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Transforming Healthcare: Telemedicine's Role And Impact In Nigeria

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Abstract:

This study explores the potential of telemedicine to address the healthcare accessibility challenges faced by rural communities in Nigeria. Nigeria's healthcare infrastructure and resources are disproportionately concentrated in urban areas, leaving rural regions underserved. Telemedicine offers a promising solution by virtually connecting doctors to rural communities, facilitating remote consultations, diagnostics, and monitoring through digital technologies. By overcoming geographical barriers and enhancing access to specialist care, telemedicine can significantly improve healthcare outcomes, reduce mortality and morbidity rates, and optimize resource allocation within the healthcare system. However, challenges such as infrastructure limitations, socioeconomic disparities, and cultural factors must be addressed to realize the full benefits of telemedicine. Through strategic investments in technology, capacity building, and community engagement, Nigeria can harness telemedicine to build a more resilient and equitable healthcare system for all its citizens.

Keywords: Telemedicine, Digital Services, Healthcare, Rural Nigeria, ICT

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I. Introduction

Nigeria's healthcare sector has long faced acute challenges in meeting the needs of its rapidly growing population, now over 200 million (Ezeani et al., 2022). Health infrastructure, facilities, and human resources must be critically insufficient and inequitably concentrated in urban zones (Pezzuto, 2019). Rural dwellers, constituting over 40% of citizens, thus endure abysmal access to quality, affordable care. Geographical barriers like distance, lack of transport, and cost of travel impede hospital access when falling ill (Ikumapayi et al., 2022). Consequently, adverse health outcomes like infectious disease burdens and mortality rates for expecting mothers and young children remain much higher in remote villages relative to cities. Telemedicine offers invaluable avenues for leapfrogging traditional barriers to deploying healthcare expertise by virtually connecting doctors to rural and underserved communities through teleconsultations enabled by ICT tools (Musa et al., 2023). The portability and accessibility of mobile health technology especially allow cost-effective care to penetrate remote regions lacking resources for extensive healthcare infrastructure and personnel. It thus aids last-mile healthcare delivery for denied groups.

The concept of remotely delivering health services over distances has ancient roots. However, it has become more feasible with the advent of electronic communication technologies like the telegraph and telephone in the 19th century. The term "telemedicine" first appeared in 1950. Over the next few decades, various agencies funded experimental telemedicine projects to test applications like transmitting medical images, providing remote consultations via interactive TV, and using satellites to reach rural areas. However, high costs led to a decline in the 1980s before falling transmission prices, digitization, the internet, and mobile technologies revitalized telemedicine in the late 20th century. Since then, telemedicine has rapidly expanded and diversified into many branches, including teleradiology, remote patient monitoring, home health services, telepsychiatry, services for prisons and managed care organizations, and consumer-facing mobile health apps - evolving from its experimental origins to become an increasingly integrated part of modern healthcare delivery systems.

Nigeria's healthcare accessibility challenges are particularly pronounced in rural areas, where the availability of healthcare facilities and personnel is limited, primarily centered around the primary care level (Haleem et al., 2023). The need for higher-level facilities with specialized services and advanced medical equipment further exacerbates the situation, as these resources are predominantly concentrated in towns and cities. This geographical disparity compels rural patients needing comprehensive diagnostics or treatments for complex medical conditions to undertake costly referral trips or, regrettably, forego necessary care altogether (Ojonugwa et al., 2023). Faced with such barriers, many individuals in rural areas often seek assistance from unqualified providers, risking potential complications due to the absence of proper medical expertise. Addressing these

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disparities requires a strategic and comprehensive approach to improve healthcare infrastructure, enhance personnel distribution, and ensure that quality medical services are accessible to all, regardless of geographic location.

The pervasive undersupply of medical expertise and infrastructure in villages is a critical factor contributing to poorer health indices, encompassing elevated mortality rates and increased disease burdens among rural populations (Olatunji et al., 2021). Compounded by economic constraints, many rural inhabitants find it challenging to take extended periods off work for lengthy hospital trips to urban centers. In this context, telemedicine emerges as a transformative solution, offering an invaluable means of democratizing healthcare access (Seyi et al., 2023). By leveraging digital technologies, telemedicine facilitates virtual connections between rural patients and local healthcare providers with specialists in urban medical centers. One of the benefits of these technologies is that they allow for remote consultations, expert advice, and the dissemination of updated medical knowledge, bridging the gap between rural communities and specialized care (Nawaz et al., 2022). Telemedicine has the potential to mitigate the challenges imposed by geographical disparities, enabling more equitable access to healthcare resources and contributing to the overall improvement of health outcomes in rural areas.

