project Aisha and mDoc. Together, these demonstrated that affordable financing, healthcare provider accreditation, quality improvement, and digital platforms can measurably improve maternal healthcare while strengthening accountability and sustainability.

Deliberations converged on five priorities: institutionalising blended financing mechanisms; strengthening interoperability across public and private digital health systems; expanding affordable credit for private providers; improving providers' financial readiness and governance; and establishing enabling policy and regulatory frameworks for private-sector participation. The dialogue closed with the formal presentation of ACIOE Foundation's national advocacy brief, “Integrating Nigeria's Private Health Sector into National Health Financing and Digital Health Strategies: From Afterthought to Architecture,” to the Federal Ministry of Health and Social Welfare, NPHCDA, NHIA, the Federal Ministry of Women Affairs, UNFPA, CBN, Wema Bank, FCMB and Nigeria Health Watch, with commitments from each to transmit the recommendations to their leadership.

02 Context and Purpose

Nigeria continues to carry one of the world's heaviest maternal mortality burdens, at approximately 572 deaths per 100,000 live births. Nearly 75% of health expenditure is paid out of pocket, fewer than 10% of Nigerians hold any form of health insurance, and financial barriers, weak public–private integration, and fragmented digital platforms continue to slow progress towards Universal Health Coverage.

572 maternal deaths per 100,000 live births	**75%** of health expenditure paid out of pocket	**<10%** of Nigerians hold any health insurance	**60–70%** of first-contact care delivered by the private sector

The private health sector delivers between 60% and 70% of first-contact care. Yet, private providers face limited access to affordable financing, weak policy integration, poor digital interoperability, and minimal participation in government financing programmes. The dialogue was convened to present MHAC evidence, showcase implementation models, and generate actionable recommendations for institutionalising sustainable financing and digital health innovation in maternal healthcare.

03 Opening Session: Key Messages

Iyadunni Olubode, Nigeria and Kenya Country Lead for MSD for Mothers (MfM), warmly welcomed participants from the Federal Ministry of Health and Social Welfare, government agencies, development partners, financial institutions, private healthcare providers, civil society organisations, professional associations, researchers, and other stakeholders in opening the 2026 National Policy Dialogue.

> *"Innovation only becomes meaningful when translated into actions that benefit society."* - Iyadunni Olubode · Nigeria & Kenya Country Lead, MSD for Mothers

Iyadunni Olubode, Nigeria and Kenya Country Lead for MSD

Iyadunni challenged participants to treat maternal health as a moral obligation rather than a professional assignment, noting that innovation becomes meaningful only when translated into action, and urging practical, implementable solutions over routine discussion. Drawing comparisons with countries that have successfully improved maternal health outcomes, she urged participants to move beyond routine discussions and develop practical, implementable solutions. She encouraged participants to actively engage in discussions, share practical experiences, and develop actionable recommendations to strengthen Nigeria's health system and accelerate progress towards UHC.

Olukunle Daramola, Director of ACIOE Foundation, delivered a stimulating Welcome Address, formally welcoming participants on behalf of the Accountability Commitment for Innovation, Optimism and Excellence Foundation (ACIOE) and setting the tone. He argued that private-sector integration must be treated as a strategic partnership rather than as stakeholder participation. Stronger collaboration, he noted, improves quality, expands access to underserved populations, strengthens accountability, increases investment, and improves the sustainability of reforms.

Olukunle Daramola, ACIOE Foundation

Goodwill Messages

- **Adenike Adepetu** (Central Bank of Nigeria) confirmed the Bank's role was to listen and undertook to transmit the dialogue's recommendations to the Banking Supervision Department to inform future regulations supporting healthcare financing.
- **Onyedikachi Ewe** (Nigeria Health Watch) stressed that Nigeria already has sufficient evidence-based innovations and that the priority is implementation rather than additional reports.
- **Dr. Ernest Chukwuemeka** (ANPMP) called for private healthcare provider representation on national and state technical working groups.
- **Zainab Seidu** (CHAI) emphasized that health financing, digital health, and private sector participation must be pursued as one integrated agenda.
- **Dr. Philip Ekpe** (Nigerian Medical Association) noted Nigeria's persistent implementation gap despite abundant policy, and that the Abuja Declaration target of 15% budgetary allocation to health remains unmet.
- **Dr. Samuel Oyeniyi** (FMOH&SW Reproductive Health Division), ably represented by Dr Elizabeth Obioha, reaffirmed the Ministry's commitment to sustainable financing, digital health innovation and the institutionalisation of proven innovations.

