

2024

Maternal Health
Policy Dialogue

REPORT

SCALING MATERNAL HEALTH INNOVATIONS IN NIGERIA

LEARNINGS, CHALLENGES & OPPORTUNITIES



**NIGERIA
HEALTH
WATCH**

Informed commentary, intelligence and insights on the Nigerian health sector



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Introduction

Maternal health is a crucial aspect of public health, reflecting the well-being of a nation's future generations. Maternal mortality remains a key issue affecting women of reproductive age across the African Region.

According to the World Health Organization (WHO), Africa contributes more than two-thirds (69%) of maternal deaths globally, despite a global decline between 2000 and 2020. In Nigeria, despite progress in healthcare, challenges persist in addressing maternal health issues effectively. The Nigeria Demographic and Health Survey (2018) reports that less than half (43%) of deliveries are assisted by a skilled provider (32% by nurses/midwives and 9% by doctors) in Nigeria. Unskilled providers such as traditional birth attendants assist in 20% of deliveries, relatives of pregnant women assist in 22% of deliveries, and 11% of births receive no assistance. According to the World Bank, Nigeria's maternal mortality ratio stood at 1,047 deaths per 100,000 live births in 2020. In a WHO report, Nigeria ranked as the second-highest number of maternal deaths globally in 2023.

These outcomes indicate a disparity between Nigeria's health outcomes and the Sustainable Development Goals (SDG) target of less than 70 deaths per 100,000 live births. The wide gap between the global targets and Nigeria's maternal outcomes highlights the inherent challenges within the country's healthcare system and the need to identify and scale up proven interventions that offer promise in addressing gaps in maternal healthcare in Nigeria.



Nigeria's maternal mortality ratio stood at **1,047 deaths** per **100,000** live births in 2020

Source: World Bank

Hence, the 2024 Maternal Health Policy Dialogue was held on Thursday, July 18, 2024, with the theme "Scaling Maternal Health Innovations in Nigeria: Learnings, Challenges and Opportunities".

It served as a platform that brought together key stakeholders, including the government at the national and sub-national level, healthcare providers, civil society organizations, the private sector, and development partners to discuss the lessons learned, challenges, opportunities and strategies for implementing and scaling up maternal health innovations within the Nigerian healthcare system.



Impact in Numbers

Social Media

The Maternal Health Policy Dialogue generated significant social media buzz, contributing to the event's overall visibility and engagement.

Key Metrics:



