Advocacy Brief

Integrating Nigeria's Private Health Sector into National Health Financing and Digital Health Strategies: From Afterthought to Architecture

572	~75%	<10%
Maternal deaths per 100,000 live births - Nigeria's MMR [1]	Of health costs paid directly out of pocket by households [2]	Of Nigerians covered by any form of health insurance [3]

Executive Summary

Nigeria's maternal health crisis persists not because solutions are unknown but because the systems meant to deliver those solutions are fragmented; the private sector, which provides most of the care, is routinely left out of the planning. Private health facilities, Community Pharmacies (CPs), Patent and Proprietary Medicine Vendors (PPMVs), account for at least 60 - 70% of healthcare delivery in Nigeria.[4] Yet they remain on the margins of national digital health architecture and health financing frameworks.

This advocacy brief draws on evidence gathered by the Maternal Health Advocacy and Communications (MHAC) Project, implemented by ACIOE Foundation and Nigeria Health Watch (NHW) in Ekiti, Kaduna, and Lagos States. It also draws on findings from the Health Access 2025 Roundtable Dialogue held in Kaduna State, the MHAC Rapid Assessment Report (2025) from the three focal States, and a growing body of peer-reviewed evidence. It makes the case that Nigeria's landmark health financing and digital health reforms, such as the National Health Act Amendment Bill (2026), the Basic Health Care Provision Fund (BHCPF) increase to 2% of the Consolidated Revenue Fund, the Nigeria Digital in Health Initiative (NDHI), and the Maternal and Neonatal Mortality Reduction Innovation Initiative (MAMII), will only deliver their full potential provided the private sector is formally, structurally, and consistently included from the planning to implementation.

The brief presents nine national advocacy asks directed at the Federal Ministry of Health and Social Welfare, the National Health Insurance Authority (NHIA), Nigeria Digital in Health Initiative (NDHI), the National Primary Health Care Development Agency (NPHCDA), the National Assembly, and development partners.

1. Background and Context

1.1 Nigeria's Maternal Health Burden

Nigeria remains one of the countries in the world that contributes to maternal mortality. With a maternal mortality ratio (MMR) of 572 deaths per 100,000 live births, the country accounts for roughly 28% of global maternal deaths.[1] In 2023 alone, an estimated 75,000 Nigerian women lost their lives during pregnancy or childbirth.[5] This figure is more than eight times the Sustainable Development Goal (SDG) target of 70 deaths per 100,000 live births.

The causes are well understood and preventable. Inadequate skilled birth attendance, financial barriers, poor referral systems, weak data infrastructure, and fragmented service delivery across public and private sectors collectively contribute to these avoidable deaths.[6] What is less often acknowledged is that most women in Nigeria, especially in urban and peri-urban communities, access maternal care through the private health sector. In Lagos State alone, 3167 private health providers account for over 70% of healthcare delivery.[7] In Kaduna, 433 registered private facilities and 4,462 PPMVs form a critical part of the maternal health ecosystem.[8] While Ekiti has 278 private hospitals. Yet these providers largely operate outside the systems of accountability, data exchange, and financing that define national strategy.

1.2 The Financing Crisis

Nigeria spends one of the lowest proportions of government revenue on health in the world. The health budget allocation has hovered between 4% and 5% of total national expenditure in recent years, which is well below the 15% Abuja Declaration benchmark that Nigeria committed to in 2001.[9] As a direct consequence, Nigerian households bear approximately 75% of all health costs out of pocket.[2] This level of out-of-pocket spending is catastrophic for poor families and a proven barrier to women seeking maternal care.

A peer-reviewed extended cost-effectiveness analysis found that if Nigeria were to publicly finance just 18 essential maternal, newborn, and child health (MNCH) interventions, this could prevent over 110,000 maternal deaths and 1.05 million under-five deaths by 2030, while averting US$1.8 billion in private health expenditure.[10] The study further found this would cost just US$44 per life-year gained, which is highly cost-effective by any standard.

