



The Role of **Women's Leadership** in Strengthening Subnational Health Systems in Nigeria

A White Paper



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Executive Summary

Broad Outlook

This paper explores the pivotal role of women's leadership in strengthening subnational health systems in Nigeria, **establishing a link between gender-balanced leadership and effective health outcomes**. Women leaders contribute unique perspectives and skills, prioritizing equity, inclusivity, and community well-being above all else. The information gathered in this paper shows that women's leadership can lead to significant improvements, including increased immunization rates, better reproductive health services, and enhanced maternal and neonatal care.

Methodology

A mixed methodology was applied in developing this paper. This involved extensive desk research, one on one interviews, and focus group discussions. Through the desk research, existing data from multiple sources including reports, academic papers, and other previously published material were gathered and synthesized to support the white paper's objectives. Following this, one on one **interviews were conducted with seven female health commissioners** with guided questions. They shared their perspectives on the state of women's leadership in the subnational health system, the existing barriers to women's advancement, and practical recommendations for bridging this gap. Insights gathered from these two stages informed the first iteration of the white paper.

The first draft was presented and validated by a diverse stakeholder group that included **mid and senior-level professionals from the Medical Women's Association of Nigeria (MWAN) and Women in Healthcare Network (WIHCN)**. These stakeholders represented various sectors including private sector organizations, academia, local health-focused non-governmental organizations, and other health-related industries who interact with the subnational health system in their work. Cumulatively, there were 38 validators across two focus group discussion (FGD) sessions. To conclude, five of the seven female health commissioners who were interviewed were re-engaged for a validation process, after which the final white paper was drafted.

The Special Adviser to the President on Health, Dr. Salma Ibrahim Anas, was present at the validation meeting of the first draft of the white paper. She stressed some of the common barriers that women, especially young women in the health sector, at the initial stages of building families face as they grow their careers. In the absence of definitive measures to address these barriers, the professional growth of women are stalled, and this inadvertently impacts the pipeline of women leaders within the subnational health system in Nigeria.

Barriers to Women's Leadership

Despite being the majority in the health workforce, women face substantial barriers to leadership. This includes, but is not limited to gender bias, cultural and religious norms, work-life balance issues, a lack of role models, **the typecast of leadership as inherently male**, and a dearth of converging spaces. All of these barriers work hand-in-hand to limit women's impact on health systems.

Impact of Women's Leadership on Subnational Health Systems

Nigeria currently has eight female Health Commissioners who represent 22% of the National Council on Health (NCH). In developing this white paper, seven of the female Health Commissioners were engaged. The NCH is the largest coordinating body of health policy and programs in Nigeria chaired by the Honourable Minister of Health and includes all the Health Commissioners from the 36 States and the Federal Capital Territory (FCT).

Together, **these female Commissioners representing FCT, Kaduna, Kwara, Ogun, Oyo, Rivers, Sokoto, and Zamfara States are collectively responsible for 45,960,424 million people** and have driven critical health initiatives. Some of these initiatives include new salary structures for doctors, innovative service provision and care services to remote areas, improved drug supply to primary health centres, increased representation of women in leadership positions, and enhanced service delivery through workforce training and infrastructure upgrades, strategically leveraging targeted local and international partnerships.

Recommendations to Enhance Women's Leadership

To promote women's leadership in the health sector, this paper **recommends implementing policies at the local, state, and national levels to remove systemic barriers**. Some of the key recommendations include providing training and development opportunities, establishing mentorship programs and networking opportunities, enacting supportive legislation, encouraging family and spousal support, embarking on social and behavioural change programmes to facilitate the evolution of predominant social norms, and implementing targeted leadership building initiatives.

Conclusion

By addressing these issues and implementing the suggested strategies for increased women's leadership inclusion in subnational health systems, stakeholders can foster a more equitable, effective, and resilient health system that significantly improves health outcomes and benefits all members of the Nigerian society.

Introduction

Current View of Women's Leadership

The global health sector is predominantly staffed by **women, who constitute approximately 70% of the workforce**. However, despite their significant presence, women often find themselves unable to advance into leadership roles, with men occupying most of these positions.

Women hold only about 25% of leadership roles globally, a stark disparity that impacts health outcomes and the overall effectiveness of health systems. This imbalance not only limits the potential for diverse perspectives in decision-making but also hampers the responsiveness and resilience of health systems worldwide.

Recognizing this challenge but also acknowledging the opportunity it presents, there is increased interest and investment globally to enhance women's leadership in the health sector. Therefore, this paper explores the transformative potential of gender balanced leadership by examining the role of women's leadership in strengthening subnational health systems in Nigeria.

These health systems, at the regional and local levels, are fundamental in providing healthcare services tailored to Nigeria's diverse and varied populations. Gaining a comprehensive understanding of their structure and dynamics is key to identifying both the challenges and opportunities they present.

