

# EAST AFRICA LEADERSHIP JOURNEY, 2026 IMMERSION



# ABOUT IMMERSION

In this fully funded, **12-month Leadership Journey**, we provide mid-career women the safe space to explore their authentic leadership through vulnerability and reflection. It provides an inclusive and diverse network which fosters a strong sense of belonging, tools, and strategies for enhancing their voice, presence, and influence – all the while being supported by a powerful group of peers, mentors, and coaches.

The Immersion is a **four day in-person Immersive training**, which will take place at the **Safaripark Hotel in Nairobi, Kenya from 18th-22nd May 2026**. This event will mark the beginning of the cohort's leadership journey, hence mandatory for all women leaders to attend and participate fully in.

During the Immersion, cohort members will go through three learning touchpoints: Health Impact Leadership, My Leadership Identity and Our Collective Leadership. This also includes reflecting on their leadership assessment reports which is part of the leadership journey.

The cohort will also have a chance to review their health leadership projects which are a core part of the Leadership Journey, **designed and led by the women**, tapping into their expertise, networks, passion and expertise to drive better health outcomes.





This 12-month journey culminates to a two day in-person engagement towards graduation which we call the ‘Lift- Off’. The Lift Off engages the cohort members in presenting their health leadership projects, a celebration of their journey and an award of their achievements. This is a marker as they transition to WomenLift Health’s Global Fellows Network.



# DR. SYLVIA VITO

Eastern Africa Director,  
WomenLift Health

It is my great pleasure to warmly welcome each of you to the WomenLift Health Eastern Africa 2026 Leadership Journey. You now join a remarkable community of leaders drawn from across our region of Eastern Africa, leaders who carry not only expertise and experience, but also a deep commitment to transforming the health systems that serve our people.

Your selection into this cohort is a recognition of your leadership potential and the impact you are already making.

This journey is not about titles or positions; it is about transformation. It is about strengthening your clarity of purpose, deepening your courage, and expanding your capacity to lead with both head and heart.

Over the coming months, you will be challenged to reflect, to grow, and to stretch beyond what you thought possible. You will also find a powerful sisterhood and community of allies who will walk alongside you, support you, and hold you accountable to your highest aspirations.

As you engage in this journey, I encourage you to think beyond your immediate roles and organizations. The challenges we face in Eastern Africa and across the world today, require leaders who can influence systems, build bridges across sectors, and drive sustainable change.

You are part of a generation of women leaders who will not only navigate complexity but shape the future of healthcare in our region with intention, resilience, and vision.

At WomenLift Health, we believe that stronger women's leadership strengthens health systems and stronger health systems strengthen nations.

As you begin this journey, know that you are not only investing in yourselves, but also in the communities and countries that you serve. We are proud to walk this path with you, and we look forward to witnessing the impact you will create individually, collectively, and for generations to come.

To our 2026 Cohort, Together, we rise. Together, we lead. Together, we transform.

Karibuni Sana  
Murakaza neza  
Ahlan wa sahlani  
Twabaakira munonga  
Enkwan dehna met'u አንኳን ደህና መጡ

**Dr. Sylvia Vito**



# SHEREEN BHAN

Senior Director, Leadership  
Development and Learning,  
WomenLift Health

Welcome. You made it to immersion! Take a moment to pause and celebrate.

We have learned that change happens at the intersection of people and process. At WomenLift, we focus on the people. You are those people. We believe that you will not only experience change through this Journey, but that you will go on to create it in the institutions and health systems you serve. You are mid-to-senior leaders in health systems that are complex, under-resourced, and politically demanding. That you are leading in those conditions already says something about who you are. The decisions you make, and the leaders you already are, ripple outward into the communities those systems are meant to serve. That is what makes this Journey more than professional development.

This week will ask something of you that daily leadership rarely does: to slow down, look inward, and stay with what you find. What surfaces may feel clarifying, and some of it may feel unsettling, often at the same time. That is not unusual. It is where some of the richest learning tends to happen. The connections you begin building this week, with your peers, coaches, and mentors, are not incidental to this Journey. They are the Journey. Let them go the distance with you, and let them be transformational rather than transactional.

This Journey will be what you make of it. Put your heart and mind into it, and you will get it back in multiples. And while you push yourselves this week, please give yourself permission to rest. The two are not in opposition.

You are not here alone. We are with you, and this does not end when the week does.

**Shereen Bhan**

MEET OUR  
EAST AFRICA  
LEADERSHIP  
JOURNEY  
COHORT A







# ADVERA NGAIZA

Anatomical Pathologist

**Muhimbili National Hospital**

## ABOUT ADVERA

Advera Ngaiza, MD, MMed, is a clinical researcher and anatomical pathologist with expertise in disease diagnosis, translational research, and evidence-based medical practice. She serves as an Anatomical Pathologist at Muhimbili National Hospital, where she leads diagnostic histopathology services spanning surgical pathology, cytology, and resident training. She also holds an Honorary Lectureship at Muhimbili University of Health and Allied Sciences and conducted research at Baylor College of Medicine in 2023, where she completed an observership in Molecular Pathology.

Dr. Ngaiza has held leadership roles including Acting Head of Department and Chairperson of the Research Committee, championing interdisciplinary collaboration and the integration of laboratory findings into clinical decision-making.

She holds a Doctor of Medicine and a Master of Medicine in Anatomical Pathology from Muhimbili University of Health and Allied Sciences. She is a recipient of the ASCP Merit Award (2018) and multiple USCAP Global Travel Awards.

She believes women's leadership in global health advances equity, strengthens health systems, and centers community perspectives to drive inclusive, sustainable change.



### FUN FACT:

She loves eating banana chips when under pressure—she can eat five packs at once!



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## A Data-Driven Quality Improvement Initiative In Breast Cancer Diagnostics At A National Referral Hospital In Tanzania

Breast cancer is the second leading cause of cancer-related deaths among women in Tanzania, and the incidence of breast cancer is estimated to increase by 146%, from 4,502 cases a year in 2022 to 11,071 breast cancer a year by 2045. However, current pathology services in Tanzania are inadequately prepared to meet this public health challenge. The Tanzanian Ministry of Health and Social Welfare and MNH leadership have identified the strengthening of pathology services as a priority. Therefore, I propose the creation of a quality management plan with a focus on Turn-around time, TAT and report completeness as specific monitors. TAT and report completeness are being selected as the primary monitors because they cover all the locations and functions in the laboratory, including accessioning, the gross room, histology, and pathologist review, as well as all three phases of laboratory testing (pre-analytic, analytic, and post-analytic). To reduce TAT, I will use process mapping to identify critical causes of delay and design interventions to address those causes. To ensure report completeness, I will implement previously designed resource-adapted grossing and synoptic reporting templates. Stakeholders such as breast cancer women, clinical oncologists and staff from pathology laboratory will be involved in this project. Although synoptic reporting is widely available from professional pathology organizations such as CAP, many laboratories in sub-Saharan Africa continue to use narrative reporting, including at MNH. Synoptic reporting has been shown to increase accuracy, completeness, consistency and clarity in communication.



# AJA KUOL

Program Manager -  
River Blindness and Lymphatic Filariasis

**The Carter Center,  
RBLF Program South Sudan**

## ABOUT AJA

Aja Kuol is a public health and program management professional with over two decades of experience partnering with governments, donors, and implementing partners across challenging settings. She currently serves as a program lead with The Carter Center on the River Blindness and Lymphatic Filariasis (RBLF) program in South Sudan, driving implementation, coordination, and performance-based activities. Working closely with government counterparts and partners, she strengthens program delivery, improves reporting systems, and ensures accountability for results.

Aja's expertise spans health systems strengthening, large-scale initiative leadership, and monitoring and evaluation in low-resource environments, with a consistent focus on practical solutions that make health programs work better for communities.

She holds a Bachelor's degree in Public Health from Kampala University and a Diploma in Humanitarian Assistance from the Liverpool School of Tropical Medicine, and is currently completing a Master of Public Health (MPH).

She believes women's leadership in global health brings diverse perspectives, stronger collaboration, and deeper community trust, essential ingredients for fairer systems and lasting impact.



### FUN FACT:

Watching women launch businesses, step into new roles, and lead with boldness is her greatest source of motivation to keep learning and contributing.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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# Centering Women's Leadership in Neglected Tropical Disease Elimination to Strengthen Health Systems in South Sudan

Neglected tropical diseases (NTDs) remain among the most persistent indicators of weak health systems in South Sudan. Currently, South Sudan is endemic to 19 out of 20 neglected tropical diseases targeted for elimination according to the WHO. Most of these diseases disproportionately affect women and marginalised communities. While many partners and the MOH have made a lot of investment in control and elimination through implementation of mass drug administration and disease-specific programs, women's leadership within NTD programming and broader health system decision-making remains underutilized and unexplored

This leadership project seeks to strengthen South Sudan's health system by intentionally putting women at the centre, "centring women's leadership within NTD elimination efforts, with a focus on Preventive Chemotherapy Neglected Tropical Diseases (PC-NTD). Drawing on my two decades of experience leading and supporting national health programs, the project applies a gender lens by examining how women currently participate as frontline distributors, community mobilisers, caregivers, and program managers and where leadership pathways remain blocked.

The project applies to the health lens by positioning NTDs as an entry point for strengthening integrated health systems, including community engagement, supply chain coordination, data use, and accountability. This will enhance the opportunity for a policy dialogue rather than focusing only on the technical aspects of disease eradication

Through this leadership project, I would like to demonstrate that investing in women's leadership within NTD programs will strengthen South Sudan's health system resilience, improve efforts to eliminate disease, and improve service delivery and equity.



# ALINE MUKERABIRORI

Supply Chain Expert

**Independent Consultant**

## ABOUT ALINE

Aline Mukerabirori, is a public health and pharmaceutical supply chain leader with over 20 years of experience, including 16 years directing USAID-funded programs across Rwanda, Burundi, Madagascar, and Cameroon. She has managed portfolios of up to USD 39M, led multidisciplinary teams, and partnered with Ministries of Health and global agencies to ensure uninterrupted access to essential medicines and commodities — particularly for mothers and children.

