



**NIGERIA  
HEALTH  
WATCH**

Informed commentary, intelligence and insights on the Nigerian health sector

# CLOSING REPRODUCTIVE HEALTH IMPACT GAPS

STRATEGIC APPROACHES FOR EQUITY AND ACCESS



## SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS POLICY DIALOGUE REPORT

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# INTRODUCTION

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Access to comprehensive sexual and reproductive health and rights (SRHR) remains one of the most critical yet unevenly addressed components of<sup>1</sup> public health in Nigeria. Despite growing policy commitments and donor investments, millions of women and young people still face systemic barriers, including stigma, misinformation, limited-service availability, and inadequate funding that undermine their ability to make informed health choices.

Nigeria's population is projected to reach 377 million by 2050, but the country's access to healthcare, especially sexual and reproductive health services is not growing at the same pace. Access to sexual and reproductive health and rights (SRHR) services can no longer be treated as an isolated health issue. It must be seen and acted on as a human rights imperative, an educational necessity, and an economic priority. This was the clear message at the SRHR Policy Dialogue hosted by Nigeria Health Watch on Thursday, July 3, 2025, with the theme "Closing Reproductive Health Impact Gaps: Strategic Approaches for Equity and Access". The event convened stakeholders from across government, civil society, education, health, the private sector, youth movements and the media, with a shared goal: to examine the gaps in SRHR policy implementation and challenge the systemic inertia preventing Nigerians from exercising agency over their reproductive lives.

With a current estimated birth cohort of over 7 million children born annually, the burden on infrastructure, human resources, and financing is already evident and increasingly alarming. SRHR services, particularly access to modern contraceptives, remain dismally low, with only 43% of women of reproductive age currently using modern contraception. Nigeria also accounts for one of the highest maternal mortality rates globally, contributing approximately 27% of all maternal deaths worldwide. Whilst this is a deeply concerning statistic, a significant part of the problem is linked to high fertility rates and limited access to essential commodities and family planning services, leaving many women with unmet reproductive health needs. The 2023 Nigeria Demographic and Health Survey (NDHS) puts the modern contraceptive prevalence rate (mCPR) at just 15% among women aged 15–49, with 21% having an unmet need for family planning. This means over 80% of Nigerian women in that age bracket do not have consistent, reliable access to the services and commodities that could safeguard their reproductive choices, health, and futures.

# IMPACT IN NUMBERS

## SOCIAL MEDIA ENGAGEMENT METRICS

The SRHR policy dialogue generated significant social media traffic, contributing to the event's overall visibility and engagement.



**Published Post Performance Summary**  
View your key aggregated tag performance metrics from the publishing period.

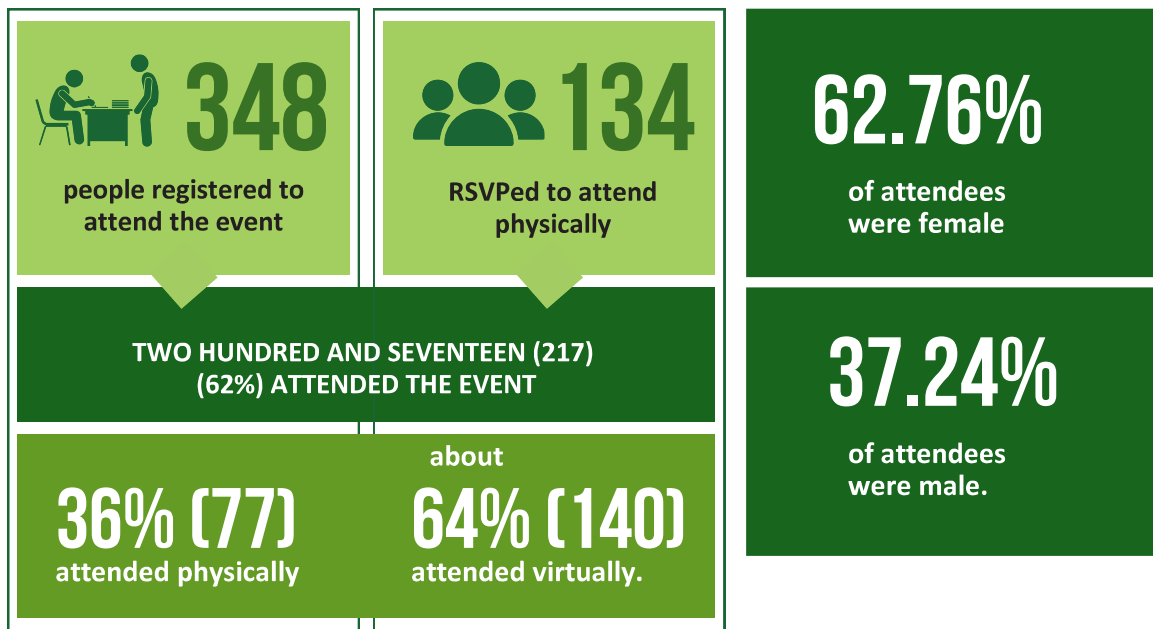
<b>Impressions</b> 23,161 —	<b>Engagements</b> 2,664 —	<b>Engagement Rate (per impression)</b> 11.5% —	<b>Post Link Clicks</b> 886 —
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**Top Posts**  
View the top tagged published posts from the publishing period.