This understanding will illuminate how women's leadership can be better integrated and leveraged to enhance the effectiveness and equity of healthcare delivery.

Mapping Nigeria's Subnational Health System

In Nigeria, the subnational health system is the backbone of the country's decentralized healthcare framework, operating at the state and local government levels. Unlike the federal system, which focuses on tertiary and teaching hospitals that provide specialized and advanced care, subnational health systems play a crucial role in delivering essential health services. These systems ensure that healthcare is accessible and responsive to local communities, bringing vital services closer to where people live.

Tiers of Nigeria's Decentralized Health System



Federal Level

This tier is responsible for managing tertiary hospitals and specialized medical services, providing cutting-edge care for complex health issues.



State Level

At this level, secondary hospitals function as referral centers, offering more specialized care than primary health centers but not as advanced as tertiary institutions.



Local Level

The Local Government Level oversees primary health care centers, which are dedicated to delivering community-based preventive and curative health services.

The categorization into tiers is primarily dependent on the nature of the services rendered at the different levels. However, in some circumstances, subject to established due process which includes an assessment, facilities at the primary level can be upgraded to the secondary level.

The Subnational Health System

The subnational health system includes both the state and local government health infrastructures. They play a vital role in executing national health policies, most of which are enacted through collaboration between the federal and subnational levels. They manage public health programs, and ensure direct healthcare delivery to local populations.

They are instrumental in addressing specific regional health challenges, making healthcare more accessible and responsive to the unique needs of Nigeria's diverse communities. By focusing on localised health services, these systems bridge crucial gaps and enhance overall health outcomes across the country.

To fully appreciate the impact and effectiveness of these subnational health systems, it is essential to examine their current state. This exploration will highlight how these systems are functioning in practice, the challenges they face, and the opportunities for improvement. This insight is critical for identifying strategies to enhance their capacity and effectiveness in delivering quality healthcare, with women's leadership as a priority.



Current State of Decentralized Healthcare Systems

Nigeria's subnational health system plays a critical role in delivering services at the regional and local levels. The subnational health system often brings services closer to communities, allowing for more tailored and responsive healthcare solutions. These systems showcase notable strengths that contribute to the country's healthcare landscape, including the steady rise in indigenous philanthropy and an extensive network of health facilities.

However, they also face challenges, including chronic underfunding, fragmentation, and political interference, that can reduce their overall efficiency. Understanding the strengths and weaknesses of subnational health systems is essential for mitigating identified weaknesses and leveraging strengths for overall systems strengthening.

Strengths of the Subnational Health System

Extensive Network of Health Facilities



Nigeria benefits from a broad network of primary health centers (PHCs) and secondary hospitals. This widespread infrastructure is designed to ensure that many communities have access to essential health services, helping to bridge gaps in healthcare delivery across various regions. However, while these facilities exist, they are often equipped to varying degrees and there is a dearth of qualified healthcare personnel and service providers to manage and fully utilize them.

Steady Rise in Indigenous Philanthropy



The healthcare system at the subnational level has benefitted from the philanthropy of a growing crop of high net worth individuals, often indigenes of the State. These include individuals and families within Nigeria and from the diaspora who contribute to resourcing and improving the system.

Private Sector Partnerships



The increased social consciousness of the populace and organizations on the importance of corporate social responsibility (CSR) results in health sector-focused CSR initiatives that contribute to strengthening the subnational health system.

Weaknesses of the Subnational Health System

Despite these strengths, Nigeria's subnational health system also faces several challenges that impact on their effectiveness and reach. These weaknesses reveal critical areas where improvements are needed to ensure that healthcare services are equitable and of high quality across all regions. These include:

Chronic Underfunding



Many Subnational health systems are plagued by persistent underfunding. This financial shortfall limits their ability to maintain facilities, acquire necessary medical supplies, and adequately compensate healthcare workers, adversely affecting the quality of care.

Infrastructure Challenges



Significant infrastructure deficiencies, including dilapidated buildings and a lack of essential equipment, hinder effective healthcare delivery. These issues undermine the ability to provide high-quality care and address health needs effectively.

Workforce Shortages



While the workforce is substantial, there are notable shortages of skilled healthcare professionals, particularly in rural areas. These shortages strain the system's ability to deliver comprehensive care where it is most needed.

Urban–Rural Disparities



A stark contrast exists between healthcare delivery in urban and rural areas, with rural regions often facing severe resource constraints and limited access to quality healthcare services. This disparity exacerbates health inequities and impacts overall health outcomes.

Gender Disparities in Leadership



Despite women making up a significant portion of the healthcare workforce, especially in PHCs, they are underrepresented in leadership roles. This lack of representation limits their influence on policy and decision-making processes, hindering efforts to create more inclusive and effective health systems.