Aline's career spans regulatory strengthening and procurement coordination in Rwanda, landmark health system reforms in Burundi, national supply chain program leadership in Madagascar, and most recently, serving as Chief of Party in Cameroon (2024–2025), where she directed a USAID-funded initiative to strengthen national supply systems and health commodity distribution.

She holds a Master of Pharmaceutical Sciences from the University of Liège, Belgium, and is currently completing her PMP certification.

Inspired by her mother's legacy and her own leadership journey, Aline believes that empowering women to lead is both a moral imperative and a strategic advantage for building stronger, healthier nations.



### FUN FACT:

Aline is the proud mother of six children, and believes that leadership is nurtured long before it is recognized, starting right at home.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Improving Case Management Of Menopause In Rwanda

In Rwanda, more than 1 million of women are experiencing menopause and its consequences. Actually, there is a need of laboratory supplies for a diagnosis of hormones to correctly take care of women in need of hormone therapy and supplements to face the challenging period of their lives.

Currently, women aged from 40 years and above experience menopause. Common symptoms include hot flashes, vaginal dryness, and mood changes. Effective treatments and practices are available to manage symptoms and improve health and working conditions for women experiencing menopause in order to live comfortably. At this period, women are still professionally, socially and sexually active, and contributing to the success of their families, their companies and nations.

In Rwanda, there is a need to develop appropriate strategies and policies to correctly take care of this left-behind category of women.



# AYAN MAGOT

Lecturer And Head Of Pharmacology  
Department In The School Of Medicine.

**University of Juba**

## ABOUT AYAN

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Dr. Ayan Ahmed is a clinical pharmacist, academic leader, and women's health advocate with over 10 years of experience shaping medical education and healthcare systems in South Sudan. She serves as Head of the Pharmacology Department and Lecturer at the University of Juba's School of Medicine, and has taught across multiple institutions including Upper Nile University and the College of Physicians and Surgeons. Her professional work spans pharmacovigilance, essential medicines access, and evidence-based research, with applied experience at the Malaria Consortium and consultancy roles with UNFPA and UNDP.

She is co-founder of SSWIM, an organization mobilizing South Sudanese women in medicine, pharmacy, and dentistry to drive meaningful healthcare transformation.

Dr. Ayan holds an MPharm from the University of Nairobi, an MSc in Health Supply Chain Management from the University of Rwanda, and a BPharm from the University of KwaZulu-Natal, South Africa.

She believes women's leadership in global health creates powerful platforms for cross-sector collaboration, professional growth, and collective impact across borders.



### FUN FACT:

Dr. Ayan recharges with coffee dates in nature-filled settings, great movies, and the energy of meeting new people wherever she goes.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Leading Change for Women's Health: Strengthening awareness and access to Nutrition, Menstrual, Sexual, and Reproductive Health (NMSRH) Education among female university Students.

In South Sudan, there is limited access to nutrition, menstrual, sexual and reproductive health (NMSRH) education among girls, adolescents, young adults and women. These challenges are worsened by conflict, poverty, cultural norms due to a patriarchal society, and lack of infrastructure, leading to missed school and limited capacity to engage in economically gainful work outside the home. Even for women and adolescents in higher institutions of learning like universities, there is limited awareness and access to nutrition, menstrual, sexual and reproductive health education, limited youth-friendly services, and insufficient institutional support within higher learning environments. As a result, many young women experience preventable health challenges that affect their wellbeing, academic performance, and leadership potential.

This project seeks to promote awareness and strengthen access to comprehensive NMSRH education among female university students through peer-led engagement, health education forums, and strengthened referral pathways to youth-friendly services. By positioning female students and South Sudanese medical women not only as beneficiaries but also as peer educators and advocates, the project seeks to address the specific health needs of young women in academic spaces.

In this project, we include evidence-based information on nutrition, menstrual health, sexual and reproductive health to emphasize prevention, informed decision-making, and wellbeing. Through raising awareness, increasing access, and empowering female medical students with knowledge and skills on NMSRH, we will build the confidence and capacity to take charge of their health and wellbeing, and influence institutional conversations, and champion inclusive health policies within universities.



# CAROLINE OGWANG

Clinical Research Scientist

**KEMRI Centre for Global Health  
Research (CGHR)**

## ABOUT CAROLINE

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Caroline Ogwang is a clinical research scientist with over 15 years of experience in infectious and non-communicable disease intervention and surveillance research across Kenya and Uganda. Based at KEMRI's Center for Global Health Research, she leads and collaborates on Phase I, II, and III clinical trials with international partners across Africa, Europe, and the United States. Her career highlights include contributing to the development of an Ebola vaccine later deployed in outbreak response in the DRC, and participating in Kenya's first controlled human malaria infection study.

Caroline began her career as a medical doctor at Moi Teaching and Referral Hospital and Kilifi County Hospital before transitioning into research at the KEMRI-Wellcome Trust Research Programme, driven by a commitment to improving treatment outcomes for African populations.

She holds an MBChB from the University of Nairobi, an MSc in Epidemiology from the London School of Hygiene & Tropical Medicine, and is currently pursuing a PhD at the Liverpool School of Tropical Medicine.

She believes that as both the primary users and providers of health services, women are uniquely positioned to lead meaningful improvements in healthcare quality and health system design.



### FUN FACT:

Caroline is a fitness enthusiast and adventure seeker – she has scuba dived in the Indian Ocean, swum across Kilifi Creek, and runs half marathons between cultural explorations and hiking trails.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Enhancing Employee Wellbeing of KEMRI Malaria Research Program Staff

My proposed project focuses on enhancing employee well-being at the Malaria Program of KEMRI CGHR. This aims at supporting colleagues to optimize their capabilities to deliver at work and in other spheres of their lives. Recognizing that workplace wellness is a key driver of performance and job satisfaction, I will initiate a series of monthly or bi-monthly webinars featuring experts in health, leadership, and personal development. These sessions will address physical and mental health, workplace dynamics, family well-being, and effective collaboration with both internal and external stakeholders.

To ensure relevance and impact, I will begin by gathering input from staff to identify priority topics. A core focus of the project is to apply an intentional gender lens, acknowledging that women in the workplace often experience unique challenges. Topics will include navigating career and motherhood, reproductive health awareness, and gender-sensitive workplace practices.

In addition to the webinars, I will explore structural improvements to the workplace that directly support women's health and well-being. A key initiative will be advocating for the establishment of a nursing room at our Kisian campus in Kisumu to support breastfeeding mothers.

Through this project, I aim to build a culture of health-conscious leadership where all employees, including women, are equipped, supported, and empowered to thrive both in their professional and personal lives.



# DIANA MARANGU BOORE

Consultant Paediatrician &  
Pulmonologist and Senior Lecturer

**University of Nairobi**

## ABOUT DIANA

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Diana Marangu-Boore is a Paediatric Pulmonologist and Senior Lecturer in the Department of Paediatrics and Child Health at the University of Nairobi. She established the paediatric pulmonology service at Kenyatta National Hospital, expanding care for chronic respiratory conditions including bronchiectasis and sickle cell pulmonary complications, and leads implementation of advanced diagnostics including molecular respiratory testing, lung function assessment, lung ultrasound, and flexible bronchoscopy. She served as Visiting Postdoctoral Fellow at the National Institutes of Health (2023–2025), completed a Paediatric Pulmonology Fellowship at the University of Cape Town, and has held progressive academic appointments at the University of Nairobi since 2009.

Dr. Marangu-Boore's awards include APTI, Fogarty, ERS, and WABIP fellowships, MECOR and INSPiRED travel grants, the Job Bwayo Award, and Margaret McNamara and APFP scholarships supporting respiratory research and training.

She champions women's leadership in global health for its diverse perspectives, collaborative decision-making, and inclusive stewardship — advancing equity, community engagement, and sustainable, context-driven solutions to public health challenges.



### FUN FACT:

Outside the clinic and lecture hall, Dr. Marangu-Boore is the proudest cheerleader for her five-year-old daughter, who loves golf, ballet and skating.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Promoting Lung Health, Scientific Research and Interventional Pulmonology among Medical Students in Paediatrics at The University of Nairobi, Kenya: Lights, Camera, Action!

The World Lung Day toolkit created by the Forum of International Respiratory Societies (FIRS) consists of six simple steps to protect lungs daily. These include: 1) Breathe clean air; 2) Be smoke free; 3) Take the active option; 4) Vaccinate; 5) Eat well; and 6) Fight climate change. Interventional pulmonology (IP) is a specialised branch of respiratory health that I am mastering that uses advanced techniques to treat lung and airway diseases. There are very few paediatric interventional pulmonologists globally, and even fewer women in this field. My goal is to model daily lung protection practices and expose medical students to scientific research and IP, particularly female students in my department at the University of Nairobi (UoN) in Kenya, to catalyse institutional change.

**My two broad objectives are to:**

1. Promote lung health, scientific research and IP among medical students in paediatrics at UoN using the World Lung Day toolkit framework.
2. Fundraise for a BRONCH Mentor (a bronchoscopy simulator) and setup a simulation laboratory in UoN.

Lights, Camera, Action is a play on words to figuratively depict three key components in my health leadership project. Light signifies the baseline and continued understanding of lung health, scientific research and interventional pulmonology by the medical students. Camera depicts the bronchoscope, a flexible tube with a light and camera used by interventional pulmonologists to examine inside the lung airways (bronchi) and lungs. Action includes the various calls to action in this project including medical students and myself logging any simple step taken to protect our lungs daily, conducting monthly scientific research webinars with global leaders, and fundraising for a simulator to teach basic, diagnostic and more advanced bronchoscopic skills like endobronchial ultrasound to undergraduate and postgraduate medical students in the Department of Paediatrics at the University of Nairobi, Kenya.



# ELIZABETH MGAMB

Emergency Preparedness and Response  
Cluster Lead

World Health Organisation

## ABOUT ELIZABETH

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Dr. Elizabeth Mgamb is a public health leader and certified professional coach with over 15 years of experience strengthening health systems across five countries in East and West Africa. She has led emergency preparedness and response programmes with WHO in Uganda, Eritrea, and Rwanda — guiding national strategies, strengthening IHR compliance, and coordinating multisectoral emergency operations. Her earlier leadership in Kenya spanned county and district health services, partnership coordination, and health system reforms, including provincial referral hospital setup.

