

3RD-4TH NOVEMBER, 2021

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VIRTUAL DAY 2: GENDER EQUALITY FOR WOMEN'S HEALTH

# Breaking the Glass Ceiling

## PANEL 1: ELEVATING THE IMPORTANCE OF GENDER EQUALITY

**Dr. Ifeanyi  
NSOFOR**

Senior New Voices  
Fellow Aspen Institute



**Dr. Mary-Ann  
ETIEBET**

Lead & Exe. Director,  
MSD for Mothers



**Prof. Agnes  
BINAGWAHO**

VC, University of Global  
Health Equity



**Dr. Ebere OKEREKE**

Senior Technical  
Adviser,  
Tony Blair Institute



## PANEL 2: MEN AS CHANGE AGENTS FOR THE ADVANCEMENT OF QUALITY WOMEN'S HEALTH

**Dr. Adepeju ADEDIRAN**

Health Sys Strengthening  
Consultant, PHC Board, LSMoH  
Grant Management Office



**Dr. Emmanuel  
AGOGO**

Country Rep.  
Resolve To Save Lives



**SARKIN YAKIN GAGI**

**Alh. Sani Umar JABBI**  
District Head of Gagi  
Sokoto State



**Arush LAL**

Vice Chair,  
Women in Global  
Health



## PANEL 3: THE GIRL CHILD DIVIDEND - THE ROLE OF THE HEALTHY PRODUCTIVE ADOLESCENT GIRL IN GENERATING NIGERIA'S DEMOGRAPHIC DIVIDEND

**Dr. Olumide  
OKUNOLA**

Senior Health Specialist,  
World Bank Nigeria



**Dr. Mairo  
MANDARA**

SA to Governor of  
Borno State /Founder,  
Girl Child Concerns



**Margaret EDISON**

Director, Population  
Management and  
Development,  
National Population  
Commission



**Tekabe BELAY**

Program Leader,  
Human Development,  
World Bank



**Fabia  
OGUNMEKAN**

Executive Director,  
Women in Successful  
Careers (WISCAR)



#BreakingTheCeilingNaija

# **Breaking the Glass Ceiling**

**DAY 2: GENDER EQUALITY FOR WOMEN'S HEALTH**

**FUTURE OF HEALTH CONFERENCE REPORT**

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Published March 2022

DESIGN, LAYOUT AND EDITORIAL CONSULTANCY: Boboye Onduku/Blo'comms, 2022



**Dr. Ifeanyi NSOFOR** is a public health physician and global health thought leader. He is a Senior New Voices Fellow at the Aspen Institute, Senior Atlantic Fellow for Health Equity at George Washington University and Innovation Fellow at PandemicTech. Dr. Ifeanyi is a leading voice in global health equity, MNCH, COVID-19, vaccine equity, health security, universal health coverage and health research. The two-time TEDx Speaker previously served as chief executive of EpiAFRIC and was Director of Policy and Advocacy at Nigeria Health Watch.



**Dr. Adepeju ADENIRAN** is a public health physician with over 15 years experience. She has worked as a consultant in health system strengthening with focus on local lessons and solutions to UHC. She is skilled in policy evaluation and analysis, for health systems research and science-to-table knowledge translation for programme implementation. The founder and national co-chair of the Women in Global Health Nigeria believes that LMICs in the global south have significant insights to add the conversation on global health.



**Dr. Olumide OKUNOLA** is a consultant with the International Finance Corporation (IFC), a private sector arm of the World Bank Group. He is excellent at putting his multidisciplinary training in public health, health economics and financing, programme management and business administration into generating relevant solutions, decisions and policies for governments and agencies.



**Dr. Mary-Ann ETIEBET** has helped to improve healthcare outcomes for vulnerable populations and transforming healthcare delivery at the forefronts for over two decades. The Lead and Executive Director of MSD for Mothers - MSD's \$500m global health initiative to help create a world where no woman has to die while giving life - brings a diverse set of perspectives to work. Dr. Etiebet's experiences as a physician, researcher, implementer, funder and advocate cut across the public, private and global development sectors.



**Dr. Emmanuel AGOGO** is the Country Rep for Resolve to Save Lives where he oversees efforts to prevent epidemics and improve cardiovascular health in Nigeria. Previously, he served in leadership roles at the NACA and NCDC. Dr. Agogo trained in and practised infectious diseases and family medicine in Nigeria and the United Kingdom. The Fellow of the Royal College of General Practitioners was a 2019 Johns Hopkins Centre for Health Security Fellow in Emerging Biosecurity Leadership and is currently a Kofi Anan Fellow at the Africa CDC.



**Dr. Mairo MANDARA** is a consultant obstetrician and gynecologist with expertise in public health systems strengthening, family planning, and maternal and child health. The Special Adviser to the Executive Governor of Borno State is also the founder, Girl Child Concerns. Previously she has worked with local partners in Nigeria to help deliver improved health and economic opportunities for the poor.



**Prof. Agnes BINAGWAHO**, is the vice chancellor and co-founder of the University of Global Health Equity (UGHE), an initiative of Partners in Health based in Rwanda. The pediatrician previously served as the Executive Secretary of Rwanda's National AIDS Control Commission, Permanent Secretary of the Rwandan Ministry of Health, and lastly as the country's minister of health for five years. The fellow of the African Academy of Sciences is a member of the U.S. National Academy of Medicine and the World Academy of Sciences.



**Alhaji Sanni Umar JABBI**, the *Sarkin Yakin Gagi* is a strong advocate for women and children's health in Nigeria and beyond. With a vast wealth of experience across Nigeria, Africa and the world over, he has been instrumental in many maternal and child health issues with support from the Sultan of Sokoto. Born in 1973, he has actively championed served on projects which span across delivering maternal and child services, birth spacing acceptance, advancement of family planning and polio eradication.



**Margaret EDISON** is Director, Population Management and Development at Nigeria's National Population Commission (NPC). She is highly involved in advocacy and sensitisation efforts that create an understanding of why birth rates and the economy are intertwined. For her, demographic dividends are important and are key towards improving the well-being, standard of living and quality of life of an average Nigerian.



**Ebere OKEREKE** is a public health physician specialising in global health security and health system strengthening. The Senior Technical Adviser at the Tony Blair Institute is also an honorary Senior PH Adviser to the Director of Africa CDC, where she is co-leading the development of the Partnership for African Vaccine Manufacturing. She has been recognised by the British Medical Association as a role model for women in academic medicine, and as an inspirational leader in science and engineering.



**Arush LAL** serves as Board Vice Chair for Women in Global Health and is a Women Deliver Young Leader, where he pushes for gender equity and intersectionality in global health and the COVID-19 response. His expertise spans across primary healthcare, pandemic preparedness and response, health workforce, and resilient health systems strengthening on many levels. He is a Gates Foundation Goalkeeper, WHO/UNICEF Primary Health Care Young Leader, Georgia Tech 40 Under 40 Honoree, Emerging Voices for Global Health, and Global Health Corps alumnus.



**Fabia OGUNMEKAN**, the executive director, at Women in Successful Careers (WISCAR) has spent the last 18 years working in the fields of law and development. The founding trustee of Imara Foundation, has extensive experience with non-profits in the healthcare, gender and entrepreneurship sectors. Her current pursuits centre on gender parity, empowerment of women through structured mentoring and role modeling for leadership programmes.

2:00 p.m. – 2:10 p.m.

INTRODUCTION AND OVERVIEW  
OF THE 2021 FUTURE OF HEALTH  
CONFERENCE

- **Vivianne Ihekweazu**,  
Managing Director,  
Nigeria Health Watch



2:10 p.m. – 2:15 p.m.

VIDEO: **ELEVATING THE  
IMPORTANCE OF BETTER-  
QUALITY WOMEN'S HEALTH**



2:15 p.m. – 3:00 p.m.

PANEL 1 :

**Elevating the Importance of  
Better-Quality Women's Health**

KEY ISSUES:

- Women's autonomy over their health care decision making
- Equal representation of women in healthcare leadership
- Gender inequality and gender bias and how this has led to women and girls having uneven access to health care, education and other basic needs
- Sociocultural factors that prevent women and girls from accessing quality health services and attaining the best possible level of health
- Strengthening health systems to include safe, decent working conditions for the majority female health workforce including eliminating sexual harassment and violence

MODERATOR:

- **Dr. Ifeanyi Nsofor**  
Senior New Voices Fellow,  
Aspen Institute

PANELISTS:

- **Dr. Mary-Ann Etiebet**  
Lead & Executive Director,  
MSD for Mothers
- **Prof. Agnes Binagwaho**  
Vice Chancellor,  
University of Global Health Equity
- **Dr. Ebere Okereke**  
Senior Technical Adviser,  
Tony Blair Institute

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3:00 p.m. – 3:15 p.m.

QUESTION  
AND ANSWERS



3:15 p.m. – 3:20 p.m.

VIDEO: **Men as Change  
Agents in Supporting  
Women's Health**



3:20 p.m. – 4:05 p.m.

PANEL 2 :

**Men as Change Agents in Supporting  
Women's Health**

KEY ISSUES:

- The role of men in accelerating change in health care outcomes for women by providing support for women at household and community levels
- Policy implementation for women's healthcare
- Creating an enabling environment for the empowerment of women's health decision making processes

MODERATOR:

- **Dr. Adepeju Adeniran**  
Health Systems Strengthening  
Consultant, PHC Board, Lagos  
State Ministry of Health Grant  
Management Office

PANELISTS:

- **Dr. Emmanuel Agogo**  
Country Representative,  
Resolve to Save Lives
- **Sarkin Yakin Gagi**  
**Alhaji Sani Umar Jabbi**  
District Head of Gagi,  
Sokoto State
- **Arush Lal**  
Vice Chair,  
Women in Global Health



4:05 p.m. – 4:20 p.m.

QUESTION  
AND ANSWERS



4:20 p.m. – 4:25 p.m.

VIDEO: **WORLD BANK**



4:25 p.m. – 5:10 p.m.

PANEL 3 :

**The Girl Child Dividend: The Role of  
the Healthy Productive Adolescent Girl  
in Generating Nigeria's Demographic  
Dividend**

KEY ISSUES:

- Creating and capitalizing on the benefits of a demographic dividend (DD) requires empowering women and girls through improvements in health, education, and decision-making power
- The DD is not automatic and there is no one magic bullet for policy reform to seize the dividend however a focus on adolescent girls can provide Nigeria with a unique window of opportunity to accelerate its demographic transition
- How do we ensure that Adolescent girls are prepared with the health, education, skills & jobs that will enable them to contribute meaningfully to a productive Nigeria?