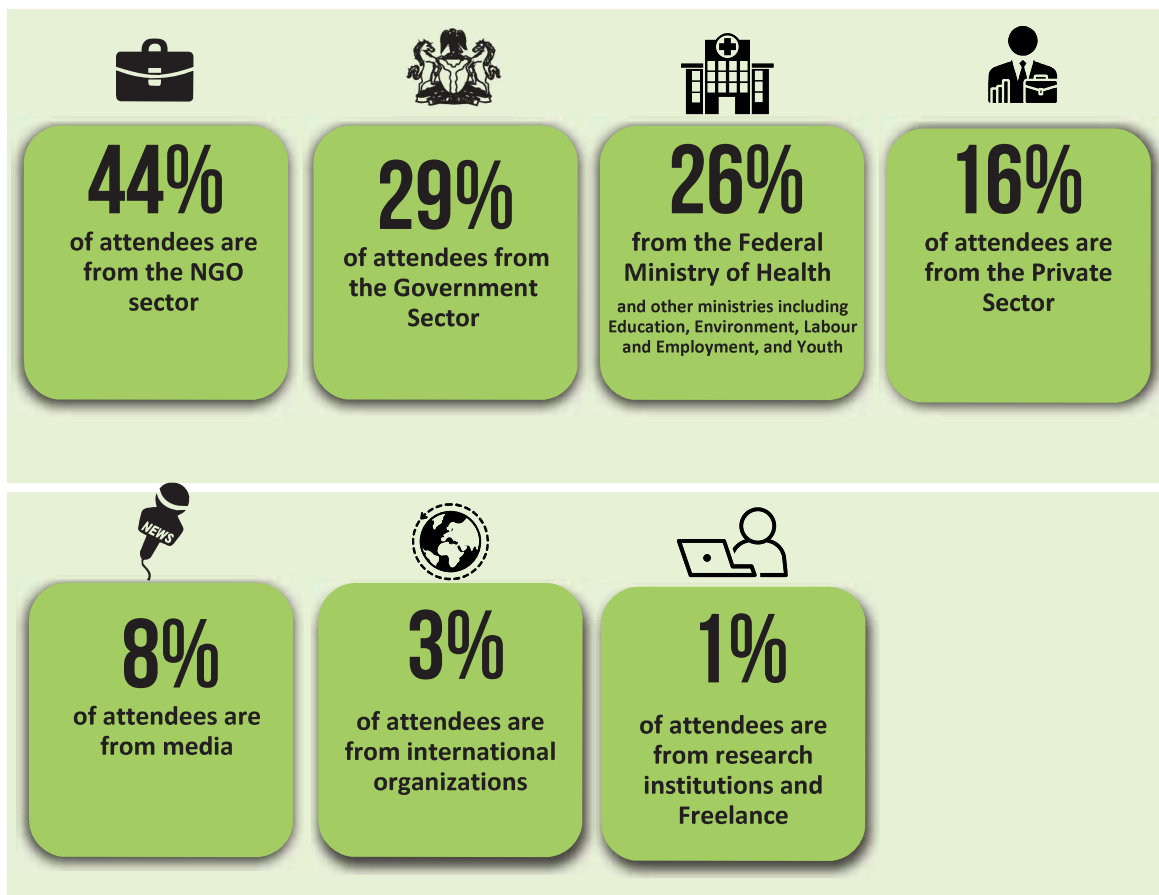
Descending ▾ by Lifetime Engagements

Post Title	Total Engagements	Reactions	Comments	Shares	Post Clicks (All)
<b>Nigeria Health Watch</b> The importance of sexual and reproductive health and rights cannot be overstated in the journey toward...	598	62	0	9	527
<b>Nigeria Health Watch</b> While Nigeria has made commendable strides in developing policy frameworks and aligning with global...	253	33	1	1	218
<b>@nighealthwatch</b> Despite national investments, adolescent reproductive health outcomes in Nigeria remain uneven...	250	29	1	10	1
<b>@nighealthwatch</b> The stage is set for the crucial conversations on closing the gaps in sexual & reproductive health access...	85	8	1	1	75
<b>Nigeria Health Watch</b> Access to safe, respectful, & high-quality reproductive health care is a right, not a privilege. Tomorrow, we...	80	28	1	1	50

## ATTENDANCE (PHYSICAL AND VIRTUAL)

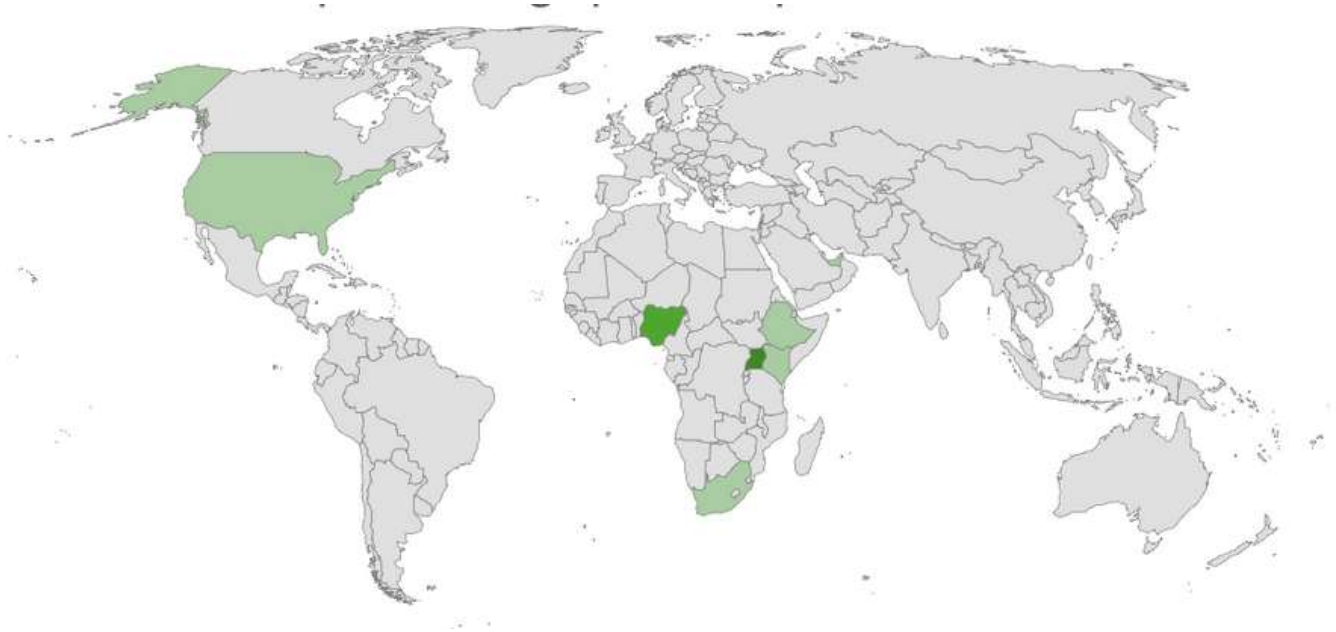


## SECTORAL REPRESENTATION



## GEOGRAPHICAL REPRESENTATION

Majority of the participants who attended the event are from Nigeria (Abt. 89%), other countries include Ethiopia, Kenya, South Africa, Uganda, United Arab Emirates, United States (1% each).