Impressions:
26,271



Engagements:
2,358



Engagement Rate
(per Impression):
9%

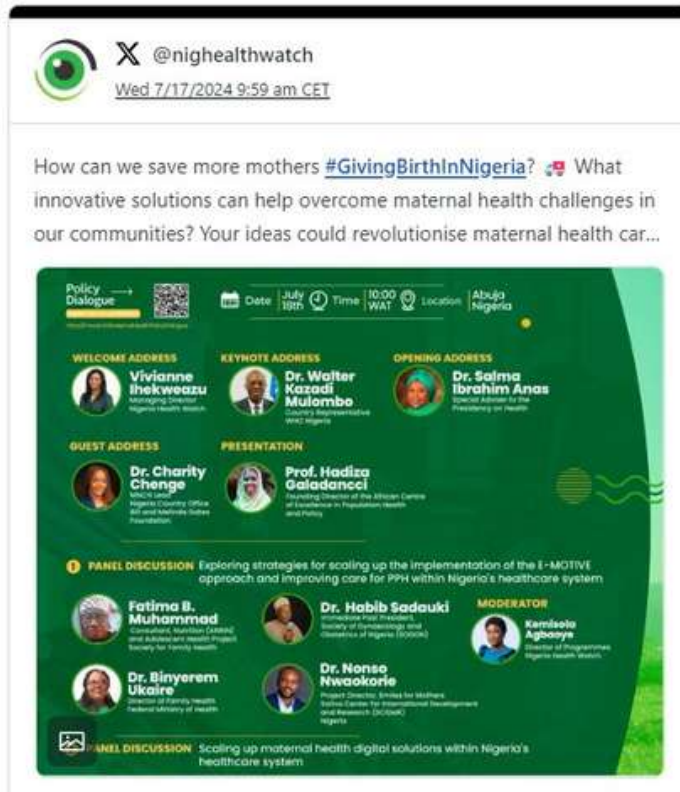


Post Link Clicks:
88

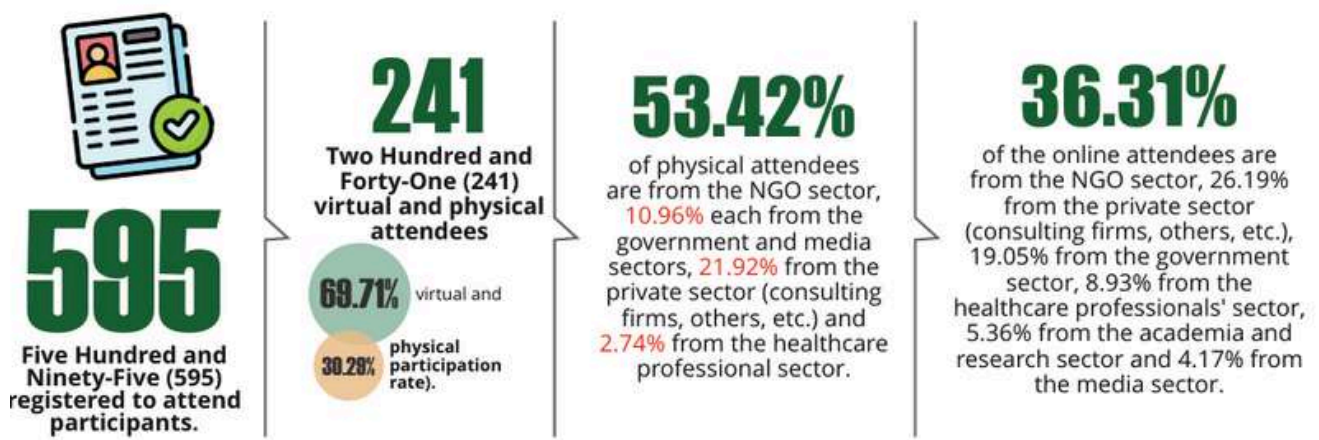


Impact in Numbers

Social Media



Attendance and Participation



Post-Dialogue Survey Analysis

A post-event survey was circulated to assess participants' experiences and identify areas for improvement for future events. 100 responses were received; the findings below were drawn based on the responses.



**Most participants
[95.97%]**

had a positive experience at the Maternal Health Policy Dialogue.



of participants reported that the event met their expectations to a great extent, and **18%** felt it exceeded their expectations.

64%

of respondents felt that their understanding of maternal healthcare innovations was significantly enhanced, with **28%** reporting moderate enhancement.



**Most participants
[60%]**

learned about the event through direct invitations, with social media being the second most common channel (**27%**).



**A significant portion of participants
[58%]**

reported a great increase in awareness of the E-MOTIVE approach, with **36%** experiencing a moderate increase.



Strong government support

(**77%**) and adequate funding (**61%**) were identified as the most crucial factors for scaling digital health innovations, followed by training and capacity building (**66%**).



Regular data collection (**82%**) and comprehensive evaluation studies (**70%**) were seen as the best ways to measure the impact of digital health interventions, indicating a strong preference for evidence-based assessment.



Limited funding (**74%**) and inadequate technology infrastructure (**70%**) were identified as the top obstacles to scaling maternal health innovations

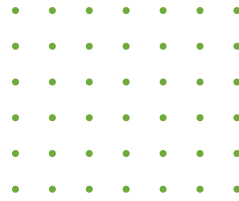


Establishing multi-stakeholder partnerships (**83%**) and regular communication (**57%**) were viewed as essential for effective collaboration.

Welcome Address

Vivianne Ihekweazu

Managing Director, Nigeria Health Watch



Maternal mortality should be everyone's concern

Maternal health is a fundamental aspect of public health and reflects the well-being of current and future generations. Nigeria's maternal health indices are not improving. The majority of women in Nigeria still do not give birth with the support of a skilled care provider and over a thousand women die out of every 100,000 women that give birth in Nigeria.

"These figures are not just numbers, but behind those numbers are people's mothers, sisters, colleagues and friends, and as such, maternal mortality should be everyone's concern, not just a "woman's"

There is the need to improve Nigeria's poor maternal health outcomes by finding and scaling up innovative and evidence-based solutions that address the gaps women face in accessing high-quality maternal healthcare. This policy dialogue is intended to create awareness and showcase some successful maternal healthcare innovations such as digital health solutions, telehealth and the E-MOTIVE bundle of care for managing postpartum haemorrhage. It also aims to identify policy recommendations that could lead to actionable steps for scaling these innovations, not just in Nigeria, but across the African continent.



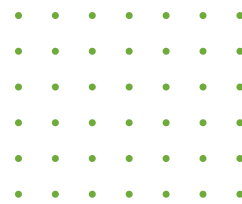
Access to quality maternal healthcare is a right

I think what we need more than ever is champions, men who recognize that access to quality maternal healthcare should not be a privilege, but is a right, every woman, irrespective of where she lives, is born, her economic circumstances should have access to.

Keynote Speech

Dr. Walter Kazadi Mulombo

WHO Head of Mission and Country Representative in Nigeria



Achieving the SDGs by 2030 requires an aggressive approach

If we want to achieve these targets for the Sustainable Development Goals by 2030, then it requires an aggressive approach which includes governance, scaling of interventions, processes, and mechanisms that work



Nigeria is not on track to achieve the 2030 SDGs

The Global Strategy for Women's, Children's and Adolescents' Health" (2016 – 2030) is linked to the 77th World Health Assembly (WHA) resolution and the Sustainable Development Goal targets 3.1 and 3.2. The strategy has three (3) goals. The 1st is to survive by ending preventable deaths, including reducing global maternal mortality to less than 70 per 100,000 live births. The 2nd goal is to thrive by ensuring health and well-being for all, including, and the 3rd is to transform by expanding enabling environments, eliminating poverty and all forms of discrimination, violence and harmful practices against women and girls.

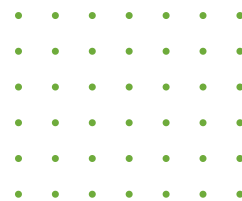
"With barely six (6) years left to 2030, many countries, including Nigeria are still not on track to achieve these goals and the SDG targets, particularly those relating to maternal mortality and child mortality".