MODERATOR:

- **Dr. Olumide Okunola**  
Senior Health Specialist,  
World Bank Nigeria

PANELISTS:

- **Dr. Mairo Mandara**  
Special Adviser to Governor of Borno  
State & Founder, Girl Child Concerns
- **Fabia Ogunmekan**  
Executive Director, Women in  
Successful Careers (WISCAR)
- **Margaret Edison**  
Director, Population Management and  
Development, National Population  
Commission
- **Tekabe Belay**  
Program Leader, Human Development,  
World Bank



5:10 p.m. – 5:25 p.m.

QUESTION AND ANSWERS



5:25 p.m. – 5:30 p.m.

RECAP AND CLOSING REMARKS

- **Vivianne Ihekweazu**,  
Managing Director,  
Nigeria Health Watch





# Delving into gender equality

**Economic participation, access to basic and higher education and health, and political representation provide a framework for young girls and women to break glass ceilings wherever they may find themselves.**

**G**ender equality is a fundamental human right of everyone and it is a necessary foundation for a peaceful, prosperous and sustainable world. Over the past few years, the number of in-school children has increased and the number of girls that are forced into early marriage has reduced.

The 2030 Agenda for Sustainable Development – adopted by all United Nations Member States in 2015 – provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. Gender equality lies at the heart of the Agenda which recognises that achieving gender equality is a human right. While being a goal in its own right, gender equality cuts across all 17 Sustainable Development Goals and is reflected in 45 targets and 54 indicators for the SDGs.

Globally, women have fewer opportunities for economic participation than men, less access to basic and higher education, greater health and safety risks, and less political representation. Women remain unrepresented in leadership positions in finance, politics and governance. Women serve as Heads of State or Government in only 22 countries, while 119 countries have never had a woman leader. In addition, as discussed during the 26th UN Climate Change Conference, women are bearing a disproportionate burden of the climate crisis.

Nigeria is not left behind in the fight for gender equality. In 2006, Nigeria developed a National Gender Policy (NGP) designed to build a just society devoid of discrimination, harness the full potential of all social groups regardless of sex or circumstance, promote and protect the health, social, economic, and political well-being of all citizens to achieve equitable rapid economic growth, etc. However, 15 years after its creation, the policy has not been implemented.

The two-day moderated panel discussion styled 2021 Future of Health Conference delved into '**Gender Equality for Sustainable Development**' on the first day. The next day '**Gender Equality for Women's Health**' dominated the discourse. The theme, **Breaking Glass Ceilings** set the tone for spotlighting gender equality issues that were often overlooked or even evaded.

On **Day One**, the conference highlighted the **need to make women's representation in media more inclusive and develop more gender-balanced news stories**. Additionally, the conversations dealt with **how men could support women's representation in male dominated leadership spaces** as well as **amplify the critical importance of women in leadership** as a driver of improved gender equality. **Day Two** was about **how gender inequality and gender bias accounted for irregular access to health care, education and other basic needs for women and girls**. The resulting influences on their health seeking behaviour and wellbeing, that negatively impacted their health outcomes were brought to the fore.

The virtual conference provided a platform for diverse experts to add their voices to the impact of gender equality in their sectors, and present recommendations at different levels to promote gender equality. Speakers addressed the issue of gender equality from different angles, and how it ultimately layered up to addressing the implications of gender inequality. Participants proffered solutions on how gender equality could lead to sustainable development and better quality of care for women who have been historically disadvantaged. Panellists called to attention actionable points that would enable young girls and women 'break glass ceilings' wherever they found themselves.





**Maternal mortality is an urgent issue that needs more attention. It needs to be elevated in every possible forum.**

→ FHC 2021 DAY 1 OVERVIEW

## 'Women are very important'

► VIVIANNE IHEKWEAZU, MANAGING DIRECTOR, NIGERIA HEALTH WATCH →

In an overview of Day 1 of the conference, **VIVIANNE IHEKWEAZU, managing director at Nigeria Health Watch** recounted that gender equality entails looking for ways to elevate gender inequity and gender inequality. The consensus was that gender equality is an all-of-a-society issue – and never should be seen as just the purview of women.

On the Women in Media section of Day 1, Ihekweazu observed that there had been a lot of research that had shown that women's issues were not sufficiently discussed in the media. **"There is not enough representation of women in media as women are not often called upon as authority figures to lend their opinion,"** she outlined.

In bringing to mind the *He For She* session of Day 1, she stated that men were urged to speak up for women. She reports: **"It called out to men to stand in solidarity to ensure that women have the same leadership opportunities, positions and otherwise."** She was spot on as the consensus was that more women should be enabled to have firmer seats at decision making tables just like their male counterparts.

Drawing from the leading position of women in banking and the public sector, Ihekweazu brought to attention the need to have better gender parity with more women in leadership positions. **"For COVID-19 response, women accounted for very large share of frontline workers but were invisible when it came to being on task forces. On presidential steering committees there was no sufficient representation of women,"** she reaffirmed. The offshoot of this, according to her, was the negative impact on maternal and child health services, where delivery and uptake were not addressed. Women also faced restrictions in accessing contraceptives, family hygiene products and gender-based violence.

She also stated Nigeria Health Watch's standpoint of raising gender equality as an issue that needed to be more widely discussed in forums. Focusing on the implications of gender inequality and women's access to

healthcare, Ihekweazu revealed that Nigeria's indices and outcomes for mothers especially around maternal health are not that great. Comparatively, she said that there were fewer women dying in child birth globally but this was not the case in Nigeria. **"There has been some progress but we need to double to the current reach of progress to meet SDGs Maternal Mortality Reduction to at least reach our 2030 target. Nigeria still accounts for 23% of global maternal deaths,"** she advised.

The jury was let out that men, whilst they are supportive of their wives or partners, have a critical voice in ensuring that women have access to family planning commodities. Ihekweazu reiterated that men need to be more supportive in ensuring that women have better rights when they need to seek healthcare whether it is financing, or support in getting to a health facility.

She did not mince words: **"Women are very important. They deserve to receive the adequate healthcare access to improve their outcomes. Maternal mortality is an urgent issue that needs more attention. It needs to be elevated in every possible forum. There is a need for continuous advocacy at organisational and at personal levels,"** she stated.



**DR. MARY-ANN ETIEBET,**

LEAD & EXECUTIVE DIRECTOR, MSD FOR MOTHERS, on the role of the private sector in improving healthcare quality:

**"The way private sector targets its investment can actually be a real vehicle not just for quality improvement in the health sector, but for empowering women leadership in the health sector and then ultimately for cultural change."**

**DR. EBERE OKEREKE**

SENIOR TECHNICAL ADVISER, TONY BLAIR INSTITUTE, on supporting women to get to leadership positions:

**"We actually need to drive more women to support women getting to leadership positions. It is necessary. It is not a problem for women to solve on their own. It is for all of humanity to recognise the importance of improving the quality of our health decisions and systems by ensuring that the 50% of the population are represented."**

Sarkin Yakin Gagi

**ALHAJI SANI UMAR JABBI**

DISTRICT HEAD OF GAGI, SOKOTO STATE, on male support for the prioritisation of health issues that affect women:

**"What we can do is encourage male involvement. Engaging men in making decisions that support women participation is the key. If we fail to educate the men on the value of engaging women in the decision making, we would continue in the dilemma."**

**DR. EJIKE ORJI**

CHAIRMAN, TECHNICAL MANAGEMENT COMMITTEE, ASSOCIATION FOR ADVANCEMENT OF FAMILY PLANNING (AAFP) on prioritising family planning:

**"Family planning or fertility reduction is number one. No matter how much functional education you give, if you don't reduce the fertility rates, you're going nowhere."**

**TEKABE BELAY**

PROGRAM LEADER, HUMAN DEVELOPMENT, WORLD BANK on focusing on adolescent girls:

**"The most important thing in terms of the objective is really making sure that adolescent girls go to school and finish school. And that, by itself will really result in very major achievement in terms of really changing what we see in terms of the human capital outcome of Nigeria."**



**PROF. AGNES BINAGWAHO,**

VICE CHANCELLOR, UNIVERSITY OF GLOBAL HEALTH EQUITY, on the need for PPPs in healthcare:

**"The private sector should manufacture products that women need. It is not normal that tools for contraception's are coming from outside of Africa. In other words, private sector needs better service, investment, more hospitals, more manufacturing of products which can improve the quality of care for women and improving their lives."**

**DR. EMMANUEL AGOGO**

COUNTRY REPRESENTATIVE, RESOLVE TO SAVE LIVES, on resource allocation for healthcare:

**"In many countries, majority of funding allocated to healthcare goes to tertiary care - high evaluating care for a few people - instead of broad-based care to the majority of people. In order to change the health outcomes of women, the focus of health policies must change."**

**ARUSH LAL**

VICE CHAIR, WOMEN IN GLOBAL HEALTH, on women getting left out in conversations despite been the vulnerable ones during a pandemic:

**"Until we start acknowledging in country disparities, and we start talking about the specific role of gender responsive health systems and health response within a health security context, we're never going to reach gender equality or even a good health care response in any kind of future pandemic."**

**MARGARET EDISON**

DIRECTOR, POPULATION MANAGEMENT AND DEVELOPMENT, NATIONAL POPULATION COMMISSION, on immediate actionable points from FHC 2021:

**"We need the government to have sufficient money for women's education. We need them to have sufficient money to fund family planning, because that is the initiating point. The government should budget and appropriate funds to advance the issues of demographic dividends in Nigeria."**

**FABIA OGUNMEKAN**

EXECUTIVE DIRECTOR, WOMEN IN SUCCESSFUL CAREERS (WISCAR), on women's access to capacity building:

**"Our work is to ensure that we provide women with that network that ordinarily they don't have. Provide them with things, systems and structures like mentorship, working with organisations and corporate mentorship systems within their organisations."**



## SESSION 1: Elevating the Importance of Better Quality Women's Health



### ► WHAT HAS BEEN DONE:

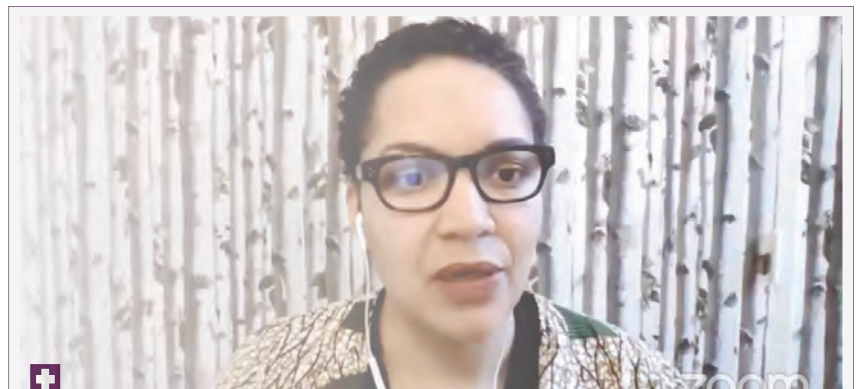
### ELEVATING THE IMPORTANCE OF BETTER-QUALITY WOMEN'S HEALTH

Mothers have always overcome great challenges in all areas, at all hours. They meet them head on often, several at once, and centre their biggest decisions around improving the lives of the next generation. They inspired Merck to do the same.