A seasoned crisis responder, Dr. Mgamb has directed national readiness strategies across major outbreaks and is equally passionate about developing the next generation of health leaders through coaching, mentorship, and collaborative systems change.

She holds a Bachelor of Medicine and Surgery, an MSc in Applied Epidemiology, and FELTP fellowship training, and has completed multiple leadership programmes. She received a Head of State Commendation for her contribution to the Ebola response in Sierra Leone.

She believes women's leadership transforms health systems through resilience, empathy, and collaboration — and is committed to nurturing that leadership to drive lasting, people-centered change.



### FUN FACT:

Dr. Mgamb has a gift for transforming any room — her warmth, humor, and unmistakable laughter have a way of making even the tensest missions feel human again.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Empowered to Lead: Coaching Frontline Health Leaders for Improved Health Outcomes

My proposed initiative is a coaching-driven leadership development program targeting frontline health facility leaders serving in selected Government health facilities in Uganda. While leadership investments in the health sector have traditionally focused on district, regional, and national management teams, facility-level leaders who directly engage with communities and deliver care remain largely overlooked. This gap has contributed to limited innovation at the point of care and weakened sustainability of key health initiatives.

Drawing from my experience as County Director of Health Services in Migori, Kenya, and my work across Sierra Leone, Rwanda, Eritrea, and Uganda, I have witnessed the transformative power of health workforce ownership and mindset change in driving sustainable outcomes. These experiences also revealed the adverse effects of lack of ownership and entrenched mindset issues, which often lead to disengagement with subsequent impact on access to quality care.

This initiative will apply a gender lens by offering a general leadership curriculum alongside an enhanced module tailored to support female health facility leaders, who often face unique challenges that hinder effective leadership and service delivery. By integrating health and leadership perspectives, the program will use coaching to cultivate emotional resilience, strategic thinking, advocacy skills, and solution-oriented leadership at the grassroots level. Ultimately, this approach aims to strengthen health system responsiveness and resilience by empowering those closest to the point of care.

In the current funding landscape marked by dwindling donor support and increasing pressure on domestic resources, this initiative is more urgent than ever. By investing in the leadership capacity of frontline health workers, we can catalyze sustainable change from within the system, reduce dependency on external funding, and foster locally driven solutions that endure beyond project cycles.



# DENISE MUREKATETE

Independent consultant

## ABOUT DENISE

Denise Murekatete is a certified pharmacist with over 20 years of experience in pharmaceutical management and supply chain systems across Sub-Saharan Africa. She has held senior roles with Management Sciences for Health and the International Planned Parenthood Federation Africa Region, managing multi-country portfolios and donor-funded programs across 38 countries in reproductive health, HIV/AIDS, and malaria. She is recognized for translating data into actionable insights and influencing decision-makers to drive measurable improvements in health commodity security. She holds a degree in Pharmacy with additional training in supply chain management and global health.

She believes women's leadership in global health brings inclusive, community-centered perspectives that strengthen health systems and improve equitable access to care.



### FUN FACT:

Outside of work, Denise is an avid reader and traveler who finds joy in discovering new cultures.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Improving Case Management Of Menopause In Rwanda: Strengthening Women's Health Services Across The Life Course

Improving case management of Menopause in Rwanda: Strengthening women's health services across the life course “To improve the case management of menopause in Rwanda, this project will take a multi-pronged, practical approach that combines capacity building, resource development, and stakeholder engagement. The first step will be a needs assessment involving health providers including pharmacists, and women aged 45–59 to identify knowledge gaps, service barriers, and cultural perceptions around menopause. Based on the findings, the project will: (1) develop a Menopause Care Toolkit, including a list of essential products such as hormone replacement therapy, calcium and vitamin D supplements, vaginal lubricants, and non-hormonal therapies; (2) organize community awareness campaigns and peer-support initiatives to engage women directly, increasing knowledge about menopause symptoms, available treatments, and healthy lifestyle interventions;(3) ensure uninterrupted supply of essential commodities.

As a pharmacist and supply chain expert, i will contribute to this innovative project by ensuring rational use of medicines, counselling patients on proper use, monitoring potential side effects, advising on drug interactions and also support inventory management to ensure essential menopause products are consistently available at health facilities.

This project is feasible because it leverages existing health infrastructure, aligns with Rwanda's national reproductive health priorities, and integrates low-cost, high-impact interventions such as training, toolkits, and community education. By combining clinical guidance, leadership advocacy, and community involvement, this initiative will improve the quality, accessibility, and sustainability of menopause care across Rwanda.



# FLORENCE JARED MTEI

Head of Medical Services

**Kibong'oto Infectious Diseases  
Hospital**

## ABOUT FLORENCE

Florence Jared Mtei is an Internal Medicine Physician and healthcare leader with over 10 years of experience in Tanzania's health sector, specializing in respiratory and infectious diseases. She serves as Head of Medical Services at Kibong'oto Infectious Diseases Hospital, where she leads multidisciplinary teams, oversees clinical operations, and strengthens emergency preparedness systems. Her leadership is grounded in compassion, accountability, and resilience — forged in high-stakes environments where clinical decisions directly impact lives.

Florence began her career at Kibong'oto in 2013 before completing her residency training in Internal Medicine at the Catholic University of Health and Allied Sciences, returning to the hospital in 2018 as a specialist physician and progressive leader.

She holds a Doctor of Medicine from Hubert Kairuki Memorial University and a Master of Medicine in Internal Medicine from the Catholic University of Health and Allied Sciences.

She believes women's leadership transforms healthcare through collaboration, emotional intelligence, and resilience — qualities that are especially vital in crisis management, public health emergencies, and community-centered care.



### FUN FACT:

Florence is a devoted family person who believes in strong work-life balance — and is currently channeling her nurturing instincts into training her six-month-old Papillon puppy!



## HEALTH LEADERSHIP PROJECT

### Optimizing Pathways to Leadership

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## The Role Of Strategic Leadership In Emergency Crisis Management

The role of strategic leadership in emergency crisis management project is developed to enhance leadership techniques in healthcare leaders to navigate in complex and highly demanding environments during emergency situations such as pandemics and natural disasters. The objective of this project is to prepare and equip healthcare leaders such as medical specialist, medical doctors, nurses, laboratory scientists, pharmacist and administrators to respond quickly and strategically in crisis. This training is aiming to develop skills in crisis communication, rapid decision making , team coordination, resource allocation and stress management. Nurturing strong leadership in emergency crisis, this project will guarantee that the healthcare systems can maintain operational stability, patient care quality and safety for both patients and staff even during the most and difficulty challenges in the situation. There fore this project will have five components which are crisis simulation training, leadership under pressure, crisis communication, collaborative leadership and post-crisis evaluation. By strengthening leadership in healthcare emergency crisis will reduce interruptions in healthcare services and will improve patient care outcomes, safety and enhance the overall resilience of healthcare systems. Healthcare professionals who will complete the program will be better equipped to lead confidently in emergencies, ultimately saving lives and resources.



# HALIMA ABATE

Claims Management Lead  
Executive Officer

**Ethiopian Health Insurance Service**

## ABOUT HALIMA

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Halima Abate is a physician and health policy leader with over 16 years of experience strengthening Ethiopia's health system. As a pioneering female physician, she played a central role in establishing the Ethiopian Health Insurance Agency — now the Ethiopian Health Insurance Service — where she served for 12 years following five years at the Ministry of Health. She was instrumental in designing core components of the health insurance scheme, including the claims management system, medicines list, and provider guidelines, embedding quality into the institution from its very foundation.

Halima's expertise spans health insurance policy, systems design, and quality service delivery — with a consistent focus on building operational frameworks that work in real-world settings.

She holds a Doctor of Medicine from Addis Ababa University's College of Health Sciences (Tikur Anbessa Specialized Hospital) and a Master of Public Policy with a concentration in Health Policy.

She is energized by the shift from women as service providers to women as architects of health systems — bringing a pragmatic lens that ensures policies are not just theoretically sound, but operationally viable.



### FUN FACT:

Halima loves drinking coffee and tends to talk a lot



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Establishment of a Center of Excellence for Claim Management

The Ethiopian Health Insurance Service (EHIS) is driving the nation toward Universal Health Coverage (UHC) through its Community-Based Health Insurance (CBHI) and Social Health Insurance (SHI) programs. With a significant rise in health insurance members, covering over 10.2 million households in 2023 and collecting more than 6 billion ETH Birr premium, the volume and complexity of claim data are increasing. This growth strains the current claims processing and payment systems, which often rely on paper-based or basic Excel-spreadsheet analysis, lack reliable technical support, and limit the use of historic data for strategic decision-making.

The proposed project is the Establishment of a Center of Excellence for Claim Management to strengthen the practice of timely, accurate, and efficient reimbursement, and for the prevention, detection, and mitigation of claim fraud. This center will leverage information technology for the collection, review, and adjudication of claim data, enhancing efficiency, rigor, and credibility in the medical audit process.

A gender, health, and leadership lens will be applied by ensuring the Center's policies and capacity-building activities address potential gender-based disparities in accessing insurance services or claim processing, which could affect women more acutely. Improved data analytics will be used to investigate differences in claim patterns across genders to ensure equitable service validation. Furthermore, the leadership of this center will model and promote ethical management of claim data and foster a culture of innovation and risk mitigation. By ensuring cost containment and validating services, the project supports the overall health goal of financial risk protection for all Ethiopians under the UHC framework.



# HELINA WORKU

Primary Health Care and  
Strategic Partnerships Director

**Amref Health Africa**

## ABOUT HELINA

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Helina Worku is a senior public health leader with over two decades of experience advancing health systems in Ethiopia. She currently serves as Primary Health Care and Strategic Partnerships Director at Amref Health Africa, overseeing a \$13M PHC project. Previously, she spent 17 years with USAID/Ethiopia, rising to Deputy Health Office Director and managing portfolios valued at up to \$180M annually across HIV/AIDS, health financing, supply chain, human resources for health, and digital health.