This conceptual paper critically analyses models for increasing rural healthcare access through telemedicine platforms, assessing relevant case studies from sub-Saharan Africa and highlighting key opportunities and implementation lessons for expanding and enhancing service delivery. Technical viability will be evaluated - exploring connectivity solutions for remote areas involving options like satellite networks. The study aims to develop integrated policy recommendations for sustainably adopting telemedicine across Nigeria's primary health system - potentially revolutionizing last-mile service provision through virtual doctor consultations, diagnosis support, mobile health records, and remote diagnostics. With sound management of change processes among rural healthcare workers and community trust-building, telemedicine could significantly broaden healthcare access if underpinned by needs-based technology deployment and patient-centered design.

II. Healthcare Landscape In Rural Nigeria

The healthcare system in rural Nigeria faces immense challenges stemming from severe underfunding, prioritization of urban tertiary hospitals by successive governments, and a dearth of resources allocated to rural primary care facilities (Tariq et al., 2023; Iyawa et al., 2022). Public primary care centers in villages grapple with staff shortages, inadequate equipment, and high rates of absenteeism, resulting in detrimental health outcomes. Consequently, maternal, infant, and child mortality rates in rural areas remain alarmingly high, at least three times higher than in urban locales (Iyawa et al., 2022). While initiatives like conditional cash transfers to offset maternal healthcare expenses provide some financial relief, deep-rooted systemic barriers on the supply side persist, underscoring the urgent need for alternative healthcare delivery models.

Telemedicine presents a promising solution to expand accessible, affordable, quality care in rural Nigeria by leveraging information and communication technologies to remotely diagnose, monitor, treat patients, and provide health education (Rahman et al., 2022). Building on pre-internet telehealth projects from the 1960s, contemporary telemedicine harnesses digital consultations, mHealth, remote monitoring devices, and mobile money to catalyze last-mile care (Garavand et al., 2022). Virtual expertise sharing transcends geographical barriers, enabling specialized care to penetrate isolated areas traditionally unviable for hospitals through tools like telesurgery suites and diagnostic support algorithms. Large-scale national telemedicine programs integrated with public health systems in countries like India and South Africa offer valuable learnings on teleconsultation models and impact data (Okeke et al., 2022).

In Nigeria, pilot programs over the past decade have validated the viability of remote patient management for chronic conditions like HIV/AIDS via SMS systems and targeted telepsychiatry counseling efforts (Okeke et al., 2022). However, comprehensive telemedicine adoption remains constrained by connectivity gaps, resistance to change, and unaligned regulations despite a national eHealth strategy, fledgling medical training, and municipal telehealth schemes (El-Sherif et al., 2022). Nonetheless, with mobile penetration reaching over 85% of Nigerians, platform-enabled telemedicine services present unprecedented opportunities to bridge healthcare access gaps not addressable through traditional brick-and-mortar means alone. Lessons from neighboring countries like Ghana highlight telemedicine's value proposition for boosting access and local capacity. While contextualizing solutions to local dynamics is vital, global best practices offer Nigeria adaptable models to leapfrog its health system deficits via technology.

III. Theoretical Framework

This policy-oriented conceptual study on telemedicine adoption for expanding rural healthcare access will utilize the Technology Acceptance Model (TAM) as an anchoring theoretical framework. Proposed in 1986 by Fred Davis, TAM analyzes how users accept and adopt new technology, focusing on key determinants of perceived ease of use, perceived usefulness, attitudes toward technology, and behavioral intentions to use (Mustafa & Garcia, 2021). TAM provides a simple baseline framework to assess user mindsets regarding

innovative systems like telemedicine platforms. As rural healthcare workers and patients represent the primary user groups determining large-scale adoption success, TAM allows identifying acceptance barriers rooted in low perceived utility or process complexity through surveys (Rafique et al., 2023). Findings can inform targeted user education, change management, and appropriate technology localization strategies for smoother deployment.