A comprehensive approach with multi-sector policy and action needs to be adopted. The approach should include a re-orientation of the health system, addressing the fragmentation of interventions, health workforce shortages and data quality issues, and deploying culturally sensitive, people-centred health services that engage and empower communities to take responsibility for their health. Nigeria needs to invest in an effective health information management system and prioritize fragile and conflict-affected communities. Multi-sector stakeholders, including civil society, non-state actors and communities need to collaborate and aggressively work together with the Nigerian government, under its Health Sector Renewal Initiative to accelerate progress towards achieving the 2030 SDG 3.1 and 3.2 targets.

Opening Address

Dr. Salma Ibrahim Anas

Special Adviser to the President on Health



Maternal death is a national development issue

Women's health, maternal death, and newborn death is not a woman's issue. It is an issue for the whole family, it is a community issue, it is a developmental issue. It is an integral part, not just of the health sector agenda, but of the overall national development.

Our focus should be on scaling proven interventions

The Presidency's agenda focuses on eight key thematic areas; improving governance, leadership and coordination, sustainable financing for health, human resources for health especially at the primary healthcare level, boosting local manufacture and production of medicines, commodities and supplies, encouraging investors by creating an enabling environment, ensuring data quality and transparency and strengthening partnerships. The 4-point health sector agenda, the launch of the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and the Sector-wide approach (SWAp) all aim to accelerate progress towards the achievement of the President's eight priorities.

"The Nigerian government hopes to achieve a 35% reduction in maternal mortality, a 40% reduction in newborn / neonatal mortality and a 20% reduction in total fertility rate by 2027".

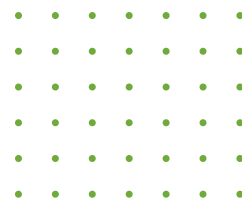
The Federal Government has increased budgetary allocation towards the Basic Health Care Provision Fund (BHCPF), approved the continued procurement of family planning commodities, established a Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health plus Nutrition (RMNCAEH+N) multistakeholder coordination platform and issued an Executive Order seeking to increase the local manufacture of healthcare products, reduce medical equipment and consumables cost and promote local investments.

To reduce maternal and newborn deaths and improve child survival, there needs to be a change in approach by not only focusing on piloting innovations but also scaling of proven interventions.

Guest Address

Dr. Charity Chenge

MNCH Lead, Nigeria Country Office, Bill & Melinda Gates Foundation



Collaboration is key to reducing maternal mortality

We are working closely with all stakeholders under the leadership of the Coordinating Minister of Health and Social Welfare and within the Health Sector Renewal Initiative and, of course, the SWAp, and ultimately, we will crush maternal and newborn mortality in Nigeria.



Maternal health innovations need to be accelerated

Maternal health is a central focus of the Gates Foundation and is vital to accelerating progress to meet the Sustainable Development Goals (SDGs). Nigeria needs to "accelerate" and scale up proven innovations to significantly improve maternal and newborn health and move beyond pilot projects by implementing effective interventions more broadly.

"Innovations that have shown promise in improving maternal health outcomes need to be accelerated and scaled up. These innovations include the E-MOTIVE bundle of care to manage postpartum haemorrhage bundle and the use of multiple micronutrient supplements to prevent anaemia, instead of just iron folate, the routine administration of maternal azithromycin to address sepsis as well as the use of handheld ultrasound scans during pregnancy. These interventions could avert up to one million maternal and newborn deaths across Africa, with 260,000 of those lives saved in Nigeria alone".

The Gates Foundation also prioritizes building partnerships by engaging with various stakeholders, including government entities and non-governmental organisations, to pull together resources and expertise, and support the adoption and scale-up of lifesaving MNCH innovations. This collaboration aims to address the leading causes of maternal and newborn deaths through comprehensive strategies, including improving supply chain quality, enhancing midwifery services, and stimulating local production of essential commodities. Addressing barriers in the health system, creating demand for proven innovations and providing enabling policy frameworks and guidelines for innovations to thrive is also important.

Scaling Maternal Health Innovations in Nigeria

Learnings, Challenges and Opportunities

Presentation

Professor Hadiza Galadanci

Founding Director, African Centre of Excellence in Reproductive Health & Policy

E-MOTIVE Trial

Results and recommendations from the study and presentation on healthcare service delivery performance in PPH management.



Almost 800

The number of maternal deaths occurring every day

25%

Of global maternal deaths is caused by postpartum haemorrhage (PPH)

14 million women

Out of 140 million that give birth every year will have PPH

70%

Of the 14 million women who have PPH will die from the condition

Reasons women still die from PPH

Women still die from PPH due to three (3) delays:

1. Missed or delayed diagnosis of postpartum haemorrhage (i.e. health workers' underestimating of the amount of blood lost by the woman)
2. Missed or delayed treatment of post-partum haemorrhage (i.e. applying the PPH management interventions in sequential order instead of all at once)
3. Missed or delayed escalation of refractory PPH (i.e. taking the woman to the theatre for surgical intervention)

The E-MOTIVE bundle of care addresses these 3 delays

Presentation

Professor Hadiza Galadanci

Founding Director, African Centre of Excellence in Reproductive Health & Policy



Early detection & treatment of PPH is key...

Early detection and treatment of postpartum hemorrhage using the WHO E-MOTIVE “First Response” bundle is the answer to reducing the thousands of women that die from excessive bleeding. We need to move from knowing to doing. We need to walk the talk.

