

World Journal of Advanced Research and Reviews

eISSN: 2581-9615 CODEN (USA): WJARAI Cross Ref DOI: 10.30574/wjarr Journal homepage: https://wjarr.com/



(REVIEW ARTICLE)



Leveraging advanced technologies to improve telemedicine delivery in Nigeria

Olayemi Michael Lawanson 1, 2, *, Ahmed Abu-Halimeh 1 and Oluwatomiwa Ajiferuke 1

- ¹ Department of Information Science University of Arkansas at Little Rock, United State of American (USA).
- ² Department of Business Information and System Analytics, University of Arkansas, Little Rock, United State of American (USA).

World Journal of Advanced Research and Reviews, 2025, 25(03), 1698-1707

Publication history: Received on 11 February 2025; revised on 19 March 2025; accepted on 21 March 2025

Article DOI: https://doi.org/10.30574/wjarr.2025.25.3.0902

Abstract

Background: The rapid growth of the global population necessitates improved healthcare quality, especially in remote regions. In Nigeria, a shortage of trained physicians leads to higher mortality rates. Telemedicine, a promising technology, can improve delivery and reduce costs. However, Nigeria faces infrastructure and regulatory hurdles, hindering its widespread use. This study explores global advancements in telemedicine and suggests strategies for integrating it into Nigeria's rural health systems.

Methods: This qualitative study examines telemedicine in developed nations using theme analysis. Peer-reviewed journals, government reports, and case studies from PubMed, Google Scholar, and Scopus provided the data used. Qualitative articles on telemedicine deployment in developed countries from 2014-2024 were also included. The analysis followed Braun and Clarke's six-step theme analysis methodology.

Results: The study emphasizes the need for clear national guidelines for telemedicine in Nigeria to support healthcare providers and encourage its adoption. It suggests engaging stakeholders in policy-making, establishing a national telehealth task force, improving technological infrastructure, and leveraging mobile technology for affordable data plans. Strong communication between patients and providers is crucial, and community education and user-friendly platforms are essential. Telemedicine can improve health outcomes, particularly in managing chronic diseases and supporting maternal and child health. Addressing healthcare access disparities and ensuring data security and privacy are also crucial. Comprehensive training programs for healthcare providers are also recommended.

Conclusion: Telemedicine in Nigeria can improve healthcare delivery and health outcomes. Key areas for improvement include strategic policy development, infrastructure investment, strengthening patient-provider relationships, prioritizing health equity, implementing robust data security measures, and ongoing education and training. Collaboration with healthcare stakeholders, data security measures, and continuous professional development are crucial for fostering a culture of telemedicine use.

Keywords: Telemedicine; Equity; Accessibility; Rural healthcare

1. Introduction

The global population is growing quickly, requiring better healthcare and alternatives to provide timely and specialised medical services to remote places [2]. The shortage of educated doctors in Nigeria has increased the fatality rate of individuals with urgent medical needs [23]. Information technology in healthcare has improved healthcare delivery and medical practitioner efficiency [27].

^{*} Corresponding author: Olayemi Michael Lawanson

Furthermore, it plays a crucial role in reducing healthcare costs for decision-makers and organizations in the healthcare sector. Telemedicine can significantly solve the shortage of competent doctors for managing chronic diseases in rural areas. It is an indisputable truth that it is transforming the practice of medicine in both developed and poor nations.

Less than 5% of Nigeria's 150 million people use hospital information systems, according to early estimates. The Nigerian government's health ICT strategic framework aims to reduce barriers to health ICT implementation, including telemedicine, but preliminary investigations have shown that the project's pilot phase's mobile satellite and other equipment and certain federal medical centres' telemedicine units have been underutilized [22]. Experts in government hospitals in Nigeria sometimes travel weekly for consultations at several facilities, endangering their safety and ignoring patients in their core practice areas. Telemedicine is changing healthcare systems worldwide, particularly in wealthy nations. Telemedicine has improved healthcare delivery in rural parts of these countries by overcoming geographical barriers and increasing patient outcomes. Telemedicine integration into rural health systems in Nigeria is still hindered by infrastructure, lack of qualified personnel, patient awareness, and inefficient policies [1],[14]. Telemedicine's global progress—characterized by solid legal frameworks, reliable technology infrastructure, and robust patient education programs—offers Nigeria's rural health sector vital insights. Lack of internet and instruction kits prevents rural residents from using telemedicine, worsening health inequities. Since telemedicine implementation and usage are unregulated, policy and regulatory constraints exist. Telemedicine is potential for rural healthcare despite these difficulties.

