

The Role of Artificial Intelligence and Digital Health in Diabetes Screening for Rural Nigeria

Maina Mwaura F.

School of Natural and Applied Sciences Kampala International University Uganda

ABSTRACT

Diabetes, particularly type 2 diabetes (T2DM), has become a significant public health challenge in Nigeria, especially in rural regions where access to early screening and continuous care is severely limited. This review examines the potential of artificial intelligence (AI) and digital health technologies in improving diabetes detection and management in rural Nigerian communities. By exploring AI-driven diagnostic tools, telemedicine, mobile health (mHealth) platforms, and electronic health records (EHRs), this paper identifies key opportunities for bridging healthcare gaps and enhancing diabetes care in underserved areas. The review also addresses barriers such as digital literacy, infrastructure limitations, and policy gaps, and offers strategic recommendations for leveraging technology to improve health outcomes. The findings suggest that AI-powered tools and digital health innovations can significantly enhance early diagnosis, monitoring, and management of diabetes in rural Nigeria, thereby contributing to more equitable and scalable healthcare solutions in resource-limited settings.

Keywords: Diabetes, Artificial Intelligence, Digital Health, Rural Nigeria, Screening, Mobile Health, Telemedicine, Health Technology.

INTRODUCTION

Diabetes mellitus, particularly type 2 diabetes (T2DM), has emerged as a significant and growing public health concern across the globe [1]. In Nigeria, the burden of diabetes is escalating at an alarming rate, largely attributed to rapid urbanization, shifting dietary habits, sedentary lifestyles, and an aging population [2]. The International Diabetes Federation (IDF) estimates that over 5 million adults in Nigeria currently live with diabetes, with many more likely undiagnosed due to inadequate healthcare access and low public awareness [3]. This situation poses a serious challenge to Nigeria's health system, which is already grappling with infectious disease outbreaks and other non-communicable diseases (NCDs).

While urban centers in Nigeria have witnessed improvements in healthcare delivery through investments in tertiary hospitals and specialized clinics, rural areas—home to more than half of the population—remain critically underserved [4]. These rural communities often face poor health infrastructure, limited availability of trained medical personnel, long distances to healthcare facilities, and financial constraints that impede access to care. Consequently, early detection and continuous monitoring of chronic conditions such as diabetes remain elusive for many Nigerians living in rural regions. Most individuals are diagnosed only when symptoms become severe or complications have already set in, by which time treatment becomes more complex and costly [5].

Early detection and proper management of type 2 diabetes are essential to prevent the onset of complications such as cardiovascular diseases, kidney failure, vision loss, and neuropathy. Screening, diagnosis, and continuous monitoring form the foundation of effective diabetes care, yet these components are frequently unavailable or inaccessible in rural Nigeria [6]. Conventional diagnostic approaches—reliant on physical consultations, laboratory testing, and periodic check-ups—are often out of reach for those in remote areas due to logistical and economic barriers. As a result, a substantial proportion of diabetes cases remain undiagnosed and untreated [7]. However, in recent years, the growing penetration of digital health technologies, particularly those powered by artificial intelligence (AI), has opened up new opportunities to bridge these gaps in healthcare delivery [8]. AI algorithms can analyze vast datasets, identify patterns, predict disease risks, and support clinical decision-making, all of which can enhance early detection and disease management. When integrated into mobile platforms, wearable devices, or telemedicine services, AI-based tools can extend diagnostic capabilities to remote and underserved regions. In

addition, mobile phones and internet connectivity are increasingly widespread in Nigeria, even in rural communities, laying a technological foundation for scalable digital health interventions [9]. This review seeks to explore the transformative potential of artificial intelligence and digital health tools in improving early diagnosis, monitoring, and management of type 2 diabetes in rural Nigeria. By examining current challenges and emerging innovations, the review aims to provide evidence-based insights into how AI-driven healthcare can help address existing disparities and strengthen health systems in resource-constrained settings [10]. The global shift towards digital health is driven by the need to make healthcare more accessible, efficient, and personalized. In high-income countries, AI has already demonstrated significant utility in healthcare, from automated diagnosis using imaging tools to predictive analytics in population health management. In Sub-Saharan Africa, the application of such technology is still in its infancy, but there is growing recognition of its potential to fill critical gaps, particularly in rural settings where health disparities are pronounced [11].