A welcome step came in April 2026 when the Nigerian Senate passed the National Health Act (Amendment) Bill 2026, raising the BHCPF from 1% to 2% of the Consolidated Revenue Fund.[11] This legislative milestone could unlock additional billions of naira for primary healthcare, including maternal healthcare services. While the process still requires concurrence from the House of Representatives and presidential assent, alongside Nigeria's frequent pattern of committed funds being released late or not at all, sustained advocacy must accompany every step through to timely funds release.

1.3 The Private Health Sector: Contribution Without Recognition

The private health sector's contribution to Nigeria's healthcare system is substantial and growing. A 2024 analysis by Nigeria Health Watch noted that despite this contribution, public-private integration remains weak, with the private sector largely excluded from sector-wide planning, budgeting, and accountability frameworks.[4] The Nigeria Health Sector Renewal Investment Initiative (NHSRII), launched in 2023, introduced a Sector-Wide Approach (SWAp) designed to align all stakeholders under a single national plan and budget.[12] The UHC Compact Addendum signed in 2025 expanded this further, formally including private sector partners for the first time.[13] Yet implementation gaps persist.

Private health facilities still struggle to access affordable credit, remain outside most State Social Health Insurance schemes, and not all comply with reporting into State and National health information systems.

A 2025 sub-national assessment of digital health maturity across ten Nigerian states found deep fragmentation across governance, infrastructure, and service delivery, with the private sector largely absent from data exchange infrastructure.[14] Fewer than 18% of Nigerian hospitals use electronic medical records (EMRs), and most of those are in the public sector. [15]

1.4 The Digital Health Moment

Nigeria's Federal Government launched the Nigeria Digital in Health Initiative (NDHI) in March 2024, the country's most ambitious digital health effort to date.[16] Anchored on three components: an Interoperable Digital Health Services Network, a Health Claims Exchange (HCX), and a Health Information Exchange (HIE), the NDHI aims to unify Nigeria's fragmented digital health ecosystem. The Ministry of State for Health and Social Welfare has been direct: since the private sector accounts for 60% of healthcare delivery, it must be fully integrated into national health reporting systems.[17]

Simultaneously, MAMII was launched to address the five critical delays contributing to maternal deaths, with a strong emphasis on health financing, digital health solutions, and community engagement.[18] Both NDHI and MAMII represent genuine opportunities. However, a 2025 scoping review reminds us that good intentions are not enough; unless NDHI is anchored in the realities of Nigeria's infrastructure and designed to actively include the private health sector, it risks repeating the cycle of disconnected pilots and parallel platforms that have long hindered digital health progress.

2. Evidence from the MHAC Project: What Works in Ekiti, Kaduna, and Lagos

The MHAC Rapid Assessment (2025) gathered evidence across three states from key informants, focus group discussions with women of reproductive age, and health system stakeholders. The findings reveal both the promise of innovation and the structural barriers that prevent it from reaching scale.

2.1a Digital Health Innovations with Proven Impact

mDoc Complete Health™ — Digital Mom Project (Ekiti State)

In Ekiti State, the mDoc Digital Mom project, a technology-enabled maternal health model, supported over 23,910 women of reproductive age. Using AI-powered self-care coaching, remote monitoring, peer group support, and the NaviHealth.ai platform for geo-coded referrals. The programme recorded significant health improvements. Participants showed an average reduction of 22.3 mmHg in systolic blood pressure, 12.6 mmHg in diastolic blood pressure, and 80.2 mg/dL in blood glucose levels. Digital confidence rose by 10%, and 57% of members identified with elevated health metrics were successfully referred for care. Knowledge gains among women was 10.44%.[6]

Yet scale remains constrained by digital literacy gaps, inconsistent connectivity, and the absence of a coordinated State digital health policy that formally recognizes and finances these innovations.[6]

FOR M(om) and PACS Projects (Lagos and Kaduna States)