The TAM is a baseline framework to assess the mindsets and acceptance barriers of healthcare workers and patients, the primary user groups that will determine the successful large-scale adoption of telemedicine platforms. By evaluating factors like perceived usefulness and ease of use through surveys, the TAM can help identify obstacles rooted in low perceived utility or process complexity, which can then inform strategies for user education, change management, and technology localization to facilitate smoother deployment.

However, classical TAM's limitations in accounting for unique contextual factors will be mitigated by integrating an augmented Framework for the Rational Analysis. FRAME incorporates multidimensional barriers associated with technology readiness across economic, structural, cultural, stakeholder access, and motivational dimensions in rural areas that shape adoption. Blending TAM and FRAME thus creates a robust theoretical model spanning user-centric technology acceptance factors and external variables unique to rural healthcare ecosystems. The unified framework investigates connectivity availability, financing models, cultural beliefs impeding usage, and healthcare worker capacity building. Findings generated based on these theories' synthesis better inform policy and implementation planning.

Therefore, drawing on technology acceptance and ICT deployment suitability theories, this integrative model allows nuanced, evidence-based analysis on nurturing both demand-side and supply-side readiness for successfully introducing telemedicine to bolster equitable rural healthcare provision in line with Nigeria's SDG commitments. The multifaceted data and insights gathered facilitate balanced recommendations.

Digital Services Landscape in Nigeria

The healthcare system in rural Nigeria faces immense challenges stemming from severe underfunding, prioritization of urban tertiary hospitals by successive governments, and a dearth of resources allocated to rural primary care facilities (Tariq et al., 2023; Iyawa et al., 2022). Public primary care centers in villages grapple with staff shortages, inadequate equipment, and high rates of absenteeism, resulting in detrimental health outcomes. Consequently, maternal, infant, and child mortality rates in rural areas remain alarmingly high, at least three times higher than in urban locales (James et al., 2021). While initiatives like conditional cash transfers provide some financial relief, deep-rooted systemic barriers persist, underscoring the need for alternative models like telemedicine to expand accessible, affordable, quality care (Adaki, 2023).

Telemedicine initiatives are slowly expanding in Nigeria through partnerships with foreign companies and aid organizations, demonstrating their potential to improve healthcare access in rural and remote areas (Abdulquadri, 2021). However, most programs remain small in scale due to a lack of funding, limited infrastructure, unreliable electricity, and unfamiliarity with telemedicine. Successful examples like GE's 2019 pilot providing remote ultrasound diagnoses highlight telemedicine's capacity to improve maternal health outcomes. However, internet connectivity issues, power outages, and limited technological literacy hinder more comprehensive applications (Adeleke, 2021). With national internet penetration below 40% and only 19% of rural households online, the digital divide poses a formidable challenge alongside intermittent power supply (Soetan et al., 2021).

Overcoming infrastructural and connectivity barriers necessitates a concerted effort to enhance internet accessibility and reliable power through public-private partnerships leveraging mobile networks and off-grid solutions (Ogbuabor et al., 2021). In parallel, robust regulations governing digital health data protection, standardized practices for connecting rural clinics, and secure information exchange are crucial (Nnorom & Odeyingbo, 2020). These multifaceted efforts are vital to realizing a comprehensive digital health infrastructure bridging the urban-rural healthcare divide in Nigeria. While telemedicine remains constrained, pilot successes and the government's broadband access initiatives offer a pathway to harness technology and transcend geographical barriers, enabling specialized care in isolated areas through tools like telesurgery and diagnostic algorithms (Garavand et al., 2022; Uwaezuoke et al., 2022).

Enhancing Rural Healthcare in Nigeria with Telemedicine

Telemedicine offers immense potential to increase access to quality healthcare for rural populations in Nigeria, where geographical barriers often hinder the availability of specialist doctors for face-to-face consultations (Adenuga et al., 2022). By leveraging teleconsultations, diagnostic support, and remote monitoring functionalities, telemedicine empowers rural clinics and facilitates centralized oversight of rural patients' health (Egenti et al., 2022). However, successfully implementing telemedicine solutions requires building local capacity through training nurses and community health workers in basic operations and consultation protocols (Adetunji et al., 2022). Telemedicine can support this capacity-building process by facilitating remote training and equipping local healthcare workers with the necessary skills and knowledge (Wamala & Augustine, 2013).

Furthermore, proper change management through demonstrating the benefits of telemedicine is crucial to encouraging adoption and empowering rural communities to take better control of their health using these technologies.