In Nigeria, the diabetes epidemic has placed an increasing burden on an already stretched healthcare system. A key challenge lies in the early identification of individuals at risk, especially in rural communities where public health interventions and health literacy are often limited. Early diagnosis not only reduces the risk of long-term complications but also lessens the economic burden on both individuals and the healthcare system [12]. Digital health and AI provide an avenue for developing scalable, cost-effective, and patient-centered models of care that can overcome geographical and systemic barriers. Furthermore, Nigeria's digital ecosystem is expanding rapidly, with mobile phone penetration exceeding 90% and increasing internet accessibility. This digital infrastructure presents an unprecedented opportunity to deploy AI-enabled platforms that can support screening, patient education, remote consultations, and disease monitoring across rural and peri-urban communities [13].

Despite the growing burden of type 2 diabetes in Nigeria, access to early diagnostic services and continuous care remains limited, especially in rural areas. Traditional healthcare delivery models are not equipped to reach dispersed populations lacking adequate infrastructure, healthcare professionals, or financial resources. Current approaches rely heavily on in-person consultations and laboratory-based testing, which are often unavailable or inaccessible to rural dwellers [14].

The lack of early diagnosis results in delayed treatment, leading to complications and increased mortality. Additionally, the low rate of health-seeking behavior, limited awareness of diabetes symptoms, and cultural beliefs further compound the problem. Without innovative strategies that harness technology and adapt to local realities, Nigeria risks a worsening diabetes crisis, particularly among its most vulnerable rural populations [15]. This study aims to assess the current state of diabetes diagnosis and management in rural Nigeria, explore the potential of artificial intelligence and digital health technologies in improving early detection and monitoring of type 2 diabetes in underserved areas, identify existing AI-based tools and applications that can be adapted or developed for the Nigerian rural context, examine barriers and facilitators to the adoption of digital health interventions in rural health systems, and provide recommendations for integrating AI into national strategies for diabetes care and rural health development. The research questions include the current challenges in diagnosing and managing type 2 diabetes in rural Nigeria, how AI and digital health tools can enhance early detection and management, and what AI-driven technologies have shown promise in improving diabetes outcomes in other low-resource environments. The study also examines infrastructure, policy, and community-level factors that affect the implementation of AI-based digital health solutions in rural Nigeria and how stakeholders, including governments, tech companies, and healthcare providers, can collaborate to scale AI solutions for rural diabetes care. The study contributes to addressing Nigeria's pressing non-communicable disease challenges by exploring innovative, technology-driven solutions that can extend care to the underserved, aligning with Nigeria's national health goals and global efforts to achieve Universal Health Coverage and the Sustainable Development Goals.

Burden of Diabetes in Rural Nigeria

The incidence of type 2 diabetes is rapidly increasing in rural Nigeria, with many individuals unaware of their condition until it reaches advanced stages. This delay in diagnosis is primarily due to the lack of adequate screening infrastructure in these areas, where healthcare facilities are scarce and often ill-equipped to manage chronic diseases [16]. Furthermore, cultural, economic, and geographic barriers significantly hinder access to healthcare. Cultural beliefs may discourage individuals from seeking medical attention early, while economic challenges, including the high cost of medical care and transportation, prevent timely intervention. Additionally, the geographic isolation of many rural communities makes it difficult for them to access specialized care or even basic health services. The healthcare workforce in rural Nigeria is also limited, with a shortage of doctors, nurses, and other health professionals trained to diagnose and manage diabetes. Diagnostic facilities are often basic or nonexistent, leaving rural populations vulnerable to complications such as cardiovascular disease, kidney failure, and amputations. These factors contribute to the growing diabetes burden in rural Nigeria, highlighting the urgent need for improved healthcare access, infrastructure, and education to manage and prevent the disease in these underserved regions [17].

Overview of Artificial Intelligence in Healthcare

Artificial Intelligence (AI) in healthcare encompasses a broad range of technologies, including machine learning, deep learning, and natural language processing, aimed at enhancing healthcare delivery and improving patient outcomes [18]. AI has found applications in diagnostic imaging, where it helps detect and analyze medical conditions, and predictive modeling, which aids in forecasting disease progression. Clinical decision support systems and risk stratification tools powered by AI assist healthcare providers in making informed decisions and prioritizing patient care. Notable global successes demonstrate AI's transformative potential in healthcare, such as its use in diabetic retinopathy screening, where AI systems effectively detect early signs of the disease, improving early intervention outcomes. Similarly, AI-driven automated glucose monitoring systems provide real-time data for diabetes management, reducing the burden on both patients and clinicians. Additionally, AI-powered chatbots are being increasingly used for symptom assessment, offering patients preliminary evaluations and guidance on the need for medical consultations. These applications reflect the growing role of AI in enhancing the efficiency, accessibility, and accuracy of healthcare services globally [19].

