TELEMEDICINE DEVELOPMENT IN NIGERIA

By

James K. Godstime, Odimayomi P. Kayode, and Shaba A. Halilu



Presentation Scope

- Introduction
- Disasters in Nigeria
- Need for Telemedicine Development
- Benefits
- Implementation of Pilot Scheme in Nigeria
- Challenges
- Conclusion

INTRODUCTION

- Global disaster challenges (Natural and human induced-climate change).
- Tsunami, Earthquakes, Hurricanes, Volcanic Eruptions.
- 250,000 people died due to disasters that affected 200 million in 2008. (ISDR 2009)
- The total economic cost for 2008 was US\$180 billion.
- Disasters Remains Potential Threat to National Development. (Damage of physical assets and loss of infrastructure).

Oil Spill in the Niger Delta



Source: sdnnigeria's photostream

Floods (Flood in Kubwa, Abuja 31 August 2009)



Source: Daily Nation Oct. 2nd 2009

Gully Erosion



Source: http://www.kwenu.com/publications/orabuchi/2006/erosion_home.jpg

Fire Disaster and Bush Burning

Pipeline Fire in Lagos



 $Source: http://newsimg.bbc.co.uk/media/images/44662000/jpg/_44662252_ap.jpg$

Drought and Land degradation



Source: http://www.treehugger.com/_41435182_drought416.jpg

Desertification



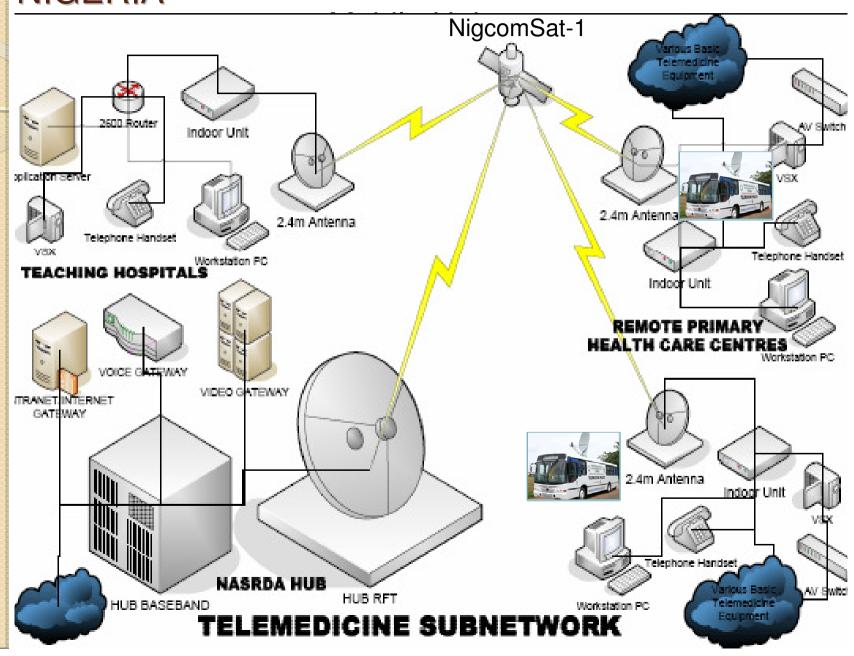
Source: http://www.nhrc-qa.org/en/images/newspost_images/desertification.jpg

NEED FOR TELEMEDINE DEVELOPMENT IN NIGERIA

- 70% Occur in Rural Settings.
- Satellite Communications prerequisite for emergency healthcare services (Telemedicine, Teleconsultation, and Telediagnosis).
- Telemedicine (E-Health): is an integrated system of health-care delivery that employs telecommunications and computer technology as a substitute for face-to-face contact between health service provider and client.