## VIRTUAL ENGAGEMENT (ZOOM AND YOUTUBE ANALYSIS)

A total of One hundred and forty

# 140

participants joined virtually



## 50% (70)

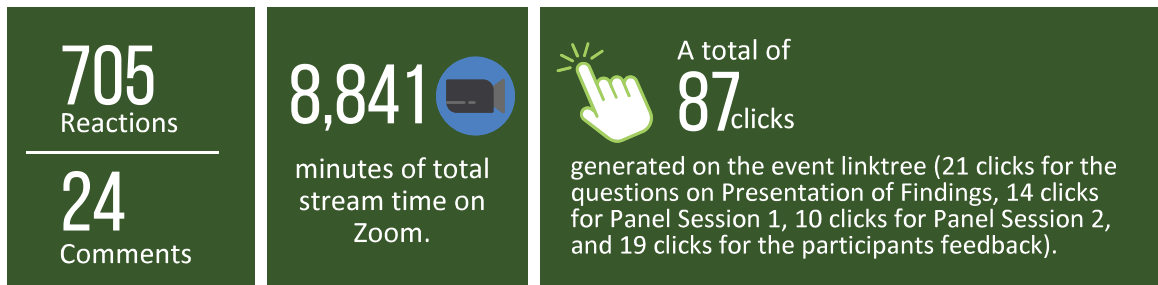
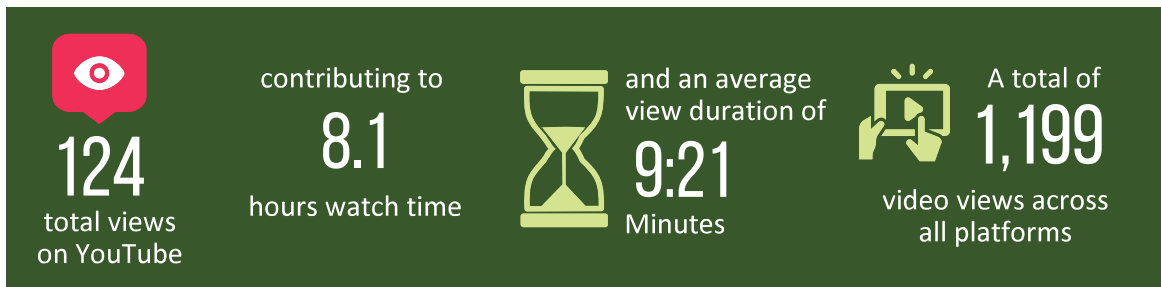
joined the event via YouTube



## 50% (70)

joined the event via Zoom

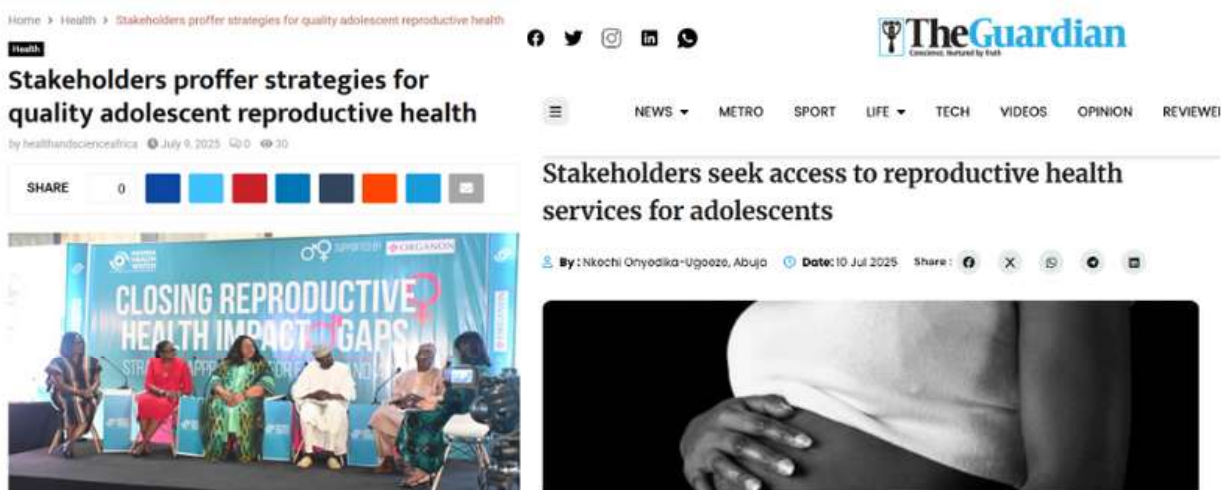
Additionally, YouTube recorded an additional 54 views between July 4<sup>th</sup> and 28<sup>th</sup> 2025, bringing the total virtual engagement metrics for the event to the following:



## CLOSING REPRODUCTIVE HEALTH IMPACT GAPS IN THE NEWS

The Closing Reproductive Health Impact Gaps: Strategic Approaches for Equity and Access recorded extensive engagement metrics through traditional media coverage.