Helina is recognized for her expertise in strategic planning, policy development, donor coordination, and leading multidisciplinary teams to deliver evidence-based, large-scale health systems strengthening initiatives.

She holds an MD from Addis Ababa University and an MPH from Gondar School of Public Health and Addis Continental Institute of Public Health. She is a recipient of multiple U.S. Department of State honors, including the Meritorious Honor, Mission Honor, Eagle, and Franklin Awards.

She believes women's collaborative, community-centered leadership is a catalyst for stronger health systems and accelerated equity — and is passionate about creating pathways for women to shape policy and drive sustainable change.



### FUN FACT:

Helina once set herself the bold goal of 6 by 36 — five children later, her husband cheerfully declared himself the sixth, ensuring she met her target in spirit.



## HEALTH LEADERSHIP PROJECT

### Optimizing Pathways to Leadership

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## Empowering Emerging Female Leaders: Coaching And Mentorship For Amref Young Female Staff

This leadership project aims to nurture and empower a new generation of young female professionals through structured coaching and mentorship within Amref Health Africa. Recognizing that the transition from internship to professional employment can be challenging—especially for young women—this initiative seeks to bridge that gap by equipping interns with essential leadership, communication, and career development skills. Each year, Amref hosts around 25 female interns who bring passion and potential but often lack exposure to leadership development, professional networks, and workplace confidence. While some have successfully transitioned into full-time roles, many could benefit from more guided support. This project will therefore focus on coaching and mentoring 3 female interns and other female young staff over a 12-month period to strengthen their leadership competencies, self-awareness, and readiness for professional roles within or beyond Amref. Through regular coaching and mentorship sessions, practical learning assignments, and networking opportunities, cohorts will gain confidence, leadership insight, and clarity about their career pathways. The project also aligns with Amref’s commitment to advancing gender equity and building Africa’s next generation of health leaders. Ultimately, the initiative aims to create a sustainable coaching and mentorship model that can be replicated across other departments, supporting Amref’s long-term talent development strategy.



# HELLEN LUTTA

Senior Girls and Women's  
Empowerment Specialist

**World Bank**

## ABOUT HELLEN

Hellen Lutta is a gender equality and sexual and reproductive health (SRH) specialist with 15 years of experience across Eastern and Southern Africa. She currently serves as Senior Girls and Women's Empowerment Specialist at the World Bank, translating complex health and gender priorities into practical, results-driven initiatives. Her career spans technical and leadership roles across international development organizations, where she has led multi-country programs in SRH, digital health, and cervical cancer prevention, managed large institutional grants, and built cross-sector partnerships with governments, donors, civil society, and the private sector.

Hellen is recognized for her expertise in program design and management, gender integration, policy advocacy, and performance monitoring — with a strong track record of aligning strategy with implementation in complex, multicultural environments.

She holds a Master's degree in Gender and Development Studies from the University of Nairobi, a Bachelor of Arts from Daystar University, and completed executive training in Global Health Leadership and Management at the University of Washington.

She believes women leaders bring technical expertise, empathy, and lived experience that are essential for building gender-responsive, resilient health systems — and that this combination is the most powerful force for transformative change.



### FUN FACT:

In her late 30s, Hellen conquered hydrophobia and taught herself to swim — and is now equally determined to perfect her golf swing, one round at a time.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Empowering Adolescent Girls and Youth Through Gender-Responsive Digital Health in Tanzania

Tanzania's adolescent and youth population (ages 10–24) makes up to 31% of the national population, a critical group for driving the country's social and economic transformation. However, this demographic continues to face significant barriers in accessing accurate, confidential, and gender-responsive health information and services. Deeply entrenched gender norms, stigma, and a lack of youth-friendly health services contribute to poor outcomes in sexual and reproductive health (SRH), nutrition, and mental well-being. These challenges are reflected in persistently high teenage pregnancy rates (22%), early marriage, and growing mental health concerns among young people.

To address these gaps, the HerVoice Chatbot Project aims to harness the power of digital innovation to deliver inclusive, gender-responsive, and youth-centered health education. Recognizing that over 70% of Tanzanian youth own mobile phones and nearly half access the internet weekly, the project will develop and deploy a WhatsApp-based chatbot that provides adolescents and young people with free, confidential, and evidence-based health information.

Applying a gender lens, HerVoice will ensure that both girls and boys receive information that challenges harmful norms, promotes equality, and supports informed decision-making. Through a health lens, the chatbot will integrate SRHR, nutrition, and mental health content aligned with national adolescent health priorities and global standards for youth-friendly digital health. Finally, through a leadership lens, the project will engage young people particularly adolescent girls and youth advocates in co-designing and testing the chatbot, building their capacity as digital health champions and peer educators.

By combining technology, inclusivity and youth leadership, HerVoice will create a scalable model that bridges information gaps, strengthens health-seeking behaviors and contributes to gender-equitable health systems that empower adolescents and youth.



# IMELDA E. AKURUT

Health Economist And Health  
Systems Specialist

**Freelance**

## ABOUT IMELDA

Imelda E. Akurut is a health economist and health systems specialist with over a decade of experience across policy, financing, and implementation in global health. She has held technical and advisory roles at Cordaid, CARE, World Vision, Jhpiego, ChildFund International, Amref Health Africa, and Watoto Child Care Ministries. At Cordaid, she led health financing strategies for SRHR services, overseeing results-based financing mechanisms and pioneering digital innovations including Smart Paper Technology and electronic voucher systems. At CARE, she provided multi-country technical oversight for SRHR programming.

Imelda's expertise spans health financing reform, results-based financing, health systems strengthening, and applied research, with a consistent commitment to bridging global evidence with locally led, community-centered solutions.

She holds an MSc in Health Economics and Health Policy from Brunel University London, an MPH in Population and Reproductive Studies, and a Project Management Professional (PMP®) certification.

She believes that if women and children bear the greatest burden of disease, then women must write the remedy, designing health systems where equity is intentional, not incidental.



### FUN FACT:

Imelda is a devoted lover of God, art, and the soulful world of jazz and blues — though she is the first to clarify that her appreciation is deeply anointed, her vocals decidedly less so.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Teso Rising: A Gender-Responsive Social Accountability, And Results-Based Financing Model To End Teenage Pregnancy, Promote Cultural Heritage And Enhance Adolescent Well-Being In Teso Sub-Region

Teso Rising is a bold, community-driven initiative that will tackle teenage pregnancy and empower adolescent girls and young women in the Teso sub-region through gender-responsive leadership, social accountability, climate justice, and results-based action. By mobilizing Iteso professionals, youth, and local leaders, the project creates a self-sustaining model that enables communities to collectively protect, educate, and uplift girls while addressing deeper social and environmental challenges.

Teenage pregnancy in Teso is fueled not only by poverty, limited SRHR knowledge, and weak accountability but also by climate shocks, cultural erosion, and social inequities. Teso Rising will address these through four integrated pathways:

1. **Community Giving:** Small, consistent membership contributions and fund
2. **Social Accountability:** Youth and women's groups use scorecards and participatory dialogues to assess services. Insights guide leaders in co-creating solutions that address cultural erosion, climate vulnerability, and adolescent well-being.
3. **Results-Based Financing (RBF):** Schools, health facilities, and youth organizations earn incentives for verified outcomes.
4. **Gender, Health, and Leadership:** Girls are empowered as leaders and decision-makers. The health lens integrates SRHR and mental health services, while the leadership lens strengthens cross-sector collaboration, policy influence, and institutionalization of RBF at the community level.

By embedding climate justice, cultural preservation, equity, and accountability, Teso Rising will transform community giving into measurable health, social, and environmental impact, creating a replicable model for sustainable adolescent empowerment in Uganda.



# DR. DORIS KIBIWOTT

Lecturer in Maternal Health  
**Kabarak University**

## ABOUT DORIS

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Dr. Doris Kibiwott is a registered nurse, midwife, and public health leader with extensive experience in maternal and adolescent health across government, public, and private institutions. She has held progressive roles in program coordination, monitoring and evaluation, and academic leadership, growing from bedside practice to senior management. She is recognized for delivering results in rapid-response initiatives, building strategic partnerships, and implementing evidence-based interventions in resource-limited settings. Doris holds a PhD in Medical Education, a Master's degree in Maternal Health, a Higher National Diploma in Epidemiology, and has received awards for excellence in teaching and innovation.

She believes women's leadership in global health brings diverse perspectives that advance gender-responsive policies and champion marginalized communities.



### FUN FACT:

Doris finds deep joy in nature, from quiet walks to unexpected encounters with beautifully colored butterflies, and still loves playing childhood games like hide and seek.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Building A Sustainable Network Of Girl-Led Health Advocates In Hard To Reach Areas Of Tiaty East/West And Baringo North Sub-Counties Of Baringo County

The project will have three objectives on Short, medium and long term plans:

Short-Term: Increase reproductive health knowledge by 50% among participants through pre- and post-workshop surveys, focusing on topics like menstrual hygiene, safe sex, and FGC health impacts.

Medium -Term: Reduce FGC acceptance by 30% in engaged families via inclusive dialogues, measured by attitude surveys; prevent early pregnancies by distributing hygiene kits and promoting contraceptive awareness.

Long-Term: Build a sustainable network of 50 girl-led peer educators who can replicate workshops independently, fostering advocacy for policy enforcement and community health improvements.

Target Audience

Primary: 200 adolescent girls aged 15- 24 from selected areas of Baringo county with high FGC prevalence and low service access. Prioritising school-going and out-of-school girls.

### Methodology

- Preparation Phase (Months 1-2)
- Conduct a baseline needs assessment: Survey 200 girls and families on current knowledge and attitudes using simple tools like focus group discussions (FGDs) in local languages (Kalenjin, Kiswahili).
- Recruit 50 peer educators: Partner with schools, youth groups, or churches to select motivated girls aged 15-24 years with leadership potential. Provide a 3-day training on facilitation skills, SRHR facts, and anti-FGC messaging, drawing from resources like
- PATH's "Tuko Pamoja" peer educator guide.