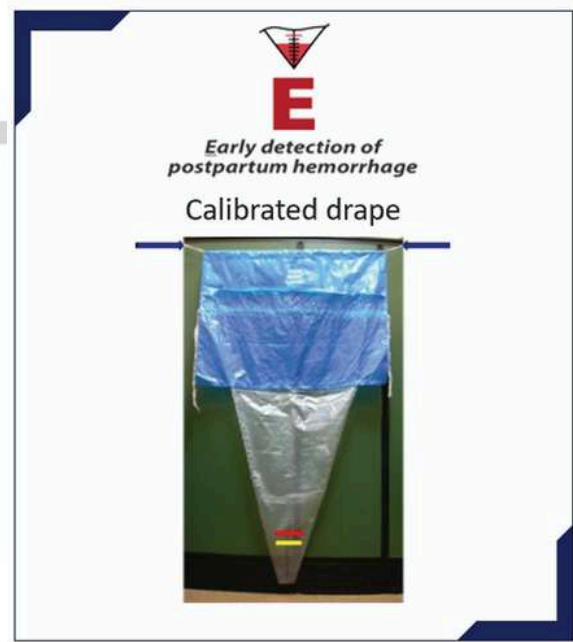
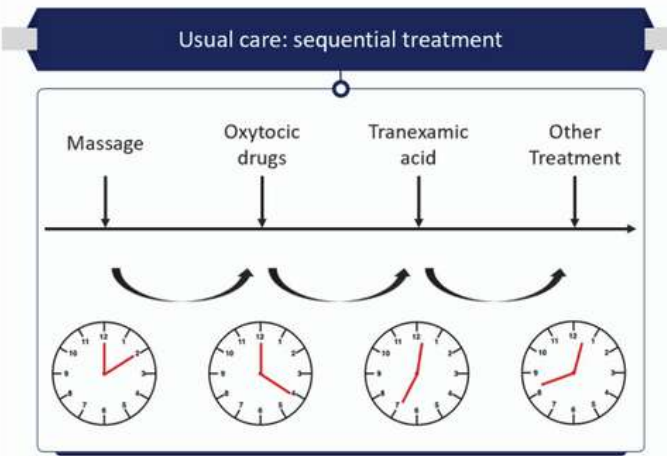
Full-scale adoption & implementation of the E-MOTIVE bundle is key to addressing PPH

The E-MOTIVE trial was conducted in intervention and control sites across four countries – Nigeria, Tanzania, South Africa and Kenya, with the bulk of the data coming from Nigeria. Findings from the trial revealed a 93% PPH detection rate and a 60% reduction in severe post-partum haemorrhage (i.e. > 100ml of blood loss) in the intervention sites as compared to the control sites, respectively.

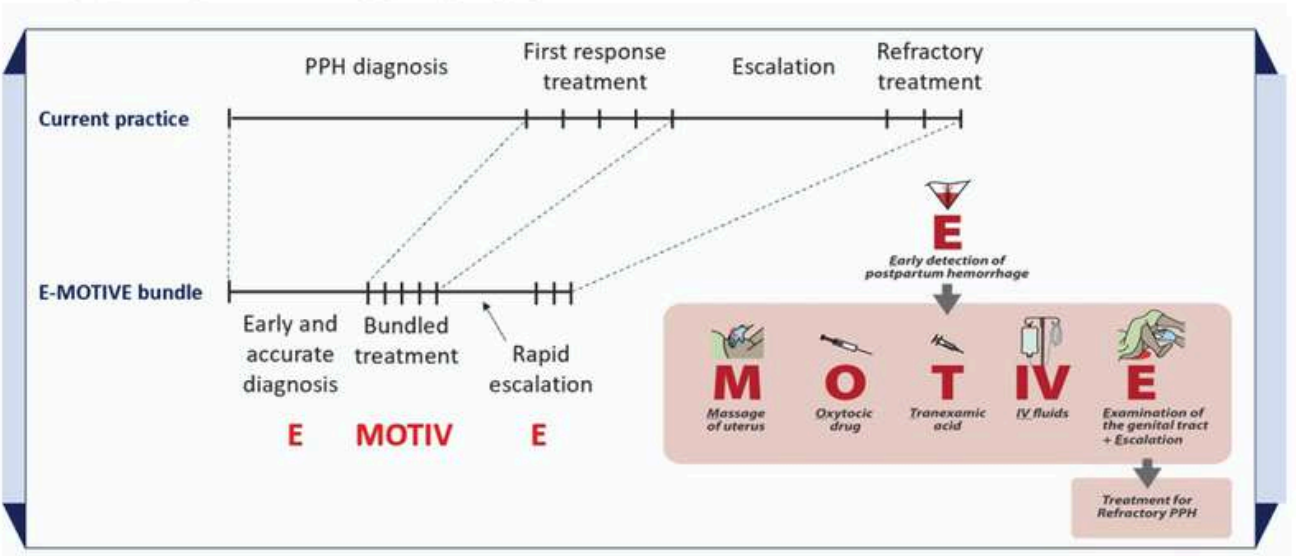
The efficacy of the E-MOTIVE PPH treatment bundle of care led to the revision and update of the policy on the treatment and management of PPH by the World Health Organization (WHO) and the launch of new PPH guidelines in Nigeria in line with the new WHO recommendations on PPH treatment and management. The Nigeria Government and partners have taken notable actions to domesticate the E-MOTIVE intervention such as the call by the Coordinating Minister of Health and Social Welfare, Professor Ali Pate for the scale-up of the new WHO PPH guidelines and the local production of the calibrated drapes within Nigeria, the development of training guidelines and conducting training-of-trainers in Uyo, Abuja and Oyo states.

