APPRAISAL OF LEGAL FRAMEWORK REGULATING TELEMEDICINE IN NIGERIA: CHALLENGES AND PROSPECTS

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Abstract

The COVID 19 pandemic has exposed the flaws of the Nigerian health sector. Patients and clients were affected by the lock down during (the hey-days) of the pandemic. Medical appointments between doctors and clients/patients were not actualized because there was no movement from one place to another. Patients on medical tourism could not access their foreign treatment centers because of global lock down. In light of these developments, what can the citizens do in order to access quality health care in times of public health emergency? Also, how has the Nigerian law provided enabling grounds for people that could not physically access health care providers to interface with their doctors? How ready is Nigeria to address the health security of its citizens against future pandemics? I t is in an attempt to answer these posers that this article derived its motivation. Therefore, the aim of this article is to appraise the efficacy or otherwise of the legal regime regulating the deployment of telemedicine in Nigeria. It is also an exposition on the imperative of telemedicine in access to health care. The writers of this article have established that Nigerian law did not sufficiently legislate on matters relating to telemedicine in Nigeria. Also, the state was not committed in the development of infrastructures and facilities to sustain the reality of telemedicine. This article deployed doctrinal reference where statutes and case laws were used. Equally, books and articles in journals were deployed in the course of this writing. The writers conclude that there is the need to bolster our laws and state's commitment in ensuring telemedicine is deployed to provide quality access to health care. It is the hope of these writers that this paper would inspire policy formulation and contributes to knowledge.

Key Words: Appraisal, legal framework, telemedicine, challenges, prospects

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1. Introduction

This article is structured into four parts. The first part examines the concept of telemedicine. Its classifications, functions and relevance to access to health care are discussed in this part of the work. In part two, this paper examines the legal frameworks regulating telemedicine in Nigeria. Here, national, regional and international laws were examined. In part three, this work examines the challenges affecting the deployment of telemedicine in Nigeria. These challenges include legal and non-legal challenges. The paper concludes with part four where recommendations and suggestions are made on how to utilize the concept of telemedicine in order to ensure proper access to health care for Nigerian citizens.

1.1. Meaning of Telemedicine

The word telemedicine has enjoyed definitions of international institutions as well as some scholarly works. The World Health Organisation in 2022, defined telemedicine to include:

(a) ***Teleconsultation****: consultation offered to the remote patient by health care provider;*

(b) ***Telemonitorin****g: remote monitoring of the patient's health status and/or medical data by the health care provide;*

(c) ***Teleexpertis****e: the remote exchange of medical opinions between two or more physicians for the purpose of confirming a diagnosis and/or establishing therapeutic management;*

(d) ***Teleassistance****: the provision of opinions or data in real-time by a doctor to a remote practitioner performing a medical act.(UNICEF, 2024).*

By the above definitions, telemedicine is a genre of health care that is responsible for delivering consultation services via remote interaction between doctors and patients. It also includes a situation where a doctor can monitor the health status of patients. Similarly, it implies an exchange of medical views from different remote locations by physicians for the purpose of reaching a medical verdict about a particular health situation.

Again, the World Health Organisation (WHO) further defined telemedicine as:

The delivery of health care services, where distance is a critical factor by all care professionals using information and communication technologies for exchange of valid information for diagnosis, treatment and prevention of diseases and injuries, research and evaluation, and for the continuing education of health care providers, all in the interest of advancing the health of individuals and their communities.(Mahar,Rosencrance & Rasmussen).

From the above definition telemedicine is the use of technology for the purpose of delivery of health care services, exchange of information regarding diagnosis and treatment of patients and also educational purpose. Also, by this definition telemedicine could be used to deliver health care services including counseling, prescription and instructions to patients/clients by health care professionals. Telemedicine is also a means of information intercourse between the health care provider and the patients for the purpose of treatments of a particular injury or ailment. Telemedicine could also be implied as means of information dissemination and enlightenment for the purpose of creating awareness to an audience in academic or research institutes as well as public health sensitisation. It is a means of creating public awareness during public health crises.