Three television stations: Arise TV, NTA, and KAFTAN TV broadcasted contents from the policy dialogues generating a total of 378 views. Additionally, 8 media outlets published articles from the event advocating and creating awareness about discussions surrounding the event theme, including Africa News Page, NAN, The Guardian, Health and Science Africa, Tribune, FRCN, The Nation, Punch.



# PARTICIPANTS FEEDBACK

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A post-event survey was conducted to gather comprehensive response into the lasting impact of the event.

- All participants (**100%**) reported to be satisfied with the overall organization and facilitation of the policy dialogue.

- Majority of all participants (**72.22%**) reported that their knowledge of SRHR policy gaps, implementation challenges, and youth-responsive solutions was 'significantly improved' as a result of the event.

- More than half of all participants (**55.56%**) reported a 'significant increase' in their knowledge on access and barriers to SRHR increased as a result of the presentation of findings.

- 77.78% of participants reported that the second panel (Advancing Youth-Friendly SRHR Service Delivery in Nigeria) resonated with them the most during the event, followed by the first panel (Addressing Policy Implementation and Funding Gaps for SRHR Impact), with about 17% reporting such.

- Participants who selected either 'Panel 1' or 'Panel 2' as the most resonating sections of the event specified the reasons why. Below are some of their comments.

- *"It gave me an opportunity to get to know what digital solutions were available in the SRHR space to help close the access gap in rural communities"*

- *"Was great to learn about the new innovations addressing Adolescent SRH issues"*

- *"Presentations by the advocates and their approaches to the issues and the leverage of technology to reach the young especially the hard- to-reach areas"*

- *"Why I love the second panel session was because it's focus was more on practical scenarios young adults are faced with when trying to access SRHR"*

- *"Because it's related to my problem as a youth"*

- *"Because the panellists made the session very engaging by involving real life case scenarios and easy to comprehend terminologies."*

- *"This panel session revealed some youth friendly health initiatives that are easily accessible and affordable for underserved communities."*

- 
- 50% of all participants reported that the event 'fully' addressed the reproductive impact gaps and strategic approaches for equity and access

- When participants were asked about one specific action, they or their organisation would take following this dialogue to strengthen SRHR access, awareness, or accountability, they reported thus.

- *“To continue to push the conversation further, most especially from just discussion to action-based”*

- *“To create more awareness on SRHR access using our platform as we are largely youth-based”*

- *“To explore the use of digital solutions to reach our hard and far to reach communities.”*

- *“For MSI Nigeria, we plan to ensure we do more in ensuring information on SRH is readily available and accessible for women and girls who need it. This is to address the lack of information as a barrier to SRH services”*

- *“We plan on introducing a new program within our network of students that will advocate safe and secure ways to access SRHR within their environment”*

- *“We plan to carry out more awareness and sensitization campaigns to educate the masses on some of the digital health services that are easily accessible to them”*

## WELCOME ADDRESS



**SEXUAL AND REPRODUCTIVE HEALTH RIGHTS SHOULD MATTER TO EVERYONE.**



**VIVIANNE IHEKWEAZU**  
Managing Director,  
Nigeria Health Watch

The modern contraceptive prevalence rate still lingers at 15%, with an unmet need of 21%, a statistic that speaks not only to a failure in service delivery but also to a deeper systemic neglect. Sexual and reproductive health and rights (SRHR) is not a siloed health issue but a cross-cutting national development priority. True progress in Nigeria's health outcomes depends on a broader understanding that SRHR is also about education, economic stability, equity, and rights. With rising population projections set to hit 377 million by 2050, the dialogue underscored the critical need to expand access to family planning services, especially for young people and women in underserved communities.



**ACCESS TO SEXUAL AND REPRODUCTIVE HEALTHCARE IS A RIGHT.**

*“When women and girls lack access to reproductive health services, the consequences ripple through families, communities, and the nation.”*

## KEYNOTE ADDRESS



### **NIGERIA STILL FACES BARRIERS TO ACHIEVING SEXUAL REPRODUCTIVE HEALTH EQUITY.**



### **DR. BINYEREM UKAIRE**

Director,  
Department of  
Family Health,  
Federal Ministry of  
Health & Social  
Welfare

The Federal Government has reaffirmed its commitment to improving access to equitable, affordable, and high-quality sexual and reproductive health services, with a strong focus on family planning as a critical lever for national development. Family planning is not just a health issue but a driver of economic growth, gender equality, and educational opportunity. However, Nigeria continues to face significant barriers, including cultural resistance, funding gaps, health workforce shortages, and frequent stockouts of contraceptive commodities, which contribute to poor maternal health outcomes and hinder the realisation of reproductive rights for millions.



### **ACHIEVING FP2030 TARGET REQUIRES A COLLECTIVE ACTION**

*“Family Planning 2030 is a national call to action. Together, we can ensure that we build a Nigeria where every woman has the freedom to choose if, when, and how many children she wants to have”.*

**PRESENTATION:  
INSIGHTS ON ACCESS  
AND BARRIERS TO  
SRHR SERVICES**



**ACHIEVING SEXUAL  
AND REPRODUCTIVE  
HEALTH RIGHTS  
REQUIRES A  
HOLISTIC  
APPROACH.**



**ANWULI  
NWANKWO**  
Knowledge  
Management Lead,  
Nigeria Health  
Watch.

Improving access to sexual and reproductive health and rights (SRHR) in Nigeria requires more than just expanding services; it demands addressing the knowledge gaps, belief systems, and physical barriers that shape how people seek and receive care.

In March and April 2025, Nigeria Health Watch conducted a community listening exercise across six states: Lagos, Ebonyi, Cross River, Kano, Niger, and Borno to understand where the real barriers to SRHR lie. The findings were as revealing as they were urgent. While 65% of participants named primary healthcare centres as their first point of access, only half said they actually had access to the SRHR services they needed. Even more striking: young people aged 18–34 were the most affected by access challenges.

Without addressing information gaps, cultural stigma, and economic barriers, Nigeria risks sustaining poor health outcomes, including persistently high rates of maternal mortality and unintended pregnancies.