Telemedicine in Nigeria's rural health systems is unsatisfactory owing to limited infrastructure, physician training, patient participation, and legislative frameworks, despite efforts and awareness. Telemedicine has been effectively incorporated into rural healthcare systems in developed nations [15],[18], but Nigeria still faces substantial challenges to its deployment [14],[2]. This research examines how industrialized countries' telemedicine advances may be used to Nigeria's rural health systems.

2. Literature Review

Zhang [28] explored the growth of telemedicine in developed countries, highlighting the impact of modern technologies like AI, wearable devices, and cloud platforms on healthcare accessibility. The research highlights the advantages of telemedicine systems, including well-established legislation, robust infrastructure, and efficient electronic health records (EHR) systems. However, it also highlights challenges like patient data security, physical examination skills limitations, and inequitable access to technology, especially in rural or economically disadvantaged areas. The authors argue that telemedicine's evolution requires robust privacy safeguards and patient education programs.

The World Health Organization's [25] report on telemedicine integration in various countries focuses on regulatory frameworks, infrastructure, and clinical applications. The U.S. has extensive telemedicine regulations, focusing on privacy, cross-state licensing, and reimbursement policies. The Center for Medicare and Medicaid Services (CMS) has expanded telehealth coverage, particularly for rural areas. The European Union (EU) member states have varying telemedicine regulations, with France and Germany establishing comprehensive frameworks. The European Commission promotes cross-border healthcare, enabling telemedicine to bridge geographical divides. Canada's framework allows provinces to implement telehealth systems, while South Korea invests heavily in real-time remote consultations and diagnostics. Japan integrates smart healthcare systems, while Australia's National Broadband Network facilitates telemedicine in remote and rural regions. The WHO emphasizes the importance of standardized policies across member states for quality control, safety, and equity in telemedicine access.

Lasisi [12] discussed how telemedicine can significantly improve healthcare in developing nations by closing the access gap, particularly in rural areas lacking medical facilities and specialists. It facilitates remote consultations, diagnostics, and treatments, enhancing patient outcomes and lowering healthcare costs. However, successful implementation requires reliable internet access, training healthcare professionals, and creating systems that meet local population needs. Cultural, economic, and environmental factors must be considered for effective and sustainable telemedicine initiatives.

Ye [26] discussed how China has successfully implemented telehealth through strategies like integrating services with platforms like WeChat, promoting collaboration among healthcare levels, and introducing government policies that encourage public insurance reimbursement. This approach has led to increased user adoption and reduced in-person visits, particularly for rural patients. Strong partnerships between urban hospitals and rural clinics enable remote specialist consultations and advanced care access. Government policies provide public insurance reimbursement, motivating patients and healthcare providers to embrace telehealth. Investments in training healthcare professionals have also contributed to widespread adoption of telehealth in China.

The study by Alnasser [4] highlights the use of telemedicine in underserved regions to improve access to pediatric healthcare. It highlights the importance of integrating telemedicine into traditional pediatric care for managing chronic conditions and emergencies, particularly in areas with inadequate healthcare infrastructure.

Totten [21] highlights the positive impact of telehealth on healthcare professionals in rural areas, particularly through programs like ECHO, which improve clinician behavior, knowledge, confidence, and self-efficacy. These efforts are particularly effective in managing illnesses like newborn care, depression, diabetes, and stroke. The effectiveness of telehealth in remote areas is significantly influenced by factors like technology availability and reimbursement schemes.

Anawade [6] studied the effectiveness of mobile phone telemonitoring in managing COPD patients, highlighting its potential to reduce exacerbations and hospital admissions, enhance patient care, and optimize healthcare resources.

Andino [7] further emphasized the significant impact of the pandemic on telehealth, highlighting its growth and lasting impact on healthcare delivery. Telehealth services, such as tele-ICU, teleconsultations, and remote patient monitoring, were expanded to minimize virus exposure, conserve personal protective equipment, and ensure continuity of care. Key findings include increased patient satisfaction, increased use in critical care, and the rise of remote patient monitoring tools, particularly in Medicare populations. Insurers like UnitedHealthcare and Cigna have introduced virtual-first health plans, reflecting telehealth's potential to lower healthcare costs. Post-pandemic, telehealth usage peaked, but its integration into regular healthcare services is expected to continue growing, particularly in primary care, specialty consultations, and critical care.