Again, the Oxford Dictionary defines telemedicine as "the remote diagnosis and treatment of patients by means of telecommunication technology." (Oxford Dictionary, 2024).By this definition, telemedicine is the use of technology for treatment purpose where the health care professionals are separated by distance. It is a means of giving and receiving instructions for the purpose of treatment. Here, the health care provider gives out instructions through technology (phones, video-conferencing, etc.,) to the patients/clients to the patients.

Telemedicine is also used to describe terms that cover the use of technology to deliver clinical care at a distance.(Rachael, 2022). It is the use of technology to ensure that patients/clients receive health care as when due. It could be used via different media such as video-conferencing, telephone calls, text messages, etc., to help those with limited access to health care and medical treatments.

Telemedicine is further defined by Nakajima and Hamano, as "medical assistance using communication methods (medical information distribution, consultation, patient information distribution, conference, home care assistance, and so on" (Science Direct, 2024). By this definition, telemedicine is seen as the communication concerning the sharing

of information between doctor and patient using technology. Here, both the health care providers and the patients share information relating to treatments via technology.

The above definitions view telemedicine as the use of technology to render health care services where the doctor and the patients are separated by distances. In a nutshell, telemedicine involves a distant treatment or rendering of medical services via the use of technology. The adoption of technology for remote treatment of patients by different health care professionals has further given birth to proliferations of seemingly similar terms such as telehealth, telecare and digital health that are used interchangeably with telemedicine. But does telemedicine mean the same thing as telehealth, telecare and digital health? In an attempt to answer this question, this article examines the relationship between telemedicine and other related concepts.

1.2. Telemedicine and other related concepts.

Telemedicine shares affinity with certain concepts like telehealth, telecare and digital health because all rely on the use of technology for remote treatment and prescription. However, these terms do not have the same meaning. They have some conceptual nuances. These slight differences are examined at the subsequent part of this paper.

(a) Telemedicine and Telehealth

Telemedicine restricts its operation to remote clinical services based on patient-doctor relationship, while telehealth is broader in scope (HealthIT, 2024). Telehealth involves providing non-clinical services like providing training, administrative meetings and medical education.

(b) Telemedicine and Telecare

While telemedicine deals with the use of technology by health care providers to treat patients and provide health care services, telecare deals with the use of artificial intelligence to provide healthcare services to consumers from different remote locations. Telecare may include consumer-oriented health care and fitness apps, sensors and tools connecting consumers with care givers(Federal Communications Communications, 2024). It also includes medical apparatus that helps in early detection and early warnings

technologies. Thus, in Telemedicine health care providers facilitate contacts and communication with audience while in telecare, the audience can dispense with the instruction of health care provider, and placed reliance on technology.

(c) Telemedicine and Digital health

Telemedicine is a subset of digital health because it relies on technology to deliver distant medical care. However, digital health is wider in scope in that it encompasses a wide range of health care technologies such as wearables, mobile health apps, electronic health records, and patient portals(Medium, 2024). Telemedicine engages patients occasionally remotely, while digital health engaged the patients daily because patients can actively interact with their patient portals which help them to track their progress and communicate their health team.

1.3. Classification of Telemedicine

Telemedicine has been classified into three (3) types. These include remote monitoring, Store-and-forward, real-time interactive services(Yolinda,2023). However, there are other classifications such as teleneuropsychology, telenursing and telerehabilitation, telepharmacy and mobile health platforms (District Weekly, 2020).

Remote monitoring is also known as self-testing or self-monitoring. This type of telemedicine consists of the use of technological devices to monitor clinical signs and health of a patient. This method is effective in the remote treatments of chronic diseases such as Asthma, diabetes mellitus, and cardiovascular disease.