Over the last 10 years, mothers everywhere have sparked efforts, powered innovations and fueled the momentum that has delivered life-changing solutions to communities around the world. They refuse to give up and so also MSD for Mothers. There is continuous fight to end preventable maternal mortality so that this first adventure together is one of many. Mothers take care of the world. We help take care of mothers.

**"If nothing is done, 3 million women will die in the next decade. This cannot be allowed to happen."**

**- KENNETH C. FRAZIER,**  
Executive Chairman and Former CEO, Merck



### DR. ETIEBET: 'MATERNAL MORTALITY IS A VITAL SIGN OF OUR HEALTH SYSTEM AND SOCIETY'

DR. MARY-ANN ETIEBET, Lead and Executive Director, MSD for Mothers, believes culture creates the situations where hundreds of mothers die every day in Nigeria. What has informed her assertion? **"When you look at gender equality across the world and you look at that map of places where there are high numbers of gender inequality, those are the exact same places where there are high levels of maternal deaths. These things follow each other,"** Dr. Etiebet explains. She notes that maternal mortality is not just a vital sign of Nigeria's health system, but also a vital sign of society. **"The statistics shows that 80% of our health outcomes are a result of what is also known as the social determinants of health. These are the conditions we live in, work in, get educated in, worship in, commune in and play in. These are the social and cultural context in which women and girls are brought up,"** she adds. Dr. Etiebet recognises that until women's lives are valued and **"we actually put our money down we are still going to see this issue".**

She reveals that the work of MSD for Mothers - in supporting organisations and their efforts to improve maternal health and to save the lives of pregnant women and new mothers - is actually led and informed by women and girls. **"This is because we want to make sure that the way we are doing so lifts up and values the contributions of women and girls. Seventy per cent (70%) of the workforce is made up of women but when you look at the leadership rank its 10% or 20% depending on where you are,"** she wraps up.



- **Work done at the public-private sector level work to make it easier for women to access the needed care when they need it:**



There is need to improve women's access to education in order to improve the next generation's access to healthcare.

### PROF. BINAGWAHO: 'INVESTING IN HEALTH IS GOOD BUSINESS'

PROFESSOR AGNES BINAGWAHO, Vice Chancellor, University of Global Health Equity, wants everyone to know that there is a need to focus on much better general quality of care provision to all. She has a telling statistic to back her plea: **"This is because 50% of deaths in LMICs are due to poor quality care and this according to WHO, costs around \$1.4bn - \$1.6bn."**

Additionally, she knows that to achieve quality care in the public sector, there is a need to reinforce inclusivity and focus on the vulnerable amongst which women are the most affected. **"Whenever there is a war, pandemic, health or economic crisis, poor women are on the frontline of those who suffer more. This is because they have less access to education,"** Prof. Binagwaho explains. She throws up a couple of calls-to-action to mitigate the impacts: **"There is need to improve women's access to education in order to improve the next generation access to healthcare. Also, it is important to improve access to work because work is not women friendly - every woman should be treated as though she is pregnant."**

Prof. Binagwaho recognises that the development of the health care sectors of the African continent and LMICs needs public-private partnerships (PPPs). Her many leadership experiences in both the private and public sector makes her voice a resounding one: **"Government should not only be counted on, but also private investments. Investing in health is good business. Increasing the quality of care for women to be able to deliver and within affordable parameters brings about positive outcomes."**

- **Importance of advocating for women in leadership positions especially in the health sector:**

### ✚ DR. OKEREKE: 'WOMEN REPRESENTATION RESULTS IN BETTER QUALITY POLICY AND SYSTEMS'

**"It is not rocket science," Dr. Ebere Okereke, Senior Technical Adviser at the Tony Blair Institute (TBI) starts off, when taken to task about pushing for leadership roles for women in healthcare. What makes it that simple? She has a ready answer: "We are 50% of the population of the globe and we are responsible for propagating our species." According to her, women representation results in better quality policy and policy systems "because there is direct involvement of the people for whom the service is been developed for and in finding the solutions in improving the poor quality to certain standards."**

She highlights the absence of women in leadership and decision making levels in healthcare as being responsible for women's needs not being put in the front burner. **"The circumstances about contraceptives not been produced on the African continent is really not been seen as a priority,"** she adds.

And gives even more reasons for her assertion: **"The key**





## DR. OKEREKE: 'WOMEN REPRESENTATION RESULTS IN BETTER QUALITY POLICY'

thing we also need to look at is that globally, 70% of the official formal paid healthcare workforce is delivered by women. If you start to look at unpaid social care workforce - caring for the elderly, for children and all that - it goes to almost 90%. Yet the higher up you go in the structure, the fewer the women." What does all these mean? Dr. Okereke has a ready answer: "This means that the people who know best, about what is needed, are not contributing to the decision making about the system. This does not result in good quality healthcare. The focus here should be how to improve the quality of healthcare." She notes that improving the quality is greatly enhanced by "hearing from those who know what the needs are, and ensuring that the 50% of the population are represented in order to ensure that women are in spaces where decision are being made."

### A CASE OF ISOLATION

For Dr. Okereke, it makes sense that women should be in leadership and be supported along same lines: "Too often, women leaders are isolated. They are the only ones in the spaces they occupy in a system they have to accept. It is patriarchal and biased against women and even with the best intentions in the world, that isolation can result in those women who are really good, actually working away from that leadership opportunity." Her call? Concerted efforts are needed to support women who are in leadership, so that they can continue to work.



**"Saving Mothers Giving Life in Cross River State mobilised everybody including the traditional birth attendants to serve in ways that women would get the information that they needed in order to make the right types of healthcare decisions for themselves in order to get timely care."**

DR. MARY-ANN ETIEBET,  
LEAD AND EXECUTIVE DIRECTOR, MSD FOR  
MOTHERS

### ► Successes and challenges in improving access to quality healthcare – the work of MSD for Mothers:

#### MSD FOR MOTHERS: BUILDING RESILIENT SYSTEMS

DR. MARY-ANN ETIEBET, Lead and Executive Director, MSD for Mothers is at the epicentre of the private sector that is working together to increase access to higher quality care to women wherever they are. She lists MSD for Mothers' **Saving Mothers Giving Life** in Cross River State as a success story in improving healthcare access to women. The collaborative programme looked at the whole health system approach to improving quality. She reveals that the goal was to make sure that women were not more than two hours away from a high-quality healthcare facility - whether it was a private or public facility. "It mobilised everybody including the traditional birth attendants to serve in ways that women would get the information that they needed in order to make the right types of healthcare decisions for themselves in order to get timely care," Dr. Etiebet starts off. And points to some of the outstanding results of the intervention: "This type of approach led to 66% reduction in maternal deaths in the state. This was a huge victory." According to her, there are considerations in place to replicate that model in other states. The strategy to be deployed will pull on all of the existing numerous community assets and strengths to build a stronger, more resilient health system.

Furthermore, Dr. Etiebet pointed to a project on women and decision making as another success story of MSD for Mothers. "I think we all recognise that it is not just decision making around the healthcare system and healthcare programmes. It is also decision making about the personal health of women," she makes known. The project found out that digital platforms such as phones becomes huge assets when it comes to linking women directly with information and tools in order to make right decisions, and then link them to the quality of care. She also state that in partnership with mDoc and Jhpiego in Lagos state, MSD for Mothers supported women with the information they needed about different risk factors during pregnancy. "There are coaches that are supporting women to understand key signs and symptoms of identified risk factors. This is done to help them seek the care they need, when they need it," she discloses. And adds: "We have seen that has resulted in improved outcomes during pregnancy, child birth and post child birth."

## UNIVERSITY OF GLOBAL HEALTH EQUITY: ADVANCING GENDER EQUALITY

The University of Global Health Equity (UGHE) advances gender equality in the health sector for women in healthcare by:

- **Educating students** to provide quality, equitable and holistic care to everyone especially to vulnerable groups. UGHE enrolls 70% of women as a rule in its MD program and a minimum 50% of women in all the masters. The weak students are mentored and supported during their study so they can continue despite the odds.
- **Training leaders** to equip them to become agents of change.
- **Practicing positive discrimination** by promoting women in order to access medical education. This is so because when there is an economic stress, girls are always the first to be dropped.
- **Making medical education free on one commitment** – student will work for full salary and put 9 years in public service in order to serve the vulnerable - those who cannot pay in private healthcare. After the 9 years, the student is free with a first-class education acquired at no fee-paying cost. These favor, women more than boys because families can take loans for their boys not for the girls.
- **Creating gender equity and diversity in its programmes**, curricula, practice, and recruitment. Gender equality is sacrificed on the doorsteps of equity because equity is to give more to women because they have less now.
- **Offering a global mentorship** program to support researchers across Africa. UGHE has young researches from Asia and beyond but it targets more women. There are 70% of women in the programme in order to help them navigate the health sector – a male dominated sector where the roles of women are taken, not recognised and not acknowledged. Women are taught how to position themselves for their rights without putting themselves in danger of being sacked from their jobs.
- **Teaching women** how to do connections, to network, and to find the support to help them in their work.
- **Instituting gender and diversity audit** to counter all practices that emanate from the culture of the country, and advocate for more gender equality and diversity. **"You will not have gender equity when you have an institution that does not promote racial equity so all this is what we do as an institution. We always go for the vulnerable amongst the students especially women,"** Prof. Agnes Binagwaho, Vice Chancellor, University of Global Health Equity declares.



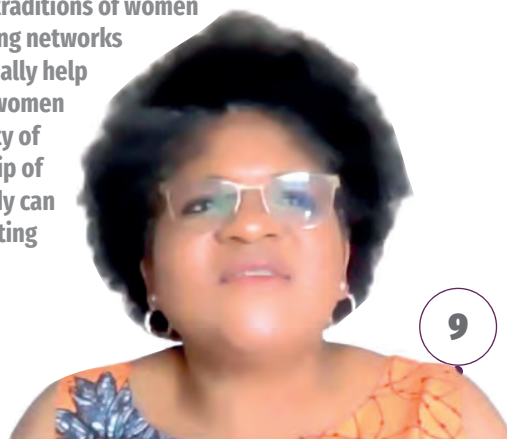
## ► Inequality in Nigeria's public health leadership:

### DR. OKEREKE: 'NO RECOGNITION OF WOMEN AS SEXUAL BEINGS'

DR EBERE OKEREKE, Senior Technical Adviser at Tony Blair Institute lets out that she is always fascinated by Nigeria's pre-colonial history compared to today. So it is no surprise that she pries the inequality in Nigeria's public health system through that lens. **"I mean you asked about women's autonomy of their body, so let's set some context,"** she starts off. **"This issue is not a Nigerian one, it is a global issue about autonomy - lack of autonomy over women's bodies. It is the stage assuming the autonomy over women's bodies,"** she notes. She points to some of the discussions going on in the western world as being also about that. **"Some of the responses to when women are violated, physically, psychologically, or mentally are about women having to take responsibility to control their bodies not to be a temptation to others is a global issue. But in the Nigerian parlance, we are also there at the top in disempowering women's autonomy,"** she declares.