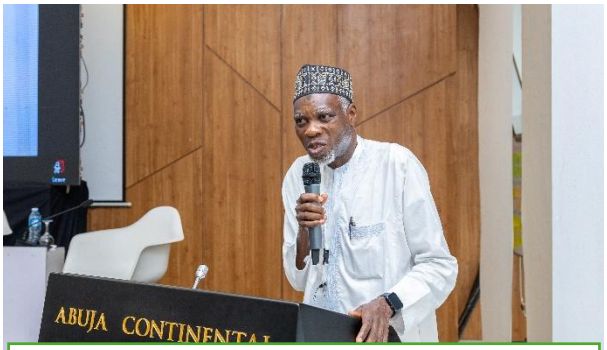
Onyedikachi Ewe, NHW

Adenike Adepetu, CBN

Zainab Seidu, CHAI

Dr Philip Ekpe, NMA

Dr Ernest Chukwuemeka,



Dr Muhammad Ozi, DFH, FMoH&SW

Similarly, **Dr Muhammad Ozi,** Director, Family Health Department, FMoH&SW, addressed the session briefly, urging that resolutions made in the dialogue should be actionable, implementable, and collectively owned by all stakeholders rather than by any single institution. He acknowledged that government alone cannot achieve the desired health outcomes without the immeasurable efforts and the role of the private sector in delivering maternal health outcomes for the country. He commended ACIOE Foundation for convening the dialogue and bringing together government institutions, development partners, civil society organisations and private health sector actors. He reaffirmed the Federal Ministry of Health and Social Welfare's commitment to sustainable health financing, digital health innovation, strengthening maternal

healthcare, and institutionalising successful innovations. He concluded by encouraging participants to engage constructively and identify practical strategies for integrating proven innovations into ongoing national health reforms.

04 Technical Session I: Evidence from the MHAC Project

Simeon Christian Chukwu, Monitoring and Evaluation Lead, ACIOE Foundation, presented findings from the MHAC Project, launched in September 2024 with support from MSD for Mothers and implemented with Nigeria Health Watch across Ekiti, Kaduna and Lagos States. Of Nigeria's roughly 40,000 functional hospitals, nearly 10,000 are privately owned, and 60–70% of Nigerians first seek care from private health providers, including community pharmacies and PPMVs.

Financing Pathways and Barriers for Maternal Health

Existing pathways include state health insurance schemes (Ulerawa in Ekiti, KADCHMA in Kaduna, ILERAEKO in Lagos), donor-supported programmes, Corporate Social Responsibility (CSR) initiatives, public–private financing partnerships, and fintech-driven models such as Helium Credit, Wema Bank's SE Platform and FCMB's health financing products, though sustainability remains a concern given continued donor dependence.

Commercial interest rates sometimes exceed 40–90%, with collateral requirements beyond the capacity of most facilities. Between 70% and 80% of facilities applying for credit failed eligibility requirements because of inadequate documentation and weak financial management systems. Other constraints: high operating costs, weak integration into public systems, inconsistent policy implementation, public–private mistrust, weak regulatory oversight, one-directional referral from private to public facilities, and reluctance to share data over taxation concerns.

Digital Health Integration

Adoption is advancing through EMR systems, DHIS2 reporting, digital inventory management, mobile health applications, and digital reimbursement platforms — notably Helium EMR, Maisha Med, the Complete Health Chatbot (mDoc), the Ulerawa Digital Platform, and Point-of-Care Ultrasound. Constraints remain inadequate infrastructure, unreliable power and connectivity, limited interoperability, burdensome paper-based reporting, and provider reluctance to share data. The Maternal Mortality Reduction Innovation Initiative (MAMII) offers a structured entry point for public–private collaboration.