The store-and-forward allows the health care provider to acquire medical images of the patients and other bio-data. These information are then stored and sent to an expert who can rely on such data to prescribe treatment or counseling to the patient without meeting him physically(District Weekly, 2020a). When the expert is through, he will then forward his medical findings/prescription to the patient or users no matter the remoteness of the location. This method is widely deployed in the fields of pathology, radiology or dermatology(District Weekly, 2020b)

The real-time interactive services provide immediate consultation services to the patient in need of medical attention It is an avenue for an interactive forum between the health care and the patients. Here, interaction is effected via a live communication between the doctor or the patient either through videoconferencing, telephone and other online means of communication(District Weekly, 2020c).

Teleneuropsychology is used to assess patients who have, or are suspected of having, a neurological disorder. It could be deployed via consultation and assessment over the phone for patients with cases of neuropsychology. It is assessed to provide a reliable option to traditional in-person consultations(.(District Weekly, 2020d).

In telenursing and telerehabiltation, technology is deployed to aid the health care provider to do consultation in order to provide a diagnosis and monitor health symptoms and conditions (Yolinda, 2023 a). It avoids healthcare providers the opportunity to relate with the patients, evaluate their health conditions, and after that administered them remote treatment. Today, contemporary health care practice is imbibing telenursing and telerehabilation as an alternative to physical nursing and rehabilitation counseling.

Telepharmacy provides virtual pharmaceutical advice and instructions to patients and clients where it is impossible to meet them physically with the pharmacists(Yolinda, 2023 b). This is mostly used by pharmacist to prescribe drugs and give instructions to patients on how to use such drugs. Telepharmacy is important for remote patients who might experience a lot of stress before accessing a health care provider.

The last one is the Mobile health platforms.This is given to patients to help in the monitoring of their own health. Here gadgets like Smartphones, patient portals and other wearables help patients to monitor their health situations and then update the health care provider as to whether there is an improvement or not the health situation.

1.4. Relevance of Telemedicine

Telemedicine helps a lot in promoting quality access to health care in some ways. One of the areas it helps is that it reduces the tendency of exposure to illness (William 2024). Since telemedicine is remotely done, it helps to shield the health care

professional from contracting any diseases from the patients. By this it reduces the likely ratio of the spread of the disease to the public.

Again, telemedicine provides convenient avenues for both the health care provider and the patient. In using telemedicine, there is the benefit of ease on the part of the health care provider to interface with the patient. On the part of the patient, telemedicine affords him easier access to the health care provider as well as treatment. Thus, telemedicine precludes the patient from stresses attributed to conventional hospital settings which is characterized by strict bureaucracy. In the same vein, the stress of travelling from long distance to join a hospital queue to see a health care provider is reduced, due to telemedicine.

Accessibility to health care is another advantage (Every Day Health Care, 2024).Through telemedicine, people in remote areas with poor road networks and mobility challenges are spared from the rigours associated with travelling to health care facilities. Thus, telemedicine is able to deploy technology to ensure that people have access to quality health care.

Because of the ability of telemedicine to promote distant treatment, it could be said that it is also helpful in cross-border medical care and medical tourism. This is possible because during public health emergency where movement was restricted, patients can receive treatment from another country, different from their state of residence. As such telemedicine helps to promote inter-state treatment in situation of public health crises (Godfree, 2020).

Closely linked to the above reason, is the fact that telemedicine could also help to facilitate virtual medical tourism (Godfree, 2020b). This concept envisages the use of telemedicine by patients to meet health care professional outside their state of residence, in a situation where the patient chooses not to physically travel to the country where the health care provider or the institution is established. This could also be achieved especially where the concepts of inter-state telemedicine is recognized among member state. For example, European Union recognised the concept of Cross-Border Telemeicine whereby the right of the patient to access health care can be realised via healthcare

services delivery (Campiglio, 2025). It allows healthcare providers to engage in inter-state treatments of patients among member States via telemedicine. It operates based on the ' Country of Origin' principles , which means that digital telemedicine are governed by the laws of the country where the healthcare provider resides.