**"There is no recognition of women being sexual beings but we have children every year. There are women having sexual life, but it is not discussed or recognised,"** Dr. Okereke asserts. She then makes reference to the culture of dependence and women not actually seen as individuals of their own rights. She goes on: **"Even in conversations in the women health space, we tend to always discuss women in their child bearing ages. We don't actually look at women prepuberty and once a woman is no longer in her child bearing years."**

But what has been responsible for this? She provides an answer that hangs culture dry: **"I think some of that is because of the loss of some of our traditional cultural practices. But it is also again a part of this patriarchal position, where women are seen as a service rather than an individual or autonomous in their own beings. So that may be the explanation but that doesn't make it right."** Dr. Okereke understands that cultures are dynamic and is a change advocate along those lines: **"It changes. And we can change it by encouraging women to be educated. By recreating the 21st century, some of those cultural traditions of women supporting networks that actually help to raise women in identity of ownership of their body can be a starting point."**







► **What has worked, or not worked and what can be done differently going forward:**

**DR. ETIEBET: 'FEMALE HUMAN CAPITAL INVESTMENTS MAKE A DIFFERENCE'**

Investing in women and women's leadership in healthcare is a game changer. This DR. MARY-ANN ETIEBET, Lead and Executive Director at MSD for Mothers knows because there are so many inspiring women leaders. "I'll just name one – Temie Giwa-Tubosun, CEO of LifeBank, has investments in her new company that is allowing blood supplies that save women who are at risk of dying of bleeding during childbirth," she discloses. She opens up about these type of investments being replete with social entrepreneurs, innovators and change markers. She is convinced beyond doubts that investments in human capital particularly female human capital, will make a difference because it is sustainable. The ability for human capital investments to regenerate new companies that are able to employ people and deploy gender parity when it comes to employment and pay, makes them outstanding. Dr. Etiebet is excited about the role of the private sector in improving healthcare quality: "The way private sector targets its investment can actually be a real vehicle not just for quality improvement in the health sector, but for empowering women leadership in the health sector and then ultimately for cultural change."

But what is not working? Dr. Etiebet quips: "I think what doesn't work is when we are narrow, when we are top-down, when we are not listening to what women are telling us that they need - people with lived experiences are not proffering solutions or any of the solutions." She admits uninformed solutions that lack local inputs, leadership and accountability is not sustainable.

► **Structure of current healthcare system in meeting the needs of women and possible changes:**

**DR. OKEREKE: 'WE NEED TO ENSURE THAT WOMEN ARE THE DECISION MAKERS'**



For DR. EBERE OKEREKE, Senior Technical Adviser, Tony Blair Institute the current healthcare system is not structured to meet the needs of any patient. "Unfortunately, most of our healthcare system has been designed and structured to meet the needs of the healthcare providers, particularly the leadership of those healthcare providers and those individuals traditionally who are not representatives of the majority," she declares. "They tend to be male, looking at global perspectives, white, and upper-middle class. They designed healthcare system, to see to their needs, and we have adopted that approach globally," she adds.

Dr. Okereke is not shifting grounds about the healthcare system not designed to meet the needs of women and the majority. But she advocates for change "We have to change that. We have to ask ourselves, 'What is the purpose of healthcare system. We have to ensure that the people for whom we designed this system are part of the design, the delivery, the evaluation and therefore the utilization."

She goes on to point to the WHO building blocks for health: "It list all the things about having a system, finance, data, technology, drugs etc. But what is required of that healthcare system is to translate into an effective healthcare system trusted by the users." She emphasises that the users need to recognise that their needs are being identified and delivered through that system. "They have to trust the quality of that system to use it. Then there will be a positive reinforcing loop, where individuals who trusts the health

system, engages in it - not just as users, but as advocates for it to improve the system and increases trust. That way, more people will use it. That's how you create a sustainable and good quality health system."

She states that for a sustainable healthcare system for women, there is a need to ensure that women's need are addressed at all stages, spheres, throughout the whole life spectrum and not just when they are women of child bearing age. "We have to start from where the women are, involve them in the decision making about the design, in the delivery and then in the quality assessment. We need to ensure that women are the decision makers and can feed back to the system about how their experience of the healthcare system has been."

She gives an example of how healthcare service providers will not prescribe a contraception for a woman unless there is a husband who gives permission as a barrier. This is despite the existence of reproductive health rules in Nigeria that allow for access to contraception. "On one hand, you are providing contraceptive service, but there's a barrier there that stops your so-called recipient from accessing it."

She is on the lookout for healthcare system designed to cater in for citizens to be served: "Not just the people who are real, but for the people who make decisions for care for the community particularly women. The people who when they are healthy need to actually trust the system so that they use it when they are sick."

## SESSION 2: Men as Change Agents in Supporting Women's Health



### ► INTRODUCTORY VIDEO: **MEN AS CHANGE AGENTS**

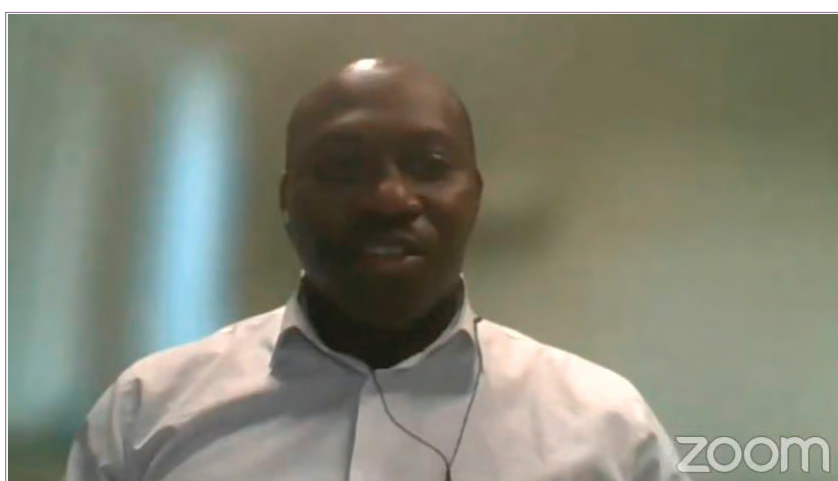
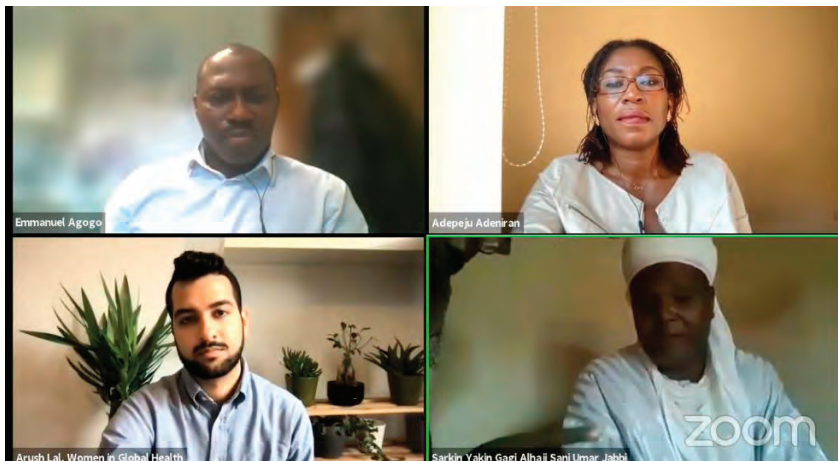


In Nigeria, it is widespread fact that the family decision-making power lies in the hands of men. Men determine women's access and use of health care services. Research report have consistently shown that the male partner is one of the most important influences on a woman's decisions about child bearing, contraception and other health seeking decisions.

A 2014 Research by Adelekan, Omoregie and Edoni revealed that only 57% of men had a good knowledge of family planning yet, men are at the driver's seat of decision making and greatly influence women's health seeking behaviors. The multiple decision-making roles of men in reproductive health have profound influences on women's health.

In countries around the world, men play a critical role in the choice for female sterilization yet, historically, maternal health, sexual and reproductive health and family planning programs have focused their efforts on women only. Men are mostly in the driver's seat when it comes to decision making in the family it is therefore only imperative that they should be the main catalyst in pushing for increased access to better quality of care for women.

Men need to support women in their decisions to seek care that can save women's lives. Despite technological advances there is a need to focus on men as strategic targets to increase access for women to women's health care services such as maternal health care, mental health and family planning.



### ✚ Faults in policies that relate to women's access to health care:

#### **DR. AGOGO: 'MOST HEALTH CARE POLICES PUT WOMEN AT A DISADVANTAGE'**

DR. EMMANUEL AGOGO, Country Representative, Resolve to Save Lives, believes that the process of developing policies by stakeholders does not usually involve the beneficiaries of such policies. His working experience, makes him know that more women access PHCs: **"Most of the people who use the primary care, are mostly females, young women and their families. In fact, we struggle sometimes to get men into this clinic."** He reveals that health systems are structured in such a way that those who work in health centres are prioritised over the recipients of the services offered in such centres. From the time these centres open to when they close as well as the days in the week they are opened, Agogo believes patients get the short end. He draws parallels from the United Kingdom to affirm his take: **"Increasingly you'll find like in the UK, the initiatives where you have extended hours, you have services provided during the weekend that can fit in with perhaps the lives of working mothers and other people. Even the design needs to be looked at."**



## DR. AGOGO: 'MOST HEALTH CARE POLICES PUT WOMEN AT A DISADVANTAGE'

Dr. Agogo emphasised the need to critically review how health care services are engineered in different countries around the world: **"A situation where policies favour more money allocation to tertiary health care where fewer people are targeted, should be replaced by new policies,"** he pleaded. **"In many countries, majority of funding allocated to healthcare goes to tertiary care - high evaluating care for a few people - instead of broad-based care to the majority of people,"** he adds.

Dr. Agogo speaks out that primary healthcare should be the basis of every health system. Why? **"Since it is at that point, that the most vulnerable of society including women and children, are found,"** he replies.