To address the high burden of PPH and maternal mortality in the country, full-scale adoption and implementation of the E-MOTIVE bundle across all states in Nigeria as the key.

Missed or delayed treatment



The E-MOTIVE intervention



First Panel Session

Exploring strategies for scaling up the implementation of the E-MOTIVE approach and improving care for PPH within Nigeria's health system.

The first panel session delved into the practical strategies and recommendations for integrating the E-MOTIVE protocols into existing healthcare systems in Nigeria.

It examined issues including training programmes for healthcare providers, adjustments to clinical guidelines, resource allocation, and the availability of necessary medications and equipment.



Dr. Kemi Agbaoye
Director of Programmes, Nigeria Health Watch (Moderator)

Panelists



Dr. Binyerem Ukaire

Director of Family Health,
Federal Ministry of Health



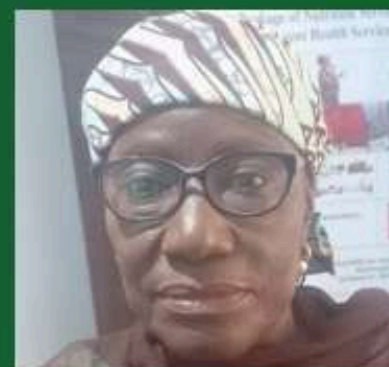
Dr. Chukwunonso Nwaokorie

Project Director, Smiles for Mothers, Solina Center for International



Dr. Habib Sadauki

Immediate Past President,
Society of Gynaecology and Obstetrics of Nigeria (SOGON)



Fatima Muhammad

Consultant, Nutrition (ANRIN) and Adolescent Health Project,
Society for Family Health



Dr. Binyerem Ukaire

Director of Family Health, Federal Ministry of Health

The Department of Family Health at the Federal Ministry of Health and Social Welfare oversees programmes related to reproductive, maternal, newborn, child, adolescent and elderly health.

In collaboration with stakeholders, the department has integrated the E-MOTIVE bundle into its safe motherhood strategy. There is a need for multi-sectoral collaboration to address social determinants of health and the necessity to move research findings into policy and implementation to improve maternal mortality indices. Guidelines for

health workers to manage postpartum haemorrhage using the E-MOTIVE bundle have been developed. Plans are ongoing to finalise, print, and disseminate the guidelines to the sub-national level.

The Federal Ministry of Health is also providing technical support to states, ensuring they take ownership and implement the guidelines with detailed directions and steps. Integrating the E-MOTIVE intervention into the existing maternal and newborn health data management system is also a key priority of the Ministry.



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On the E-MOTIVE bundle of care

To improve maternal mortality indices, research findings from the E-MOTIVE trial have to be integrated into policy and implementation guidelines



Fatima B. Muhammad

Consultant, Nutrition (ANRiN) and Adolescent Health Project, Society for Family Health

Coordinated advocacy is vital for the adoption of the E-MOTIVE bundle of care in Primary Health Centers (PHCs) and remote, resource-constrained settings. Advocacy often remains at the national level and does not usually get to the state or local government levels. Hence advocating to local governments to allocate and release resources for the quality of primary healthcare, and manpower is key.

The scalability and adaptability of the E-MOTIVE bundle, particularly in rural settings needs to be considered and there is also a need for comparison of the results of the E-MOTIVE trial between urban and rural health facilities. Measurable indicators to track progress need to be clearly defined and the data collection process needs to be simplified and made relevant for primary healthcare workers to replicate. It is also important for the data generated to be used for decision-making and to involve healthcare workers in the decision-making process to make them feel valued.



Dr. Habib Sadauki

Immediate Past President, of the Society for Gynaecology and Obstetrics of Nigeria (SOGON)

Obstetricians have long practised the active management of the third stage of labour, which includes many components of the E-MOTIVE bundle, such as the use of oxytocin, uterine massage, and checking for lacerations. However, the new approach of implementing all these actions simultaneously, as soon as a certain level of bleeding is detected, represents a significant improvement.

Simultaneously implementing the components of the E-MOTIVE bundle requires teamwork, which is feasible for obstetricians and can be easily integrated into undergraduate curriculums. The Society of Gynaecology and Obstetrics of Nigeria (SOGON) has been adopting PHCs to provide voluntary services and training and mentoring healthcare workers in these PHCs. Implementing the E-MOTIVE at these centres is therefore possible. However, challenges, such as the non-availability of supplies such as drapes, oxytocin, and magnesium sulphate need to be addressed. Continued advocacy to ensure that postpartum haemorrhage is effectively addressed is also vital. SOGON would adopt and implement E-MOTIVE quickly, and incorporate it into training programs and curricula to prepare healthcare providers for effective management of PPH.



Dr. Chukwunonso Nwaokorie

Project Director, Smiles for Mothers

The Smiles for Mothers (SfM) consortium, composed of Solina Center for International Development and Research (SCIDaR), Clinton Health Access Initiative (CHAI) and co-Creation Hub (CchUB) was engaged by MSD for Mothers between 2020 to 2024 to support Kano, Lagos, and Niger in implementing the latest WHO PPH prevention guidelines. Part of the work of the SfM project involved

the introduction of Heat-Stable Carbetocin (HSC) in the treatment and management of PPH. The medication had been available in Nigeria for years but was primarily used for high-risk deliveries, such as caesarean sections. SfM facilitated the introduction of a public access price version of HSC through partnerships with MSD for Mothers, WHO, and Ferring Pharmaceuticals.