AI-Driven Screening Tools for Diabetes

AI-driven screening tools are revolutionizing diabetes diagnosis and management by integrating advanced technology to provide efficient, accurate, and accessible solutions. One key area is image-based diagnosis, where AI algorithms analyze retinal images to detect diabetic retinopathy, a common complication of diabetes [20]. Additionally, risk prediction models use machine learning to analyze patient data, including age, BMI, and family history, to predict the likelihood of developing diabetes, enabling early intervention. Point-of-care AI devices, such as portable glucometers and diagnostic tools, allow for offline use in remote settings, making diabetes screening more accessible in underserved areas. Furthermore, wearables and smart sensors are transforming diabetes management by continuously monitoring glucose levels and transmitting data to mobile apps, providing real-time insights for patients and healthcare providers. These advancements not only streamline the diagnostic process but also offer personalized care, making it easier to detect, monitor, and manage diabetes, particularly in regions with limited healthcare infrastructure [21]. Through the combination of these AI-driven tools, healthcare providers can enhance early detection, improve treatment outcomes, and ultimately reduce the global burden of diabetes.

Telemedicine and Mobile Health Innovations in Diabetes Care

Telemedicine and mobile health (mHealth) innovations are transforming diabetes care, particularly in underserved rural areas. Teleconsultation platforms connect patients to urban specialists, overcoming geographic barriers and facilitating expert advice. mHealth applications, including SMS reminders and blood sugar monitoring apps, provide valuable tools for patients to manage their condition and stay informed about their health [22]. Remote monitoring systems allow for real-time transmission of blood glucose levels, enabling healthcare providers to track patients' progress and intervene when necessary. Digital diabetes clinics, equipped with telehealth services and AI diagnostic tools, offer community-based support to enhance accessibility and efficiency in care delivery.

The benefits of these innovations are significant. AI-driven tools enable non-specialist health workers to conduct screenings, improving access to care for individuals in remote regions. Early detection is also enhanced, allowing healthcare providers to identify at-risk individuals before symptoms become severe [23]. Remote monitoring and regular digital check-ins ensure continuity of care, fostering better management of diabetes over time. Additionally, telemedicine reduces the need for travel, making diabetes care more cost-effective and allowing for a more efficient allocation of limited healthcare resources. These advancements contribute to a more inclusive and sustainable approach to diabetes management.

Barriers to Implementation, Case Studies, and Strategic Recommendations

The successful implementation of digital health solutions, particularly AI in healthcare, faces several barriers. Infrastructure deficits, such as poor internet connectivity and unreliable electricity, impede access to digital tools, especially in remote areas [24]. Additionally, there is a notable lack of digital literacy, with both patients and frontline health workers lacking the technical skills to effectively utilize AI technologies. Data privacy and security concerns also arise, particularly regarding patient confidentiality and the potential misuse of sensitive information. Furthermore, regulatory and policy gaps hinder the integration of AI and digital health into national health strategies, leaving frameworks unclear and inconsistent. However, there are promising case studies and pilot programs showcasing successful AI and digital health initiatives. For instance, pilot AI screening projects in Rwanda and Kenya, mobile health (mHealth) diabetes awareness campaigns in northern Nigeria, and NGO-led telemedicine initiatives supporting chronic disease care demonstrate the potential for digital health solutions in sub-Saharan Africa [25]. To overcome these barriers, strategic recommendations include significant infrastructure investment to improve broadband access and implement solar-powered digital tools. Capacity building is also crucial, involving the training of community health workers in digital tools and AI literacy. Public-private partnerships, policy development, and the creation of localized AI solutions tailored to local populations are essential to ensure the ethical and equitable use of AI in healthcare.

CONCLUSION

In conclusion, the integration of artificial intelligence (AI) and digital health solutions holds transformative potential for improving diabetes care in rural Nigeria. By addressing critical gaps in infrastructure, healthcare access, and early diagnosis, these technologies can enhance the effectiveness and reach of diabetes screening and management. However, challenges such as limited digital literacy, inadequate healthcare infrastructure, and regulatory gaps need to be addressed to fully realize this potential. The promising case studies from other sub-Saharan African countries and Nigeria demonstrate the effectiveness of AI-powered tools, telemedicine, and mobile health innovations in overcoming geographical and financial barriers. Strategic recommendations, including investment in infrastructure, capacity building for healthcare workers, and the development of localized AI solutions, are essential for scaling these interventions. By fostering partnerships between governments, tech companies, and healthcare providers, AI-driven digital health solutions can offer an equitable, cost-effective, and sustainable approach to diabetes care in rural Nigeria, aligning with broader public health goals.