**OUR  
APPROACH  
SHOULD  
FOCUS ON  
CULTURAL  
INTEGRATION.**

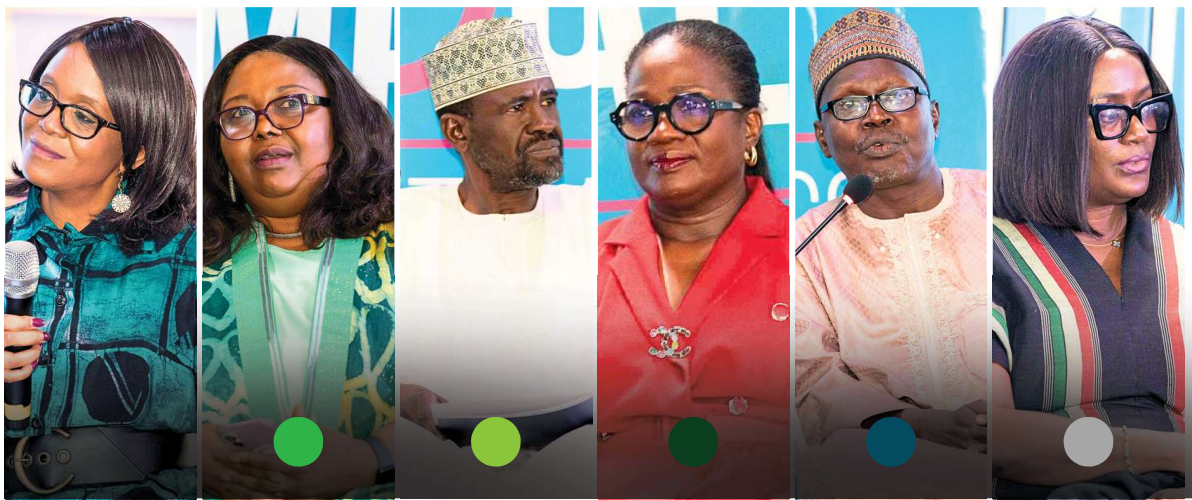
*“Distance and cost still matter, particularly in rural areas, but they only tell part of the story. Without culturally sensitive awareness campaigns, we risk leaving millions without options.”*

## PANEL DISCUSSION 1

## ADDRESSING POLICY IMPLEMENTATION AND FUNDING GAPS FOR SRHR IMPACT.

The first panel session delved into practical ways to address funding gaps relating to SRHR and recommendations on how different states can provide in-house sustainable funding for it.

It examined state-based models and programs that ensure continuity with funding for SRHR services and commodities.



### Moderator

**VIVIANNE  
IHEKWEAZU**  
Managing  
Director,  
Nigeria Health  
Watch



Dr. Binyerem Ukaire- Director, Department of Family Health, Federal Ministry of Health & Social Welfare



Mal. Ghali Dambazau Talle- Assistant Director, Education for Health and Wellbeing, Federal Ministry of Education.



Dr. Oluwatomi Coker- Honourable Commissioner for Health, Ogun State



Pharm. Aminu Bashir- Permanent Secretary, Ministry of Health, Kano State



Dr. Taiwo Johnson- Chief of Party, The Challenge Initiative (TCI), Nigeria.



**DR. BINYEREM UKAIRE-**

Director, Department of Family Health,  
Federal Ministry of Health & Social  
Welfare

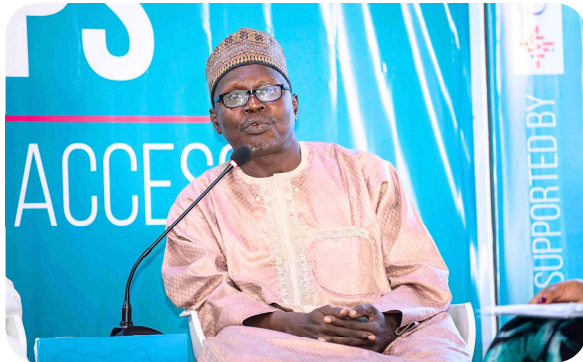
The abrupt withdrawal of major donor support has once again exposed the fragility of Nigeria’s sexual and reproductive health (SRH) financing. For years, the country’s SRH services have leaned heavily on external donors, leaving a dangerous vulnerability and when that pipeline dries up, millions of women and families are left at risk. As Dr. Binyerem Ukaire noted, the government’s quick move to mobilise about \$200 million was a necessary lifeline channelled into malaria, TB, HIV, and family planning.

What stands out, however, is not just the amount but the approach. Rather than relying on one-off fixes, Nigeria is beginning to spread its funding base.

Money is now flowing from different sources: the Basic Healthcare Provision Fund (BHCPF), special commitments from NPHCDA, and allocations under the medical relief program. Even more promising is the Hope PHC Health Project, which will encourage states to put their own money on the table by matching federal contributions. This kind of shared responsibility could mark a turning point for family planning and other health services.

**THE IMPACT OF FUNDING GAPS ON SRHR DELIVERY IN NIGERIA.**

***“Closing the funding gap in sexual and reproductive health requires Nigeria to look inward. Sustainable access to family planning must be anchored in homegrown financing, not donor dependency.”***



**PHARM. AMINU BASHIR**  
Permanent Secretary, Ministry of Health, Kano State

Kano is redefining how states can secure sustainable resources for family planning. By pooling contributions from all 44 LGAs and the state’s internally generated revenue into the Kano Health Trust Fund, the state has built a unique financing mechanism that guarantees funds are always available for critical health interventions. The landmark ₦500 million budget line for family planning services underscores a political commitment rarely seen elsewhere. Coupled with a tripartite partnership with the Gates Foundation and Dangote, Kano demonstrates that when states institutionalize family planning within annual operational plans and budgets, service delivery becomes more consistent and less donor-dependent



**DR. OLUWATOMI COKER**  
Honourable Commissioner for Health, Ogun State

Ogun’s position as a “donor orphan” receiving only four cents per capita in donor support compared to Kano’s \$1.07 has forced it to chart a path of self-reliance. Instead of seeing this as a setback, the state has leveraged it as an opportunity to build resilience. Ogun now uses internal funds to procure commodities such as carbetocin for its MAMII project, a powerful example of what practical sustainability looks like. The state is scaling a graduated co-financing model with TCI, while also tapping into the Basic Health Care Provision Fund and mobilizing local actors from philanthropists to traditional and religious leaders to ensure both resources and accountability remain homegrown. The lesson is clear: scarcity can drive innovation when states commit to owning their health priorities.