Dearth of a Robust Workforce



The rise in the number of skilled healthcare professionals seeking employment opportunities outside the Country has led to Nigeria being one of the 55 countries with a severe shortage of health workers on the WHO Health Workforce Support and Safeguard List 2023. Even at the primary healthcare level where it appears there are more personnel, many are engaged as ad-hoc staff.

Weaknesses of Subnational Health Systems (Continued)

Fragmentation of the Health Sector



The lack of coordination and cooperation among agencies domiciled at the subnational level results in siloed operations across different agencies. This negatively impacts collaboration, resource allocation, and processes.

Severe Maldistribution of Workforce



Primary healthcare workers are concentrated in the capitals and urban areas, which leaves centres in the rural areas severely understaffed. In some cases, these workers are registered on paper as service providers in the rural areas, but in reality, they never resume at those assigned locations.

Overcentration of Healthcare Centres



There is an overconcentration of primary health centres in certain local government areas, while concurrently, there is a severe deficit in others. This leads to some facilities being overburdened while others are grossly underutilized.

Political Interference



Without recourse to a gap or needs-based analysis, duty bearers engage in self-promoting capital initiatives including the building of healthcare facilities. This results in facilities that are unstaffed, unused, underutilized, and in many cases, gradually deteriorating over time.

Disruption in Political Consistency



The turnover of sectoral leadership during electoral cycles sometimes results in healthcare facilities, completed and uncompleted, being abandoned with the inauguration of a different political party at the subnational level.

Absence of Gap Analysis



The lack of a comprehensive gap analysis results in the development of generalized solutions that are not tailored to specific health needs. In some instances, this may involve sending healthcare workers to training programs when practical, hands-on experience would be more beneficial or sending them for a training program where another program that was not in consideration would have been more appropriate. This is exacerbated by the fact that these healthcare workers are often not consulted before such decisions are made.

Weaknesses of Subnational Health Systems (Continued)

Government Involvement in Implementation



Rather than concentrating on fostering an enabling environment for healthcare practitioners to implement diverse solutions and thrive, government's involvement in direct implementation often diminishes efficiency and leads to increased waste.

Fiscal Inconsistency



Health sector financing is constrained owing to the inability of the federal government to meet the Abuja Declaration's target of allocating 15% of the country's budget to the healthcare sector. In cases where the budgetary allocation is made at the subnational level, the inaccessibility of such funds negatively impacts health outcomes.

Bureaucracy



The red tapes involved in processes, especially within the civil service, have a direct impact on the effectiveness and efficiency of the healthcare sector and negatively impacts health outcomes.

Key Takeaway

Understanding these strengths and weaknesses highlights the complex landscape of Nigeria's subnational health systems.

While the extensive network of health facilities and the uptake of indigenous philanthropy are commendable, addressing the issues of chronic underfunding, infrastructure challenges, workforce shortages, urban-rural disparities, gender disparities in leadership, among others, is crucial.

Addressing the gender disparities in leadership, more specifically, is essential for creating a more inclusive and effective health system. Empowering women to take on leadership roles can drive the necessary policy changes, foster innovation, and improve health outcomes.

By dismantling the barriers that women face, Nigeria can enhance the overall quality and equity of healthcare. This transition towards gender equity in leadership is not just beneficial for the health sector but is crucial for the well-being of the Nigerian society.



Gender Disparities in Health Systems



70%

of the workforce
are women



25%

Women
Leadership



13%

of the CEOs
are women

Gender Disparities in Global Health Systems

These insights shed light on the broader issue highlighted by a 2023 report from Women in Global Health (WGH), which reveals a stark global trend: women occupy only **25%** of senior leadership roles in the health sector, despite constituting **70%** of the health workforce. Conversely, men, who comprise just 30% of health workers, hold **75%** of leadership positions.

This disparity is particularly pronounced among midwives and nurses, who, are over 90% female, and represent nearly half of the global health workforce. However, despite their vital contributions, **only 13% of CEOs in global healthcare are women**, underscoring that the issue is not a lack of women in the sector but a lack of women in leadership roles.

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Gender Disparities in Nigeria's Subnational Health Systems



60%
of the workforce
are women



65%
of medical
doctors are men



19%
of members of the
National Council on
Health are women

To further understand gender disparities and women's leadership within Nigeria's subnational health systems, we interviewed six female health commissioners and the Mandate Secretary for Health and Environment, FCT.

These global patterns are mirrored in Nigeria, where significant gender disparities persist in health leadership roles. Despite being the backbone of the healthcare system, women face considerable barriers to career advancement, encountering 'glass ceilings' that restrict their progress into leadership positions.