Aparna [8] studied the factors affecting telemedicine implementation in India's healthcare settings. They analyzed 34 articles and gathered insights from stakeholders like healthcare providers, patients, and experts. The study emphasized patient-centered telemedicine interventions, the importance of healthcare infrastructure and technology, telemedicine platform advancements, reliable internet connectivity, and government initiatives for telemedicine adoption.

3. Methodology

3.1. Research Design

The study employed a qualitative research approach to analyze telemedicine frameworks and techniques in industrialized nations, focusing on their implementation, adoption, and outcomes, examining stakeholder experiences and systemic variables that contribute to their success.

3.2. Data Collection

This research collected data through secondary techniques, including academic literature, government papers, and case studies on telemedicine practices in industrialized nations. Sources included peer-reviewed publications, government health reports, and telemedicine studies from databases like PubMed, Google Scholar, and Scopus. The document includes national health reports and successful telemedicine implementations in advanced healthcare systems.

3.3. Inclusion and Exclusion Criteria

3.3.1. Inclusion and Exclusion Criteria

The research focuses on telemedicine frameworks, their implementation in industrialized nations, and their impact on healthcare delivery, excluding articles addressing impoverished nations, non-English articles, and research lacking qualitative insights, and published between 2014-2024.

3.4. Data Analysis

The study used a purposive sample strategy, focusing on critical papers on telemedicine policies and tactics in advanced healthcare systems. Over 20 sources from primary care, rural health, emergency care, and specialized services were included. Thematic analysis was used to identify and interpret patterns within qualitative datasets.

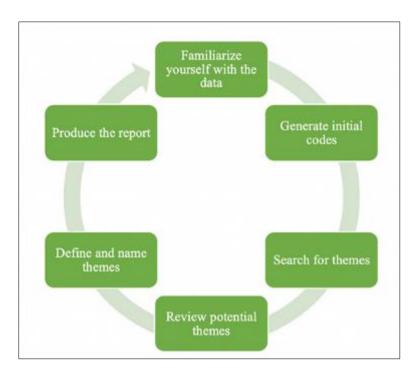


Figure 1 Iterative process of Thematic Analysis [24]

The process involved reviewing selected documents, generating initial codes based on common themes and insights about telemedicine strategies, clinical outcomes, and infrastructure. These codes are organized into larger themes, such as policy frameworks, technological infrastructure, patient-provider interactions, and regulatory challenges. Themes are refined to ensure coherence and accuracy, and overlaps are merged for clarity. The final themes were identified, highlighting essential elements of telemedicine frameworks in developed countries. The narrative approach is used to convey these themes, illustrating how telemedicine has improved healthcare delivery in the examined contexts. The study emphasized ethical implications of citing sources and impartially analyzing data using secondary data, eliminating significant ethical hazards without original data or direct human participation.

4. Qualitative Analysis (Thematic Analysis)

This qualitative analysis uses six-step framework to analyze telemedicine frameworks and practices in developed countries, providing a structured method for understanding key factors affecting their implementation and success [24].

4.1. Familiarization with the Data

The first step included carefully reading and re-reading the chosen documents to fully grasp the content. This approach was instrumental in uncovering initial patterns and insights concerning telemedicine practices, policies, and outcomes.

4.2. Generating Initial Codes

The data was categorized into initial codes based on common themes, including policy frameworks, technological infrastructure, patient-provider interactions, regulatory challenges, clinical outcomes, accessibility and equity, data security and privacy, and professional training and support.

4.3. Searching for Themes

The initial codes were categorized into themes focusing on policy and regulatory frameworks, technological infrastructure, patient and provider dynamics, clinical outcomes, equity and accessibility, data security and privacy, and professional training and support.

4.4. Reviewing, Defining and Naming Themes

The identified themes were reviewed to ensure they accurately reflect data and create a clear narrative. Overlapping themes were combined for clarity. The final themes were established and labelled to emphasize key elements of telemedicine frameworks in developed countries, with each theme detailed and corresponding to the authors.

4.4.1. Theme 1: Policy and Regulatory Frameworks

This subject explores the laws and regulations that support the development and implementation of telemedicine. The research revealed that countries like the US and EU member states have created comprehensive regulatory frameworks to ensure privacy, manage cross-border licensing, and establish reimbursement systems.