**DR. TAIWO JOHNSON**  
Chief of Party, The Challenge Initiative (TCI), Nigeria.

Capacity building is often discussed but rarely institutionalized. TCI is changing that by anchoring its model on co-creation. States are not passive recipients of donor-driven agendas; instead, they are coached to lead, implement, and sustain their own operational plans. The “Lead, Assist, Observe, Monitor” framework ensures a gradual transition to self-reliance, with TCI deliberately stepping back while state actors step up. What makes the model distinct is its continuous feedback loop, monthly data analysis, biannual assessments, and targeted support when states struggle with issues like workforce gaps or poor data entry. By embedding training and mentoring that cascades across health systems, TCI is demonstrating that capacity building is not an event but a process that guarantees no state is left behind.



**MAL. GHALI DAMBAZAU TALLE**  
Assistant Director, Education for Health and Wellbeing, Federal Ministry of Education.

Nigeria’s struggle with sexuality education reflects the tension between federal vision and state-level realities. While the Federal Ministry of Education sets guidelines, the fact that education sits on the concurrent list means actual implementation depends on individual states, resulting in uneven delivery across the country. Cultural and religious sensitivities further complicate matters, with critical topics such as condom use and HIV counselling often diluted or avoided altogether under the Family Life and HIV Education (FLHE) curriculum. The consequence is a generation of students who are not fully equipped with the knowledge to make safe, informed decisions. Beyond content, structural issues like inadequate funding for teacher training and sensitization reveal why policies often stall at the classroom level. What emerges is a clear insight: without stronger political will at the state level and deliberate investment in teacher capacity, sexuality education in Nigeria risks remaining more of a policy aspiration than a lived reality for young people.

## PANEL DISCUSSION 2

## ADVANCING YOUTH-FRIENDLY SRHR SERVICE DELIVERY IN NIGERIA.

The second panel session focused on youth-friendly sexual and reproductive health and rights (SRHR) services and their broader impact on achieving Sustainable Development Goals (SDGs) such as education, gender equality, and economic growth.

The session brought together voices from the private sector, youth-led organizations, and non-profits to explore collaborative approaches to close health impact gaps and strengthen policy implementation.



### Moderator

**DR. ADACHI EKEH**  
Deputy Director,  
Strategy & New Business,  
Nigeria Health Watch



Mokgadi Mashishi-  
Africa Access Lead, Organon



Dr Fatima Bunza-  
Country Director, Tiko



Peace Umanah- Director of Communications, International Youth Alliance for Family Planning (IYAFFP)



Margaret Bolaji- Youth Partnerships Manager with the North, West and Central Africa Hub, FP2030



Testimony Adeyemi-  
Marketing Lead, Healthtracka



**MOKGADI MASHISHI**  
Africa Access Lead, Organon

Youth-friendly sexual and reproductive health and rights (SRHR) are not just a health priority; they are the hinge on which multiple Sustainable Development Goals turn. Without access to accurate information, modern contraceptives, and supportive systems, young people face the risk of early pregnancy, school dropout, child marriage, poverty, and lifelong poor health. Mokgadi Mashishi, speaking for Organon, captured this reality through the story of “Lucy,” a composite narrative that reflected how systemic barriers in policy, health literacy, and cultural norms compound to strip young girls of their future. The insight is clear: neglecting SRHR undermines progress in education, gender equality, food security, and economic growth.

Organon’s commitment to FP2030 demonstrates what a private-sector actor can bring to the table by bridging gaps in access to contraceptives, reinforcing supply chains, and pressing for sustainable domestic financing. What becomes evident is that countries that fail to prioritize SRHR are not just stalling health outcomes; they are mortgaging their own development trajectory.

### **FAMILY PLANNING REQUIRES A CROSS- SECTORAL APPROACH.**

***“Nigeria must institutionalise dedicated budget lines for family planning, strengthen supply chains to prevent stockouts, and invest in youth-friendly services that meet the needs of its largest demographic.”***



**DR FATIMA BUNZA**  
Country Director, Tiko

Technology is redefining how underserved girls particularly those vulnerable to the “triple threat” of HIV, unintended pregnancy, and sexual violence, access sexual and reproductive health and rights (SRHR) services. As Dr Fatima stressed, its true value lies not in isolated apps or platforms but in how it connects the ecosystem: linking girls to accurate information, trusted providers, and safe spaces. In doing so, it dismantles entrenched barriers of ignorance, stigma, and distance. For implementers, technology’s real power is in visibility. With near real-time data, they can see what’s working, plug gaps, and course-correct faster. It also embeds accountability by validating service delivery and reducing leakages, ensuring that scarce resources are used efficiently. The insight here is that when deployed as an integrator, not a silo, technology can accelerate the promise of SRHR at scale.



**PEACE UMANAH**  
Director of Communications, International Youth Alliance for Family Planning (IYAFP)

Youth engagement in sexual and reproductive health and rights (SRHR) has long suffered from tokenism, with young people often absent from the rooms where decisions about their lives are made. The International Youth Alliance for Family Planning (IYAFP), founded in 2013, emerged to disrupt that pattern by positioning youth as equal partners in shaping policy and practice. Through its coalition of youth-led organizations in more than 40 countries, IYAFP not only amplifies youth voices but also provides practical pathways for funding to reach grassroots groups that are typically invisible to donors. In Nigeria, its collaboration with Stand With A Girl Initiative (SWAG) exemplifies how local advocacy and community interventions can be strengthened through such partnerships. Unless health systems are reimagined to be genuinely youth-friendly, affordable, private, and nonjudgmental, efforts to expand SRHR access will fall short of meeting young people where they are.