Women represent over 60% of Nigeria's health workforce, predominantly filling roles as nurses, midwives, and community health workers, both paid and unpaid. However, they are vastly underrepresented in senior leadership roles. This underrepresentation is partly due to the higher prevalence of men in lucrative positions such as physicians or surgeons, while women predominantly occupy lower-paying roles. For example, **medical doctors in Nigeria are predominantly male (65%), whereas nurses and midwives are overwhelmingly female (87%).** Additionally, unpaid female community health workers often face resistance when seeking compensation, as caregiving is perceived as a 'natural' responsibility of women. This occupational segregation reinforces gender biases within the health workforce.

The scarcity of women in top health governance roles is evident in key policy-making bodies. For instance, **only 22% of members of the National Council on Health, Nigeria's principal health decision-making body, are women.** Since Nigeria's independence, only one woman, Dr. Adenike Grange, has served as the Minister of Health, and her tenure was controversially cut short in 2008. This underrepresentation highlights the broader issue of gender inequality in health leadership roles, where the potential of women leaders is not fully realised.

To provide insights into these challenges and opportunities, we interviewed seven of the eight women leaders named below:

1. **Dr. Dolapo Fasawe**, Mandate Secretary for Health and Environment, FCT Abuja
2. **Hajiya Umma Ahmed**, Honourable Commissioner for Health, Kaduna State
3. **Dr. Amina Ahmed El-Imam**, Honourable Commissioner for Health, Kwara State
4. **Dr. Tomi Coker**, Honourable Commissioner for Health, Ogun State
5. **Dr. Oluwaserimi Ajetunmobi**, Honourable Commissioner for Health, Oyo State
6. **Dr. Adaeze Oreh**, Honourable Commissioner for Health, Rivers State
7. **Hajiya Asabe Balarabe**, Honourable Commissioner for Health, Sokoto State
8. **Dr. Aisha MZ Anka**, Honourable Commissioner for Health, Zamfara State

Their experiences and perspectives are invaluable in understanding the barriers women face and the potential pathways to greater leadership representation in Nigeria's health systems.

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Addressing Gender Disparities through Women's Leadership in Subnational Health Systems

According to data from McKinsey's "Diversity Wins," 2020 report, companies in the top quartile for gender diversity on executive teams were 25% more likely to have above-average profitability than companies in the fourth quartile.

In addition, the report found that the greater the representation, the greater the likelihood of outperformance. Companies with more than 30% women executives were more likely to outperform others where the percentage of women in leadership was between 10 and 30%.

To contextualize these findings within Nigeria's subnational health system, **we invited female health commissioners** to provide practical insights into their efforts to address gender disparities within the subnational health system and to promote women's leadership.

Women Leaders' Initiatives To Address Gender Disparities Within The Subnational Health System

Proactive Investment in Women



These leaders prioritize the development of human capital within their staff, actively leveraging partnerships to facilitate international training opportunities and advanced degree programs. They ensure that at least 50%, and often more, of the proposed trainees are women. Women frequently face challenges in taking advantage of capacity building opportunities that are crucial for career advancement, particularly in cases involving long-term commitments away from home, such as pursuing a Masters degree. This is often due to responsibilities related to childbearing and childrearing.

Intentional Succession Planning



The identification of qualified women within the workforce at the subnational level, coupled with their deliberate mentorship and training, is aimed at positioning them within the leadership succession framework. This approach effectively establishes a pipeline of potential female leaders for future leadership roles.

Reintegration of Retired Nurses into the Health System



The re-employment of retired nurses, the majority of whom are women, as supervisors in healthcare facilities has yielded a significant impact on the work environment, notably improving punctuality and productivity.

Additional Note

Although not within the purview of the leaders at the subnational level, the structured, non-discriminatory career progression framework within the Nigerian civil service structure, which underpins the subnational health system, offers a distinct advantage for women's advancement into leadership positions.

This is due to the clearly defined criteria for promotion, including years of service, age, and other relevant factors.

Also, the civil service workday structure supports women, who often bear primary responsibility for childcare and household management, by fostering a work-life balance that accommodates their dual roles.



Barriers to Women's Leadership in Subnational Health Systems

The underrepresentation of women in health leadership roles is not due to a lack of qualified candidates. Women dominate junior roles as doctors, nurses, pharmacists, and dentists in many countries, including Nigeria.

The issue lies in the barriers preventing women's advancement into leadership positions. The female commissioners we interviewed all emphasized that the health system does not lack women; rather, it suffers from a lack of women in leadership roles.

This distinction highlights that while women are the majority of the healthcare workforce, there are systemic obstacles that hinder their progression into leadership positions.

Barriers to Women's Leadership in Subnational Health Systems

Gender Bias and Discrimination



Persistent gender biases and discriminatory practices within the healthcare sector significantly impede women's career advancement. Women are often overlooked for promotions in favor of less qualified male counterparts, reinforcing a cycle of inequality. Additionally, sexual harassment and systemic biases further undermine women's professional growth, making it challenging for them to attain leadership roles.