For him, vulnerability should be considered while making policies for the health sector: **"Health outcomes for women generally tend to be worse than men and most health care policies put women at a disadvantage."** He gave an example of HIV: **"At a time you remember that the face of HIV in Africa, was the face of a young woman. That was a reflection of several things: the vulnerability that makes such people at risk of getting HIV, and the poorer outcomes that they have because they have less access to healthcare."**



**"If at the community level we are not propping up women to seek education, to stay in their jobs when they get pregnant, or men taking paternity leave to take care of their children, we are not having the same standards applied equally, women naturally would be held back."**

ARUSH LAL,

VICE CHAIR AT WOMEN IN GLOBAL HEALTH

### ► Hindrances to women attaining leadership positions in global health:

#### ARUSH LAL: 'NO UNEVEN APPROACHES'

ARUSH LAL, Vice Chair at Women in Global Health, does not think it is necessarily women's fault that they are not attaining leadership positions in global health. This he believes, is due to the fact that most societies prescribe certain roles for women as well as dictate behaviours that are acceptable for them to exhibit. **"I think the system has often been designed to make sure that they are not able to advocate for themselves in so many ways,"** he says, with a certain calmness.

He maintains that a system that praises a man for taking charge and pushing for greater heights in life but criticises a woman for doing same would only encourage a suppressed generation of women who are afraid to do more. **"If we are putting men on a pedal stool for taking charge but at the same time scolding women or looking down on women for using that same kind of tactic to be strong and confident in their approach, naturally you are going to have an uneven approach to the way that women try to seek those leadership positions,"** he warns.. He elaborates that the idea that women are expected to take a quieter role, be more thoughtful and be more careful around other people's perspective, whereas men are not held to that same standard or regard, is a huge limiting factor. **"In fact men are often praised for being confident and loud,"** he discloses.

Lal also spoke on the issue of women being wired to take charge of the household, doing unpaid care duties that men are most of the time, not expected to do. **"This also tends to hold most women back from leadership positions,"** he says.

He believes same standards should apply across board irrespective of gender: **"If at the community level we are not propping up women to seek education, to stay in their jobs when they get pregnant, or men taking paternity leave to take care of their children, we are not having the same standards applied equally, women naturally would be held back."** He concludes by reiterating that it is not just the lack of confidence from women but also a lack of systems supporting them – that presents a stumbling block on the path of an ambitious woman.



► **Strengthening equal representation of women at policy making level to provide support in the prioritisation of health issues that affect them:**

### **ALHAJI JABBI: 'ENGAGE MEN IN MAKING DECISIONS THAT SUPPORT WOMEN PARTICIPATION'**

ALHAJI SANI UMAR JABBI understands the conservative nature of most African societies, where religion plays a major role in the livelihood of the people. In his stead as the District Head of Gagi in Sokoto State, he admits that women have no place in decision making even in matters that concern them in the family and the community. *The Sarkin Yakin Gagi*, declares that men have very minimal knowledge of the rights of women in such societies. **"While both genders have a right to health care, women need more health care than men,"** he starts off. And adds, **"Women are the ones who get pregnant. They are the ones who also suffer more. But the chance of engaging them in decision making is very minimal."**

Top on the list of consequences of gender bias, according to him, is in human resources in the health sector in conservative northern Nigeria: **"Because women are not encouraged to go to school, there are limited female personnel in the health sector to cater for the needs of women."** According to him, most men in his domain insist that a female doctor attend to their wives if they ever have to go to the clinic. And gives clues to why this is prevalent: **"In northern Nigerian setting, educating the male child is more acceptable than educating a female child."** He points to negative perceptions of men as an added barrier: **"They don't want professional men to touch their wives during medical examination. As such, about 90% of women's access to health is denied."**

He identified the problem of not having female representation at national level in positions where females are required as a hindrance to growth for communities who do not encourage the education of the girl child. **"In some parts of the country, it is very difficult to find even one female graduate in an LGA. And then in a situation whereby at national level, we don't have a female graduate to represent us in a key position of nation building, it becomes challenging,"** he opens up.

Furthermore, he lists poverty as another consequence of gender bias in societies where they exist. **"Eighty per cent of poverty is found in women than in the men, because the empowering of women is very weak."** According to him, girls are denied education most of the time because of marriage: **"They are being restricted because of child marriage. Child marriage does not allow the girl child attain her potential, so that we can produce medical gynaecologists, nurses, midwives and others."**

Alhaji Jabbi agrees that men at the community level must also help drive the needed change. **"What we can do is encourage male involvement. Engaging men in making decisions that support women participation is the key. If we fail to educate the men on the value of engaging women in the decision making, we would continue in the dilemma."**



**Lessons from the COVID-19 response and how these will encourage the role of women in future pandemics:**

### **DR. AGOGO: 'WOMEN DROVE COVID-19 RESPONSE MESSAGES'**

Women will continue to play vital roles in the response to pandemic outbreaks in Africa and Nigeria in particular, since they have always been a strong force in the fight against COVID-19 and prior similar outbreaks. That's the standpoint of DR. EMMANUEL AGOGO, Country Representative at Resolve to Save Lives. He makes known to the audience that many of the epidemiologists, in many Nigerian were female. **"They led the fight in the states. For instance, in Enugu and FCT-Abuja, female immunologists were at the forefront of the response. The commissioner of health in Imo state – a women – was also colossal in the response efforts in the state,"** he discloses.

According to him, because Africa has had to deal with pandemics like Ebola, Lassa and Yellow fever outbreaks in recent times, a lot has been put in place to tackle any future similar outbreaks. However, he sounds a note of warning: **"While we think about COVID as a whole, and the fact that it's a pandemic, we also need to step into the fact that there are certain drivers within our system that make African countries including Nigeria, particularly vulnerable to outbreaks. And these conditions, situations still exist."**

He pointed to even greater involvement of women for women in the COVID-19 response at the forefront: **"In Nigeria, the country's public health institute, NCDC, which led the country's COVID-19 response, there are a lot of females in its senior leadership. These are women who work really hard."**

During COVID-19, Dr. Agogo makes known that public engagement was necessary and that women played a major roles to ensure success: **"It was essential and important, that in providing information, there was a proactive mechanism to ensure that the messaging reached the right people who were taking care of ill people. Sometimes it was a mother."**



- **Granular measures put in place to face out gender discrimination and gender-specific thinking in the global COVID-19 response:**

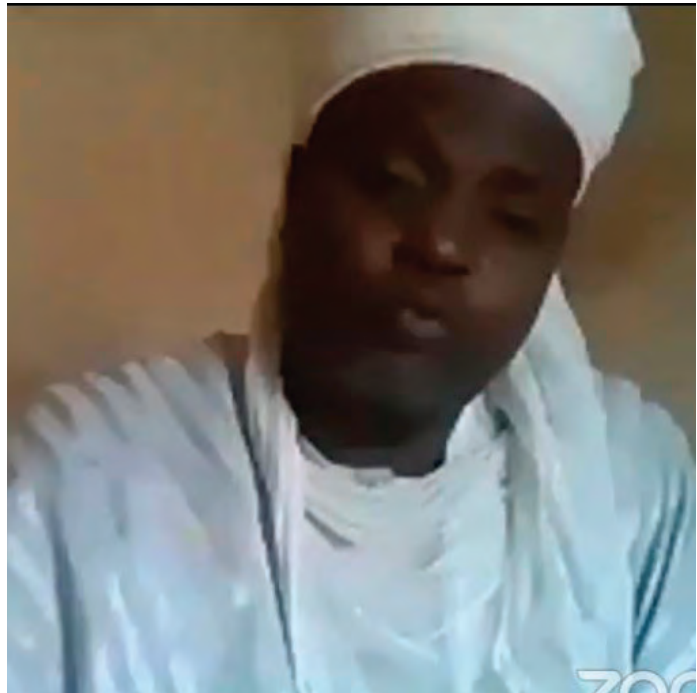
### DR. AGOGO: 'DESCISION MAKING DRIVEN BY PUBLIC OPINION'

In the COVID-19 response:

- Globally, there was a **20-country wide survey** that **looked** at various things such as **vaccine acceptance**, including **mobility data**, and questions around **trust of government**. In Nigeria, the national public health institute, NCDC also had access to the probably accurately correct (PAC) data, and did surveys.
- Through the NOI polls, **new granular issues** were **looked at** – how data and food was accessed, issues around the public health and safety measures (PHSMs), concerns for the future, and even **vaccine accessibility**.

### ARUSH LAL: 'DATA COLLECTION SHOULD BE GENDER DISAGGREGATED'

- There is **not enough people talking about the equity perspective**. Leaders need to discuss what happens in country disparities when it comes to epidemics and outbreak response, delivery/ allocation of vaccines, and training guidelines for COVID-19 response.
- For health practitioners, there is **no need making sure that there's explicit guidance** to mainstreaming gender responsive and community led strategies.
- In data collection and information systems, there is the need to **make sure that data collection that is done is sex and gender disaggregated** and includes other types of intersectional indicators, such as minorities or ethnic minorities, LGBT populations, and refugees.
- **Guidance on outbreak response, should see to non-disruption of other essential health services** that women rely on like maternal health clinics, or antenatal care.



- **Biggest challenges while advocating for decision makers to invest more funds in women's health care:**

### ALHAJI JABBI: 'MEN HAVE LIMITED UNDERSTANDING OF GENDER EQUALITY'

ALHAJI SANI UMAR JABBI, District Head of Gagi, Sokoto State, acknowledges men as major decision makers. Nevertheless, he affirms that they have a minimal understanding of the importance of gender equality. **"To make critical policies and laws, as well as budget allocations, it becomes a tug-of-war between the advocates, sub-male advocates, and policy makers,"** he reveals. He points to traditional and religious leaders as respected change agents, that are **"very powerful, have a very strong voice, listened to and respected."**

He states that women should not be **"lagging behind in terms of getting the benchmark of joining the workforce."** He believes continuous advocacy, sensitization, media engagement and public enlightenment is key highlighting the value of investments in girl child education. **"The issue of gender engagement or empowerment is the responsibility of everybody. There is a need for traditional rulers – who are very powerful voices – to make a change. There is the need to have females in key positions so that they, can make beautiful policies that will touch the lives of future generations of females,"** he makes known.

► **Have men been vocal enough?**

**ARUSH LAL: 'MEN'S HEALTH ISSUES HAVE BEEN MARGINALISED'**

For ARUSH LAL, Vice Chair at Women in Global Health, men have not been vocal enough on health issues that affect them. The vice chair at Women in Global Health does not exonerate women's health organisations either: **"At the beginning of COVID-19, a lot of people were discussing that COVID-19 is affecting men more, because there was a higher morbidity and mortality rate, people were often positioning as a men's health issue,"** He points to women's health advocates often flagging barriers to women's health which are driven by systemic gender equality and social norms. And states that men's health issues have often been marginalised because of a tendency to blame men for their own recklessness. He discloses that there is a lack of knowledge of the role of men gender norms as a social determinant of health. **"So, both men's and women's health organisations and advocacy have been left behind and almost pitted against each other. In this very unfair game where no one ends up winning, both sides have positioned their interest in oppositional ways, even though they are very inextricably linked,"** he explains.