**MARGARET BOLAJI**  
Youth Partnerships Manager with the North, West and Central Africa Hub, FP2030

Nigeria's pursuit of universal health coverage (UHC) cannot be achieved without placing adolescents at the centre of sexual and reproductive health and rights (SRHR) strategies. FP2030, the global partnership that grew out of the 2012 London Summit, has consistently pushed this agenda, with Nigeria reaffirming its commitment in 2021 through pledges that specifically target young people. What is noteworthy is that these commitments were not crafted in isolation; young people themselves helped shape them, even producing a youth-friendly version of the pledge to ensure accessibility and ownership.

Adolescents continue to face barriers that go beyond policy documents. From provider bias and judgemental attitudes at health facilities to persistent stock-outs of essential commodities. These gaps reveal a structural weakness: while policies are plentiful, systems remain ill-equipped to deliver. Advancing adolescent SRHR requires more than ambitious pledges. It demands deliberate

investment in budgeting, provider training, and supportive supervision to shift mindsets.



**TESTIMONY ADEYEMI**  
Marketing Lead, Healthtracka

Expanding access to sexual and reproductive health (SRH) services in Nigeria requires more than availability; it demands solutions designed with empathy for the lived realities of women. Healthtracka illustrates this shift by grounding innovation in user experience. Listening to women reveal barriers such as stigma, painful procedures, and misinformation, the organisation has responded with tools that directly address these concerns: a painless HPV self-sampling kit, the discreet "Lemon" STI self-test tailored for young women, and Lola AI, a WhatsApp chatbot that delivers trusted SRHR information in local contexts.

Dismantling barriers to SRH is as much about reimagining service delivery as it is about expanding access. By removing shame and offering privacy, technology-enabled, human-centred solutions can restore agency to women and girls, ensuring that access to care is not just possible but dignified and empowering.

## RECOMMENDATIONS

01



The Federal Ministry of Health & Social Welfare, working with state ministries of health and the National Health Insurance Authority (NHIA), should explicitly include youth-focused SRHR services in UHC benefit packages and ensure financing mechanisms cover adolescents and young people.

02



The National Assembly, state legislatures, and Ministries of Finance should institutionalise dedicated, ring-fenced budget allocations for SRHR and family planning, reducing reliance on donor funds.

03



The Ministries of Health, in partnership with SRHR innovators like Tiko and Healthtracka, should integrate digital SRHR platforms into national e-health strategies, with subsidies for rural and underserved communities.

04



The Nursing and Midwifery Council of Nigeria, the Medical and Dental Council of Nigeria, and state training institutions should work to reduce stigma by training providers to treat young people with respect and confidentiality.

05



Federal and state governments, in collaboration with FP2030 Nigeria focal points and youth-led organisations, should establish a formal youth advisory mechanism feeding into SRHR policy and implementation processes at federal and state levels.

## CONCLUSION

Achieving equitable access to sexual and reproductive health and rights (SRHR) in Nigeria requires more than good policies, it demands intentional investment, sustained political will, and meaningful collaboration across sectors. The stories and insights shared in this dialogue highlight promising practices, from innovative service delivery models and youth-led advocacy to state-level financing mechanisms and private sector partnerships. Yet, the challenges remain; misinformation, stigma, provider bias, and weak systems continue to stand in the way of real progress, especially for adolescent girls and underserved communities. If Nigeria is to meet its Universal Health Coverage goals and its FP2030 commitments, the urgency of now cannot be overstated.

This is a moment for governments, donors, civil society, and innovators to align around a shared priority: ensuring that every person regardless of age, location, or background, can access respectful, affordable, and rights-based SRHR services. The cost of inaction is too high. But with collective action and accountability, a healthier, more equitable future is within reach.



**EMEKA OGUANUO**  
Senior Partnership Manager,  
Nigeria Health Watch

## MEET THE PANELISTS

### PANEL 1: ADDRESSING POLICY IMPLEMENTATION AND FUNDING GAPS FOR SEXUAL REPRODUCTIVE HEALTH AND RIGHT (SRHR) IMPACT



**Dr. Oluwatomi Coker**

Honorable Commissioner for Health,  
Ogun State

Dr Tomi Coker is a highly accomplished consultant obstetrician and gynaecologist and public health leader with over three decades of clinical expertise, including 28 years in the UK's National Health Service — during which she served as Clinical Director for five years. A graduate of the University of Ibadan, MSc in Global Public Health from Queen Mary University London, a Fellow of the Royal College of Obstetricians and Gynaecologists, and an alumna of Harvard Kennedy School, she has been serving since 2020 as the Honourable Commissioner for Health in Ogun State, Nigeria. Dr Coker is now driving transformative healthcare initiatives across Ogun State, deploying innovative, tech-driven primary-care and maternal-health programmes targeting rural and underserved communities



**Dr. Taiwo Johnson**

Chief of Party,  
The Challenge Initiative (TCI)

Dr. Taiwo Johnson is a dedicated public health physician who serves as The Challenge Initiative (TCI)'s Chief of Party in Nigeria. She brings to her role extensive experience in implementing impactful reproductive health and family planning programmes across both the public and private sectors.

Driven by a passion for integrating best practices into government systems, she actively engages stakeholders to strengthen health systems.

Dr. Johnson successfully led the Post Pregnancy Family Planning Project from inception to close-out and most recently served as the Senior Technical Adviser for the Momentum Safe Surgery Project, funded by USAID.