Telemedicine addresses the accessibility challenge by enabling consultations between rural patients and doctors in urban hospitals, potentially hundreds of miles apart (Adenuga et al., 2023). High-resolution video consultations can facilitate examinations, while telemonitoring can replace the need for routine hospital visits for check-ups (Ezeani et al., 2022). Remote diagnostics are also possible through standardized medical imaging and data protocols, allowing urban medical experts to advise rural clinics on diagnoses and treatment plans tailored to available facilities (Elendu et al., 2023). By enhancing monitoring and diagnostic capabilities, telemedicine effectively shifts some hospital functions to rural neighborhoods, empowering local caregivers and patients. The integration of wearables for tracking vitals, HD cameras for medical imaging, and point-of-care devices for blood tests, combined with electronic health records, enables seamless integration of patient data with hospital systems, further shifting power to rural patients and local healthcare providers (Adetunji et al., 2022).

Despite the potential of telemedicine in bridging healthcare disparities in rural Nigeria, its success is impeded by challenges such as poor connectivity, a shortage of local health tech skills, and hesitancy in adopting new modalities (Lindenfeld et al., 2022). Addressing these barriers requires a comprehensive approach centered on systemic capacity building. Investing in training programs that enhance the health tech skills of local healthcare professionals, particularly nurses who form a crucial backbone of healthcare delivery, is essential (Olofin, 2020). Moreover, fostering community participation is critical to overcoming hesitancy and ensuring the sustainable integration of telemedicine into healthcare practices (Babatunde et al., 2021). Telemedicine can play a pivotal role in this capacity-building process by facilitating virtual training workshops and skill transfer programs from urban medical universities to rural clinics, effectively closing skill gaps and empowering healthcare providers in underserved areas (Dodoo et al., 2022). By embracing a holistic strategy that combines technological solutions with targeted training initiatives, healthcare systems can enhance their resilience and effectiveness, especially in regions facing connectivity and skill-related challenges.

IV. The Impact Of Telemedicine On Healthcare Outcomes In Nigeria

Implementing telemedicine in Nigeria holds immense potential for improving healthcare outcomes, particularly in rural and underserved areas. By enabling remote consultations and overcoming geographical barriers, telemedicine facilitates access to specialist care for populations that would otherwise face significant challenges in accessing quality healthcare services (Mustafa et al., 2022; Haleem et al., 2021). Through high-resolution video consultations and remote diagnostic capabilities, telemedicine empowers rural clinics to provide examinations, monitor patients, and receive expert guidance from urban medical professionals on diagnoses and treatment plans tailored to their available facilities (Seyi et al., 2021; Elendu et al., 2023). This shift in healthcare delivery moves critical functions closer to rural communities, enhancing patient empowerment and involvement in their care.

The impact of telemedicine on healthcare outcomes in Nigeria extends beyond improved accessibility. By enabling timely diagnosis and intervention, telemedicine can significantly reduce mortality and morbidity rates associated with both communicable and non-communicable diseases (Lindenfeld et al., 2023). Early detection and preventive care facilitated by telemedicine can prevent conditions from worsening, leading to better health outcomes and reduced disease burden at the national level (Olatunji et al., 2023). Moreover, telemedicine provides a cost-effective solution, reducing the need for expensive emergency evacuations and optimizing resource allocation within the healthcare system (Abdulquadri et al., 2021). However, maximizing these potential benefits requires ensuring the quality and reliability of telemedicine services, particularly in rural areas, through precise medical devices, clear diagnostic imaging, and robust network and electricity infrastructure.

Achieving enhanced healthcare outcomes through telemedicine necessitates implementing standardized electronic medical record systems and comprehensive patient data management frameworks. These technological foundations facilitate seamless communication and information exchange between healthcare providers and patients, irrespective of geographical location (Egenti et al., 2022). However, the success of telemedicine extends beyond infrastructure alone; it hinges on the proficient training of local telemedicine operators who play a pivotal role in delivering virtual healthcare services (Pezzuto, 2019). The efficacy of telemedicine is not measured by isolated deployments but rather by its seamless integration within the broader national health system. A well-integrated telemedicine framework can bridge geographical gaps, enhance accessibility, and contribute significantly to improved healthcare delivery, making it an indispensable component of modern healthcare systems worldwide (Dodoo et al., 2022; Rafique et al., 2020).