Cultural Barriers



Cultural norms and societal expectations often present formidable obstacles for women seeking leadership roles. In northern Nigeria, women face cultural barriers that discourage them from pursuing higher education and leadership roles. Women are frequently told that extensive educational attainments could jeopardize their chances of finding a husband or securing a job. Even when women are educated, they are often confined to roles traditionally deemed acceptable, such as teaching or nursing. These cultural constraints limit women's opportunities for career advancement and leadership. The societal belief that a woman's place is within traditional roles further reinforces the occupational segregation and glass ceilings that hinder women's progress.

Stereotyped Views On Leadership



Deep-seated cultural norms and patriarchal attitudes in Nigeria frequently restrict women's opportunities to advance into leadership positions. One of the Commissioners noted that men are often viewed as natural born leaders. These stereotyped perceptions often lead to female health workers being overlooked for leadership roles due to societal expectations and traditional gender roles.

Work-Life Balance



All the interviewees mentioned the challenge of balancing professional responsibilities with familial duties as a significant barrier for many women pursuing leadership roles. In Nigeria, women are often expected to shoulder most domestic responsibilities, including childcare, household management, and caregiving for extended family members.

This expectation places a considerable burden on women, often forcing them to juggle demanding work schedules with their responsibilities. The dual demands of work and home life can create relentless pressure that hinders women's ability to fully commit to and excel in leadership positions. According to the interviewees, women in healthcare frequently face intense professional pressures, such as long hours, high-stakes decision-making, and emotional strain, which can be compounded by their domestic roles. The lack of flexible work arrangements, insufficient parental leave policies, and inadequate support systems for working women were also issues raised that further worsen this challenge. These factors can lead to burnout, reduced career progression, and a reluctance to pursue leadership roles that require a higher level of commitment.

Barriers (continued)

Lack of Role Models/Sponsors



In the health sector, where women constitute a significant portion of the workforce, the lack of female representation in senior leadership roles perpetuates a cycle of underrepresentation. Without visible examples of successful female leaders, younger women may lack the confidence and motivation to strive for leadership positions. Additionally, the absence of women in these roles means there are fewer opportunities for mentoring and sponsorship, which are essential for career advancement.

Imposter Syndrome



Imposter syndrome is a pervasive barrier that many women face, especially those in or aspiring to leadership roles. This involves feeling unqualified, inadequate, or undeserving of one's achievements despite evidence of competence and success. Women experiencing imposter syndrome often doubt their abilities and fear being exposed as a "fraud." This can significantly undermine their confidence and hinder their career progression. Imposter syndrome manifests in several ways: women may downplay their achievements, attribute their success to luck rather than skill, or constantly compare themselves unfavourably to their peers. These feelings of self-doubt can be particularly pronounced in environments where women are underrepresented in leadership roles, leading them to question their place and contributions within the organization.

Key Takeaway

These barriers not only limit women's influence and decision-making power but also obstructs their ability to advocate for improvements benefiting female health workers. The challenge is not attracting women to the sector but removing these barriers to enable their advancement into leadership roles.

Building on the insights into the barriers faced by women in leadership, it is essential to explore how enhancing women's leadership can address these challenges and contribute to the overall effectiveness of the subnational health system.

By addressing the existing gaps that prevent women from taking on leadership roles, we can significantly improve healthcare delivery and outcomes in Nigeria. There is sufficient evidence to show that women leaders bring unique perspectives and experiences that can drive systemic improvements and foster more responsive, equitable health services.

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Strengthening Nigeria's Subnational Health Systems through Women's Leadership

The impact of women's leadership in strengthening Nigeria's Subnational health systems is both profound and multifaceted. The female Commissioners we interviewed in developing this paper have implemented transformative initiatives that significantly enhance health outcomes and service delivery in their respective States. Their efforts range from improved health spending and policy focus on women and children to better service delivery and infrastructure upgrades. These leaders exemplify the power of women in driving positive change and addressing critical health challenges. Moreover, their accomplishments highlight the importance of amplifying their work, not only to advance health systems but also to serve as inspiring role models for future female leaders.

Impact of Women's Leadership on Subnational Health Systems

Policies Focused on Women & Children



Women leaders are often at the forefront of policies that address the needs of women and children, leveraging their lived experiences to drive meaningful change. This often leads to a focus on maternal and child health, which can lead to substantial improvements in health outcomes, particularly in regions with poor health indices. For example, in Rivers State, the Commissioner has spearheaded initiatives such as the integrated management of acute malnutrition and increased access to reproductive health commodities. These targeted policies are crucial in a country where maternal and child health indices are alarmingly low. By prioritizing these areas in Kwara state as well, the Commissioner has also been instrumental in reducing maternal, infant, and under-5 mortality rates. These examples showcase how women's leadership directly benefits vulnerable populations.