- Zhang [28] highlights the importance of robust regulation in developed countries to facilitate effective healthcare delivery through telemedicine.
- The World Health Organization [25] outlined the regulatory frameworks in the United States and European Union, focusing on aspects such as privacy (HIPAA), interstate licensing, and reimbursement policies.
- Ye [26] examined the efforts of the Chinese government to advance telehealth through public insurance coverage, promoting the adoption of telemedicine.

4.4.2. Theme 2: Technological Infrastructure

Telemedicine deployment requires technological infrastructure. This includes the need for stable internet, EHR systems, and cutting-edge technology like AI and wearable gadgets.

- Zhang [28] highlights how AI, wearables, and cloud platforms enhances healthcare access.
- Braun [24] highlights the technical investments made by nations like South Korea and Japan in real-time remote consultations and sophisticated healthcare systems.
- Ye [26] explored China's integration of healthcare services with popular platforms like WeChat.

4.4.3. Theme 3: Patient and Provider Dynamics

This issue explores the relationships between patients and healthcare professionals facilitated via telemedicine. It encompasses aspects like as patient participation, satisfaction, and the adaptation of healthcare practitioners to telemedicine technologies.

- Zhang [28] emphasized that telemedicine has mitigated geographical obstacles and improved patient outcomes by continuous remote monitoring and timely interventions.
- Totten [21] investigated the beneficial impact of telehealth efforts on physician behavior, knowledge, confidence, and self-efficacy, especially via programs like ECHO.

4.4.4. Theme 4: Clinical and Health Outcomes

Telemedicine significantly influences clinical outcomes by enhancing access to treatment, reducing hospital admissions, and promoting superior disease management.

- Anawade [6] asserted that mobile phone telemonitoring effectively controls COPD, reducing exacerbations and hospital visits.
- Alnasser [4] emphasized that telemedicine also enhances access to pediatric healthcare, particularly in rural and underserved regions.

4.4.5. Theme 5: Equity and Accessibility

This theme explores the challenges of accessibility and equity in telemedicine, especially in rural and economically disadvantaged communities.

- Zhang [28] highlight ongoing challenges regarding unequal access to technology, particularly in rural areas.
- The World Health Organization [25] points out that telemedicine in Australia is aimed at indigenous communities and remote regions, tackling issues of accessibility.

4.4.6. Theme 6: Data Security and Privacy

Data security and privacy are essential issues in telemedicine, necessitating strong measures to safeguard patient information.

- Zhang [28] emphasized the critical need for strong privacy protections as telemedicine continues to develop.
- The World Health Organization [25] highlights the significance of having standardized policies among member states to guarantee data security.

4.4.7. Theme 7: Professional Training and Support

The effective use of telemedicine depends on providing proper training and support for healthcare professionals.

- Ye [26] highlighted the significant investments in China's healthcare sector to train professionals for telehealth services.
- Totten [21] emphasized the significance of telehealth in providing mentorship and professional support through programs like ECHO.

5. Findings and Discussion

This section discusses the potential of telemedicine in Nigeria to improve healthcare delivery, particularly in rural and underserved areas, using practical strategies based on thematic analysis findings and literature review.

5.1. Policy and Regulatory Frameworks

5.1.1. Findings

The Nigerian telemedicine sector faces significant challenges due to a lack of a clear regulatory framework, often neglecting the specific needs of the service, causing confusion for clinicians and patients. ([28], [25]).

5.1.2. Adoption Strategies

- **Establish National Telemedicine Guidelines:** The Nigerian government should prioritize patient privacy, licensure, and reimbursement in telemedicine services. This method may help healthcare professionals embrace telemedicine by providing clarity and assistance.
- **Involve Stakeholders in Policy Development:** Involving healthcare experts, patients, and technology developers in telemedicine policy design ensures rules address Nigerian concerns [12].
- **Create a National Telehealth Task Force:** Create a task group of politicians, healthcare professionals, and technology experts to develop and evaluate telemedicine projects to meet national health objectives [5].

5.2. Technological Infrastructure

5.2.1. Findings

Nigeria has significant challenges with internet access and technical infrastructure, especially in rural areas. This impedes the efficacy of telemedicine programs [21].