Under the FOR M(om) programme, Helium Health EMR was deployed in private health facilities in Lagos, transforming clinical record management and enabling patient tracking and performance analytics. Alongside this, PACS project partnered with Wema Bank to offer subsidised loans to community pharmacies and PPMVs at single-digit interest rates in Lagos and Kaduna States. In Kaduna, the Development Bank of Nigeria (DBN) and the Bank of Industry (BOI) committed to single-digit, long-tenor loans (5 to 7 years) for small and medium healthcare enterprises.[8] These blended finance models demonstrate that private sector engagement in maternal health is achievable with the right financial architecture.

KADCHMA Digital Transformation and Micro-payment Models (Kaduna State)

The Kaduna State Contributory Health Management Authority (KADCHMA) undertook a digital transformation that raised health insurance coverage from 4.5% to 9.6%.[8] Though still critically low, this jump demonstrates the power of digital tools to expand coverage. The Gates Foundation committed to funding coverage for approximately 32,000 lives (around ₦400 million), with the Kaduna State Government matching this with 70,000 lives (₦700–800 million), generating a projected inflow of ₦1.2 billion into the State scheme. Moniepoint advanced a proposal to use its agent networks for home-based enrollment, while Polaris Bank introduced a micro-payment programme for premium contributions - both innovations pointing the way for national-level replication. [8]

Lagos State Health Financing and Digital Platforms

Lagos State has made notable progress in both health financing and 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 with Interswitch and eClat, designed to create a centralised, interoperable health information system.[7] The Lagos Private Health Partnership (LPHP) launched in November 2025, set a precedent for formalising private sector engagement by requiring private insurers to contribute 13% of premiums to a State-managed risk equalisation and solidarity fund.[7] The Ilera-Eko scheme covers maternal health services including antenatal care and emergency C-sections, though with only approximately 5% of Lagos residents enrolled, the gap between coverage and need remains vast.[7]

2.1b Other Maternal Health Innovations with Proven Impact

Project Aisha — Reducing maternal deaths and obstetric complications

In Lagos and Kaduna States, HSDF (Health Strategy and Delivery Foundation) leads a consortium implementing a model that combines facility-based quality improvement, digital solutions that amplify women's voices, community-based empowerment, and strengthened health leadership accountability.

As of May 2026, Project Aisha has achieved a 55% reduction in facility-based maternal deaths across Lagos and Kaduna States. Across 112 health facilities, the project recorded a 78% improvement in quality antenatal care (ANC) services, a 39% increase in ANC4+ attendance, and an 83% increase in correct labour monitoring. Over 5,600 patient feedback responses on maternal care experiences were collected and used to strengthen quality care delivery. In the community, over 76,000 persons were empowered to improve maternal health literacy, and project interventions have reached more than 320,000 women overall.

2.2 Persistent Barriers Preventing Scale

Across all three States, the MHAC assessment identified consistent structural barriers that prevent these proven innovations from reaching the women who need them most:

- Private health providers are excluded from most health insurance networks, despite delivering the majority of care.
- Digital health tools are concentrated in urban areas, leaving peri-urban and rural communities underserved.
- Government data reporting tools are described as 'burdensome, extensive, repetitive, and paper-based', discouraging private health sector participation.[7]
- High interest rates (commercial lending above 24% due to the CBN's Monetary Policy Rate of 27%) render credit inaccessible for most private health facilities.[8]
- Maternal Child and Perinatal Death Surveillance and Response (MPCDSR) is not mandatory in private health hospitals, where a significant proportion of maternal deaths occur.
- There is no explicit national policy framework for private sector engagement in maternal health.

3. National Advocacy Asks

These advocacy asks are directed at the Federal Ministry of Health and Social Welfare, the National Health Insurance Authority (NHIA), the National Primary Health Care Development Agency (NPHCDA), Nigeria Digital in Health Initiative (NDHI), the National Assembly, and relevant development partners. They are grounded in the MHAC Project evidence base, the Abuja Health Financing Dialogue (September 2025), and the most recent national reform commitments.