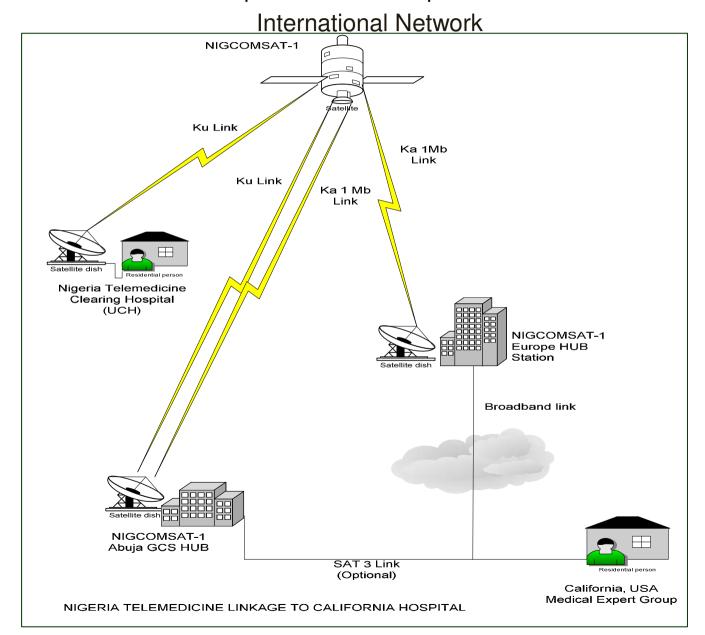
BENEFITS FROM DEVELOPMENT OF TELEMEDICINE IN NIGERIA

- Supports health-care delivery in distant remote sites and villages.
- Connect primary care physicians, providers, specialists and patients.
- Offers improved access to quality healthcare delivery.
- Cheap healthcare delivery.



IMPLEMENTATION OF PILOT SCHEME IN

NIGERIA verseas hospital for second opinion and referral services



- Pilot Project was designed in Collaboration with Ministry of Health.
- The sub-networks integration commenced in March, 2007 with the Network Operation Centre (NOC) situated in Nigeria.

The integration of the sub-network:

Eight Remote Terminals

One Mobile Unit

Commissioned on 17th January, 2008.

Remote Terminals of the Project



Mobile Unit

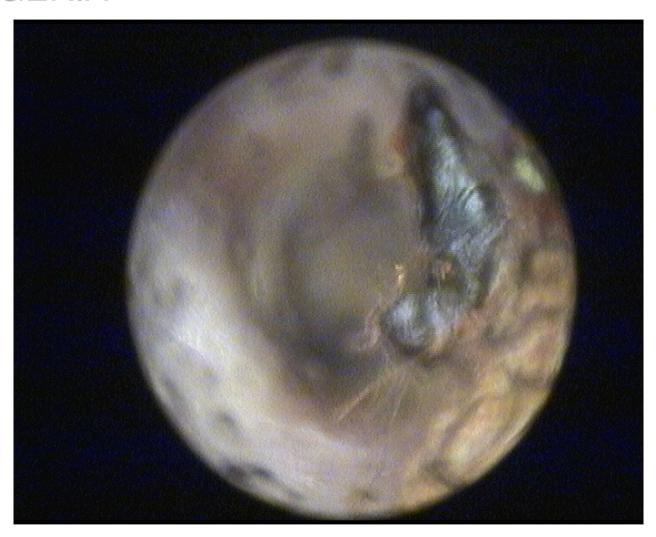


- Remote Terminals and Mobile Bus are equipped with basic diagnosis equipment such as:
- Cameras
 - -General Examination Camera
 - -Image & Illumination System
- Diagnostic Scopes
 - Electronic Stethoscope
 - -Ear, Nose & Throat (ENT) Scope
 - Ophthalmoscope
 - Dermascope

- Medical services
 - +Specialist Referral Services.
 - +Patients' Remote Consultations.
 - +Remote Patient's Monitoring.
 - +Medical Education.
 - +Medical Health Records and Information Databank.



Skin infection Examination



Inner picture of the ear drum

PILOT SCHEME

Diagnosis Report from 6 Months Project Operation

Cases of Malaria Diagnosed across the Nation

Centre	Number	Total No. Of Patients
FMC, OWO	40	359
FMC, OWERRI	227	767
FMC, GOMBE	491	2,230
UMTH, MAIDUGURI	994	4,428

Diagnosis Report from 6 Months Project Operation

Case of Cataract Diagnosed Across the Nation

Centre	Number	Total No. of Patients
UCH, IBADAN	521	1,147
FMC, OWO	31	359
FMC, OWERRI	140	767
FMC, GOMBE	114	2,230
UMTH, MAIDUGURI	600	4,428

CHALLENGES

De-Orbiting of NigcomSat-1

Funding

Institutional

CONCLUSION

Pilot Project is a Success

Benefits out-weighs cost

Project Replication



National Space Research and Development Agency, Abuja, Nigeria.

Email: godstime@presidency.com