Effective Stakeholder Engagement and Management



The ability to build consensus amongst a diverse group of stakeholders is another strength of women leaders. Women leaders often possess the ability to bring diverse stakeholders to the table, steering the conversation in ways that helps everyone arrive at a point of convergence. All the Commissioners alluded to this with multiple examples.

Impact of Women's Leadership on Subnational Health Systems (Continued)

Improved Health Spending, Budget Management, Efficiency, and Accountability



Women leaders bring a keen sense of fiscal responsibility and accountability to health system management. Their approach often results in improved health spending and better budget management. In Ogun State, the Commissioner's introduction of a new salary structure for doctors and the solarization of primary health centers (PHCs) exemplifies how women's leadership can lead to practical and impactful improvements. This emphasis on effective budget management ensures that resources are allocated efficiently, contributing to more sustainable and equitable healthcare delivery.

Improved Service Delivery & Quality



Women leaders frequently introduce innovations and improvements in service delivery. For example, in Ogun State, the transformation of ambulance services through the introduction of Cognitive Voice Gateway (CVG) phones and ambulance tricycles has enhanced emergency care. Additionally, the implementation of cash incentives to expecting mothers if they deliver at the Primary Health Centres (PHCs) has improved maternal and neonatal outcomes. Such advancements highlight how women's leadership can elevate service quality and make healthcare delivery more effective and responsive.

Increased Focus on Social Welfare and Social Impact Projects



Women leaders often emphasize social welfare and social impact projects, addressing broader community needs. A case in point, when the current F.C.T Mandate Secretary was Director of Special Projects in Lagos State, she led the development and drafting of a mental health policy. We also saw many similar initiatives during the COVID-19 pandemic and its aftermath, where these female leaders prioritised impact projects that directly responded to communities' needs. By championing social impact initiatives, women leaders contribute to the overall well-being of communities. This ensures that health systems address both medical and social determinants of health.

Enhanced Health System Resilience



Women leaders bring a holistic understanding of health challenges and emphasize social determinants of health, which can enhance the resilience and responsiveness of health systems. For example, the Kaduna State Drug Supply Management Agency, which is women-led, is reportedly the best in the country with 100% coverage of drug supply to primary health facilities. This further exemplifies the significant impact of female leadership in improving health system resilience.

Key Takeaway

As the backbone of health systems, women's leadership can significantly improve health outcomes and system responsiveness. This makes it imperative to address and dismantle the barriers they face. When women lead in health systems, they bring a unique perspective that prioritizes equity, inclusivity, and community well-being. This consequently results in substantial improvements in health outcomes. This increased participation can have a ripple effect, leading to broader societal changes and advancements in gender equity.

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Approaches to Elevate Women's Leadership in Subnational Health Systems

Based on the insights gathered from interviewees, who are prominent women leaders and stakeholders in the health sector, the following recommendations are proposed to enhance women's leadership in health systems. These recommendations encompass short-term and long-term actions at various levels—local, state, and federal—to address systemic barriers, build capacity, and foster a supportive environment for women leaders.

Short-Term Actionable Recommendations

Policy Reforms



Policy reforms that support gender equity in leadership positions must be prioritised. This includes implementing quotas and role rotations to ensure women's representation in health leadership roles at all levels.

Mentorship and Networking Opportunities



In collaboration with professional health associations and non-governmental organizations (NGOs), mentorship programs, sponsorship programs, and networking events specifically tailored for women in the health system need to be organised. In addition to intentionally helping women advance in their career, these initiatives should provide guidance, support, and opportunities for sharing experiences and strategies on how they should go about it.

Short-Term Actionable Recommendations (Continued)

Capability Building Opportunities



Supported by international health organizations, universities, and private sector partners, accessible training programs focused on leadership skills, strategic planning, and management should be facilitated to empower women in the health sector. These programs must be made available to both aspiring and current female leaders.

Motivation and Support



Supported by community leaders, professional associations, and NGOs, initiatives should be implemented to increase encouragement and support for women from members of their family, their leaders, and peers. Their achievements should also be recognized and celebrated to boost their confidence and motivation.

Long-Term Actionable Recommendations

Legislative Support



Advocacy for legislative changes to eliminate systemic barriers by implementing quota systems and promoting role rotation to ensure women's fair representation and participation in health leadership. This initiative should be supported by policymakers, lawmakers, and women's advocacy groups.

Spousal and Family Support



The design, creation, and implementation of supportive policies, including parental leave, to encourage equitable distribution of domestic responsibilities and encourage spousal support. This will enable women in the healthcare sector to balance their professional and personal lives more effectively. These policies should be supported by advocacy groups, employers, and community organizations.