Ask 1: Accelerate and Enforce the BHCPF Amendment — and Direct a Dedicated Share to Maternal Health

The Senate passed the National Health Act Amendment Bill on 23 April 2026, raising the BHCPF from 1% to 2% of the Consolidated Revenue Fund.[11] This is a landmark step.

The House of Representatives should now pass the concurrent bill, and the President should assent without further delay.

Once enacted, the Federal Ministry of Health and Social Welfare should:

- Earmark a minimum of 30% of the expanded BHCPF for reproductive, maternal, newborn, and child health (RMNCAH) services.
- Mandate that BHCPF-supported facilities include private accredited health providers that meet quality standards, removing the current bias towards public health facilities.
- Establish a digital tracking system - building on the BHCPF digital platforms inaugurated at the 2025 Health Sector Joint Annual Review[13] - to ensure timely fund release and transparent reporting.

Ask 2: Integrate the Private Health Sector into the NDHI Architecture from the Outset

The NDHI's Health Information Exchange (HIE) and Health Claims Exchange (HCX) are only useful if private health facilities report into them.

The Federal Ministry of Health and Social Welfare and the NDHI Implementation Committee should:

- Mandate that all private health facilities submit maternal health data to DHIS2 and the national HIE, with simplified, standardised reporting tools designed in consultation with private health providers.
- Provide technical and financial support (including subsidised EMR licences or grants) to help smaller private health facilities comply - drawing lessons from the Helium Health deployment under the FOR M(om) programme in Lagos.
- Include representatives of the private health sector on the NDHI Implementation Committee and all relevant technical working groups, ensuring their perspectives shape rather than respond to policy decisions.
- Set a target of at least 50% of private health facilities using interoperable EMRs and submitting data to the national HIE by 2028.

Ask 3: Enact a National Digital Healthcare Act that Recognises and Regulates Private Health Sector Digital Health Services

Nigeria's National Health Act does not recognise telemedicine, e-prescriptions, remote patient monitoring, or other digital health modalities. Without a legal framework, private health technology companies operate in a grey area that discourages investment and limits accountability. Recently, the Nigeria Digital Health Bill has passed the first reading in the National Assembly.

The National Assembly should:

- Should accelerate the passing of the National Digital Healthcare Bill that formally recognises and regulates telemedicine, AI-enabled health tools, electronic health records, and digital insurance claims processing.
- Include provisions for health data protection that complement the Nigeria Data Protection Regulation and give patients clear rights over their health information.
- Require private digital health service providers to align with NDHI interoperability standards as a condition of operating in Nigeria.

Ask 4: Enforce Mandatory Health Insurance Coverage and Expand it to Private Health Providers

The NHIA Act (2022) mandates every Nigerian to have health insurance. Yet fewer than 10% of Nigerians are currently covered.[3] The Abuja Health Financing Dialogue (September 2025) committed to enrolling 44 million Nigerians in health insurance by 2030.

To honour this commitment, the NHIA should:

- Enforce the NHIA Act mandate that all employers with five or more staff provide NHIA-compliant insurance, covering maternal health services.
- Accredit eligible private health facilities, including maternity homes, community pharmacies, and PPMVs, into State and Federal insurance networks, using the Lagos LPHP and Kaduna KADCHMA models as templates.
- Integrate digital platforms for insurance registration, claims processing, and enrollment, including fintech-enabled micro-payment and pay-as-you-go models to reach informal sector workers, market traders, and rural women.
- Include first pregnancies within NHIA capitation frameworks, removing the current exclusion of first-time pregnancies and delayed access to maternal health services at first enrollment that classifies them as high-risk and therefore uncovered.

Ask 5: Develop a National Framework for Private Sector Engagement in Maternal Health

The current regulatory environment in Nigeria treats private health providers primarily as subjects of oversight rather than as partners in delivery.