Impact of Telemedicine on Healthcare Outcomes

Implementing telemedicine in Nigeria holds immense potential for improving healthcare outcomes nationwide. By enabling remote consultations and overcoming geographical barriers, telemedicine facilitates

access to specialist care for rural and underserved populations that would otherwise face significant challenges in accessing quality healthcare services (James et al., 2021; Mustafa et al., 2022). Through high-resolution video consultations, telemedicine empowers healthcare providers to conduct comprehensive examinations and offer continuity of care, reducing waiting times and involving patients in decision-making (Uwaezuoke, 2022; Elendu et al., 2023). Moreover, telemedicine's remote diagnostic capabilities allow urban medical experts to guide rural clinics on diagnoses and treatment plans tailored to their available facilities, effectively decentralizing specialized care (Seyi et al., 2021).

The profound impact of telemedicine on healthcare outcomes in Nigeria extends beyond improved accessibility. By enabling timely diagnosis and intervention, telemedicine can significantly reduce mortality and morbidity rates associated with both communicable and non-communicable diseases (Lindenfeld et al., 2023). Early detection and preventive care facilitated by telemedicine can prevent conditions from worsening, leading to better health outcomes and reduced disease burden at the national level (Olatunji et al., 2023). Additionally, telemedicine provides a cost-effective solution, reducing the need for expensive emergency evacuations and optimizing resource allocation within the healthcare system (Buvik et al., 2019; Abdulquadri et al., 2021). However, maximizing these potential benefits requires ensuring the quality and reliability of telemedicine services, particularly in rural areas, through precise medical devices, clear diagnostic imaging, robust network infrastructure, and stable electricity supply.

Achieving enhanced healthcare outcomes through telemedicine necessitates implementing standardized electronic medical record systems and comprehensive patient data management frameworks (Egenti et al., 2022). These technological foundations facilitate seamless communication and information exchange between healthcare providers and patients, irrespective of geographical location. However, the success of telemedicine extends beyond infrastructure alone; it hinges on the proficient training of local healthcare workers, particularly nurses, who play a pivotal role in delivering virtual healthcare services (Pezzuto, 2019; Olofin, 2020). The efficacy of telemedicine is not measured by isolated deployments but rather by its seamless integration within the broader national health system. A well-integrated telemedicine framework can bridge geographical gaps, enhance accessibility, and contribute significantly to improved healthcare delivery, making it an indispensable component of modern healthcare systems worldwide (Dodoo et al., 2022; Rafique et al., 2020). Strategies such as community engagement, effective collaborations, and training on digital literacy are crucial to ensure the sustainable adoption of telemedicine and prevent the widening of existing health inequalities (Babatunde et al., 2021).

Challenges and Obstacles to Telemedicine Implementation in Nigeria

In Nigeria, the implementation of telemedicine faces various challenges and obstacles that must be addressed to realize its full potential benefits. Infrastructure limitations, including inadequate power supply and connectivity issues, hinder the effective deployment of advanced telemedicine capabilities beyond essential voice and text consultations (Broens et al., 2007; Adaki, 2023). Additionally, socioeconomic disparities exacerbate inequalities in telemedicine usage and access, with high costs and lack of digital literacy inhibiting utilization by marginalized groups such as the poor, disabled, and elderly (El-Sherif et al., 2021). This disparity is further widened by phased rollouts prioritizing urban areas, leaving rural regions underserved (Ezeani et al., 2022).

Cultural factors also play a significant role in influencing the acceptance and utilization of telemedicine in Nigeria. Trust in telemedicine solutions takes time compared to traditional physical consultations, and perceptions of digital interactions versus face-to-face encounters affect adoption rates (Ikumapayi et al., 2022). Therefore, strategies to promote digital inclusion and foster trust in telemedicine solutions are essential. This includes implementing user training programs, subsidizing access costs, and promoting shared access models to improve digital literacy, particularly among vulnerable groups reliant on public healthcare.

A comprehensive approach is needed to overcome these challenges and ensure the successful implementation of telemedicine in Nigeria. This approach should strengthen rural technological infrastructure while promoting digital inclusion through user training programs and subsidized access models (Broens et al., 2007; Adaki, 2023). Furthermore, incorporating community participation in the design and implementation of telemedicine initiatives is crucial to ensuring that solutions are culturally relevant and address local communities' unique needs and preferences (Iyawa et al., 2020). By aligning telemedicine with familiar communication modalities and addressing cultural concerns, Nigeria can maximize the adoption and impact of telemedicine, ultimately improving healthcare accessibility and outcomes across the country.