**Mal. Ghali Dambazau Talle**

Assistant Director, Education for Health and Wellbeing, Federal Ministry of Education

Mal. Ghali Dambazau Talle serves as Assistant Director, Education for Health and Well-being, at the Federal Ministry of Education. With a career spanning over two decades, he has demonstrated an unwavering commitment to advancing educational quality and promoting health-focused initiatives, particularly in the realm of HIV/AIDS education.

He previously held the role of Chief Desk Officer for Monitoring and Evaluation and HIV/AIDS Education, where he integrated health education into national curricula.

From 2000 to 2010, he taught at the Federal Government Academy, Suleja, guiding students toward academic success. His work in education and health equips Nigerian youth with knowledge and skills for a better future. Through his roles,

Mal. Talle contributes to policies that support learning and well-being across Nigeria.



**Pharm. Aminu Bashir**

Permanent Secretary, Ministry of Health, Kano

Pharm. Aminu Bashir serves as the Permanent Secretary of the Ministry of Health, Kano, where he leads strategic health policy initiatives and oversees the state's healthcare system. With extensive experience in public health administration and pharmaceutical practice, he drives impactful reforms to improve healthcare access and outcomes in Kano State.



**Dr. Binyerem C. Ukaire**

Director, Department of Family Health,  
Federal Ministry of Health & Social  
Welfare

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Dr. Binyerem C. Ukaire is a highly respected expert in family health with a wealth of experience in maternal and child health, reproductive health, and health policy development. As the Director of Family Health, she leads initiatives aimed at improving health outcomes for families across Nigeria, focusing on comprehensive healthcare services, education, and advocacy. Her commitment to enhancing access to quality health services and promoting family well-being has made a significant impact on public health strategies, ensuring that the needs of vulnerable populations are prioritized in national health programs.

## MEET THE PANELISTS

## PANEL 2: ADVANCING YOUTH-FRIENDLY SRHR SERVICE DELIVERY IN NIGERIA



**Peace Umanah**

International Youth Alliance for  
Family Planning (IYAFP)

Peace Umanah (she/her) works as the Director of Communications at the International Youth Alliance for Family Planning (IYAFP), a youth-led organization that advances sexual and reproductive health rights and justice for young people. She has a background in Physiology and a master's degree in public health (MPH).

Peace is committed to fostering youth empowerment by leveraging communication platforms and initiatives that enable them to drive positive change. She is based in Abuja, Nigeria.



**Dr Fatima Bunza**

Country Director, Tiko

Dr Fatima Bunza is a seasoned obstetrician/gynaecologist and public health expert with over 25 years' experience leading SRH and health systems strengthening programs in Nigeria. Has an MSc in Managing Major Projects and Programs from Middlesex University London, an MBA in International Hospitals and Health Care Management from Frankfurt School of Finance and Management, Germany, and a diploma in Reproductive Health for Developing Countries from Liverpool School of Tropical Medicine, UK.

Fatima has extensive experience managing hospitals and leading programs funded by multiple donors ranging from USAID, BMGF, LAD/STBF, CIFF, UK AID/Unilever, Astra Zeneca and other private trusts. Her experience includes previous work with PSI, JHU/CCP, John Snow Inc., and Pathfinder and as special advisor to the Governor of Kebbi on Health with extensive community engagement and private health sector experience.

Noted for her flair for innovation, high-level advocacy and technology-driven strategic innovations, Dr Fatima is Tiko's Country Director, based in Abuja Nigeria.



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### **Margaret Bolaji**

Youth Partnerships Manager, FP2030  
North, West, & Central Africa Hub

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Margaret Bolaji is an International Development Professional with over a decade of experience in research, project implementation and management with a particular interest in adolescent and youth sexual and reproductive health and rights.

She has a Bachelor of Arts in English Language and a master's in policy and development studies from Ahmadu Bello University, Nigeria, and completed a Global Health Leadership Accelerator Program at the Johns Hopkins Bloomberg School of Public Health, USA.

Margaret is the Youth Partnerships Manager with FP2030 North, West, and Central Africa Hub where she leads an inclusive, responsive, and sustainable partnership with youth and civil society partners in over 30 countries.

Margaret is also the visionary Founder of Stand with A Girl Initiative (SWAG), a youth and women led organization committed to supporting girls in Nigeria no matter where they are born or found, embodying Margaret's passion to unlocking the full potential of every girl.



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### **Mokgadi Mashishi**

Country Lead: Africa Access Market,  
Organon

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Mokgadi Mashishi is the Country Lead: Africa Access Markets at Organon South Africa. She drives the expansion of women's health services across Africa through Organon's Access Programme. Collaborating with governments, policymakers, partners, and civil society, she fosters an environment empowering women and girls to exercise their health choices. She is part of the Organon META cluster (Middle East, Türkiye, Africa) leadership team, and chairs the board of Organon's South African subsidiary.



**Testimony Adeyemi**

Marketing Lead, Healthtracka

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Testimony Adeyemi is the Marketing Lead at Healthtracka, bringing a dynamic background in technology and communications. She previously served as a Communications Officer Intern at the African Institute for Mathematical Sciences (AIMS), Kigali.

At Healthtracka, she progressed from Marketing Intern to roles including Brand and Communications Intern, Data Analyst, and AI Software Engineer. A graduate of African Leadership University with a bachelor's degree in computer science, Testimony is passionate about natural language processing (NLP) and conversational AI. She is dedicated to developing software that resonates with users by understanding language as naturally as humans do, driving innovation in the next generation of intuitive technology.



## About Nigeria Health Watch

Nigeria Health Watch, an initiative of the Health Watch Foundation, is a leading not-for-profit organisation committed to improving health outcomes in Nigeria. The organisation combines deep expertise in health and strategic communications to drive evidence-based advocacy, strengthen the capacity of health sector institutions, and influence policy for impact. Through its platforms and partnerships, Nigeria Health Watch informs and empowers Nigerians on health issues while also providing tailored communications and advocacy solutions that enable stakeholders to shape and implement effective health policies.

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