REFERENCES

1. Egba, S.I., Alum, E.U., Ugwu, O.P.C., Obeagu, E.I., Uti, D.E., Alum, B.N. Managing the Dual Burden: Addressing Mental Health in Diabetes Care. *Elite Journal of Medical Sciences*, 2024; 2(6):1-9.
2. Segun, A., Zhang, B., Mary, A.M., Kibenja, D., Ma, J., Said, S., Adeniyi, I., Barrow, L.F.: Exploring the relationship between dietary patterns and obesity among Nigerian adults: a cross-sectional study. *BMC Public Health*. 24, 1319 (2024). <https://doi.org/10.1186/s12889-024-18792-4>
3. Ebele J. I., Emeka E. N., Ignatius C. M., Emeka G. A., Nochie S. O. (2011). Periodontal disease and type 2 diabetes: effects on salivary enzyme activities. *International Journal of Diabetes in Developing Countries*, 31, 9-13.
4. Ugwu, O. P. C., Alum, E. U., and Uhama, K. C. (2024). Dual Burden of Diabetes Mellitus and Malaria: Exploring the Role of Phytochemicals and Vitamins in Disease Management. *Research Invention Journal of Research in Medical Sciences*. 3(2):38-49.
5. Alum, E.U., Ikpozu, E.N., Offor, C.E., et al. RNA-based diagnostic innovations: A new frontier in diabetes diagnosis and management. *Diabetes & Vascular Disease Research*. 2025;22(2). doi:10.1177/14791641251334726
6. Richardson, C.R., Borgeson, J.R., Van Harrison, R., Wyckoff, J.A., Yoo, A.S., Aikens, J.E., Griauzde, D.H., Tincopa, M.A., Van Harrison, R., Proudlock, A.L., Rew, K.T.: Management of Type 2 Diabetes Mellitus. Michigan Medicine University of Michigan, Ann Arbor (MI) (2021)
7. Kasujja, F.X., Nuwaha, F., Daivadanam, M., Kiguli, J., Etajak, S., Mayega, R.W.: Understanding the diagnostic delays and pathways for diabetes in eastern Uganda: A qualitative study. *PLoS One*. 16, e0250421 (2021). <https://doi.org/10.1371/journal.pone.0250421>
8. Ezeonwumelu, J. O. C., Uhama, K. C., Ugwu, O. P. C., Alum, E. U., Ugwuanyi, A. C., and Tambwe, P. R. (2024). The Impact of Artificial Intelligence and Machine Learning on Pharmacy Practice. *Research Invention Journal of Research in Medical Sciences* 3(1):10-15.
9. Rabi M (2018). Lycopene attenuates diabetes-induced oxidative stress in Wistar rats. *Journal of Diabetes and Endocrinology*, 9, (2), 11-19.
10. Maleki Varnosfaderani, S., Forouzanfar, M.: The Role of AI in Hospitals and Clinics: Transforming Healthcare in the 21st Century. *Bioengineering (Basel)*. 11, 337 (2024). <https://doi.org/10.3390/bioengineering11040337>
11. Abdul Hamid Alhassan, R.H., Haggerty, C.L., Fapohunda, A., Affan, N.J., Anto-Ocrah, M.: Exploring the Use of Digital Educational Tools for Sexual and Reproductive Health in Sub-Saharan Africa: Systematic Review. *JMIR Public Health Surveill*. 11, e63309 (2025). <https://doi.org/10.2196/63309>
12. Mustafa I O, Tanko Y, Yusuf R, Musa S A (2023). Gender Disparity in the Management of Diabetes among Residents of Sabon Gari Local Government Area of Kaduna State, Nigeria. *Journal of Diagnosis & Case Reports. SRC/JDCRS-138*, 4, (1), 2-3.
13. Okoh, O. S., Yakubu, A., Adegboyega, A. E., Uti, D. E., Obeten, U. N., Agada, S. A., Oluwaloni, F., Johnson, G. I., Mela, L. P., Asomadu, R. O., Iwaloye, O., Johnson, T. O., & Orji, O. U. (2023). Identification of some bioactive compounds from *Trigonella foenumgraecum* as possible inhibitors of PPAR γ for diabetes treatment through molecular docking studies, pharmacophore modelling and ADMET profiling: An in-silico study. *PLOS ONE*, 18(5), e0284210. <https://doi.org/10.1371/journal.pone.0284210>.
14. Kardiatus T, Dibua U M, Badger-Emeka L, Ugonabo J A, Tirwomwe J F, Agwu E, Ssamula M (2013). The effect of cinnamon on glucose control in patients with type 2 diabetes mellitus in Pontianak, Indonesia. *Int J Med Med Sci*. 5, (10), 434-437.
15. Iregbu, S., Spiers, J., Duggleby, W., Salami, B., Schick-Makaroff, K.: Nigerian Health Care Providers and Diabetes Self-Management Support: Their Perspectives and Practices. *Qual Health Res*. 33, 92-105 (2023). <https://doi.org/10.1177/10497323221143889>