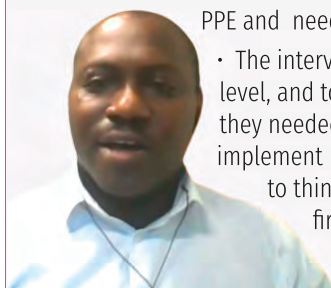
He speaks up about men's health organizations propping up women's gender equality as not just a women's issue, but as **"an all issue where gender is seen as improving the health of all people."** Nevertheless, he admits, women's health organizations see and acknowledge the important role of men's Health to their own wellbeing.



► **Examples where perspectives and inputs of women were called upon in response to the COVID 19 pandemic.:**

**DR. AGOGO: 'IPC WAS A CORE AREA OF RESPONSE'**

- An example is around infection prevention and control (IPC). This is really one of the core areas of response that was important in preventing health care workers from getting down with COVID-19. The IPC project done in affiliation with NPHCDA, AFENET led by the NCDC was trying to develop systems for improving IPC at the facility level. Most people who are working at the primary healthcare facility particularly, were women. And it was discovered that most of these PHCs do not have running water, no PPE and needed to be trained.



- The intervention looked at healthcare workers at that level, and to make sure that they received the help that they needed. Oftentimes when design and plan are done to implement preparedness response interventions, the need to think about who is most likely to see the patient first, who is most likely to be the first port of call is always essential to be noted.

► **Evidence for advocacy in gender equality and access to health care:**

**ARUSH LAL: 'WOMEN DO OFTEN DEMONSTRATE REALLY EFFECTIVE RESPONSES'**

**"The key takeaway is that gender equality is healthcare and healthcare is gender equality,"** is the bold assertion by ARUSH LAL, Vice Chair at Women in Global Health. For him, **"they lead to each other and without one, the other does not happen."**

He states that there is a lot of reflections that need to be made, especially from the decision-making side in terms of what this means for advocacy: **"The biggest thing is to remember that it is a notable gap that this simply has not happened. Gender equality has not been part of the access to health care conversation, especially in COVID-19."**

He reveals that a study done in 180 countries found out that almost 85% of task forces were majority male, and only 3% of task forces had some kind of gender parity. **"It spans not just the health system, but also society and culture and economy,"** he says and makes a clarion call, **"Let's include women as a key metric to measure because without that there won't be an understanding as to what the gaps are."**

On his thoughts around what was going on at that time, Lal pointed to a paper written by some of his colleagues that analysed the speeches of women's head of state during COVID-19. The paper compared the women's head of states speeches to those of their male counterparts in terms of the language that was used. **"A lot of the women studied showed that a lot of the women discussed the role of empathy, community-based response and equity,"** he discloses. **"So, there are a lot of confounding factors. But I am not sure if there are enough evidence to show one way or the other, but it is an important sign and symbol of progress that women do often demonstrate really effective responses,"** he concludes.



## SESSION 3: The Girl Child Dividend: Role of the Healthy Productive Adolescent Girl in Generating Nigeria's Demographic Dividend

### → WHAT HAS BEEN DONE: NIGERIA FOR WOMEN PROJECT



#### INTRODUCTION:

#### **ILESANMI: 'WOMEN'S ECONOMIC EMPOWERMENT ADDRESSES POVERTY'**

For **MICHAEL GBOYEGA ILESANMI** of the World Bank, investing in women's economic empowerment is critical to addressing poverty. "More importantly, it is key to achieving equality between men and women," he declares. He notes that gender discrimination is a big issue in Nigeria as women often end up in insecure low wage jobs and constitute a small minority of those in senior positions. "It curtails access to economic assets, such as land and loans, and limits the participation of women in economic and social spaces," he affirms. He makes known that the World Bank is engaging women and girls empowerment broadly, "We look at this through the lens of WAGs - Women Affinitive Groups - that broadly supports women to enable them to contribute economically to their households," he reveals. He declares that WAGs also enables women to make decisions that can help them to deal with immediate social capital to advance issues of the girl child. He discloses that the Government of Nigeria and the World Bank put together the Nigeria for Women Project (NFWP) to support improved livelihoods for women in six states across

**B**y land mass Niger State, is the largest state in Nigeria. It is home to over six million people. Its breathtaking landscape, majestic beauty and tourist sites are surrounded by communities with women in dire need - desperate for relief.

*"I have 10 children and my family and I barely had food to eat. The roof of our little home also leaks. I would cry so hard due to severe hunger and my children will sometimes go out to beg just so we could have food to eat."*

- HALIRA USMAN, BENEFICIARY, BONU, NIGER STATE

*"My family poor condition made me very sad especially when I watched helplessly when my children cried for hunger. This was amidst my husband's constant struggles to provide for the family. I was very sad."*

- RAKIYA DANLAMI, BENEFICIARY, BONU, NIGER STATE

About 600km from Halira and Rikya communities in Niger state, there are several women with the same heart's cry. Though they are hardworking and resourceful, it is never enough as many of their children go to bed hungry.

*"This has happened several times. One night my children kept on crying because they had not had lunch. Seeing that I still had no food to give them, I tricked them by simply boiling water to buy time till they fell asleep. That night we all went to bed hungry. The next day I went out begging for food to feed my children."*

- BUKOYE MOJISOLA, BENEFICIARY, IJEBU NORTH-EAST, OGUN STATE

*"Before COVID-19, our meal pattern was 0-1-0 but with COVID-19, it became 0-0-0. It became a compulsory fast for my family."*

- ALUKO KEHINDE ADENIKE, BENEFICIARY, IJEBU NORTH-EAST, OGUN STATE

*"I got some money and bought grinding mill*

*but when the grinding mill broke down, I felt so devastated because the grinding mill was our only source of income."*

- RAKIYA DANLAMI, BENEFICIARY, BONU, NIGER STATE

But a simple empowerment scheme is changing things. The World Bank supported federal government initiative, Nigeria for Women Project (NFWP), has launched a long-term approach to overcoming institutional economic and negative societal norms that are limiting women's economic and social influence in Nigeria. By building the social capital of women and encouraging them to make better-informed decisions, Halira, Rakiya, Bukoye, Aluko, and thousands of women across Nigeria are becoming self-sufficient and a strong force in the social and economic sectors.

*"The project has the objective of improving on the livelihood of economically active women. It is being implemented through Women Affinitive Group (WAG) system. The group provides them with access to greater and better market opportunities for whatever economic or income-generating activity they are into."*

- MOHAMMED SARKI BELLO, NIGER STATE PROJECT COORDINATOR, NFWP

*"Our women are highly industrious. Despite their strength and time they are putting into business, they don't have anything to show for it because they have been running their business in the wrong way. We teach them how to keep their record then we teach them to know that business money is different from personal money."*

- BOLANLE OLATONI FADAIRO, OGUN STATE PROJECT COORDINATOR, NFWP

*"Through membership of this group, they are able to access loans because they do*

"If we have to achieve a positive outcome and family planning, we need to address the issues of the adolescent girls and women. If we need to improve on maternal and child health, then we need to invest in women's education. If we want to advance literacy, and the outcomes of quality education, we need to invest in the girl child education."

- MARGARET EDISON, Director, Population Management and Development, National Population Commission (NPC)



savings and then they also do contributions on their social funds. This social fund comes handy in times of need."

- MOHAMMED SARKI BELLO, NIGER STATE PROJECT COORDINATOR, NFWP

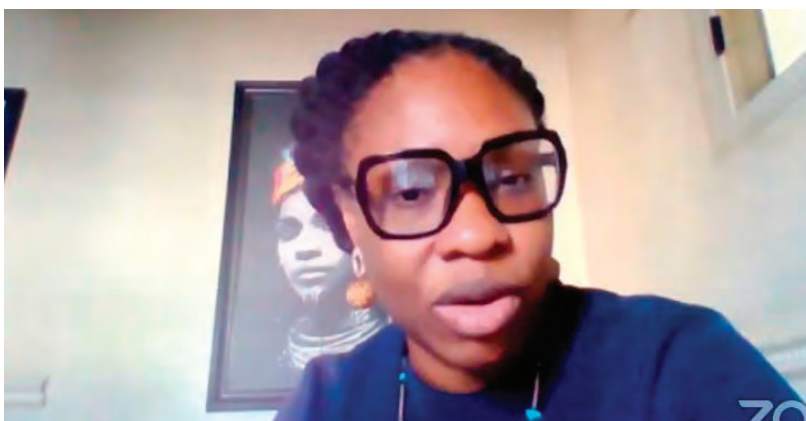
"After I joined and began to save. I was able to take out a loan to fix my grinding mill and the process has greatly helped me. At first, I would barely buy shares worth N200 but now I can buy N1,000 worth of shares per week. "

- RAKIYA DANLAMI, BENEFICIARY, BONU, NIGER STATE

"After joining the WAG I have been able to save. My first saving was N3,600 and the group members allowed me to take out a loan of N7,000. I took a second loan, and the third one worth N20,000. With this loan I have expanded my provision store. I used to buy items in my shop in single pieces but now I purchase them in large quantities. I was also using a small space on my husband's property but I have just built my own shop - which is bigger and more spacious."

- BUKOYE MOJISOLA, BENEFICIARY, IJEBU NORTH-EAST, OGUN STATE

Just six months after the project was implemented in their communities, the amount saved by these women, and the changes in their lives and communities are simply amazing.



✚ What is needed to manage women who are in successful careers:

### OGUNMEKAN: 'GIRLS ARE THE NEXT GENERATION'

FABIA OGUNMEKAN, Executive Director at Women in Successful Careers (WISCAR), firmly believes that quality education is essential, so is creating an enabling environment for girls to thrive and experience early positive socialisation. She affirms that girls are the next generation and focus should be on winning their mindsets at an early age.

She makes known that WISCAR emphasises mentorship, with citizenship and civics included in the curriculum. In addition to advocating for policies, academic education, and access, the mentorship programme invests in building the girls' career mindset, work aspirations, understanding of workplace ethics and full expression of self. The girls are taught health as a social good and human right, incorporating mental health, reproductive health, self-care and wellbeing.

Ogunmekan believes that to mitigate current challenges and have well-equipped adult women for the future, the entry point is the transition period from young girls to womanhood. **"Our thinking is to catch them early, and begin that work to support, the work of the schools in mindset orientation and building skills and capacity,"** she discloses.



→ GOODWILL MESSAGE

# 'Give girls a beautiful meaning of life'

► HON. ORIYOMI ONANUGA, CHAIRPERSON, HOUSE OF REPRESENTATIVES COMMITTEE ON WOMEN AFFAIRS



It is important that we teach our adolescent girl child that to be married and have children is good but to also know that there is more to being a woman than being married and having children.

## A PLATFORM TO SHARE EXPERIENCES

This is in many steps, in the right direction of raising healthy, productive and highly informed Nigerian women. The conference provides the platform for stakeholders to share experiences, and exchange ideas on contemporary issues affecting the health and productivity of the adolescent girl child, and its visible effect on Nigeria's economic development and sustainability.