5.2.2. Adoption Strategies

- **Invest in Internet Infrastructure:** To make telemedicine accessible to everybody, the Nigerian government needs to invest in broadband internet infrastructure, especially in rural and underserved areas [4].
- **Leverage Mobile Technology:** Telemedicine solutions might employ mobile platforms for consultations, health monitoring, and patient education to increase accessibility in Nigeria due to widespread mobile phone usage [5].
- **Partnerships with Telecom Companies:** Collaborate with telecommunications companies to offer affordable data plans for telemedicine, enabling patients to access treatments without financial burden [21].

5.3. Patient and Provider Dynamics

5.3.1. Findings

Telemedicine success in Nigeria is hindered by cultural barriers and misunderstandings, requiring effective communication and collaboration between patients and healthcare providers [26].

5.3.2. Adoption Strategies

- **Community Education Campaigns:** Develop awareness initiatives to educate communities on the benefits and mechanisms of telemedicine, addressing cultural misconceptions and promoting acceptance [4].
- **Develop User-Friendly Platforms:** Develop awareness programs to educate communities about the benefits and functions of telemedicine, addressing cultural misunderstandings and promoting acceptance [4].
- Training for Providers on Telemedicine Communication: Develop training programs to enhance communication skills in a telemedicine setting, allowing healthcare providers to effectively engage with patients and build trust [21].

5.4. Clinical and Health Outcomes

5.4.1. Findings

Nigeria should prioritize evidence-based practices over telemedicine for improved health outcomes, particularly in managing chronic diseases and supporting maternal and child health [6].

5.4.2. Adoption Strategies

- **Target High-Impact Areas:** Telemedicine should focus on mother and child health, infectious illnesses, and chronic ailments in Nigeria. Customized initiatives enhance treatment and reduce mortality [12].
- **Establish Telehealth Pilot Programs:** Start pilot trials to see whether telemedicine therapies improve clinical results, utilizing data to enhance and expand successful models [7].
- **Incorporate Telemedicine in Public Health Campaigns:** Integrate telemedicine with public health programs to increase access and enhance health education and sickness prevention [5].

5.5. Equity and Accessibility

5.5.1. Findings

Healthcare access in Nigeria is unequal, particularly for rural and low-income groups. These inequities must be addressed for telemedicine to succeed [25]

5.5.2. Adoption Strategies

- **Tailor Services to Local Needs:** Make sure telemedicine services are beneficial for different populations by considering local cultural, economic, and social considerations [4]
- **Expand Access through Community Health Workers:** Use community health experts to give telemedicine consultations and training to help patients obtain distant care [6].
- **Implement Subsidized Services:** Implement subsidy programs for low-income patients to reduce telemedicine consultation costs and ensure access to care is not hindered by financial constraints [8].

5.6. Data Security and Privacy

5.6.1. Findings

Safeguarding patient data and ensuring privacy are vital issues in the implementation of telemedicine in Nigeria. At present, there is insufficient awareness and infrastructure to protect patient information [21].

5.6.2. Adoption Strategies

The government should establish robust data protection policies to ensure the confidentiality and security of patient information in telemedicine. Healthcare professionals should be trained on data security practices, fostering a culture

of responsibility and trust. Additionally, telemedicine systems should be developed with comprehensive security measures, such as encryption and secure data storage, to protect patient information ([5], [26], [6]).

5.7. Professional Training and Support

5.7.1. Findings

Healthcare professionals need proper training for successful telemedicine implementation, but many lack experience with telehealth technologies [12].

5.7.2. Adoption Strategies

The text suggests three strategies for enhancing telemedicine services: creating comprehensive training programs, establishing mentorship opportunities, and encouraging continuous education. These strategies aim to equip healthcare providers with the necessary skills for technical, clinical, and communication aspects of telemedicine, promote knowledge exchange, and ensure professional growth in the field [6], [4],[5]).