The above principle is given recognition in the recent case of *UJ v Österreichische Zahnärztekammmer* [C-115/24(CJEU) 11 September, 2025]. The Court of Justice of European Union. In this case, an Australian Dentist (UJ) worked with German based entities that offer dental care. The patients initially had an in-person consultation and scans was taken in Australia using Remote provision of Dental aligner treatment for via German ICT tools(Unyer,2025). The Austrian Dental chamber challenged the German Entities for engaging in telemedicine in Austria. The question before the Court of Justice of European Union whether the meaning of healthcare in the case of telemedicine under Directive 2011/24/EU and whether a country-of- principle applies in respect of telemedicine services (Unyer, 2025a).

The Court of Justice of European Union held as follows:

(a) The concept of telemedicine applies only when a health service is service is provided entirely through ICT, without patient's physical presence before the healthcare provider,

(b) Services that are hybrid(partly in-person, partly digital) do not fall within the Directive's framework on cross-border healthcare (Unyer, 2025 b).

Continuity of care is another advantage of telemedicine (Williams, 2024b). Regular medical checks can be continued between the doctor and the patients through online or telephone communications. Also, digital apps such as Smartphone's and patient's portal could assist the patient in regular check up about his health condition and then report to the health care professionals.

However, despite its advantages, telemedicine is not totally free from some defects. Some of its challenges include technical problems, data security, and limited physical examination of the patients. Despite, these challenges, telemedicine is necessary

for contemporary medical practice and public health practice. Thus, states like Nigeria are enjoined to take every measure necessary to ensure that access to quality health care is a realizable right. The question then is to what extent has the Nigerian government promoted the practice of telemedicine in law and national policy? The answer to this question will take us to the next part of this article- appraisal of the legal frameworks regulating telemedicine in Nigeria.

2. Legal Frameworks Regulating Telemedicine in Nigeria

In regulating telemedicine, certain indices are taken into account. These include the technical standards, certifications and existing legal fundamental laws regulating telemedicine (Stapic, Vrcek & Hadjin, 2008).These indices are the parameters that will be used to explore how effectively Nigerian laws have regulated the practice of telemedicine in Nigeria. In examining how Nigerian laws regulate the practice of telemedicine in Nigeria, this paper shall examine the national legal frameworks.

The national laws that will be examined here include both the federal laws relating to telemedicine as well as rules adopted by the various health professionals in Nigeria as their code of conduct relating to telemedicine. This paper is only concerned with the specific laws that govern telemedicine, and not the generic law. Some of the National laws that will be examined here include, the Constitution of the Federal Republic of Nigeria 1999 (2010 as amended), Medical and Dental Practitioners Act (CAP M8,LFN, 2004), Medical Laboratory Science Council of Nigeria Act, 2003, National Health Act ,2014, National Health Insurance Authority Act, 2022, National Data Protection Act, 2023. Code of Medical Ethics,2008 and Rules of the Professional Conduct for Medical Laboratory Scientist, Laboratory technicians and Laboratory Assistants, 2018.

Reference to the Constitution as one of the legal frameworks regulating telemedicine is relevant here because of its status as the supreme law of the land. Equally, its status as the grundnorm upon which other laws derive their validity is imperative to this discourse. Regulation of telemedicine by the Nigerian Constitution can be gleaned from the fact that chapter two of the Constitution of the Federal Republic of Nigeria 1999 (2010 as Amended) (hereinafter known as the 1999 Constitution), enjoins States to take adequate measures to

promote the health of its citizens.Thus, section 17(3) of the 1999 Constitution enjoined States to direct their policies towards the provisions of adequate medical and health facilities for all persons. By this provision, the law obliges the States to ensure that necessary and adequate facilities (including telemedicine) are provided in order to ensure that citizens' right to health care is realised.