# JESCA CHEPKURUI

Nurse

**Fort Ternan Subcounty Hospital,  
Kericho County Government**

## ABOUT JESCA

Jesca Chepkurui is a registered nurse and midwifery professional with over 13 years of experience in public and private health facilities in Kenya. She currently serves at Fort Ternan Subcounty Hospital under Kericho County Government, providing maternity care across antenatal, intrapartum, and postnatal settings and ensuring safe deliveries and effective maternal and newborn monitoring. She previously delivered comprehensive nursing care at Holyspirit and Bethsaida Health Centres, encompassing medication administration, wound management, infection prevention, diagnostic interpretation, and emergency response.

Jesca trained at Sengerema School of Nursing and Midwifery and has since completed advanced training in Point of Care Ultrasound (POCUS), Magnesium Sulphate administration, Emergency Obstetric and Newborn Care (EMONC), and Advanced Life Support in Obstetrics (ALSO) – continuously strengthening her maternity and critical care expertise.

She believes women's leadership in global health brings empathy, fairness, and community insight to decision-making, championing maternal and child health and inspiring other women in healthcare to step into leadership roles.



### FUN FACT:

Jesca explores new cultures through food and travel, seeking out traditional dishes and the stories behind them, a curiosity that fuels her creativity and her ability to connect across diverse communities.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Factors Contributing To Increased Puerperal Sepsis

My project investigates the factors contributing to the increasing incidence of puerperal sepsis following spontaneous vaginal deliveries at Fort Ternan Sub County Hospital in rural Kenya. Despite the existence of national infection prevention and control (IPC) guidelines, preventable postpartum infections continue to harm women many of whom face these complications with little understanding or support. This project seeks to uncover not just what is going wrong, but why and how we can fix it.

Using a gender lens, I explore how the roles, responsibilities, and lived experiences of nurses who are predominantly women influence their ability to implement infection control practices. These nurses often work in under-resourced environments while also navigating gendered expectations and power dynamics that affect their professional autonomy.

Through a health lens, I examine the systemic and clinical contributors to infection, including gaps in training, adherence to IPC protocols, staffing levels, and resource availability. Understanding these health system barriers is essential to improving maternal outcomes and reducing preventable infections.

Finally, by applying a leadership lens, I assess how nurse leadership, mentorship, and supportive institutional structures can empower frontline workers to take initiative, advocate for safer practices, and drive long-term improvements in maternal care.

This project is both professionally and personally meaningful. It is grounded in my commitment to amplifying frontline voices and advocating for health systems that honor the dignity, safety, and rights of both mothers and caregivers.



# LIDYA MULAT

Country Director

**Girl Effect Ethiopia**

## ABOUT LIDYA

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Lidya Mulat is a digital innovation and social impact leader with over 12 years of experience designing and implementing programs for youth and disadvantaged communities across health, livelihoods, and economic empowerment. She currently serves as Country Director for Girl Effect Ethiopia, leading large-scale programs focused on youth empowerment, health, and economic inclusion, and as Senior Consultant at Dimagi, supporting business development, program design, and government stakeholder relations. Previously, she served as Country Director at Tiko, driving youth-focused market-based solutions, and built her early career as a Senior Business Analyst in digital innovation and strategy.

Lidya's expertise spans SRHR awareness, user-centered technology solutions, and integrating economic empowerment with health outcomes — with a consistent focus on creating sustainable opportunities that transform lives.

She holds a Master of Business Administration, a Bachelor's degree in Engineering, and a PMP® certification, complemented by specialized training in Social and Behavioral Change, Gender, and Monitoring, Evaluation, and Learning.

She is deeply motivated by women leading initiatives that directly affect women and girls, believing their lived experience and contextual insight produce more relevant and lasting solutions.



### FUN FACT:

Lidya is fiercely competitive with herself, her latest milestone is a 40kg sumo squat at 57kg bodyweight.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

# AI-Powered Global Ecosystem for Adolescent Girls' Health Leadership and Social Norm Change

Adolescent girls in Ethiopia, particularly those who are out of school and living in hard-to-reach areas face overlapping barriers to accessing health information, services, and decision-making power. These challenges are further compounded by limited connectivity to broader peer networks, language barriers, and restrictive social norms that isolate girls from shared learning and collective voice.

This project, “Empowering Adolescent Girls Through an AI-Enabled Health Leadership Ecosystem,” aims to address these gaps by building an interconnected, scalable platform that enables girls to learn, engage, and lead both within their local communities and across countries.

At its core, the initiative will establish a digitally enabled ecosystem powered by AI, designed to overcome structural barriers such as language, literacy, and geographic isolation. Through AI-supported translation and audio functionality, girls will be able to access and exchange ideas in their own languages, ensuring inclusivity for low-literacy and marginalized groups.

The model will combine physical access points and digital connectivity:

- Tablet-based hubs placed in community spaces (schools, youth centers, safe spaces) to reach girls without personal devices
- Mobile-accessible platforms for girls with smartphones, ensuring continuity and scale
- Girls will participate in structured, gamified learning journeys that cover key health topics such as HPV vaccination, menstrual health, nutrition, and broader well-being.

These sessions will follow a “learn - apply - reflect” cycle, where:

- Interactive, story-based content drives engagement
- Real-life assignments encourage practical application
- Follow-up sessions reinforce learning and behavior change

Beyond individual learning, the project will intentionally cultivate a cross-country peer ecosystem, where adolescent girls: Beyond individual learning, the project will intentionally cultivate a cross-country peer ecosystem, where adolescent girls:

- Share experiences, challenges, and solutions
- Exchange locally relevant innovations and ideas
- Build a sense of collective identity and solidarity

This networked community layer transforms girls from passive recipients of information into active contributors and co-creators of knowledge, strengthening both confidence and leadership capacity.



# LYDIAH AKINYI ADUNDO

Monitoring Evaluation and  
Grants Specialist

**United States Peace Corps**

## ABOUT LYDIAH

Lydiah Adundo is an experienced public health and strategic information professional with over fifteen years of advancing evidence-based practice across health and education programs. She specializes in performance measurement, data quality assurance, and the integration of digital health information systems that strengthen service delivery and outcomes. Lydiah holds a Master of Public Health and a Master of Science in Health Information Management, complemented by advanced training and a recognized fellowship in Monitoring and Evaluation. She is deeply committed to equity, with a particular focus on improving the health, education, and well-being of Deaf children through inclusive, data-driven approaches.



### FUN FACT:

Lydiah is a passionate Ohangla music lover and a die-hard Gor Mahia FC fan.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Equity in Every Sign: Strengthening Health Systems for the Deaf and Hard of Hearing (DHH)

This project seeks to address these inequities by delivering inclusive, culturally and linguistically appropriate health education, strengthening the capacity of health systems, and amplifying the leadership of DHH youth particularly young women as agents of change. The project aims to improve access to health education and information for DHH youth through Kenyan Sign Language (KSL) and visual formats, build the capacity of healthcare providers to deliver gender-sensitive, inclusive services, mentor DHH youth, especially girls, as peer educators and leaders in their communities and advocate for institutional and policy-level integration of inclusive communication and gender equity in health programming.

It intentionally centers gender equity by addressing the unique vulnerabilities of DHH girls and young women, who often face double discrimination on the basis of both gender and disability. It will ensure that educational content is gender-responsive, addresses issues such as menstrual health, consent, gender-based violence (GBV), and bodily autonomy, and is delivered in safe, affirming spaces. Female DHH youth will be prioritized for mentorship and leadership development opportunities to challenge traditional gender norms and promote their visibility in health advocacy. Male DHH will be mentored on gender norms and allyship.

The project enhances health outcomes for this population by providing accessible health education in Kenyan Sign Language and visual formats, enabling informed decision-making and increased service uptake. It also trains healthcare workers in inclusive communication to reduce stigma and improve care quality. Leadership development is central the DHH are engaged as co-creators, peer educators, and advocates. Through mentorship and advisory roles, gain confidence and influence, fostering community-driven change. This approach builds a pipeline of empowered leaders who can shape inclusive health systems and challenge systematic barriers.



# LYNETTE KAMAU

Policy and Advocacy Manager

**African Population and Health  
Research Center (APHRC)**

## ABOUT LYNETTE

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Lynette Kamau is a health policy and advocacy leader with over 14 years of experience spearheading initiatives across more than 15 African countries. She currently serves as Policy and Advocacy Manager at the African Population and Health Research Center (APHRC), managing a portfolio of four projects spanning reproductive health, pandemic preparedness, personalized medicine, and gender equality. Previously, she led multi-country projects with the International Committee of the Red Cross across Kenya, Djibouti, and Tanzania, and began her career driving reporting and accountability for humanitarian responses at the Kenya Red Cross Society in the Dadaab IFO 2 refugee camp.

Lynette is recognized for translating evidence into actionable policy change, fostering strategic partnerships, and engaging decision-makers to create lasting impact across complex, multi-country health initiatives.

She holds a Master's degree in International Studies with a focus on diplomacy, politics, and policy, and a Bachelor's degree in Development Communication, both from the University of Nairobi. She was awarded an Emerging Voices for Global Health Fellowship in 2022.

She believes women's leadership in global health introduces diverse perspectives that prioritize access, quality of care, and health equity — fostering more inclusive societies where all people can thrive.



### FUN FACT:

Lynette loves flowers so much that a year ago she started a flower garden. It's flourishing and gives her so much joy.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Empower, Educate, Engage: A Communications Toolkit to Clarify the Purpose and Value of Comprehensive Sexuality Education

Comprehensive Sexuality Education (CSE) is a robust process that equips adolescents and young people with the knowledge, skills, and values they need to understand sexual health and rights, enabling them to make informed and responsible decisions about their sexuality.