V. Conclusion

Implementing telemedicine in Nigeria holds immense promise for addressing rural communities' longstanding healthcare challenges. By leveraging digital technologies to overcome geographical barriers, telemedicine enables remote consultations, diagnostics, and monitoring, empowering rural clinics and patients. This transformative approach not only enhances access to specialist care but also has the potential to significantly reduce mortality and morbidity rates associated with various health conditions. Through timely interventions and

preventive care facilitated by telemedicine, Nigeria can improve healthcare outcomes and reduce the burden on its healthcare system. However, realizing these benefits requires addressing key challenges such as infrastructure limitations, socioeconomic disparities, and cultural factors that influence the acceptance and utilization of telemedicine.

Infrastructure limitations, including inadequate power supply and connectivity issues, pose significant obstacles to the effective deployment of telemedicine beyond essential consultations. To address this, concerted efforts are needed to strengthen rural technological infrastructure and expand internet access, particularly in underserved areas. Moreover, socioeconomic disparities in access to telemedicine services must be addressed through targeted interventions, such as user training programs and subsidized access models, to ensure equitable access for all population segments. Additionally, cultural factors, including trust in telemedicine solutions and perceptions of digital interactions, must be considered and addressed through community engagement and awareness campaigns.

By adopting a comprehensive approach that addresses these challenges while promoting digital inclusion and cultural sensitivity, Nigeria can unlock the full potential of telemedicine to improve healthcare accessibility and outcomes nationwide. Through strategic investments in infrastructure, capacity building, and community engagement, Nigeria can harness the transformative power of telemedicine to build a more resilient and equitable healthcare system for all its citizens. Significant recommendations encompass the government facilitating policy directives and financial incentives to spur healthcare provider adoption, drive public-private partnerships for developing rural infrastructure and digitization, and boost local community participation through awareness campaigns for telemedicine - notably by subsidizing access costs for vulnerable groups, supporting electricity solutions and equipment for rural clinics, setting up centers of excellence to innovate context-suitable health technologies with IT leaders, streamlining procurement and data standards via digital health agencies, training rural health workers in telemedicine best practices, demonstrating benefits via participatory pilots, and codesigning culturally resonant solutions with end-users through iterative research, thereby enacting multilayered interventions spanning regulatory, fiscal, technological, human capital, demand-side and supply-side dimensions to catalyze ecosystem-wide readiness allowing telemedicine to enhance equitable access.

This study proposes the following for further investigation:

- 1. What specific policies and regulations need to be implemented to support the adoption of telemedicine in rural Nigeria?
- 2. How can an unstable power supply and network reliability be addressed in rural areas?
- 3. What steps can ensure affordable telemedicine access to underserved groups in rural Nigeria?