6. Conclusion

This study explored the integration of telemedicine into Nigeria's healthcare systems and its potential for improvement. Key themes include clear policy and regulatory frameworks, investment in technological infrastructure, effective communication between patients and providers, and ensuring equitable access. Establishing robust policy and regulatory frameworks is crucial for telemedicine success, addressing issues like licensing, reimbursement, and privacy. Investment in internet access and health information systems is essential to overcome geographical barriers and ensure efficient remote healthcare delivery. Strong communication between patients and healthcare providers is crucial for telemedicine's effectiveness, requiring training and building patient trust. Telemedicine can enhance clinical outcomes by providing timely access to care, facilitating early interventions, and improving chronic condition management. Equity in access is especially important for underserved populations in rural areas. Data security and privacy are crucial for safeguarding patient information and building trust in telemedicine services. Continuous professional development and patient education are also essential for fostering a culture of telemedicine use.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Abolade T.O & Durosinmi A.E. (2019): Telemedicine in Nigeria: A Paradigm Shift in Healthcare Delivery. Proceedings of the 21st iSTEAMS Multidisciplinary Going Global Conference, The Council for Scientific & Industrial Research -Institute for Scientific and Technological Information (CSIR-INSTI) Ghana. 14th 16th November, 2019 Pp 19-28www.isteams.net/goingglobal2019 DOI Affix https://doi.org/10.22624/AIMS/iSTEAMS-2019/V21N1P2
- [2] Adenuga, K. I., Iahad, N. A., & Miskon, S. (2017). Towards reinforcing telemedicine adoption amongst clinicians in Nigeria. *International Journal of Medical Informatics*, 104, 84-96. https://doi.org/10.1016/j.ijmedinf.2017.05.008.
- [3] Alabi, F., Adebayo, E., & Fajola, A. (2022). Application of Telemedicine in the Provision of Healthcare in Nigeria: An Insight from COVID-19. Journal of Health Research and Technology, 9(2), 112-123.
- [4] Alnasser, Y., Proaño, A., Loock, C. et al., (2024). Telemedicine and Pediatric Care in Rural and Remote Areas of Middle-and-Low-Income Countries: Narrative Review. J Epidemiol Glob Health 14, 779–786 (2024). https://doi.org/10.1007/s44197-024-00214-8
- [5] Amjad, A., Kordel, P., & Fernandes, G. (2023). A Review on Innovation in Healthcare Sector (Telehealth) through Artificial Intelligence. Sustainability, 15(8), Article 6655. https://doi.org/10.3390/su15086655​:contentReference[oaicite:0]{index=0}​:contentReference[oaicite:1]{index=1}.