The Federal Ministry of Health and Social Welfare should develop and publish a national Private Sector Maternal Health Engagement Framework that:

- Defines structured incentive packages for private health providers, including tax relief on maternal health equipment, consumables, and digital tools.
- Establish formalised referral systems with digital feedback loops between private and public health facilities, drawing on the NaviHealth.ai model demonstrated in Lagos and Ekiti.
- Set minimum standards and accreditation pathways for private health facilities participating in government maternal health programmes.
- Establish a mentorship structure to support MPCDSR implementation in all licensed private health facilities with 24-hour delivery services, and guide them to use the e-MPCDSR digital platform for standardised reporting.

Ask 6: Establish Blended Finance Mechanisms to Provide Affordable Capital to Private Health Facilities

The most consistent finding across the MHAC assessment was that high commercial interest rates, currently above 24%, make credit inaccessible for private health facilities. The proof-of-concept models from Kaduna and Lagos show that this is solvable.

At the national level, the Federal Ministry of Finance, the CBN, the DBN, and the BOI should:

- Formalise and scale concessionary lending at single-digit interest rates with 5 to 10-year repayment periods for private health facilities.
- Explore the establishment of a national healthcare fund manager (SEC-regulated) to pool resources via commercial papers, potentially raising up to ₦100 billion for private health sector financing at rates below 10%, as recommended at the Abuja Health Financing Dialogue (2025).
- Engage the Bankers Committee to develop health-sector-specific financial products, including credit guarantee schemes and risk-sharing mechanisms that reduce the perceived risk of lending to small private health facilities.
- Leverage the Lagos Private Health Partnership risk equalisation fund model that requires private insurers to contribute 13% of premiums at the national level to cross-subsidise maternal health coverage.

Ask 7: Scale Proven Digital Maternal Health Platforms Through State Funding, Not Just Donor Cycles

Platforms such as mDoc Complete Health™, Helium Health EMR, NaviHealth.ai, and KADCHMA's digital enrollment tools have demonstrated results. This does not depend on donor funding, but their long-term survival is uncertain due to fund pooling risks and declining global donor support.[20]

The Federal Ministry of Health and Social Welfare, the National Council on Health, and State Governments should:

- Integrate proven digital maternal health platforms into State and National health sector strategic plans and budget frameworks as funded line items, not as external projects.
- Under the MAMII framework, designate successful digital health pilots in Ekiti, Lagos, and Kaduna for national scale-up, with a transition plan from donor-funded project to State/National-funded programmes.
- Require all BHCPF-funded primary health care facilities to adopt a government-approved, interoperable EMR system by 2027.

Ask 8: Strengthen the Healthcare Workforce's Digital Capacity, Including Private Health Facilities

Digital tools are only as effective as the health workers using them. Workforce shortages, compounded by the emigration of skilled health workers (the so-called 'japa' trend), have depleted the capacity to adopt and sustain digital innovations.

The Federal Ministry of Health and Social Welfare, in partnership with the Medical and Dental Council of Nigeria, the Nursing and Midwifery Council, and relevant professional bodies, should:

- Revise national training curricula for all cadres of health workers to include digital health literacy, EMR use, and data reporting as core competencies in alignment with the NDHI's commitment to empowering the healthcare workforce.
- Extend digital skills training programmes to private sector health workers, who are currently largely excluded from government-led capacity-building efforts.
- Establish incentives (including professional development support) to attract and retain skilled birth attendants in underserved areas, including private health facilities that serve low-income communities and hard-to-reach terrains.

Ask 9: Mobilise Domestic Revenue for Health - Including Dedicated Health Taxes

The Abuja Health Financing Dialogue (September 2025) identified the need for domestic revenue mobilisation measures, including health taxes on alcohol, tobacco, and sugar-sweetened beverages. These are proven revenue-raising tools used across comparable middle-income countries.