Three main lessons were learned during the implementation of the project. One of them was the policy adoption journey which entailed revising national and state-level policies is not always enough. For example, updating the essential medicine list alone does not ensure the availability of new commodities. Thus, it is crucial to work with state authorities to update related lists, such as health insurance lists. Another lesson learned was the importance of sustainable financing specifically in the Drug Revolving Funds (DRFs) of the states. The final lesson was in understanding the nuances of clients and healthcare workers. SfM incorporated these insights into program design, such as patient literacy materials using a human-centred design approach. These three lessons need to be considered in order to successfully adopt and implement the E-MOTIVE bundle of care in healthcare settings.



Panelists, Moderator and the Managing Director of Nigeria Health Watch, Vivianne Ihekweazu (middle)

Second Panel Session

Scaling Up Maternal Healthcare Digital Solutions within Nigeria's Healthcare System



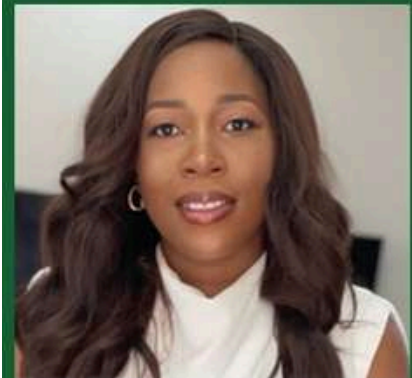
Onyedikachi Ewe

Senior Programmes and Advocacy Manager,
Nigeria Health Watch (Moderator)

Panelists

The second panel session focused on the integration and scaling up of digital solutions to enhance maternal healthcare within Nigeria's healthcare system.

The panel featured experts from various organizations who shared their experiences and insights on leveraging technology to improve maternal health outcomes.



Chiagozie Abiakam

Associate Manager, mDOC



Arit Edem

Senior Associate, HelpMum



Daniel Momoh

Customer Success Lead,
Nivi, Inc



Njide Ndili

Country Director,
PharmAccess Foundation



Chiagozie Abiakam

Associate Manager, mDOC

mDoc focuses on building the capacity of healthcare workers, equipping them with clinical, digital, and quality improvement skills. Using technology, mDOC addresses risk factors of maternal morbidity and mortality through initiatives such as the Reducing Indirect Causes of Maternal Mortality and Morbidity (RICOM3) project, Digital Mom's project, and Project AISHA. mDoc also utilizes AI-enabled digital health apps like the Complete Health App to build women's digital and health literacy, empowering them throughout their pregnancy journey to make informed health decisions.

mDOC also has another digital platform called Navi Health which collects feedback on the quality of care and integrates the data into the healthcare system to improve service delivery.



Improving maternal health requires a multifaceted approach

mDOC'S digital platforms provide maternal health literacy for women, equip health workers with clinical, digital and quality improvement skills and improves maternal health service delivery



Arit Edem

Senior Associate, HelpMum

HelpMum operates in implementation communities in Oyo, Osun, Kano, Katsina, and Jigawa and uses a vaccination tracker app to send reminder messages to mothers. These messages are sent a week before and a day before the vaccination dates to remind mothers to take their children for immunization. Despite these reminders, barriers such as financial constraints and proximity to health centres still prevented some mothers from vaccinating their children.

To address these challenges, HelpMum developed the AI-driven Vaccine Intervention Optimizer (Advisor), which recommends interventions like bus pickup services, doorstep immunizations, and travel vouchers based on the data input in the tracker app. The “Advisor” also measures the effectiveness and cost-efficiency of these interventions, by tracking their impact on immunization rates and zero-dose children.



Daniel Momoh

Customer Success Lead, Nivi Inc.

The traditional mode of health service uptake differs from the digital mode. Traditionally, patients visit doctors, get prescriptions, and hopefully follow these prescriptions. However, in digital health, the focus is more on empowering patients with knowledge and making interactions with healthcare providers more dynamic and interactive.

Nivi's chatbot service, AskNivi on WhatsApp, equips patients with information on various health topics, including maternal healthcare. In the Saving Mothers Giving Life (SMGL) 2.0 project in Kaduna, Nivi supported women from the 10th week of pregnancy up until 15 weeks postpartum with tailored health content and tracked their interactions with healthcare providers. This approach helped to ensure that women were well-informed and adhered to their Antenatal Care (ANC) visits, thereby improving maternal health outcomes



Njide Ndili

Country Director, PharmAccess Foundation

PharmAccess piloted Momcare project in Lagos State for over two years, which was funded by MSD for Mothers. Momcare aimed to track a woman's pregnancy journey to provide digital interventions to improve maternal care.. Several challenges were identified, including financial barriers for patients, burdens on healthcare providers, and issues with data collection and interoperability.

PharmAccess integrated the MomCare project into the Lagos State Health Insurance Agency (LASHMA) to ensure sustainability. To ensure scalability, innovations need to be made simple and sustainable and involve regulators from the start to ensure long-term impact.

In a previous project (Tuberculosis (TB) programme intervention), PharmAccess developed a mobile application for TB screening in collaboration with the national TB programme. This innovation was scaled across all 36 states, significantly increasing TB detection rates.