References

- [1] Abdulquadri, A., Mogaji, E., Kieu, T. A., & Nguyen, N. P. (2021). Digital Transformation In Financial Services Provision: A Nigerian Perspective To The Adoption Of Chatbot. Journal Of Enterprising Communities: People And Places In The Global Economy, 15(2), 258-281.
- [2] Adaki, A. Y. (2023). Technology As A Catalyst For Change: Exploring The Transformative Impact Of Technology On Women's Attitudes Towards Family Planning Services In Ussa Local Government Area Of Taraba State, Nigeria. Traditional Journal Of Multidisciplinary Sciences, 1(02), 01-12.
- [3] Adeleke, R. (2021). Digital Divide In Nigeria: The Role Of Regional Differentials. African Journal Of Science, Technology, Innovation And Development, 13(3), 333-346.
- [4] Adenuga, K. I., Iahad, N. A., & Miskon, S. (2020). Telemedicine System: Service Adoption And Implementation Issues In Nigeria. Indian Journal Of Science And Technology, 13(12), 1321-1327.
- [5] Adenuga, K. I., Iahad, N. A., & Miskon, S. (2020). Telemedicine System: Service Adoption And Implementation Issues In Nigeria. Indian Journal Of Science And Technology, 13(12), 1321-1327.
- [6] Adetunji, C. O., Olaniyan, O. T., Adeyomoye, O., Dare, A., Adeniyi, M. J., Alex, E., ... & Shariati, M. A. (2022). Ehealth, Mhealth, And Telemedicine For COVID-19 Pandemic. Assessing COVID-19 And Other Pandemics And Epidemics Using Computational Modelling And Data Analysis, 157-168.
- [7] Babatunde, A. O., Abdulazeez, A. O., Adeyemo, E. A., Uche-Orji, C. I. And Saliyu, A. A. (2021). Telemedicine In Low And Middle Income Countries: Closing Or Widening The Health Inequalities Gap?. European Journal Of Environment And Public Health, 5(2), Em0075.
- [8] Broens, T. H., Huis In't Veld, R. M., Vollenbroek-Hutten, M. M., Hermens, H. J., Van Halteren, A. T., & Nieuwenhuis, L. J. (2007). Determinants Of Successful Telemedicine Implementations: A Literature Study. Journal Of Telemedicine And Telecare, 13(6), 303-309.
- [9] Buvik, A., Bergmo, T. S., Bugge, E., Smaabrekke, A., Wilsgaard, T., & Olsen, J. A. (2019). Cost-Effectiveness Of Telemedicine In Remote Orthopedic Consultations: Randomized Controlled Trial. Journal Of Medical Internet Research, 21(2), E11330.
- [10] Dodoo, J. E., Al-Samarraie, H., & Alsswey, A. (2022). The Development Of Telemedicine Programs In Sub-Saharan Africa: Progress And Associated Challenges. Health And Technology, 12(1), 33-46.
- [11] Egenti, B. N., Chukwudi, F. T., Igweagu, C. P., Ubajaka, C. F., & Adogu, P. O. U. (2022). E-Health And Telemedicine Practice In Nigeria (1999-2017): Challenges And Prospects. International Journal Of General Medicine And Pharmacy (IJGMP), 11(1), 1-18.
- [12] Elendu, C., Egbunu, E. O., Opashola, K. A., Afuh, R. N., & Adebambo, S. A. The Role Of Telemedicine In Improving Healthcare Outcome: A Review. Adv. Res., 24(5), 55-59.
- [13] El-Sherif, D. M., Abouzid, M., Elzarif, M. T., Ahmed, A. A., Albakri, A., & Alshehri, M. M. (2022). Telehealth And Artificial Intelligence Insights Into Healthcare During The COVID-19 Pandemic. In Healthcare (Vol. 10, No. 2, P. 385). MDPI.