16. Filip, R., Gheorghita Puscaselu, R., Anchidin-Norocel, L., Dimian, M., Savage, W.K.: Global Challenges to Public Health Care Systems during the COVID-19 Pandemic: A Review of Pandemic Measures and Problems. *J Pers Med*. 12, 1295 (2022). <https://doi.org/10.3390/jpm12081295>
17. Inyangat, R., Ugwu, O.P.C., Kungu, E., Obeagu, E. I., Alum, E. U., Okon, M. B., Subbarayan, S. and Sankarapandian, V. Exploring Indigenous Medicinal Plants for Managing Diabetes Mellitus in Uganda: Ethnobotanical Insights, Pharmacotherapeutic Strategies, and National Development Alignment. *INOSR Experimental Sciences*. 2023; 12(2):214–224. <https://doi.org/10.59298/INOSRES/2023/2.17.1000>.
18. Alowais, S.A., Alghamdi, S.S., Alsuhebany, N., Alqahtani, T., Alshaya, A.I., Almohareb, S.N., Aldairem, A., Alrashed, M., Bin Saleh, K., Badreldin, H.A., Al Yami, M.S., Al Harbi, S., Albekairy, A.M.: Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educ*. 23, 689 (2023). <https://doi.org/10.1186/s12909-023-04698-z>
19. Ime F. Ani, item J. Atangwho, Regina I. Ejemot-Nwadiaro, Edisua H. Itam, Essien U. Essien (2011). Hypoglycaemic effect and proximate composition of some selected Nigerian traditional diets used in the management of Diabetes Mellitus. *European Journal of Food Research & Reviews*, 1, (2), 94–101. <http://publications.journalstm.com/id/eprint/1214>.
20. Guan, Z., Li, H., Liu, R., Cai, C., Liu, Y., Li, J., Wang, X., Huang, S., Wu, L., Liu, D., Yu, S., Wang, Z., Shu, J., Hou, X., Yang, X., Jia, W., Sheng, B.: Artificial intelligence in diabetes management: Advancements, opportunities, and challenges. *Cell Rep Med*. 4, 101213 (2023). <https://doi.org/10.1016/j.xcrm.2023.101213>
21. Eze C W., Egba S. I., Nweze E. I., Ezech R C., Ugwuodike P. (2020) Ameliorative Effects of *Allium cepa* and *Allium sativum* on Diabetes Mellitus and Dyslipidemia in Alloxan-induced Diabetic *Rattus norvegicus*. *Trends Applied Sci Res*, 15(2): 145–150
22. Ezenwaji, C.O., Alum, E.U., Ugwu, O.P. The role of digital health in pandemic preparedness and response: securing global health?. *Global Health Action*. 2024 Oct 22;17(1):2419694. doi: 10.1080/16549716.2024.2419694.
23. Ezema G. O, Omeh N. Y, Egba S. I, Ejiofor C Agbo E, Adachukwu A. I., Obeagu E. I (2023) Evaluation of Biochemical Parameters of Patients with Type 2 Diabetes Mellitus Based on Age and Gender in Umuahia (2023) *Asian Journal of Dental and Health Sciences* 3(2):32–36
24. Eze E D, Afodun A M, Kasolo J, Kasozi K I (2019). Lycopene improves on basic hematological and immunological parameters in diabetes mellitus. *BMC Research Notes*, 12, (1), 1–6.
25. Kipruto, H., Muneene, D., Droti, B., Jepchumba, V., Okeibunor, C.J., Nabyonga-Orem, J., Karamagi, H.C.: Use of Digital Health Interventions in Sub-Saharan Africa for Health Systems Strengthening Over the Last 10 Years: A Scoping Review Protocol. *Front Digit Health*. 4, 874251 (2022). <https://doi.org/10.3389/fdgth.2022.874251>

CITE AS: Maina Mwaura F. (2025). The Role of Artificial Intelligence and Digital Health in Diabetes Screening for Rural Nigeria. INOSR Scientific Research 12(3):99-103.

<https://doi.org/10.59298/INOSRSR/2025/12399103>