Digital innovations and tools are enablers and need to be integrated into existing programs. To enhance healthcare delivery, the private sector also needs to be leveraged. An example is the success of the Public Private Partnership (PPP) scheme in Delta State that revitalized abandoned PHCs, leading to improved maternal health outcomes.



Panelists, Moderator and the Managing Director of Nigeria Health Watch, Vivianne Ihekweazu (2nd from the left).

RECOMMENDATIONS

- 1** Innovations are not only about implementing entirely new initiatives but investing in the scale up of successful innovations
- 2** Re-orientation of the Nigerian healthcare system towards a more comprehensive primary healthcare approach
- 3** Improving health facilities and healthcare worker capacity to implement and scale up innovations
- 4** Acceleration of efforts to scale up the quality and availability of health data to demonstrate progress
- 5** Engaging national and sub-national level stakeholders to identify unique challenges and develop innovative solutions tailored towards this specific context
- 6** There is a need for collaborations and partnerships and consolidated efforts from all government departments, civil society organizations, and non-state actors towards addressing maternal mortality, both nationally and globally.

PHOTO GALLERY



A Cross-section of Participants at the Maternal Health Policy Dialogue



Vivianne Ihekweazu, Managing Director, Nigeria Health Watch giving her welcome address



Dr. Walter Kazadi Mulombo, WHO Head of Mission and Country Representative in Nigeria giving his Keynote Speech



Dr. Salma Ibrahim Anas, Special Adviser to the President on Health giving her Opening Address



Dr. Charity Chenge, MNCH Lead, Nigeria Country Office, Bill and Melinda Gates Foundation giving her Guest Address



Emeka Oguanuo, Senior Partnerships Manager, Nigeria Health Watch (Event Com-père)

APPENDIX

SPEAKER PROFILE

Walter Kazadi Mulombo WHO Nigeria Country Representative

Dr. Walter Kazadi Mulombo is the WHO Head of Mission and Country Representative in Nigeria since June 2020, previously serving four years in Burundi. He chairs the Program Management Team of the UNCT in Nigeria and co-chairs the PSEA Interagency Network. Dr. Mulombo has led health sector coordination for Nigeria's humanitarian crisis and is a Fellow of the African Institute of Public Health Professionals and West African Public Health Institute. He was named one of the 100 Most Influential People of African Descent in 2023. His expertise includes health diplomacy, strategic policy advice, and management of primary health care, malaria, TB, and other communicable diseases.



Dr. Salma Ibrahim Anas Special Adviser to the Presidency on Health

Dr. Salma Ibrahim Anas is a seasoned Medical Doctor and Public Health Physician with over 30 years of experience in public health and humanitarian crisis response. She established Nigeria's first HIV treatment and PMTCT programs and coordinated RMNCAEH+N initiatives and elderly health services. Dr. Salma Ibrahim Anas is currently the Special Adviser to the President on Health and Chair of the Presidential Advisory Council (PAC) Sub-Committee on Health. This is for no other reason than her technical capacity, passion, dedication, and unwavering commitment to the delivery of effective as well as better healthcare services for the wellbeing of the citizenry, particularly to mention, women, children, youth, and the elderly which constitute a large percentage of the population.

SPEAKER PROFILE

Dr Charity Chenge

MNCH Lead, Nigeria Country Office,
Bill and Melinda Gates Foundation

Dr. Charity is a seasoned Public Health Specialist and Health Systems Strategist with over 20 years of experience. She has worked with the US CDC, Catholic Relief Services, the Global Fund, and currently the Bill and Melinda Gates Foundation. She has led significant health initiatives, including Nigeria's Early Infant Diagnosis of HIV and the Group AnteNatal Care model. A recipient of the 2023 Arthur B. Holzworth award, Dr. Charity also volunteers on non-profit boards and mentors young public health professionals. She holds advanced degrees in public health, health policy, and leadership from prestigious institutions and is dedicated to reducing maternal and newborn deaths in Nigeria.



Prof. Hadiza Galadanci

Founding Director of the African Centre of
Excellence in Population Health and Policy.

Prof. Galadanci is a Professor of Obstetrics and Gynecology at Bayero University Kano, Nigeria and Director of a World Bank supported Africa Center of Excellence for Population Health and Policy. She has published over 100 articles and she is an inspiring model for women, particularly women clinical academics, being the first female obstetrician and professor to be trained in the Kano Nigeria. She has won multiple awards for her leading work in maternal health including FIGO Women Award 2018 and 2023 Heroine of Health Award. She has served as a member in several initiatives including AlignMNH. She has trained and mentored over 2000 students and established a successful research network.

SPEAKER PROFILE

Dr. Binyerem Ukaire

Director of Family Health, Federal Ministry of Health

Dr. Binyerem Ukaire is currently the Director and Head, Department of Family Health, Federal Ministry of Health Nigeria. She drives and coordinates the policy formulation, strategic planning, and implementation of the Reproductive, Maternal, Neonatal, Child, Adolescent, and Elderly Health Program, including the Health Promotion Program in Nigeria, with the thematic domains domiciled in the departmental divisions.

Dr Binyerem has served the government of Nigeria in various capacities in the Federal Ministry of Health as the Director and Head of the Reproductive Health Division which houses the Family Planning Program; Director and Head of the National Nutrition Program; Safe Motherhood program and Obstetric Fistula Program, at different periods from 2013 till date.