In sub-Saharan Africa (SSA), the urgency for comprehensive sexuality education (CSE) is emphasized by persistently high HIV rates among young people. This challenge is linked to early sexual debut, risky sexual behaviors, and limited access to accurate sexuality information, as highlighted by UNESCO (2013). The African Population and Health Research Center (APHRC) has produced strong evidence showing why CSE is vital in the region. Based on this evidence, many SSA countries have committed to regional and international efforts to improve young people's sexual and reproductive health (SRH), including access to CSE. A significant milestone was the 2013 commitment by Eastern and Southern African (ESA) countries, which spurred the development of national CSE curricula across the region. Although some nations have incorporated CSE into their education systems, implementation remains inconsistent. Significant barriers include deeply rooted sociocultural norms, widespread misinformation, and fears that CSE undermines traditional values, despite evidence indicating it actually fosters respect, safety, and informed decision-making.

In this context and through this one-year Leadership Journey, I propose to initiate and lead the development of an ideation concept note for a communications toolkit that clearly explains the purpose and meaning of CSE in simple language. The goal of the toolkit is to empower, educate, and engage all stakeholders: policymakers, educators, parents, community and religious leaders, and young people themselves. This approach is crucial to demystify CSE, highlight its benefits, and hopefully foster genuine trust and ownership.



# MARIANNE MUREITHI

Associate Professor of Medical Microbiology and Immunology/ Affiliate Associate Professor in Global Health/ Director

University of Nairobi/University of Washington/  
KAVI Institute of Clinical Research

## ABOUT MARIANNE

Dr. Marianne Wanjiru Mureithi is a translational immunologist and Associate Professor of Medical Microbiology and Immunology at the University of Nairobi, Affiliate Associate Professor in Global Health at the University of Washington, and Director of the KAVI Institute of Clinical Research. She leads multidisciplinary programmes spanning HIV, TB, HPV, mucosal immunity, vaccine research, and the SerHealth initiative — advancing silk-based biomaterials for health innovation. Her work bridges laboratory science, clinical trials, and community partnerships to strengthen Africa-led research, equitable access to prevention technologies, and the mentorship of emerging scientists.

Dr. Mureithi manages international grants, supervises postgraduate researchers, and coordinates partnerships with ministries, industry, and global collaborators — consistently focused on translating research into deployable diagnostics, prevention tools, and community programmes.

She holds a PhD in Medical Microbiology and Immunology and completed postdoctoral fellowships at the Ragon Institute (Harvard/MIT) and the University of KwaZulu-Natal. She is a recipient of Gates Foundation awards, Falling Walls Women in Science recognition, and an IAS Academy fellowship.

She is inspired by African women scientists shaping research and institutions, believing that expanding women's leadership advances equity and ensures solutions reflect the real needs of the communities they serve.



### FUN FACT:

Some of Dr. Mureithi's best ideas emerge while coordinating busy family schedules — and she cheers just as loudly at her children's sports events as she does at scientific breakthroughs.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Serihealth: Empowering Women Through Sericulture, Silk Biomaterials, And Sustainable Health Innovation

SeriHealth is a women-led health innovation initiative leveraging sericulture (silk farming) to empower rural women in Kenya as leaders in wound care and sustainable biomaterial development. The project addresses intersecting inequities: chronic wounds and infections disproportionately affect women and girls, while economic barriers often exclude them from accessing and advocating for needed care. By training women in silk production and its biomedical applications for wound healing, the project positions them not only as producers but also as innovators, entrepreneurs, and health advocates. SeriHealth is grounded in collaboration between community women, university scientists, and industry partners, creating a circular bioeconomy that transforms silk into a driver of women's health and livelihoods. Through intentional mentorship and leadership development, women are engaged as co-creators in research, product development, and health system innovation, challenging conventional power structures and advancing agency. This approach exemplifies authentic, inclusive, and strategic leadership, equipping women with the skills, networks, and confidence to influence local policy, promote health literacy, and model gender-responsive solutions for sustainable community impact. SeriHealth is a practical demonstration of how integrating gender, health, and leadership lenses can transform both systems and individual trajectories.



# MARIE DIANE UWAMAHORO

Deployable Technical Emergency Advisor

**Save the Children International  
Global Humanitarian Surge Team**

## ABOUT MARIE

Marie Diane Uwamahoro is a public health and humanitarian specialist with over 10 years of experience in development and emergency contexts across public health, education, and early childhood development. She currently serves as Deployable Emergency Technical Advisor on Save the Children International's Global Humanitarian Surge Team, providing technical support in program design, monitoring and evaluation, partnerships, and resource mobilization to country offices responding to crises driven by conflict, climate change, and pandemics. Her career spans progressive roles at Save the Children Rwanda, Plan International's Global Hub, and CARE International, building deep expertise in ECD programming and emergency response across multiple regions.

Marie Diane is recognized for her ability to design and implement programs in complex, high-pressure environments while consistently investing in the growth of those around her.

She holds an MPH from the University of Rwanda, an MSc in Project Management from the Pan African Institute for Development, a Bachelor's degree in Development Studies from the Catholic Institute of Kabgayi, and a Certificate Diploma in Leadership in the Humanitarian Sector from Deakin University.

She is passionate about women's leadership as a pathway to advocacy, organizational transformation, and mentoring the next generation of global health leaders.



### FUN FACT:

She makes a big laugh.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Exploring the connection between Climate Change, Gender, and Global Health: A Case Study on Women and Girls in Humanitarian Settings in East Africa Region

Despite global efforts to address climate change, including discussions at the COP28 conference, women and girls, especially those in humanitarian crises, continue to bear the brunt of climate disasters. They are disproportionately affected by events such as floods, droughts, and heatwaves, which limit their access to essential services like healthcare, education, and livelihoods. In conflict-affected areas, climate change worsens the already devastating impacts on their health and well-being. Some countries in the East African region are particularly vulnerable to these challenges. For women and girls in humanitarian crises, climate change, such as frequent flooding, poses a significant public health challenge, compounded by the effects of prolonged conflict. In 2025, Eastern Africa experienced severe flooding, and the region continues to be adversely affected by countries in the world (Eritrea, Sudan, and Somalia). In South Sudan, floods affected over 1 million people and caused widespread damage, while landslides in Kenya and Uganda resulted in multiple deaths and destruction of homes. Displaced women are disproportionately affected by climate change, where recurrent floods in recent years have destroyed homes and livelihoods. Women face increased risks such as early marriage, early pregnancy, and gender-based violence, all of which affect their well-being and mental health.

The goal of my leadership project is to influence decision-makers and play a key role as a young public health leader in climate change action. I plan to compare the impact of climate change on the health of women and girls in humanitarian crises with that in non-conflict zones. What motivates me is the opportunity to use the leadership skills I will gain from this journey to contribute to global climate strategies by advocating for the rights of girls and women who are most vulnerable to gender-based violence, displacement, and other socioeconomic stressors, all of which have adverse mental health outcomes.



# MARIE LOUISE MUKESHIMANA

Program Implementation Manager

Ubuntu Center for Peace

## ABOUT MARIE

Marie Louise Mukeshimana is a licensed professional psychologist and Program Implementation Manager at Ubuntu Center for Peace in Rwanda, with over 12 years of experience in community mental health, trauma-informed care, and rehabilitation. She leads community-based mental health and psychosocial support (MHPSS) programs in partnership with district authorities and community leaders, supervising multidisciplinary teams and specializing in group analysis and culturally responsive healing approaches. Previously, she held senior roles at Hope for Life Ministry and Les Enfants de Dieu, overseeing rehabilitation, family reunification, and staff supervision, and supported psychosocial initiatives within local government.

She is also the founder of Seeds of Becoming, a initiative dedicated to women's resilience and identity restoration.

Marie Louise holds a Master's degree in Counseling Psychology from Mount Kenya University and a Bachelor's degree in Clinical Psychology from the National University of Rwanda, complemented by advanced international training in Group Analysis and trauma-informed care.

Having worked closely with women across diverse contexts, she believes that strengthening women leaders fosters collective action, cross-regional collaboration, and more equitable, resilient health systems.



### FUN FACT:

Marie Louise loves traveling and collecting little souvenirs on her camera which is slowly turning into a mini museum of memories. She is naturally curious and always asking questions. She also has a soft spot for women and children; their resilience inspires her daily (and children keep her sense of humor very alive!)



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Integrating Community-Based Mental Health and Psychosocial Support into Primary Health Care to Prevent Suicide among Women Survivors of Domestic Violence in Kirehe District

In Kirehe District, many women experience domestic violence, which often results in trauma, depression, and, in severe cases, suicidal behavior. Despite existing community healing initiatives, psychosocial support services remain fragmented and insufficiently integrated into the primary health care system. This gap leaves many survivors without timely or coordinated care.

This project aims to strengthen suicide prevention among women affected by domestic violence by integrating community-based mental health and psychosocial support (MHPSS) into primary health care centers in Kirehe District, beginning with pilot sites such as Mahama and Kirehe Health Centers. As the Program Implementation Manager at the Ubuntu Center for Peace, I will lead this initiative in collaboration with district health authorities, psychologists, and Community Healing Assistants (CHAs).

Key interventions will include:

- **Capacity building** : training CHAs and health staff to identify, refer, and support women at risk of suicide.
- **System integration** : creating a clear referral and follow-up mechanism between community actors and health facilities.
- **Advocacy and awareness** : working with local leaders and families to address stigma and promote mental health help-seeking.

Through this Leadership Journey, I aim to strengthen my ability to lead system-level collaboration and gender-sensitive mental health programs. The project will contribute to a more coordinated community response to domestic violence and suicide risk, ultimately improving women's mental well-being and access to care in Kirehe District.



# MARIE PARFAITE MUHUZA

Managing Director

Rwanda Society of Obstetricians and  
Gynecologists (RSOG)

## ABOUT MARIE

Dr. Muhuza Parfaite is an obstetrician-gynecologist and sexual and reproductive health specialist dedicated to advancing women's health in Rwanda. She serves as Managing Director of the Rwanda Society of Obstetricians and Gynecologists (RSOG), overseeing strategic planning, partnerships, program implementation, and national capacity-building initiatives. Her work spans strengthening maternal health systems, advancing SRHR services, coordinating scientific conferences, and fostering international collaborations, with a consistent commitment to evidence-based practice and professional development for OBGYNs across Rwanda.

Dr. Parfaite is equally passionate about mentorship, innovative medical education, and research as drivers of improved health outcomes for women and girls.