The Medical and Dental Practitioners Act, is vital in the regulation of telemedicine for two reasons. The first reason is that since telemedicine is an aspect of medical practice that involves remote medical care, the person engaged in telemedicine must be a person who is qualified to practice as a medical doctor or a dental surgeon. It is for this reason that section 8 of the Medical and Dental Practitioners Act, states that a person seeking to become a medical doctor must be qualified to do so after having been trained by an approved institution and must have his name registered with Registers of medical practitioners. This means that before any person can practice medicine, he must first pass through an approved institution and then have his name registered with medical practitioners. Secondly, the law requires the medical practitioner to register their health equipments that are imported into Nigeria (Guidelines for Registration of Imported Medical Devices in Nigeria, 2018). Thus, since telemedicine could be termed as a specialized area of practice in fields like radiology and pathology, there is the need for the specialized registration of telemedicine. It is from this prism that one can see how the Medical and Dental Practitioners Act, regulates telemedicine in Nigeria.

Another law that governs telemedicine in Nigeria is the Medical Laboratory Science Act, 2003. This law governs the qualifications of person who can be admitted to practice as Lab Scientist in Nigeria. They do that by determining the standard of knowledge that one is expected to acquire before being admitted to practice as Lab Scientist section 4 of the Medical Laboratory Science Act, 2003). The law also ensures that such person is trained from a qualified and approved institution (section 15 of the Medical Laboratory Science Act, 2003). This law also mandates the Board to inspect Medical laboratory to ensure that they are well equipped and of standard to operate as health institutions. They must ensure that the equipments and other facilities are of the standard required by law. It is from this ground that one can see how the Medical Laboratory Science Act, 2003, regulates telemedicine.

The National Health Act, 2014, could be said to regulate telemedicine from its provisions. Section 12 provides for the powers of the minister of health to regulate health technologies with respect to their functions, size and community locations, as well as their geographical locations and demographic reach. To ensure that health technology includes telemedicine, section 64 , the interpretation section of the National Health Act, defines health technology thus,

"health technology" means machinery or equipment that is used in the provision of health care services but does not include medicine as defined in the drug as and related products Registration etc Act. No. 19 of 1993

The above definition clearly shows that Nigerian law recognized telemedicine. It went further to expound on the fact that health technology (telemedicine) is not the same as medicine, rather, it is a medium through which medical treatment is delivered where health care professionals and patients are affected by distance.

In order to ensure that health technologies are properly and efficiently utilized, section 13(1) of the National Health Act, 2014, provides for the requirements of certificates of Standards. By this Certificate, all government or private health care institutions are mandated by law to obtain the Certificates of Standards before they can commence operation as health care institutions. Section 14 (1) of the National Health Act, 2014 , provides that the failure to do so, will qualify as an offence that is punishable by conviction of N500, 000, 00 (Five Hundred Thousand Naira) in case of corporate body. Where an individual is the offender, he will be liable to the N500, 000, 00 (Five Hundred Thousand Naira, or imprisonment for a period not exceeding 2 years or both.

National Health Insurance Authority Act, 2022, regulates telemedicine in the area of ensuring that information communication technology is deployed to enable citizens to have access to quality health care.Thus, in determining the function of the Authority, section 3(l) of the National Health Insurance Authority Act, 2022, provides that:

Provisions and maintenance of Information and Communication Technology (ICT) infrastructure and capability for the integration of data on health Schemes in Nigeria including the State Health Insurances schemes

By the above provision, this law authorizes the Authority to provided information communication technology (ICT) facilities to assist in promoting health care services. By reference to information communication technology, this law contemplates the use of telemedicine not only for the purpose of remote treatments, but for information dissemination in public health crises. Thus, by this provision, this law could be deemed to have contemplated regulating telemedicine in Nigeria.