05 Innovations Showcased

Maternal Health Fund — Chukwuma Okorafor, Helium Health

Framed maternal health investment as economic stabilisation rather than social cost. The Fund targets the third delay — when a woman reaches a facility but cannot receive timely care — by

combining affordable financing, quality improvement, capacity building and digital systems. Objectives for 2025–2027: disburse US$1 million in affordable loans, link 100 providers to financing tied to quality improvement, and train 200 providers.

The underlying Helium Credit platform has disbursed approximately US$11 million to over 450 facilities, with a 93% repayment rate and non-performing loans below 5%. Progress to date includes US$1 million in secured loan capital, 402 facilities reached, 31 financial readiness assessments completed, 20 facilities approved for financing, and an impact measurement framework co-developed with the FMOHSW. The central lesson: financial readiness, documentation quality and corporate governance — not capital alone — determine access to finance.

Chukwuma Okorafor, Helium Health

PACS Project — Mark Akpan, SCIDaR

Nigeria has approximately 206,000 registered PPMVs and community pharmacists, about 65% of them women-owned or women-led. Through the Wema–CIFF Health Financing Facility, the project disbursed US$108,000 to 156 healthcare MSMEs, of which 97 were female providers; trained 108 providers in business and financial management; and recorded a 33.6% increase in business investment and a 36% increase in provider income, reaching over 300,000 community members in Kaduna and Lagos. Portfolio at Risk remained below 1% against the CBN's 5% benchmark. Over 550 accredited providers gained improved commodity access (77% women), and 211 facilities were branded under the PCN Tier Accreditation Programme. A Digital Finance Hub is being established to serve some 200,000 PPMVs, 5,000 private facilities and 6,000 community pharmacies. The principal constraint is legislative delay in restructuring the PCN Governing Board, which is slowing national institutionalisation of accreditation.

Mark Akpan, SCIDaR

MomCare Framework — Chisom Amadi, PharmAccess Foundation

A value-based model that finances maternal care on quality and outcomes rather than volume. Across Kenya and Tanzania, it has supported approximately 87,000 pregnant women in 125 facilities, establishing that a complete maternal health journey costs between US$28 and US$100 depending on risk profile — evidence governments can use for realistic budgeting. In Zanzibar, part of the tourism tax finances maternal care through the programme.

A LASHMA baseline found maternal health accounts for more than half of Ilera Eko claims, with roughly 70% involving Caesarean sections, many potentially avoidable through early antenatal attendance and better risk identification. The Nigeria pilot, in Ikorodu LGA, will cover 5,000 pregnant women across 200 facilities with mDoc, SafeCare, LASHMA and CHEWs as partners, and is modelled to save the insurance scheme approximately US$400,000. A Maternity Rating Tool links reimbursement to quality performance.

Chisom Amadi, PharmAccess

06 Panel Discussion

Theme: Institutionalising Health Financing and Digital Health Innovations in Nigeria — A Case for Private Health Sector Integration. Moderated by Dr. Adediran Hameed, Country Director, Care Network Medical Aid Foundation.

The moderator framed the session around three questions: how the private sector can be effectively integrated into the NHIA; whether community pharmacies, PPMVs and private hospitals should serve as BHCPF enrolment and referral agents; and how financing for private providers can become practical and sustainable rather than aspirational.

Adeyemi Steven — Director, ICT, FMOHSW

The Federal Government approved the National Digital Health Information Exchange in 2024 and established a 20-member committee to oversee implementation, beginning with interoperability frameworks and national registries before pilot and nationwide rollout. Full implementation is targeted for May 2027, subject to adequate funding, state-level commitment and compliance with national digital health standards. He acknowledged that private providers deliver more than 70% of services and are therefore indispensable to the national digital health agenda, and identified fragmented information systems, absent interoperability, inadequate funding and uneven digital readiness as the principal implementation risks.

Chisom Amadi — PharmAccess Foundation

Drawing on the Kwara State Health Insurance Scheme, LASHMA collaboration, the CarePay platform, SafeCare standards and MomCare, she highlighted the "sachetisation" of insurance products so that premium payments align with the irregular incomes of informal sector workers. She recommended stronger collaboration between NHIA and professional regulatory bodies, digitisation of enrolment and claims management, transparent accountability mechanisms, structured incentives for community pharmacies and PPMVs, and policy reform clarifying professional scopes of practice. On domestic resource mobilisation, she proposed leveraging diaspora remittances, health taxes on tobacco, alcohol and sugar-sweetened beverages, CSR contributions and structured financing mechanisms.