## EFFECTS OF IMPOVERISHED HEALTH

The mental and physical health of children from poor homes and marginalised regions of the country are particularly impoverished. A mentally and physically unfit child cannot take any meaningful decision or become productive.

## INCREASING ACCESS FOR GIRLS

Government through the National Social Investment Program (NSIP) is trying to ensure a more equitable distribution of resources and increase equitable access for out-of-school children to improve literacy. The International Development Association (IDA) has a \$500m credit for adolescent girls – for learning and empowerment. The project goal is to improve secondary education opportunities for girls in targeted areas.

## TEETHING CHALLENGES

Adolescent girls face constraints in accessing and completing secondary school. For those who make it into school, especially in northern Nigeria, the poor condition of infrastructure, and lack of water, sanitation and hygiene (WaSH) facilities make it difficult for them to stay in school.

## EDUCATING GIRLS

Nigeria must across all states enforce compulsory secondary school education, especially for girls. Where possible, this can be free with the right amenities and security

in place. More investments need to be made in vocational training and education. This will increase productivity and reduce the possibility of unnecessary dependence on male counterparts which could be unduly exploited.

## RELIABLE AND CONSISTENT INTERVENTIONS

The government has to ensure that the social investment programs that provide single digit loans to household and business owners are reliable and consistent. This is because this money is used by some parents/wards to pay school fees of their children.

## CHANGING THE NARRATIVE

There is a need to start to change the social derogatory and erroneous narrative that a woman's place is in the kitchen. This misleading interpretation of the role of women in the society has pushed many parents to give up their daughters in marriage at an age when they are supposed to be in school. Parents must begin to place a premium on the education of the girl child. And pay attention to their hygiene and encourage them to learn a vocation.

## INVEST IN ADOLESCENT GIRLS

Invariably, it will mean that if Nigeria is to enjoy any demographic dividend from the girl child, it will depend on the amount of investment it is willing to make in their adolescence. And what better areas to invest than in their health, mental and physical education, and vocational capacity.

## A BEAUTIFUL MEANING OF LIFE FOR GIRLS

An educated mind can never be enslaved. It is the mark of an educated mind to entertain a thought without accepting it. The cost of the girl child and women in Nigeria can never be over advanced. Let us continue to do all that we can to give the life of our girls a beautiful meaning.



### ► Legislations in place for the girl child and budgetary allocations for the girl child:

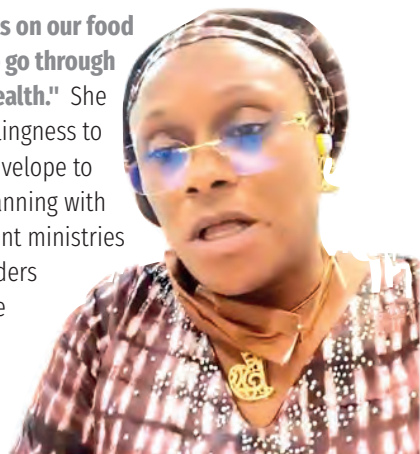
#### HON. ONANUGA: 'COMPULSORY AND FREE EDUCATION FOR THE GIRL CHILD IS A GOAL'

Work is underway on a legislation that will make education for the girl child, compulsory and free in Nigeria. The complicated process does not deter HON. ORIYOMI ONANUGA. In her position as the Chairperson, House of Representatives Committee on Women Affairs, she is well placed to know that there is a lot that goes into it. "It is still in the process stage, and it has not come up to even go for first reading at the moment," she reveals. And adds, "We are trying to make sure we get the footing right. We are talking to all those that we need to talk to because those who are happy that the girl child gets married may become stumbling blocks."

She reveals that the committee is lobbying potential stumbling blocks to the bill and get a lot of people on board "so that at least by the time we get into the floor of the house, or the houses, we have a lot of support." She makes known that both religious and traditional leaders and other key stakeholders will be added to the loop to get the job done. According to her the aim for the bill is not about stifling powers but all about making life better for the girl child.

When taken to task about budgetary allocation for family planning?, Honourable Onanuga was straightforward: "The frank answer would be no. However, it depends. I think they are under the health. I need to know why they do not have an envelope for family planning."

Notwithstanding, she makes known that she has raised a lot of motions and bills along similar lines: "The last one I did was on NAFDAC - to ensure that we have all vegetative facts on our food items. That had to go through a committee on health." She expressed her willingness to advocate for an envelope to push for family planning with relevant government ministries or house stakeholders once she had more clarity on the key drivers.



### ► What Nigeria needs to do now in order to make up for lost grounds in human capital accumulation:

#### BELAY: 'NIGERIA WILL BENEFIT FROM INVESTING ON ADOLESCENT GIRLS'

TEKABE BELAY, Program Leader, Human Development at the World Bank agrees that Nigeria stands at a disadvantage in terms of human capital outcomes. Records, according to him, show that Nigeria has the highest adolescent fertility and contributes globally to the largest number of children dying every year.

On a positive outlook, he notes that Nigeria has a number of policies and interventions or programmes in place to achieve demographic dividends. "These would be revolutionary, in terms of really changing the human capital outcome of Nigeria, because the focus is on girls. Programmes and interventions focusing on girls by delaying marriage and delaying childbearing will impact child mortality and child nutritional outcomes, especially significantly low birth weight. These interventions also have economic benefits."

he warns. He explains that Nigeria will benefit from investing on adolescent girls, especially keeping them in school, and making them finish secondary school. He believes this will significantly reduce child marriage and thus reduce adolescent fertility.

Although demography dividend is an opportunity, Belay warns that it is not automatic and indefinite. In his words: "Nigeria has to work on not only the necessary condition, but also on the sufficient conditions that are required to achieve demography dividend within a period of time." He explains that the necessary condition is the demographic transition - which means reducing child mortality and reducing fertility. "The sufficient condition is making sure that all children, especially youths, will have the adequate necessary skills and opportunity to deploy those skills. This will require an economy wide intervention," he concludes.



► 'The opportunity that the demographic dividend offers is not indefinite it is only for a specific period of time, the window is very limited.'

TEKABE BELAY, PROGRAM LEADER, HUMAN DEV., WORLD BANK

► **Nigeria's national population amidst a demographic transition, high total fertility and infant mortality rates:**

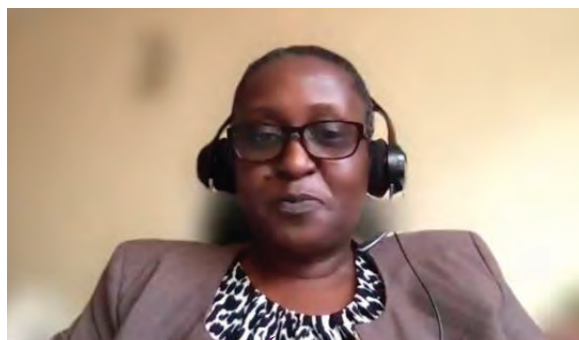
**EDISON: 'DEMOGRAPHIC DIVIDEND EFFORT INDEX REVEALS LOW INDICES FOR WOMEN EMPOWERMENT'**

MARGARET EDISON, Director, Population Management and Development, National Population Commission (NPC) explained that following the launch of the road map in 2017, the community of practice was established as a critical structure. **"This has a multi sectoral framework to bring all relevant partners, donors and the government's sector to have a very effective and active platform to address the issue of demographic dividends,"** she notes.

She reveals that the Johns Hopkins Center for Communication Programs (CCP) sponsored the development of the Demographic Dividend Effort Index (DDEI) which was rolled out in 2020. The index, according to Edison, serves as a tracking tool to drive the process of demographic dividends. **"With the tool, progress tracking was possible for six sectors - family planning, maternal and child health, education, women empowerment, labour markets, government, and economic institution,"** she outlines. This has enabled the NPC, according to Edison, to look at the performances of the structure and different subsectors to direct interventions and investments.

She reiterated that the tracking revealed low indices for women empowerment that cuts across all other sectors. **"If we have to achieve a positive outcome and family planning, we need to address the issues of the adolescent girls and women. If we need to improve on maternal and child health, then we need to invest in women's education. If we want to advance literacy, and the outcomes of quality education, we need to invest in the girl child education,"** she stressed. She believes that ensuring that women are empowered and employed outside the home makes them active in the labour market thus reduces maternal and child mortality. Her stand is that women need to be able to take decisions on issues of family planning, take decisions on issues that affect their lives and that of their children.

But what should be expected in the new successor document to the ERGP? She discloses that the Nigeria's medium term economic plan, the NDP – National Development Plan (2021 - 2025) – is expected as the new successor document to the ERGP. The NDP will bring on board issues on education and emphasise issues of women empowerment. **"We hope to see that the six pillars that are reflected or highlighted in DDEI is captured in the soon-to-be-launched NDP,"** she anticipates.



**"The issue of family planning must be amplified the more to ensure that it gets the required funds it deserves."**

DR. MOJISOLA ODEKU, PORTFOLIO DIRECTOR, JOHNS HOPKINS CENTER FOR COMMUNICATION PROGRAMS (CCP)

► **Progress on the demographic dividends front:**

**DR. ODEKU: 'NO WOMEN EMPOWERMENT WITHOUT INVESTING IN FAMILY PLANNING'**

DR. MOJISOLA ODEKU, Portfolio Director at the Johns Hopkins Center for Communication Programs (CCP) is perplexed by the fact that there still exists a need to justify funding for family planning when the road map clearly states that family planning is the way to go. **"What we need to do is put our money where our voices are and it's rather unfortunate that despite all these efforts, Nigeria is not positioned to do that,"** the former Head of Reproductive Health Division at Nigeria's Federal Ministry of Health (FMOH) declares.

She insists that the lack of financial backing is the reason a lot of the well-intentioned endeavours are not gaining the needed momentum and making the required impact. **"We are not moving with speed because we don't have the financial investment to ensure that it's done,"** she affirms. She is emphatic that adequate funding is needed to ensure that the family planning blueprint developed for Nigeria attains the fertility rate, required for demographic dividends to happen.

### ► Disposition towards FP:

#### DR. ORJI: 'THERE IS A NEED TO INCREASE THE MULTISECTORAL APPROACH FOR FP ADVOCACY'

DR EJIKE ORJI, Chairman, Technical Management Committee at Association for Advancement of Family Planning (AAFP) calls out for a cursory look at government disposition towards family planning (FP). **"Family Planning or fertility reduction is number one. No matter how much functional education you give, if you do not reduce the fertility rates, you are going nowhere,"** he warns. This, for him is key as **"there was no family planning component in the 2022 budgets."** He believes that there is an urgent need for FP advocates to look closely at what needs to be done: **"We need to look at what we are doing. Is there another way we need to paint this picture so that people will understand?"**

In the light of recent developments, Dr. Orji notes that there is a need to continue to increase the multisectoral approach so that key figures are brought into the loop: **"Now we are told that we are going to get the money [for FP] from the sector wide vote. That means we have to robustly go to the Minister of Finance. The Minister of Health has to say that he needs the money before that will happen."**



### ► Favourable workplace environment for women:

#### OGUNMEKAN: 'WE NEED TO ENSURE THAT THE RIGHT OPPORTUNITIES ARE THERE FOR WOMEN TO ACCESS EQUALLY'

FABIA OGUNMEKAN, Executive Director at Women in Successful Careers (WISCAR) admits that women face a lot of barriers at work. **"From entry level right through to the top, we generally like to say that the playing field, level at the point of entry, is almost 50-50."** Dr. Ogunmekan lists some of those barriers in the workplace as lack of maternity care services, lack of paternity care support systems and lack of an enabling environment – to have a preferred and needed support systems.