Also, the National Data Protection Act, 2023, regulates telemedicine in Nigeria. This could be deduced from the main purpose of the Act, is to protect the privacy and rights of data subjects (section 1 one of the National Data Protection Act, 2023). This law further expound certain terms that are relevant to the concept of telemedicine as medico-legal concepts. These concepts are data subjects, data controller and data processor. A data subject is defined in section 65 of the National Data Protection Act, 2023 as an individual whose personal data relates to the subject of request or inquiry. He/she is the person whose personal data is the subject of engagement which is sought. Data controller means an individual, private entity, public commission, agency or any other body who, alone or jointly with others, determines the purposes and means of processing personal data. This definition implies that a data controller is a person or an entity that approves process of the information about an individual (Section 65 of the National Data Protection Act, 2023). It is the approving authority that allows certain information on an individual to be accessed. Data controller controls when information about a data subject can be accessed and when it cannot be accessed.

Data processor is an individual, private entity, public authority, or any other body, who processes personal data on behalf of or at the direction of a data controller or another data processor (Section 65 of the National Data Protection Act, 2023). This means that a data processor is the mechanism which processes the needed or requested information about an individual. It is the engine that searches and made information about an individual available and accessible to the person looking for it.

The data subjects by the definition of the Act could be equated with information about patients. Data controller could be equated with health technologies or equipment which is owned and managed by the Health institutions at their respective information technology

departments which is responsible for controlling the information relating to the patients. The data processor could qualify as one of the health technologies controlling access to the health of patients.

Therefore, where a hospital deploys its health technologies in telemedicine, it has the duty of ensuring that such information about their patients are not accessed by third parties without due authorization. Doing so will amount to a breach of medical confidentiality of the sensitive personal data of the patient. The phrase, "sensitive personal data', is defined in section 65 of the National Data Protection Act, 2023, to mean the information relating to "genetic and biometric data, for the purpose of identifying a natural person as well as his health status." In the course of telemedicine, the law enjoins the users of health technologies to ensure security of 'sensitive personal data' by health institutions (section 40 of the National Data Protection Act, 2023). That is why section 29 (2) (h-j) of the National Health Act, mandates health establishments to protect the health records including data of patients and clients from unauthorized access by third parties.Failure to protect the health data of patients is an offence punishable by imprisonment for a period not exceeding two years or by a fine of N250, 000, or both.

2.1. The Professional Rules regulating telemedicine in Nigeria

The health profession whose Rules of professional ethics will be examined here are medical doctors and medical laboratory scientists. The professional rules regulating telemedicine in Nigeria is the Code of Medical Ethics, 2008, and Rules for Professional Conduct for Medical Laboratory Scientist, Laboratory Technician and Assistant, 2018.

2.1.1. Code of Medical Ethics, 2008

The code of medical Ethics, 2008, is made pursuant to section 1 (2) (c) of the Medical and Dental Practitioners Act, which mandates the Medical and Dental Council to make a revised stament to regulate the conducts of its members. Thus, Rule 22 of the Code of Medical Ethics, 2008, made elaborate provision about telemedicine in the following words:

Telemedicine, a professional opportunity outcome of modern advances in computer and telecommunication technology, is steadily creeping into professional practice in Nigeria.

It is medicine requested and practised at distance, and it is particularly useful for patient care and management by general practitioners and specialists in accessing tele-support in their daily practices on the basis of requirements for specialist consultation in various specialties of medicine and dentistry.

It is of ethical significance for registered practitioners to continuously assess and avoid medico-legal pitfall in area such as confidentiality, professional competence, legal and registration status of the specialist being consulted, equipment reliability, sustainable continuity of patient management and timely referral of patient.

(A) Electronic processing

-Practitioners must make appropriate arrangements for the security of personal information when it is stored, sent or received by fax, computer, e-mail or other electronic means.

- Information must be kept secure before connecting to a network

-You should ensure that data sent cannot be intercepted or seen by anyone other than intended recipient

-Practitioners should however be aware that information sent by e-mail through the internet may be intercepted.