She holds a Bachelor of Medicine and Bachelor of Surgery, a Master's degree in Obstetrics and Gynecology, and an MSc in Gender and Sexual and Reproductive Health and Rights, and has been recognized for her leadership contributions to reproductive health and professional development.

She believes women's leadership builds equitable, compassionate, and community-responsive health systems, with lived experience and empathy driving meaningful progress in maternal care, SRHR, and gender equity.



### FUN FACT:

Dr. Parfaite turns complex OBGYN concepts into board games for residents, because she believes the best learning happens when education is as engaging as it is practical.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Transforming Health Systems to Deliver Gender Responsive Care for Women and Girls Across Every Stage of Life

This project seeks to transform health systems to ensure that women and girls receive equitable, respectful, and high-quality care throughout their life course from adolescence to adulthood and into older age. Despite notable progress, many women and girls continue to face gender-based barriers that limit their access to essential health services, including sexual and reproductive health, maternal care, and preventive health interventions. The project aims to close these gaps by embedding gender equity, inclusiveness, and accountability at all levels of healthcare delivery.

By integrating a gender lens, the project will analyze how social norms, power dynamics, and health policies impact access and quality of care for women and girls. Through a health systems lens, it will strengthen service delivery, provider capacity, and data systems to ensure continuity, quality, and responsiveness. Finally, applying a leadership lens, the project will empower women health professionals and community leaders to take active roles in decision-making, advocacy, and mentorship, ensuring that transformation is driven and sustained by women themselves.

Ultimately, the initiative envisions a health system where women and girls are not only recipients of care but active partners in shaping a more equitable and responsive health future.



# MESERET ABEBAW

Nutrition Specialist

UNICEF

## ABOUT MESERET

Meseret Demissie is a passionate public health specialist and gender advocate with over 15 years of experience advancing health, nutrition, and women's empowerment in Ethiopia. She currently serves as Nutrition Specialist at UNICEF Ethiopia and as a board member of the Ethiopian Public Health Officers Association. Her career spans Chief of Party roles for CARE Ethiopia's MNCH and Nutrition programs and Deputy Country Director at MSI Reproductive Choices, leading large-scale initiatives across Sexual and Reproductive Health, Maternal and Child Health, Nutrition, WASH, Agriculture, Food Security, and Women's Economic Empowerment.

Meseret began her career as a health officer at a rural district health center, where her firsthand experience of unmet community health needs shaped her commitment to preventive, community-centered approaches.

She holds a BSc in Health Science and a Master of Public Health from Haramaya University, Ethiopia.

Having led initiatives that directly shape the lives of women and children, she believes the impact of women's leadership in public health is deeply personal — touching families, communities, and future generations.



### FUN FACT:

Meseret embraces life with full energy, she loves dancing, music, and laughing loudly with others, bringing that same joy into every room she leads.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Optimizing the ANC Platform to Deliver Multiple Micronutrient Supplements and Drive Adherence in Ethiopia

Aligned with WHO recommendations promoting multiple micronutrient supplements (MMS) as a safe, effective, and affordable alternative to iron–folic acid (IFA), Ethiopia has taken a leading role in Africa by implementing the continent’s largest MMS demonstration programme. The initiative generated strong local evidence consistent with global findings that MMS enhances maternal nutrition and pregnancy outcomes, including higher birth weights, while proving more acceptable and cost-effective than IFA. Given Ethiopia’s high annual number of pregnancies, scaling up MMS offers major health and economic benefits.

Building on this success, the Government of Ethiopia has developed a costed roadmap to guide the national transition from IFA to MMS by 2030, aligning with national and global nutrition targets. The Optimizing the ANC Platform to Deliver MMS and Drive Adherence in Ethiopia project will operationalize this roadmap through a multi-layered, community-driven approach emphasizing gender equity, health system integration, and local leadership.

A gender lens will be applied by ensuring women’s voices shape programme design, implementation, and evaluation addressing barriers to access and prioritizing women’s empowerment in decision-making. The health lens focuses on improving maternal and newborn outcomes through strengthened service delivery, evidence-based supplementation, and capacity building of health workers. A leadership lens will be embedded by engaging women leaders, health professionals, and government representatives in advisory and advocacy roles, fostering accountability and sustainability in maternal nutrition policy and practice.



# MESKELU KIDU

Consultant Internist and Nephrologist

Mekelle University's College of Health  
Sciences and Ayder Comprehensive  
Specialized Hospital

## ABOUT MESKELU

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Dr. Meskelu Kidu Weldetensia is a Consultant Internist and Nephrologist at Mekelle University's College of Health Sciences and Ayder Comprehensive Specialized Hospital in Ethiopia, with over 10 years of experience in clinical practice, teaching, and research. Her clinical focus spans chronic kidney disease, hemodialysis outcomes, and early detection strategies for high-risk populations. She recently served as Vice Chief Clinical Director, leading clinical governance, quality improvement initiatives, and multidisciplinary team coordination, while continuing to contribute to curriculum delivery, student assessment, and mentorship of junior doctors.

Dr. Meskelu graduated with an MD degree, earning a Gold Medal Award as the top-ranking student of her class, and was awarded a competitive scholarship to complete Nephrology Fellowship training in Khartoum, Sudan.

As Vice Chief Clinical Director, she witnessed firsthand the disparities in leadership opportunities for female health professionals — an experience that deepened her commitment to gender equity, mentoring women leaders, and building health systems where women's voices are represented and valued.

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### FUN FACT:

A proud mother of three, Dr. Meskelu believes empathy, humor, and faith are essential ingredients in both leadership and life, best discussed over a good cup of coffee.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Building Leadership Capacity Among Women Health Workers to Advance Gender Equity in Healthcare Systems

This project aims to build the leadership capacity of women health workers at Mekelle University's College of Health Sciences and Ayder Comprehensive Specialized Hospital to advance gender equity within Ethiopia's healthcare system. Although women represent a significant portion of the health workforce, they remain underrepresented in leadership and decision-making positions. This gender gap limits diverse perspectives in health management and undermines progress toward equitable and inclusive health services.

Through structured leadership development workshops, mentorship programs, and peer-learning platforms, this initiative will empower women health professionals to enhance their confidence, advocacy, and managerial competencies. Applying a gender lens, the project will identify and address institutional barriers—such as unequal access to leadership opportunities and work-life balance challenges—that hinder women's professional advancement. Using a health lens, the project will connect women's leadership growth with improved healthcare quality, responsiveness, and equity, particularly in areas affecting women and girls' health outcomes. The leadership lens will promote transformative, inclusive, and collaborative leadership models that enable women to influence decision-making and institutional policies.

Ultimately, the project seeks to foster a new generation of capable women leaders who will champion gender-responsive governance, drive sustainable improvements in health service delivery, and contribute to achieving equitable health outcomes in northern Ethiopia and beyond.



# NEEMA SIRIMA

Technical Lead for Health at Global Communities

**Pamoja Tuwalishe Program**

## ABOUT NEEMA

Neema Sirima is a Tanzanian public health leader with over 15 years of experience strengthening health systems across RMNCAH, nutrition, SRHR, WASH, and school health. She recently served as Technical Lead for Health at Global Communities under the USDA-funded Pamoja Tuwalishe program, and has previously held leadership roles at Plan International, Willows International, and RFSU Tanzania. Her career reflects steady progression from field-level implementation to strategic oversight, including leading the development of Tanzania's National School Health Guidelines and guiding national policy processes with government ministries.

Neema's expertise spans multi-sector program leadership, quality assurance, sub-national partnership management, and translating policy into practice through gender-responsive governance and accountability frameworks. She holds a Master of Public Health, is a member of the PMI Tanzania Chapter, and is currently preparing for her PMP certification to further strengthen her program governance leadership.

She is inspired by women leaders who bring accountability, resilience, and community-centered perspective to health governance, and by the growing presence of women influencing policy spaces that have historically excluded their voices.



### FUN FACT:

Neema's stress relief is reorganizing spaces, by the time every shelf is sorted and every drawer is cleared, her thoughts usually are too.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## From Guidelines to Governance: Strengthening National School Health Systems for Lasting Impact

Every year, many Tanzanian students attend schools that do not fully support their health needs. They miss lessons because of untreated infections, poor nutrition, or mental stress. Meanwhile, policies sit on shelves. Guidelines exist, but they are not embedded in daily practice or accountability systems.

This project addresses that gap by moving school health from paper to practice through stronger governance and institutional ownership. The focus is on embedding existing tools such as Student Health Record Cards, school Health screening guideline, School Health Clubs Guideline, digital reporting and other relevant frameworks into government plans, structures, and budgets. The aim is not a pilot or a one-off training but the creation of clear accountability for who does what, when, and with what support.

A gender lens will guide every step, examining how school health services meet or fail to meet the needs of school aged children and ensuring that student voices inform planning, safety protocols, and access to care. This approach recognizes that equity in health requires understanding and responding to the experiences of all children.

The initiative represents a leadership stretch, shifting from program implementation to long-term system change. It seeks to influence how institutions think as well as how they act, engaging government partners as co-owners and creating space for students, educators, and local leaders to share responsibility and drive lasting improvements.

What begins as a governance effort can grow into a national model for how Tanzania supports the health and wellbeing of students, offering an impact designed to endure.



# NELLY ALLE

Acting Director, Health Workforce  
Development

**Mastercard Foundation**

## ABOUT NELLY

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Nelly Alle is an experienced global health executive with over 15 years of expertise in healthcare financing, strategic health program leadership, and digital health solutions across public, private, and non-profit sectors. She is currently the Acting Director of the Health Workforce Development at the Mastercard Foundation, shaping initiatives that strengthen health systems.

With work experience spanning 20 countries, Nelly has led high-impact teams, managed multi-million-dollar budgets, and advised governments on healthcare financing. Her diverse career includes frontline nursing in rural Kenya, program management for TB, HIV/AIDS, and diabetes, and leadership roles in NGOs and the private sector, including Novo Nordisk. She has also served as a technical advisor to governments, a consultant for the International Diabetes Federation, and a Country Director, driving policy change and advocacy for non-communicable diseases.