She wants recruitment policies to be checked in terms of having to often make affirmative related actions just for diversity. **"Generally, not just for women, but also making a conscious effort to ensure that the right people are in place or the right opportunities are there for women to access equally, even at the entry level,"** she reaffirms.

According to Dr. Ogunmekan, issues around access to capacity building, access to sponsorship within the workplace, access to networks – exist in the more patriarchal setup of organisations that men have benefited from. **"In terms of moving up the career ladder, women are not often privileged to networking opportunities that happen during after work hours,"** she declares. And discloses that WISCAR works to ensure that women are provided with the network that they ordinarily don't have. **"We provide them with things, systems and structures like mentorship, working with organizations and corporate mentorship systems within their organizations,"** she states. She affirms that the place of role modeling is key and crucial: **"We emphasise that, through a lot of the programmes that we do."**

**In terms of moving up the career ladder, women are not often privileged to networking opportunities that happen during after work hours**

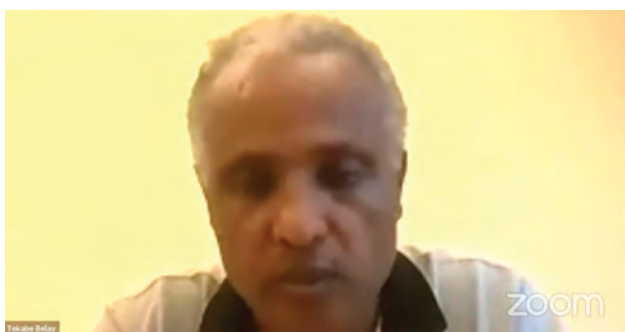


► Importance of focusing on adolescent girls:

**BELAY: 'NIGERIA SHOULD ENSURE THAT ADOLESCENT GIRLS GO TO SCHOOL AND FINISH SCHOOL.'**

TEKABE BELAY, Program Leader, Human Development, World Bank is ardent about the importance of really focusing on adolescent girls: "It doesn't mean that Nigeria should not do anything else. The highest return, and the most immediate, is really something that can be achieved easily and immediately - investing in adolescent girls." He explains that the needed investment includes a number of areas but with the objective of making sure that girls finish secondary school. "The investment requires more than just investing in the education sector, it requires investing in the health sector, providing cash transfer to families, providing safe schools for the girls and providing sanitation facilities for the girls, and then beyond," he discloses.

He is emphatic that girls going to school and finishing school in itself will result in "a very major achievement in terms of really changing what we see in terms of the human capital outcome of Nigeria."



**The most important thing in terms of the objective is really making sure that adolescent girls go to school and finish school.**

TEKABE BELAY, PROGRAM LEADER,  
HUMAN DEVELOPMENT, WORLD BANK



► Takeaway points while working on budgets and engaging with different sectors:

**EDISON: 'GOVERNMENT SHOULD PROVIDE FUNDS TO ADVANCE DEMOGRAPHIC DIVIDENDS'**

MARGARET EDISON, Director, Population Management and Development at Nigeria's National Population Commission declares that there is a need to have data to confirm population and demographic assumptions. "In that regard, we need the government of Nigeria. We know Mr. President has provided the funding, but we also need the proclamation for us to do a census. This will help us to have data that will confirm assumptions - to tell us what is correct. We can use this to evaluate ourselves and then direct interventions to redirect that age structure to position us to reap the demographic dividends," she pleads.

She calls out: "We need the government to have sufficient money for women's education, we need them to have sufficient money to fund family planning, because that is the initiating point without us having a robust funding for family planning."

Her final take is succinct "Government should budget and appropriate funds to advance issues of demographic dividends in Nigeria."



► **Updates on advocacy for resources for reduction of TFR:**

**DR. ORJI: 'WE NEED TO ENSURE THAT FAMILY PLANNING IS FUNDED'**

For DR. EJIKE ORJI, Chairman, Technical Management Committee at Association for Advancement of Family Planning (AAFP) funding family planning (FP) is vital: **"The next most important thing to do is to make sure that we fund family planning,"** he starts off and reiterates, **"FP is the most important component and then the other four deliberate steps can take over- then all of them at once."**

Ensuring that accessible and functional health care is funded, providing relevant education, and achieving ease of doing business all are key next steps that excites Dr. Orji. **"Also, an environment of equity, transparency and accountability,"** he adds. He makes known that Mr. President has directed the 42nd Executive Course of the National Institute of Policy and Strategic Studies (NIPSS) to focus on population growth challenges and human capital development. **"They came up with 14 recommendations which Mr. President completely accepted. So, I want Mr President to act on all of this,"** he pleads.

→ CONFERENCE RECAP

## 'Discussions on gender equity and equality should be continuous'

► **VIVIANNE IHEKWEAZU, MANAGING DIRECTOR, NIGERIA HEALTH WATCH**

- The umbrella issue of discourse was gender equity – looking at how women are represented in the media, looking at men as advocates, men as allies for women ensuring that they reach leadership positions.
- Women in leadership was also a front-burner – how we can ensure that we have a pipeline of leaders that are in the driving seat and are making the decisions that impact on women's access to healthcare. Focus was on women's access to health care and all the barriers, starting from the point of accessing basic health services.
- COVID-19 spotlighted how women were not in decision making positions - which adversely impacted on issues that affect women as they were not prioritised at all. Women's access to maternity care, access to contraceptives, access to basic things like sanitary products took a hit. **"We need to ensure that where there are situations where access may be restricted, there may be problems and those things are not being addressed or prioritised. We know that a lot of these issues are being overlooked."**
- A fallout of the discussions threw up the need to address the adolescent girl - given Nigeria's very high fertility rate. **"Unless we really critically look and see how can we stem the high fatality rate in Nigeria we will continue to have a challenge. One of such challenges is keeping girls in school for longer. It may sound counterintuitive, girls are not just seen as appendages to husbands or to families, but they're also respected as beings who can equally contribute their quota to the growth of Nigeria."**
- Since women account for half of the population, policies need to be in place that favourably ensures their empowerment, access to health, health outcomes, to improve Nigeria's prevailing health outcomes which are one of the poorest globally.
- Policy and decision makers need to take the issue of funding family planning services and access to commodities, as a burning priority. There is need to make policy and decision makers realise that it is not in Nigeria's economic interest to continue to grow at the current rates,
- Nigeria's population is rising and the country's economic growth and landmass is not rising at the same rate. There is a need to ensure that gender equality is heightened as a priority issue – and not just an issue that is the purview of women, but an all-society issue. **"I hope that within people's homes, families, communities, businesses, whatever the work of life, these discussions should continue."**



## DAY 2 TAKEAWAYS



**"Women are people, they are not fragile, they are not juvenile, they are the same as men, in terms of their ability and their potential and so we need to make an effort to realise that potential for all women. You don't go into a fight with one hand tied behind your back, and that's what we are doing by not actually giving women the space to contribute."**

**- DR. EBERE OKEREKE**  
Senior Technical Adviser,  
Tony Blair Institute

**"There is a prospect for Nigeria to have demographic dividends. But this can only happen if we have favourable changes in our population."**

**- DR. OLUMIDE OKUNOLA**  
Senior Health Specialist, World Bank Nigeria



- Women should be adequately represented in health research in order to ensure that their needs are addressed
- Women need to be part of the pandemic conversation as they are the most vulnerable during a pandemic.
- Countries need to acknowledge disparities, and start talking about the specific role of gender responsive health systems within a health security context, in order to attain gender equality or even a good health care response in any kind of future pandemic.
- Government and key women policymakers should be employed to make policy decisions, so that they can sustain budget line and policies that will empower the girl child."
- Political power or appointments should be advocated for and allotted with women in mind.
- There should be thoughts around policies in the future that affect women. Committees should be set up that represent the lived experiences of women
- Closing the gender gaps is key to sustainable development and delivery of quality health to women.
- Family planning is key and towards attaining women empowerment. It requires adequate funding to drive down fertility rates to achieve demographic dividends.
- It is important to find a way to begin to put women into leadership positions in order to change global policies to accommodate women
- The social context of how women are brought up has telling effects on the health outcomes for women. Damaging narratives and culture on women's roles need to be reversed.
- Women and girls need to have even access to healthcare, education and other basic needs.



<b>AAFP</b>	Association for Advancement of Family Planning
<b>AFENET</b>	African Field Epidemiology Network
<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>CCP</b>	Johns Hopkins Center for Communication Programs
<b>DDEI</b>	Demographic Dividend Effort Index
<b>ERGP</b>	Economic Recovery and Growth Plan
<b>FHC</b>	Future of Health Conference
<b>FMoH</b>	Federal Ministry of Health
<b>FP</b>	Family Planning
<b>IDA</b>	International Development Association
<b>IPC</b>	Infection prevention and control
<b>LMICs</b>	Low and middle income countries
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>NACA</b>	National Agency for the Control of HIV/AIDS
<b>NAFDAC</b>	National Agency for Food and Drug Administration and Control
<b>NCDC</b>	Nigeria Centre for Disease Control
<b>NDP</b>	National Development Plan (2021 - 2025)
<b>NFWP</b>	Nigeria for Women Project
<b>NGP</b>	National Gender Policy
<b>NIPSS</b>	National Institute of Policy and Strategic Studies
<b>NPHCDA</b>	National Primary Healthcare Development Agency
<b>NPC</b>	National Population Commission
<b>PAC</b>	Probably approximately correct
<b>PHI</b>	Public health institute
<b>PHCs</b>	Primary health care centres
<b>PHSM(s)</b>	Public Health and Social Measure(s)
<b>PPE</b>	Personal Protective Equipment
<b>PPP(s)</b>	Public- Private Partnership(s)
<b>SDGs</b>	Sustainable Development Goals
<b>TBI</b>	Tony Blair Institute
<b>TFR</b>	Total fertility rate
<b>UGHE</b>	University of Global Health Equity
<b>UNICEF</b>	United Nations Children's Fund
<b>WAGs</b>	Women Affinitive Groups
<b>WaSH</b>	Water, sanitation and hygiene
<b>WHO</b>	World Health Organisation
<b>WISCAR</b>	Women in Successful Careers



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