Dr. Chukwuma Ernest — President, Association of Nigeria Private Medical Practitioners

Private hospitals already deliver a significant share of maternal and child healthcare but have received limited support under government financing programmes. He called for deliberate inclusion of accredited private providers through timely reimbursement under insurance schemes, equal access to digital health platforms, continuous capacity building and simplified reporting. Citing the high cost of commercial lending, exclusion from government-supported interventions, inadequate digital infrastructure and rising operational costs, he appealed for single-digit interest loans, tax incentives, affordable digital infrastructure and long-term financing arrangements.

Chidimma Chibuike Anachebe — Head, Healthcare Desk, FCMB

FCMB established a dedicated Healthcare Desk to bridge the disconnect between banks, which have treated healthcare lending as high-risk, and providers, who have lacked confidence in commercial banks. The Bank introduced collateral-free healthcare loans of up to ₦50 million with simplified documentation and one-week approval timelines, has already disbursed more than ₦1 billion, and has committed a ₦20 billion healthcare financing fund. Work is ongoing on an affordable interest rate framework tailored to healthcare providers, and she pledged increased attention to maternal and child health within the Bank's portfolio.

Endurance Omale — Wema Bank Plc

Concessionary healthcare financing pilots in Kaduna and Lagos recorded default rates below 1%, demonstrating that healthcare lending is commercially viable where due diligence is appropriately designed. The Bank is digitising its lending processes so providers, including PPMVs, can access financing electronically with reduced paperwork, and he recommended expanding affordable financing through partnerships with CrediCorp and other on-lending mechanisms.

Dr. Muhammad Bello Garba — Head, Community Health Services Division, NPHCDA

He acknowledged that private providers have historically been underrepresented in government programmes despite their contribution to service delivery. He announced the deployment of a Primary Healthcare electronic platform to digitise service delivery at community and facility levels, alongside digitisation of BHCPF business planning and approval processes to improve transparency. While current BHCPF investment remains focused on public primary healthcare facilities, he noted

that future policy direction increasingly recognises private provider engagement, and suggested support through tax holidays, customs duty waivers on imported medical equipment and affordable financing rather than direct subsidies.

Dr. Elizabeth Obioha — Reproductive Health Division, FMOHSW

The proposed National Private Health Sector Maternal Health Engagement Framework seeks to strengthen accreditation pathways, improve accountability, expand digital health integration, enhance private provider participation in Maternal and Perinatal Death Surveillance and Response (MPDSR), and institutionalise public–private collaboration. No official timeline has yet been announced for integrating private providers into national digital health systems, but the Ministry is committed to an inclusive process guided by national policy and regulatory frameworks.

Consensus Emerging from the Panel

- Strengthen public–private partnerships as a foundation for achieving UHC.
- Expand private sector participation within NHIA and BHCPF implementation.
- Accelerate digitisation of insurance enrolment, referrals, claims processing and health information systems, and improve interoperability across public and private platforms.
- Develop sustainable financing mechanisms tailored to private providers and expand affordable financing through commercial banks and specialised products.
- Advance policy reforms to provide tax incentives, regulatory support and affordable financing.
- Ensure all recommendations emerging from the dialogue are practical, implementable and collectively owned.

07 Plenary, Question-and-Answer Sessions

Scaling digital innovations. The FMoH&SW responded that while many private innovations are technically sound, national integration requires compliance with government standards for interoperability, data architecture and system compatibility, and that government is working towards a more centralised, interoperable national ecosystem.

Pharmacy platform interoperability. Asked how PACS will integrate PCN platforms under the National e-Pharmacy Policy, the response acknowledged that progress under the IntegratE Project has not yet achieved full interoperability, and that institutionalisation requires closer collaboration between FMoH&SW, PCN, Hospital Services and DPRS.

Demand-side financing and CHEWs. The Challenge Initiative called for greater attention to the demand side — community health information, barriers to care and referral pathways linking communities to CPs, PPMVs and facilities. mDoc responded that CHEWs should be formally integrated into digital health innovations and community maternal health programmes.