Dr. Binyerem combines her knowledge and experience in medicine, surgery, public health, administration, and



Fatima Muhammad

Consultant, Nutrition (ANRIN) and Adolescent Health Project, Society for Family Health

Fatima B. Muhammad has over 20 years working experience in Maternal and Childcare (including Neonatal health care) as a Midwife and Midwife Educator. I also have over 15 years' experience working in the development field. She currently leads a Nutrition and Adolescent Health project being implemented by Society for Family and supported by Kaduna State and the World Bank. She has led several projects on Maternal, Newborn, Adolescents Reproductive health (Adolescent 360 project), including Family Planning that were supported by USAID, B&MGF, FCDO etc. She has a master's degree in applied Population Research from Exeter University in the United Kingdom.

SPEAKER PROFILE

Dr. Habib Sadauki

Immediate Past President, Society of Gynaecology and Obstetrics of Nigeria (SOGON)

Dr. Habib Sadauki is a distinguished gynecologist and obstetrician affiliated with the Society of Gynaecology and Obstetrics of Nigeria (SOGON). With decades of experience in women's health, Dr. Sadauki has significantly contributed to advancing maternal and reproductive health in Nigeria. He is renowned for his expertise in clinical practice, medical education, and health advocacy. At SOGON, he has played a crucial role in shaping policies and programs aimed at improving the quality of gynecological and obstetric care nationwide. Dr. Sadauki's dedication to women's health continues to inspire and drive positive change in the field.



Dr. Chukwunonso Nwaokorie

Project Director, Smiles for Mothers, Solina Center for International Development and Research (SCIDaR), Nigeria

Dr. Chukwunonso is a goal-getter and a diligent public health professional with a background in Medicine and Surgery. Prior to joining SCIDaR, he worked in the hospital where he practiced medicine and served passionately to save the lives of his patients.

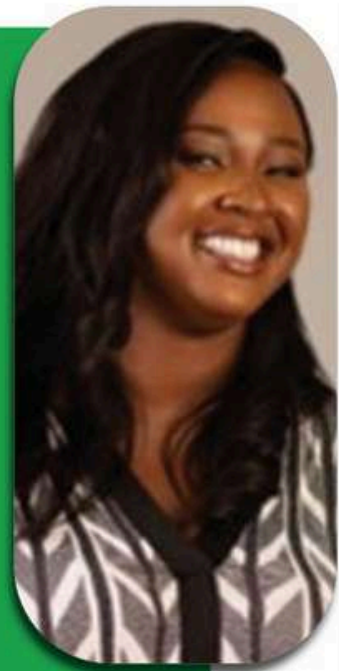
Dr. Chukwunonso has over six years of experience in program design and management. He has worked on multiple programs within and outside Nigeria. He currently leads the implementation of a postpartum haemorrhage reduction program in Kano, Lagos, and Niger states in Nigeria on the Smiles for Mothers Program.

SPEAKER PROFILE

Arit Edem,
Senior Associate, HelpMum

Arit Edem is a health system strengthening and health financing thought leader. She is a Pharmacology, Therapeutics and Toxicology graduate from the University of Lagos. She is also a certified knowledge management professional. She is the Senior Associate at HelpMum Africa. Arit and her team, work with state governments to deploy innovative digital health solutions aimed at reducing maternal and infant mortality in Nigeria.

Over the span of her career, in the health technology space, she has contributed to transforming health insurance businesses in Nigeria and Kenya by lowering administrative costs and providing high-quality, real-time insights with end-to-end platform solutions. She has also served in the public sector, in a pioneer state social health insurance scheme where she provided strategic direction that led to increasing the uptake of the scheme in the informal sector.



Chiagozie Abiakam
Associate Manager, mDOC

Chiagozie Abiakam is a seasoned clinical pharmacist who has worked in a variety of healthcare roles, including providing clinical pharmacy services, enhancing patient safety, and leading healthcare-related projects. Her educational background includes both a BPharm and an Ms in Human Services and non-profit administration. In addition to her expertise in management, she has a certification in project management (PMP). Chiagozie is driven by her compassion for people and her insatiable desire to make a difference. At mDoc Healthcare, she is currently the manager of the women's wellness program, managing multiple maternal health projects that provide self-care support to women and ensuring that women are empowered to live healthier happier lives.

SPEAKER PROFILE

Njide Ndili

Country Director, PharmAccess Foundation

Njide Ndili is the Country Director for PharmAccess Foundation, an NGO enhancing healthcare in sub-Saharan Africa through mobile technology and data. She promotes basic health insurance for low-income communities, improves healthcare quality standards, and supports private health SMEs with loans and technical assistance. With over 25 years of experience in the healthcare industry in the US and Nigeria, she has consulted for numerous organizations and served on the Lancet and FT Commission on Digital Health. Currently, she is on the steering committee of the Digital Transformation of Health Lab and serves as Vice President of the Healthcare Federation of Nigeria.



Daniel Momoh

Customer Success Lead, Nivi, Inc

Daniel Momoh is an entrepreneur and digital marketing professional with a degree in Computer Science and Information Technology from a Nigerian University. He has a combined 15 years of experience in new media communication, digital marketing, and business development supporting a wide range of organizations. Daniel currently coordinates demand generation strategies at Nivi as well as relational communication management with Nivi partners in Nigeria.



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