- [6] Anawade, P. A, Sharma, D. & Gahane S (March 12, 2024) A Comprehensive Review on Exploring the Impact of Telemedicine on Healthcare Accessibility. Cureus 16(3): e55996. doi:10.7759/cureus.55996.
- [7] Andino, J. J, Eyrich N. W, Boxer, R. J. (2023). Overview of telehealth in the United States since the COVID-19 public health emergency: a narrative review. mHealth 9:26.
- [8] Aparna, V. Najiya, F, Sisira, E, & Varun, R, (2024). Facilitators and Barriers for Telemedicine Systems in India from Multiple Stakeholder Perspectives and Settings: Department of Mechanical Engineering, Indian Institute of Technology Delhi, New Delhi 110016, India. doi https://doi.org/10.1101/2023.04.23.23288980
- [9] Ben, A, F. Z., & Rjiba, M. M. (2020). An Empirical Study of Intrinsic Determinants Influencing Telemedicine Services Adoption by Healthcare Professionals. *International Journal of Scientific Research in Science and Technology*, 7(5), 547-559. https://doi.org/10.32628/IJSRST207554
- [10] Egenti, B. N, Chukwudi, F T, Igweagu, C. P, Ubajaka, C. F & Adogu, P O U, A. (2022.) E-HEALTHANDTELEMEDICINE PRACTICEINNIGERIA (1999-2017): CHALLENGES ANDPROSPECTS, *International Journal of General Medicine and Pharmacy* (IJGMP) ISSN (P): 2319–3999; ISSN (E): 2319–4006 Vol. 11, Issue 1, -ijgmp-e-health-and-telemedicine-practice-in-nigeria-1999-2017-challenges-and-prospects-copy
- [11] Ilesanmi, O. S., Afolabi, A. A., & Adebisi, Y. A. (2022). Telemedicine Ready or Not? A Cross-Sectional Assessment of Telemedicine Maturity of Federally Funded Tertiary Health Institutions in Nigeria. Digital Health, https://doi.org/10.1177/20552076221150072
- [12] Lasisi, S. L, Abiodun, M. A, Chatwin, R. C, & Ubong, U, V. (2022). Telemedicine diffusion in a developing country: Conference: 8th International Conference on Mechatronics Engineering, DOI:10.1049/icp.2022.2261.
- [13] Maurice, M. (2013). "Telemedicine and Advances in Urban and Rural Healthcare Delivery in Africa," Progress in Cardiovascular Diseases. DOI: http://dx.doi.org/10.1016/j.pcad.2013.10.006.
- [14] Muoka, C.G. (2020). Telemedicine: A Key to Improve Healthcare Delivery in Remote Areas in Africa. Academia.edu. DOI: 10.5281/zenodo.8437272.
- [15] Nsemo, U., Anekpo, C., Essien, A., Gharoro, E., & Akpan, I. (2023). Telemedicine in Healthcare Delivery: Knowledge, Attitude, and Skill Set of Medical Students in Selected Universities in Africa. Research Square. https://doi.org/10.21203/rs.3.rs-2122399/v1
- [16] Olufemi, T. A., Oyewole, O. A., & Owolabi, A. (2021). An Internet-Based Telemedicine System in Nigeria. *Ohio Journal of Science*, 8(14). Available at: https://ohioopen.library.ohio.edu/spacejournal/vol8/iss14/8
- [17] Olufunlayo, T. F., Ojo, O. O., Ozoh, O. B., Agabi, O. P., Opara, C. R., Taiwo, F. T., Fasanmade, O. A., & Okubadejo, N. U. (2023). Telemedicine ready or not? A cross-sectional assessment of telemedicine maturity of federally funded tertiary health institutions in Nigeria. Digital Health, 9, 20552076221150072. https://doi.org/10.1101/2022.06.13.22276341.
- [18] Omaghomi, T. T., Arowoogun, J. O., Akomolafe, O., Odilibe, I. P., & Elufioye, O. A. (2024). Telemedicine in rural Africa: A review of accessibility and impact. World Journal of Advanced Research and Reviews, 21(2), 0475. https://doi.org/10.30574/wjarr.2024.21.2.0475
- [19] Smith, J. A., Mugisha, M., & Olaniyan, A. (2021). The Development of Telemedicine Programs in Sub-Saharan Africa: Progress and Associated Challenges. Health and Technology, https://doi.org/10.1007/s12553-021-00626-7
- [20] Titilayo O. Aderibigbe, PhD, BL & Maureen-Roy Ukoh LLB, BL (2021). TELEMEDICINE AND E-HEALTH: GIANT STUCK IN THE MUD,
- [21] Totten AM, Womack DM, Griffin JC, et al. (2024) Telehealth-guided provider-to-provider communication to improve rural health: A systematic review. Journal of Telemedicine and Telecare. 2024;30(8):1209-1229. doi:10.1177/1357633X221139892
- [22] Ukaoha K, & Egbokhare F. (2012) Prospects and Challenges of Telemedicine in Nigeria. doi:10.7813/jmbs.2012/3-1/10.
- [23] Van, G. J, Soyannwo, O, Odebunmi, K, Dania S, Van, S. M, Van, L. E (2015) Telemedicine's Potential to Support Good Dying in Nigeria: A Qualitative Study. PLOS ONE.;10(6):e0126820-e0126820. doi:10.1371/journal.pone.0126820.

- [24] V. Braun, & Clarke, V (2012).: Thematic analysis. In: Cooper, H., Camic, P.M., Long, D.L., Panter, A.T., Rindskopf, D., Sher, K.J. (eds.) APA Handbook of Research Methods in Psychology, Research Designs, vol. 2, pp. 57–71. American Psychological Association, Washington
- [25] World Health Organisation (2020). WHO Announces COVID-19 Outbreak A Pandemic. Available online at: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19
- [26] Ye, J., He, L. & Beestrum, M. (2023) Implications for implementation and adoption of telehealth in developing countries: a systematic review of China's practices and experiences. npj Digit. Med. 6, 174 (2023). https://doi.org/10.1038/s41746-023-00908-6
- [27] Zayyad, M. A & Toycan M. (2018) Factors affecting sustainable adoption of e-health technology in developing countries: an exploratory survey of Nigerian hospitals from the perspective of healthcare professionals. Peer];6:e4436-e4436. doi:10.7717/peerj.4436.
- [28] Zhang C, Zhao J, Zhu Z, Li Y, Li K, & Wang Y, (2022). Applications of Artificial Intelligence in Myopia: Current and Future Directions. Front Med (Lausanne);9:840498