The above provision clearly reveals that the notion of telemedicine in medical practice in Nigeria is an emerging norm. It sees telemedicine as an avenue for facilitating distance treatments and other health care services by doctors to patients/clients via the use of technology. It regulates deployment of telemedicine in medical practice by obliging doctors to ensure that they discharge their duty in that regards with competence and diligence devoid of any professional pitfalls or malpractice.

Therefore, the Code of Medical Ethics, 2008, enjoins doctors to take due diligence before deploying telemedicine in their contractual engagements with patients. For this reason

doctors are expected to ensure adequate data security about patients 'details when it is stored, sent or received during telemedicine. As such the security of the patients' information must be certain before connecting to internet. It is also the contemplation of the law that they should take precautionary measures to ensure that patients' data cannot be intercepted or accessed by unauthorized persons (Rule 22 (a) Code of Medical Ethics, 2008 &Section 49 (1) of Data Protection Act, 2023).

2.1.2 Rules for Professional Conduct For Medical Laboratory Scientists, Laboratory Technicians and Assistants, 2018

The Rules for Professional Conduct For Medical Laboratory Scientists, Laboratory Technicians and Assistants, 2018 (hereinafter known as the "Rule") is a regulation that guides the conduct of Lab scientist and practitioners in Nigeria. This rule was made pursuant to the power of the board to make a periodic statement to regulate the conduct of its members in the discharge of their profession as spelt out in section 4(b) of Medical Scientists Laboratory Act, 2023. Telemedicine is actively practiced by medical and laboratory scientists in areas of blood sampling, sputum, skin, urine and other related health issues. In doing so, they are mandated by this Rule to ensure that in their duty to patients/clients they are to maintain strict confidentiality of the patients' information and his privacy under Rule 13(c-d). Failure to do so could constitute professional negligence and offence under Rule 22 of the Rules of professional Conduct, 2018. Under the same Rule, scientists are mandated to ensure that they maintain health equipment in their control. Failure to do so will constitute professional negligence under the Rule 16(1)(h of Rules of Professional Conduct, 2018.

3. Challenges

The challenges affecting the deployment of telemedicine in Nigeria can be categorized into non-legal and legal challenges. Each of these challenges is examined in the subsequent sub-headings.

3.1.1. Non Legal Challenges

The main non legal challenges affecting deployment of telemedicine include infrastructural deficits, institutional inefficiency, inadequate skilled manpower, poor budgeting, and corruptions. Infrastructural deficits are some of the major blows to the realization of the effective use of telemedicine. Nigerian terrains could be challenges of

access to internet and network. Poor power supply and energy crises are another infrastructural deficit that negates the effective use of telemedicine. This is coupled with bad road networks which could affect communications. These infrastructural deficits affect the use of telemedicine in Nigeria(Akpan , 2024).

Closely linked to the above are institutional challenges. Nigerian information and communication sector is bedeviled with a lot of challenges, including inability to fight cyber crime (Trusted Advisors, 2023). This deficiency also extends to the health institutions that are not enabled to ensure data security of patients/clients from third party interference or unauthorized access. Equally, these challenges can affect the quality of medical interaction between doctors and patients, especially, when the nature of telemedicine, involves video-conferencing.

Furthermore, there is the problem of inadequate health care personnel and experts using telemedicine. Nigerian health care practitioners have not been exposed to such aspect of medical practice. Research has found that there is lack of health care providers who specializes in telemedicine (Ajayi, Adetunji & Akande , 2015). Also, it shows there is apathy on parts of some health care providers to deploy telemedicine in health care profession.[1]

Deploying Telemedicine requires finances(Ukaoha & Eghokare,2012). This is because technology and internet facilities that will be deployed have to be purchased and installed. This of course, requires financial commitments. This problem is more visible in public sector where government's financial commitment is low. Thus, poor budgeting and lack of true commitment by the government is another blow to the deployment of telemedicine in Nigeria.