Increased Belief in Women's Capabilities



Social and behavioural change initiatives should be implemented to encourage a cultural shift that recognizes and believes in the leadership potential and capabilities of women. This includes challenging stereotypes and promoting positive role models. Women can also benefit from the support of the media, educational institutions, and community organizations.

Partnerships between Women's Advocacy Groups



Women's advocacy groups should strengthen collaboration to amplify efforts, share resources, and drive collective action towards gender equity in health leadership. This initiative should be supported by the State Ministries of Health (SMoH), international development agencies, and foundations dedicated to gender equality.

Long-Term Actionable Recommendations (Continued)

Use of Social Media



Women's advocacy groups, health-focused NGOs, and professional health associations should leverage social media platforms to enhance the visibility and impact of women leaders. This can be done by highlighting their successes and contributions. This effort should inspire others and advocate for broader systemic changes. Support should come from social media influencers, communication professionals, and digital marketing experts. Social media can serve as a powerful tool to connect with broader audiences, share success stories, and mobilize support for gender equity initiatives.

Organized Mentorship at All Levels



Implement structured mentorship and support systems across different career stages and levels within the health sector. This initiative should be supported by the State Ministries of Health (SMoH), professional health associations, and facilitated by experienced mentors and industry leaders.

Capacity and Resilience Building



Professional bodies and women's advocacy groups should invest in programs that develop resilience and grit among women. Geared towards helping them overcome challenges and persevere in leadership roles, these programs should be supported by international development agencies and universities.

Leadership Skills



Leadership and management competencies should be integrated into the educational curriculum and taught from an early stage. This will effectively equip emerging female leaders for future leadership roles within the healthcare workforce.



Future Outlook of the Subnational Health Systems in Nigeria

Over the last 15 years, Nigeria has attempted major health reforms, including programs to strengthen primary healthcare and improve health financing. While some of these reforms were successfully adopted, there were challenges in implementation influenced by political and institutional factors. This includes electoral cycles that directly impact stakeholder influence, challenges with funding sources, and internal conflict between health sector agencies.

In December 2023, the President approved the Health Sector Strategic Blueprint (HSSB) for 2023 – 2027, developed in conjunction with the Nigerian Health Sector Renewal Investment Initiative (NHSRII). To accelerate progress within the health sector, the President also approved “SWAp” as a guiding framework for these initiatives, championed by the Honourable Minister of Health.

Sector-Wide Approach (SWAp)

The guiding principle for the Sector-Wide Approach (SWAp) is “One Plan, One Budget, One Report, and One Conversation.” This is directed at responding to the current fragmentation in the sector, ensuring that there is alignment in the different arms that make up the health sector. The common end goal of this is saving lives and overall strengthening of the country’s healthcare system.

“One Plan,” refers to a sector-wide plan for the health sector that has the buy-in of stakeholders at the federal and subnational levels. “One Budget” floats a collaborative funding model where the federal government, state governments and development partners pool resources for initiatives and set Key Performance Indicators (KPIs) to guide output and results.

This will be implemented through the collaborative effort of different stakeholders, including the government at federal and state levels, and donor partners.

Potential Strategic Advantages of SWAp for Women's Leadership

Provision of Technical Assistance to States



Development partners will provide capacity building to staff within the subnational health system in critical areas to equip them to achieve outlined objectives. **Increased capacity of female healthcare workers will result in equipping emerging female leaders and broadening the leadership pipeline.**

Optimized Resource Distribution and Efficiency



By consolidating funding from government – federal and subnational – and development partners, SWAp optimises resource distribution and efficiency. **This reduces bureaucracy for female leaders and decision-makers in Subnational health systems, ensuring they have the resources to implement and drive health priorities.**

Strengthens Subnational Health Systems



The meaningful participation and involvement of leaders from the Subnational health system is a key component of the SWAp. Through the Quarterly Performance Dialogue (QPD), there is consistent engagement between the Coordinating Minister of Health and State Commissioners for Health. This prioritises the centering of state's insights, obstacles faced, and milestones in order to facilitate problem solving and growth. **The devolution of decision-making in health governance fosters greater ownership by female leaders within Subnational health systems, thereby contributing to the overall strengthening of the system.**

Increased Funding



SWAp proposes an increase in the Basic Healthcare Provision Fund allocation to each flagship Primary Health Centre (PHC) per ward from 300,000 Naira to 900,000 Naira per PHC. Increased financial commitment to primary healthcare is critical to achieving better health outcomes for women, children, and adolescents. **Since most healthcare workers at the PHC level are women, this could provide an avenue for them to step into informal leadership roles in their engagement with community members where they are domiciled.**

In Conclusion...