- [14] Ezeani, I. U., Okwuonu, G. C., Chukwuonye, I. I., & Nkpozi, M. (2022). The Impact Of Telemedicine During The COVID-19 Pandemic In Nigeria: A Review. Annals Of Health Research, 8(4), 260-268.
- [15] Garavand, A., Aslani, N., Nadri, H., Abedini, S., & Dehghan, S. (2022). Acceptance Of Telemedicine Technology Among Physicians: A Systematic Review. Informatics In Medicine Unlocked, 30, 100943.
- [16] Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2021). Telemedicine For Healthcare: Capabilities, Features, Barriers, And Applications. Sensors International, 2, 100117.
- [17] Ikumapayi, O. M., Kayode, J. F., Afolalu, S. A., & Bodunde, O. P. (2022). Telehealth And Telemedicine–An Overview. In International Conference On Industrial Engineering And Operations Management Nsukka, Nigeria (Pp. 5-7).
- [18] Iyawa, G. E., Hamunyela, S., Peters, A., Akinsola, S., Shaanika, I., Akinmoyeje, B., & Mutelo, S. (2020). Digital Transformation And Global Health In Africa. Handbook Of Global Health, 1-32.
- [19] James, O., Akinboboye, B. O., Okunade, K. S., Adekunle, A. A., & Adeyemo, W. L. (2021). Evaluation Of The Use And Effectiveness Of Telemedicine Among The Health Professionals During The COVID 19 Lockdown Period: A Cross Sectional Study. Journal Of Clinical Sciences, 18(2), 117-122.
- [20] Lindenfeld, Z., Berry, C., Albert, S., Massar, R., Shelley, D., Kwok, L., ... & Chang, J. E. (2023). Synchronous Home-Based Telemedicine For Primary Care: A Review. Medical Care Research And Review, 80(1), 3-15.
- [21] Musa, S., Ramatu, A. A., Haliru, L., Abigail, D., & Gumbi, S. (2023). Establishing A Paediatric Telemedicine Centre In A Low-Resource Setting: Experience And Challenges From A Teaching Hospital In Kaduna, Nigeria. Sri Lanka Journal Of Child Health, 52(2), 155-160.
- [22] Mustafa, A. S., & Garcia, M. B. (2021). Theories Integrated With Technology Acceptance Model (TAM) In Online Learning Acceptance And Continuance Intention: A Systematic Review. In 2021 1st Conference On Online Teaching For Mobile Education (OT4ME) (Pp. 68-72). IEEE.
- [23] Nawaz, N. A., Abid, A., Rasheed, S., Farooq, M. S., Shahzadi, A., & Mubarik, I. (2022). Impact Of Telecommunication Network On Future Of Telemedicine In Healthcare: A Systematic Literature Review. Int. J. Adv. Appl. Sci, 9, 122-138.
- [24] Nnorom, I. C., & Odeyingbo, O. A. (2020). Electronic Waste Management Practices In Nigeria. In Handbook Of Electronic Waste Management (Pp. 323-354). Butterworth-Heinemann.
- [25] Ogbuabor, J. E., Eigbiremolen, G. O., Orji, A., Manasseh, C. O., & Onuigbo, F. N. (2020). ICT And Financial Inclusion In Nigeria: An Overview Of Current Challenges And Policy Options. Nigerian Journal Of Banking And Finance, 12(1), 90-96.
- [26] Ojonugwa, A. F., Gwom, G. S., & Jolashinmi, M. A. (2023). Telemedicine Practice In Nigeria: Lessons From Indonesia. RUNJJIL, 3(1), 1-10.
- [27] Okeke, E. B., Hessel, F., Ibisola, B. A., & Odunola, M. (2021). Accessibility And Acceptability Of Digital Healthcare Services Among People Living In Southwestern Nigeria. Annals Of Public Health Issues, 1(1), 12-24.
- [28] Olatunji, G., Kokori, E., Isarinade, T., Yusuf, I., Udojike, C. I., Abimbola, O., ... & Aderinto, N. (2023). Revolutionizing Stroke Care In Africa: A Mini Review Of The Transformative Potential Of Mobile Stroke Units. Medicine, 102(44), E35899.
- [29] Olofin, B. (2020). Health Information And Health Communication Technology: Impacts And Implications. West African Journal Of Industrial And Academic Research, Forthcoming.
- [30] Pezzuto, I. (2019). Making Healthcare Systems More Efficient And Sustainable In Emerging And Developing Economies Through Disruptive Innovation: The Case Of Nigeria. J. Mgmt. & Sustainability, 9, 1.
- [31] Rafique, H., Almagrabi, A. O., Shamim, A., Anwar, F., & Bashir, A. K. (2020). Investigating The Acceptance Of Mobile Library Applications With An Extended Technology Acceptance Model (TAM). Computers & Education, 145, 103732.
- [32] Rahman, M. M., Khatun, F., Sami, S. I., & Uzzaman, A. (2022). The Evolving Roles And Impacts Of 5G Enabled Technologies In Healthcare: The World Epidemic COVID-19 Issues. Array, 14, 100178.
- [33] Seyi, S. E., Imaralu, J. O., Digban, K. A., John-Ugwuanya, G. A., & Ajike, S. O. (2023). Improving Women's Health In The 21st Century: Current Challenges, Medical Advancements And Future Prospects, J. Women Health Care And Issues, 6(5).
- [34] Soetan, T. O., Mogaji, E., & Nguyen, N. P. (2021). Financial Services Experience And Consumption In Nigeria. Journal Of Services Marketing, 35(7), 947-961.
- [35] Tariq, W., Asar, M. A. T., Tahir, M. J., Ullah, I., Ahmad, Q., Raza, A., ... & Asghar, M. S. (2023). Impact Of The COVID-19 Pandemic On Knowledge, Perceptions, And Effects Of Telemedicine Among The General Population Of Pakistan: A National Survey. Frontiers In Public Health. 10, 1036800.
- [36] Uwaezuoke, A. C. (2022). An Assessment Of The Knowledge And Practice Of Telemedicine Among Medical Doctors In University Of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu State, Nigeria.
- [37] Wamala, D. S., & Augustine, K. (2013). A Meta-Analysis Of Telemedicine Success In Africa. Journal Of Pathology Informatics, 4(1), 6.