Digital illiteracy is another problem. Apart from the general problem of illiteracy, many Nigerians are not ICT literate (Ukaoha & Eghokare,2012). They will find it difficult to imbibe telemedicine. It will take time for them to acclimatize with the new normal. This negative trend is a set-back to the promotion of the 21st century health care delivery via telemedicine.

56.Ibid

Lastly, corruptions could be adduced as one of the reasons for lack of success of deployment of telemedicine in Nigeria(Akkuwebe & Erhabor, 2023).Corruption in Nigeria is the axis upon which all the other factors previously discussed revolve. Corruption in the health sector gave birth to infrastructural and institutional deficits. Corruption also is the reason behind poor budgeting and lack of commitment by government to ensure that telemedicine is not succeeding in Nigeria.

3.1.2. Legal Challenges

The major legal challenges have been the non-justiciability of matters relating to health care in Chapter Two of the 1999 Constitution. The provisions relating to state obligations are to ensure that health care institutions are properly equipped to guarantee the use of telemedicine to ensure access to health care. Ideally, public interest litigation or advocacy could be used to make the government facilitate health institutions to the full capacity of using telemedicine. The present legal regimes appear to oblige private health care institution to be more liable for any act connecting to telemedicine than the public health sector.

Another challenge is jurisdictional issue (Trusted Advisor,).This is because telemedicine operates in cyberspace. Thus, a situation of medical interaction could arise between a doctor and a patient who are from two different countries. The problem of jurisdiction could arise in a situation where there is an instance of medical negligence or breach of confidentiality by the health care provider. In such a situation there could be jurisdictional issues on which court can try the health care provider? Is it the court in the country of the health care provider who committed the negligent act or that of the victim? These are some of the challenges that are associated with telemedicine.

There is no specific legislation governing telemedicine in Nigeria (Dirisu , 2024). Most laws attempting to regulate telemedicine are from the realms of other laws such as telecommunications, digital and Information technology laws. Leaving telemedicine under the general regulation of other laws will create a problem of interpretation, especially, where there is an inter-statutory conflict between the general laws on telemedicine, the court may find it difficult to arrive at a just and binding decision. However, if a specific legislation is

made to regulate telemedicine, the court will adopt the principle of *genaralibus specialibus non derogante (Benjamin V Kalio, 2014).*

4. The Way Forward

Despite the challenges examined at the previous part of this paper, it is the position of these writers that there are positive prospects for effective use of telemedicine in Nigeria. One of these prospects is the need to facilitate the Nigerian health sector through modern health equipment and sound health care facilities. This will help in access to quality health care, especially during emergencies relating to public health of international concern. Internet services providers should up their games to ensure that customers' interests are protected. For example, studies have shown that deploying telemedicine during COVID 19 pandemic has been of great benefit in promoting access to health care (Adeyemi A., Ogunleye S. & Oyelakin O., 2024)

The need for accountability and good governance is very imperative in ensuring effective use of telemedicine in Nigeria. Government should be able to place priority on the welfare of its citizens, including access to quality health care. In doing these, corruption should be combated and the perpetrators should be dealt with lawfully. It is through transparent and responsible leadership that the Nigerian health sector can be well equipped with facilities that will enhance telemedicine. Government should be responsive and deliberate about making quality access to health care a reality. They should be able to make it a reality and not policy statements.

Public enlightenment about the deployment of telemedicine should be encouraged. This measure should apply to both literate and illiterate Nigerians. This will help to encourage the adaptation to telemedicine. The more enlightened and digitally literate people are, the more they are likely to adapt to telemedicine. This will facilitate easier access to health care on time.

Lastly, Nigerian government should adopt the concept of global health diplomacy to effectively utilize telemedicine. Global health diplomacy is essential for Nigeria in order to combat health public health crises (Godfree M., 2021). Thus, Nigeria should enter into bilateral agreement or treaty with the other countries that Nigerians patronized for medical

tourism. There is the need for inter-state collaboration and partnership with other foreign stakeholders. This law allows for inter-state collaboration where doctors in one European country can attend to his patient in another state.

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