The provision of technical assistance at the subnational level, optimised resource distribution and efficiency, and increased funding are potential strategic advantages of the sector-wide approach to enhance women's leadership. In the short term, this leads to centering the female leaders perspectives on health governance within the subnational system and in the long-term, facilitates overall systems strengthening.





RISK ANALYSIS OF THE SECTOR- WIDE APPROACH (SWAp)

While the Sector-Wide Approach is poised to revolutionise the health sector and how it operates, including the meaningful inclusion of female healthcare practitioners as leaders, an apparent risk factor is the political environment of the country specifically in terms of political leadership.

Nigeria holds a general election every four years, and the bipartisan nature of the country's politics means that if a new leader from the same or different party is elected, it might lead to a decisive end to this approach. This will lead to the loss of all gains made in strengthening the subnational health system of the country, including in advancing women's leadership within these systems.

This can be mitigated by the institutionalization of this approach backed by legislation where relevant, reducing its susceptibility to human interference.

Conclusion

In conclusion, the insights and recommendations presented in this paper emphasise the critical importance of addressing barriers to women's leadership in health systems. Key points discussed include the underrepresentation of women in leadership roles despite their majority presence in the health workforce, the specific impact of women leaders in various states, and the opportunities for the future with the new strategic direction. The challenges faced by women leaders, such as gender bias, cultural barriers, work-life balance, and a lack of role models, were highlighted alongside the significant contributions women leaders have made in improving health outcomes and system responsiveness.

This paper validates the importance of women's leadership in health systems. Women leaders proffer distinct viewpoints that prioritise inclusion, sensitivity, and the welfare of the community, leading to substantial improvements in health outcomes. Their focus on policies that benefit women and children, inclusive service provision, and enhanced health system resilience demonstrates the transformative potential of their leadership. Moreover, women's ability to foster collaboration, represent diverse perspectives and drive innovation is crucial for the advancement of health systems in Nigeria and beyond.

This paper, therefore, calls on all stakeholders—policymakers, health organisations, advocacy groups, and communities—to take concrete actions to promote women's leadership in health systems. Implementing the recommendations provided, such as policy reforms, mentorship programs, capacity building, and legislative support, which are essential for creating an equitable and supportive environment for women leaders. Stakeholders must actively work to dismantle systemic barriers, foster a culture of belief in women's capabilities, and amplify the visibility and impact of women leaders through digital platforms including social media.

We urge policymakers to advocate for and implement policy changes that support gender equity in leadership positions within health systems. They should establish and support mentorship initiatives that connect emerging women leaders with experienced mentors to facilitate growth and development. They are also encouraged to invest in training and development programs to enhance the leadership skills of women in the health sector. Enact legislation that addresses systemic barriers, such as gender quotas and role rotation policies, to promote women's leadership. There is also a need to influence a cultural shift that values and believes in the capabilities of women leaders, and utilise all available platforms to highlight the successes of women leaders while advocating for broader systemic changes.

Ensuring gender equity in health leadership is not only a matter of fairness, it is a critical factor for the overall health and well-being of societies. By empowering women leaders, we can achieve better health outcomes, more responsive health systems, and broader societal advancements in gender equity. We must act now to support and elevate women in health leadership roles, recognizing their vital contributions and unlocking their full potential for the benefit of all.

About Women in Leadership Advancement Network (WILAN)

Introduction

Women in Leadership Advancement Network (WILAN) Global is a Nigerian-based global organisation focused on advancing women's leadership across all levels of political, economic, and public life.

Our vision is to inspire a shift to gender-balanced leadership across all levels of political, economic, and public life in Nigeria and across Africa. WILAN's mission is to ease access to the community, knowledge, resources, opportunities, and support women need to become effective and thriving leaders.

With a firm commitment to our mission, we believe that gender-balanced leadership is crucial for achieving sustainable development and building an inclusive society. At WILAN, our conviction is that women's leadership can change everything, everywhere. It paves the way for more sustainable families, communities, businesses, organisations, and nations.

Aligned with our goal of empowering 100,000 exceptional women leaders in Nigeria over the next decade, we have successfully launched innovative programs that position us as trailblazers in advancing women's leadership in Nigeria and across Africa.

From the National Head Girl Project to the Leading Woman Show, and Women Leadership Circles, each program is strategically designed to provide women with access to the communities, knowledge, resources, opportunities, and unwavering support they need on their journey to become effective and thriving leaders.

WILAN's Multifaceted Approach



Shaping Perceptions

Promoting content that challenges the misrepresentation of women as leaders.



Building Community

Connecting Nigerian women leaders across various sectors.



Creating Opportunities

Providing platforms for women to grow as leaders.



Reducing Disparities

Intentionally addressing and reducing gender disparities.



Equipping Female Leaders

Offering specialized programs to develop leadership skills in women to build a pipeline of future female leaders.



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