Health financing versus healthcare financing. Scidar distinguished health financing (financing health systems and expanding coverage) from healthcare financing (capital for healthcare businesses) and recommended that CBN incorporate healthcare financing into the forthcoming National Financial Inclusion Strategy (NFIS 4.0) and promote blended concessionary and private capital. CBN clarified that taxation is a fiscal rather than monetary matter, confirmed that ongoing policy reviews create room for the proposal, and noted that while intervention funds are currently unavailable, DBN and CrediCorp continue to channel single-digit financing through participating institutions.

Ongoing policy reviews. The FMOH&SW confirmed that the National Health Financing Policy and tax policy reforms are under review with private-sector participation; that a permanent private-sector seat on the Ministerial Oversight Committee awaits consultations among private-sector organisations; and that the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) offers further avenues for collaboration.

08 National Advocacy Agenda and Handover of the Brief

Adenike Badiora, Advocacy Lead, ACIOE Foundation and the PACS Project, presented the national advocacy agenda, "Integrating Nigeria's Private Health Sector into National Health Financing and Digital Health Strategies: From Afterthought to Architecture." Drawing on ACIOE's rapid assessment, she noted that Lagos State has over 3,000 private hospitals, more than 3,000 community pharmacies and over 11,000 PPMVs; Kaduna has approximately 433 private hospitals and over 4,000 PPMVs; and Ekiti has 278 registered private hospitals — capacity that remains largely outside national financing and digital architecture. She cited results already achieved: Project Aisha recorded a 55% reduction in maternal deaths in supported facilities through community MPDSR; mDoc demonstrated significant systolic blood pressure reductions through remote monitoring of hypertensive pregnant women; and Kaduna State's digital insurance reforms raised enrolment from approximately 4.5% to 9.6% within two years. With donor funding declining, she argued, Nigeria must build domestic solutions and treat the private health sector as a strategic partner — calling on the National Assembly to expedite the BHCPF Amendment Bill, the FMoH&SW to secure meaningful private sector representation in digital health governance, NHIA to accredit community pharmacies and PPMVs as enrolment and referral agents, and financial institutions to expand blended financing.

Adenike Badiora, Advocacy Lead, ACIOE

> *"From pilot projects to national policy, and from afterthought to architecture."*
>
> Adenike Badiora · Advocacy Lead, ACIOE Foundation

Olukunle Daramola, Director, ACIOE Foundation, formally presented the advocacy brief to the FMoH&SW, NPHCDA, Federal Ministry of Women Affairs, NHIA, UNFPA, CBN, Wema Bank, FCMB, Nigeria Health Watch and other partners. During the handover ceremony, representatives of the Federal Ministry of Health and Social Welfare assured participants that the advocacy recommendations would be transmitted to the Honourable Minister for appropriate consideration and action. The representative of the National Primary Health Care Development Agency reaffirmed the Agency's commitment to strengthening collaboration with the private health sector, particularly in implementing the Maternal Mortality Reduction Innovation and Initiatives (MAMII) programme and improving service delivery at the primary healthcare level.

Formal Handover of the Advocacy Brief to Stakeholders

Similarly, the representative of the Federal Ministry of Health's Food and Drug Services Department highlighted ongoing efforts by the Pharmacists Council of Nigeria (PCN) to onboard Community Pharmacists and Patent and Proprietary Medicine Vendors onto national digital platforms, noting that their eventual integration into the National Health Database would strengthen healthcare delivery and data interoperability across the country. The official presentation and acceptance of the Advocacy Brief represented a significant milestone of the National Policy Dialogue, demonstrating a shared commitment among government institutions, development partners, financial institutions, and private sector stakeholders to advance sustainable health financing reforms, strengthen digital health systems, and institutionalise private sector integration as a key strategy for improving maternal health outcomes in Nigeria.