The Federal Ministry of Finance, in partnership with the Federal Ministry of Health and Social Welfare, should:

- Introduce and enforce dedicated health levies on tobacco, alcohol, and sugar-sweetened beverages, with revenues earmarked for maternal health services and digital health infrastructure.
- Establish a MAMA Fund (Maternal Mortality Action Fund), as proposed during Nigeria's health financing discussions, to provide a dedicated and predictable financing stream for maternal health innovations and emergency obstetric care.
- Adopt digital budget tracking and accountability tools to ensure that funds raised through health taxes and domestic mobilisation reach facilities and programmes, and that the public can monitor their use.

4. Core Messages

The Private Sector Is Not the Problem — It Is the Solution

With 60-70% of healthcare delivery in Nigeria handled by private health providers, the State cannot achieve its maternal health goals by treating the private health sector as an afterthought. Every national strategy that excludes private health facilities from data systems, financing mechanisms, and planning processes is a strategy that ignores the majority of where care actually happens.

Donor Funding Is Declining — Nigeria Must Own Its Solutions

The MHAC Project's evidence from Ekiti, Kaduna, and Lagos shows that solutions exist and work. Helium EMR (FOR M(om) and mDoc (Digital Mom), for example, already exists as a business model outside donor funding, and this can be replicated by national and sub-national governments. But platforms like KADCHMA's digital enrollment tools and the NaviHealth.ai referral system will not survive beyond their project cycles without domestic public financing and regulatory backing. The BHCPF amendment and the NHIA Act provide the legislative framework. What is now needed is implementation with political will.

Data Is the Foundation for Equity

Fragmented data prevents evidence-based allocation of resources. A national health information exchange that connects private and public health facilities is not a technical ambition. It is a moral imperative. Without knowing where women are dying and why, Nigeria cannot respond to maternal health hotspots in real time.

5. Conclusion and Call to Action

Nigeria is at a pivotal moment. The Senate's passage of the BHCPF Amendment Bill, the launch of NDHI, the signing of MAMII, the commitments the Abuja Health Financing Dialogue and the Abuja declaration target of 15% represent the most coherent set of health system reforms in a generation. What is now needed is the political will to ensure these reforms reach the women they are meant to serve and that the private health sector, which sees these women every day, is inside the tent rather than outside it.

The MHAC Project's evidence from Ekiti, Kaduna, and Lagos shows that this is not a question of finding solutions. The solutions exist. Digital health platforms, blended finance models, community-based insurance enrollment, and interoperable data systems have all been piloted and have demonstrated results. What is required is systematic action to move from pilot to programme, from project to policy, and from afterthought to architecture.

We Call On:

- **The President:** To assent to the BHCPF Amendment and issue an Executive Order operationalising the NHIA Act mandate for universal health insurance.
- **The Federal Ministry of Health and Social Welfare:** To develop a national Private Sector Maternal Health Engagement Framework and integrate private health providers into the **NDHI, MAMII, and BHCPF** implementation architecture.
- **The National Health Insurance Authority:** To enforce the **NHIA Act** mandate, expand accreditation of private health facilities, and introduce micro-payment models for informal sector enrollment.
- **The Central Bank of Nigeria, Development Bank of Nigeria,** and **Bank of Industry:** To formalise concessionary lending products for private health facilities at single-digit interest rates.
- **Development Partners and Donors:** To transition successful digital health and sustainable health financing project pilots from donor-funded projects to State- and Federal-funded programmes.

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About the MHAC Project

The Maternal Health Advocacy and Communications (MHAC) project is implemented by ACIOE Foundation in partnership with Nigeria Health Watch, with support from MSD for Mothers. Implemented in Ekiti, Kaduna, and Lagos States, the project strengthens MSD for Mothers collaborators advocacy for private sector engagement in maternal healthcare using evidence-based approaches, with a focus on health financing, digital health solutions, and private health sector integration.

No woman should die giving life because the system designed to save her did not include the facility she went.

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