09 Key Outcomes

- Broad consensus that meaningful private health sector integration is essential to improving maternal health outcomes and accelerating progress towards UHC.
- Proven financing and digital health innovations from Ekiti, Kaduna and Lagos presented with documented results in service delivery, insurance enrolment and digital adoption.
- Formal presentation and acceptance of the national advocacy brief by key government institutions, financial institutions and development partners.
- Commitments from FMOH&SW, NPHCDA and other agencies to review the Advocacy Asks, strengthen private sector collaboration and support implementation of relevant recommendations.
- Recognition of digital health interoperability, data management and digital literacy as a strategic enabler of financing, service delivery and decision-making.
- Acknowledgement of the urgent need for sustainable domestic financing to reduce reliance on donor funding, including operationalising the proposed Mama Fund.

- Agreement to sustain multi-stakeholder policy dialogue and continued advocacy, with ACIOE Foundation coordinating follow-up on commitments.

10 Recommendations

POLICY AND GOVERNANCE

- Fast-track the amendment and implementation of the Basic Health Care Provision Fund (BHCPF) 2.0.
- Ring-fence 30% of BHCPF for maternal and child health services.
- Develop and publish a National Private Health Sector Maternal Health Engagement Framework.
- Ensure private health sector representation on national and state health policy and technical committees.
- Institutionalise regular multi-stakeholder policy dialogues on maternal health financing and digital health.

HEALTH FINANCING

- Expand NHIA coverage and accelerate enrolment of women, especially vulnerable populations.
- Increase accreditation of private health facilities, community pharmacists and PPMVs, where appropriate, within national health financing mechanisms.
- Establish blended financing mechanisms to improve access to affordable capital for private healthcare providers.
- Mobilise additional domestic resources, including operationalising the proposed Mama Fund and considering dedicated health taxes.
- Encourage financial institutions to develop affordable financing products for healthcare businesses.

DIGITAL HEALTH

- Fast-track passage of the National Digital Health Bill.
- Integrate private health sector digital platforms into the National Digital Health Architecture.
- Improve interoperability of health information systems across public and private sectors.
- Scale proven digital health innovations using Federal and State Government budgets rather than relying solely on donor support.
- Strengthen digital literacy and capacity building among public healthcare workers and private health providers.

PRIVATE SECTOR INTEGRATION

- Recognise the private health sector as a strategic partner in maternal health reforms.
- Increase awareness among private health providers of existing government financing opportunities.
- Include private health providers in policy formulation, implementation, monitoring and evaluation.

- Strengthen the business and financial management capacity of private providers to improve their participation in insurance schemes.

COMMUNITY ENGAGEMENT AND DEMAND GENERATION

- Strengthen community awareness of maternal health services and health insurance.
- Improve referral systems linking communities with both public and private facilities.
- Empower Community Health Extension Workers to support maternal health promotion, referral and follow-up, and integrate them formally into digital health programmes.

IMPLEMENTATION, ACCOUNTABILITY AND EVIDENCE

- Develop clear implementation plans for the policy recommendations, with mechanisms for tracking commitments made during the dialogue.
- Strengthen transparency and accountability in the use of BHCPF and maternal health funds, using digital platforms to monitor disbursement and implementation.
- Strengthen maternal health data systems and interoperability and improve data sharing between public and private providers.
- Use evidence generated from successful innovations to inform national policy.

ADVOCACY AND FOLLOW-UP

- ACIOE Foundation to coordinate follow-up on the advocacy brief and stakeholder commitments.
- Development partners to continue supporting evidence generation and policy engagement.
- Replicate similar policy dialogues at state level to support sub-national adoption of proven innovations.

11 Conclusion

The dialogue reaffirmed the indispensable role of the private health sector in improving maternal health outcomes and the need for stronger policy integration, sustainable domestic financing, expanded insurance coverage, digital transformation and evidence-driven decision-making. Stakeholders recognised that achieving Universal Health Coverage and reducing maternal mortality will require deliberate cross-sector collaboration, strengthened governance, innovative financing and effective use of digital technology.

The formal presentation of the advocacy brief and the commitments made by government and financial institutions underscored a shared resolve to accelerate policy implementation and ensure proven innovations are scaled sustainably beyond donor-funded initiatives. ACIOE Foundation will coordinate follow-up on the commitments recorded in this report.

PHOTO GALLERY

Moments from the National Policy Dialogue — Abuja, 30 July 2026

WITH THANKS TO OUR STAKEHOLDERS, COLLABORATORS AND PARTNERS

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