She holds a Bachelor of Science in Nursing, a Master of Public Health from the University of Liverpool, and a Master of Science in Health Economics, Policy, and Management from the London School of Economics. Her work has been recognized with the Pharmaceuticals Marketing Excellence Award (2015) and the Skoll Award for Social Innovation (2022).

She believes women's leadership is essential for solving complex global health challenges and shaping more equitable health systems.



### FUN FACT:

Nelly loves cooking but hates washing dishes, enjoys reading, swimming, and spending time with her witty six-year-old twins!



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Tackling the Silent Emergency: Women and Non-Communicable Diseases in Africa

### Tackling the Silent Emergency: Women and Non-Communicable Diseases in Africa

Non-Communicable Diseases (NCDs) are the silent pandemic of the 21st century as they are causing three quarters of the mortalities globally. The NCDs include Cardiovascular Diseases, Diabetes, Cancer, Chronic Respiratory Diseases and Mental Health. For Women, especially in Low- and Middle-Income Countries (LMICs), gender norms that perpetuate inequalities and other social determinants make these women to be disproportionately affected by NCDs. Two out of every three women die from an NCD annually, accounting for 19million women.

A gendered lens to tackling NCDs is therefore and imperative. Women and girls face many barriers to timely access to care or screening services. As the sole caregivers in their homes, often the care of the children and the men is prioritized, leaving the women with limited time to seek preventive and screening services. Further gendered norms in LMICs result in limited physical activity for women, and their limited access to education makes it difficult to understand the risk factors for NCDs.

This project proposes to create a platform for women and girls to learn about NCDs, how to prevent them and why they should seek care. This will be achieved through a platform called 'Dear Nurse Nelly' that will provide culturally tailored, illustrative and evidenced based education on NCDs targeting women and girls. The platform will use local languages and grow to leverage AI to curate messages on NCDs that are cultural, gender and context relevant for women and girls. Beyond the platform, 'Dear Nurse Nelly' will facilitate linkage to care and leverage the platform to advocate for policy change and increased investments into NCDs by governments and development partners.

This project will help women and girls have better health outcomes and influence leaders and policy makers to prioritize and invest in NCDs.



# OLIVE BIRUNGI

Program Manager

**Fred Hutch**

## ABOUT OLIVE

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Olive Birungi is a public health specialist with over 12 years of experience in research, training, and program management across intensive care, MNCH, infection prevention and control, and non-communicable diseases. She currently serves as Program Manager coordinating multiple donor-funded health projects and training grants, leading capacity building and health systems strengthening initiatives in cancer care across Uganda and Kenya. Her earlier career spans roles as Senior Behavior Change Specialist, Medical Trainer, Research Coordinator, and clinical positions as Head of Medical and Surgical Wards and ICU Nurse — reflecting a rare breadth from bedside to strategy.

Olive's expertise integrates evidence-based program design, digital health tools, mentorship, and community engagement to translate research into sustainable public health impact.

She holds a Master of Public Health in Health Promotion, a Bachelor of Public Health, and a Diploma in Nursing, complemented by training in Implementation Science and Health Program Management.

She believes that women's leadership in global health strengthens skills, broadens perspectives, and creates networks of purpose-driven leaders committed to meaningful, lasting impact.



### FUN FACT:

Olive is a creative at heart, she previously ran a lifestyle and travel YouTube channel, and brings that same eye for storytelling to curating fashion and exploring new cultures.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Increasing Cervical Cancer Screening Uptake Among Health Workers

Cervical cancer remains a leading female cancer in Uganda, with mortality exceeding 50% despite being largely preventable through early detection. The nationwide once-in-a-lifetime screening rate is between 4.8% and 30%. In the central region, where the Uganda Cancer Institute (UCI), which is the national centre of excellence for cancer care, provides comprehensive services in prevention, diagnosis, treatment, and palliation, only 7% of the female population has been able to utilise the preventive services.

The UCI employs over 500 members, with more than half of them being women. Despite being knowledgeable, the majority have never screened for cervical cancer; they often face barriers which could be personal or institutional, such as being screened by a colleague, fear of lack of confidentiality, among others, leading to the low uptake of the services.

This project aims to improve the uptake of cervical cancer screening services among female health workers at the UCI. This will be done through the creation of a supportive, accessible, and confidential environment. Furthermore, the project will address the challenges women face in professional settings, reinforcing preventive care as an essential component for personal and occupational health. Leaders at the UCI will be engaged to champion the initiative, model health-seeking behaviour, and integrate screening services into the staff wellness program.



# RABIA ABEID KHAJI

Head of Monitoring, Evaluation, and Learning (MEL), TB and Business Unit/  
National Coordinator at TTWN

**SHDEPHA+ & Tanzania TB Women  
Network (TTWN)**

## ABOUT RABIA

Rabia Abeid Khaji is a Tanzanian public health leader with over a decade of experience advancing gender-responsive, community-led responses to tuberculosis, HIV, and malaria. She serves as Head of Monitoring, Evaluation, and Learning at SHDEPHA+, overseeing donor-funded portfolios exceeding USD 12.9 million supported by USAID, the Global Fund, UNOPS, and the Stop TB Partnership. She is also the founder and National Coordinator of the Tanzania TB Women Network (TTWN), championing women's leadership in the TB response. Her career spans roles as Technical Manager for Community TB Services, TB REACH Technical Lead, and M&E Manager, reflecting steady progression from education into transformative public health leadership.

Rabia's expertise integrates gender equality, community engagement, resource mobilization, operational research, and evidence-based advocacy into national and global health responses.

She holds a Master of Social Work from Assam Don Bosco University, India, and a Bachelor's degree in Development Studies from Makerere University, Uganda, complemented by global certifications in TB research, gender programming, HIV, malaria, AI, and health systems from the University of Washington, McGill University, and MJNLS.

She believes that when women lead, policies become more inclusive, communities more empowered, and health outcomes more sustainable, and is passionate about amplifying women's voices in decision-making spaces at every level.



### FUN FACT:

Rabia finds her deepest clarity at her rice farm, where the rows are straight, the pace is slow, and her best ideas tend to grow.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Strengthening the TB Women Tanzania (TWT) to Amplify Women's Leadership and Advance Gender-Responsive TB Care

Tuberculosis (TB) continues to be a leading public health challenge in Tanzania, and gender plays a critical role in shaping its impact. Although women make up the majority of caregivers and a significant proportion of those affected by TB, they remain underrepresented in decision-making, advocacy, and program design. They also face gender-specific barriers including stigma, economic dependency, limited access to information, and restricted health-seeking autonomy which affect their ability to access timely care.

The TB Women Tanzania (TWT) was established to address these inequities by mobilizing and empowering women in all their diversity including TB survivors, health workers, key populations, and advocates to actively participate in and influence the TB response. This project seeks to strengthen TWT's capacity, visibility, and leadership role so it can become a national driver of gender-transformative TB advocacy and policy change.

Applying a gender lens, the project will focus on addressing structural and social barriers that limit women's engagement in TB care. A health lens will ensure that interventions improve equitable access to services and outcomes, while a leadership lens will prioritize building the capacity of women to lead advocacy, policy dialogue, and community mobilization efforts.

Planned activities include leadership and advocacy training, stigma-reduction campaigns, documentation of women's experiences in the TB care cascade, engagement with policymakers, and integration of gender perspectives into national TB strategies. By the end of the Leadership Journey, TWT's will be a stronger, more influential movement elevating women's voices, informing policies, and transforming Tanzania's TB response to better meet the needs of women and girls



# SARAH KWEYAMBA

Project Manager

Amref Health Africa

## ABOUT SARAH

Sarah Kweyamba is a medical doctor and public health specialist with over nine years of experience managing health programs in Tanzania. She currently serves as Project Manager at Amref Health Africa, leading a large-scale vaccination project and guiding cross-functional teams to deliver high-impact immunization interventions. Previously, she coordinated a regional HIV care and treatment project, providing technical support, capacity building, and performance improvement guidance to health workers and key stakeholders across diverse populations.

Sarah's expertise spans health systems strengthening, data-driven decision-making, and designing sustainable, community-centered interventions that improve service delivery and health outcomes.

She holds a Doctor of Medicine from Hubert Kairuki Memorial University and a Master of Public Health from MUHAS. She has been recognized among the Global Top 5 Amref Best Program Managers and awarded Overall Employee of the Year for the DCP Programme.

She believes women leaders play a critical role in driving innovative, equitable, and sustainable health solutions — and is motivated by diverse perspectives, mentorship, and the power of collaborative networks.



### FUN FACT:

Sarah is an introvert who recharges with oldies music and quiet reflection — then channels that energy into her next adventure, whether exploring a new place or making memories with her family.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Leading Change in Adolescent Mental Health: Centering Girls and Strengthening Community Systems

This project focuses on improving adolescent mental health by addressing the specific needs of girls and building stronger community support systems. Adolescence is a crucial stage of growth, but many young people, especially girls, face barriers to accessing mental health care. Conditions such as depression and anxiety are often worsened by stigma, social pressures, and limited access to youth-friendly services.

The project will work with schools, families, and health providers to improve early identification of mental health challenges and connect adolescents to care. Activities include training teachers and community leaders to recognize warning signs, creating safe peer support spaces, and strengthening referral pathways to adolescent-friendly health services. Adolescent girls will be empowered as peer leaders to raise awareness, reduce stigma, and promote mental well-being among their peers.

The project will also engage caregivers, community leaders, and policymakers to foster supportive environments and advocate for policies that prioritize adolescent mental health. By bringing together communities, schools, and health systems, this initiative aims to create lasting improvements in adolescent mental health and resilience.

MEET OUR  
EAST AFRICA  
LEADERSHIP  
JOURNEY  
COHORT B







# AIKA ABIA SHOO

Paediatrician at the Pediatric Intensive Care Unit

**Muhimbili National Hospital**

## ABOUT AIKA

Aika Abia Shoo is a paediatrician with over nine years of clinical experience in pediatric and critical care medicine, currently practicing in the Pediatric Intensive Care Unit at Muhimbili National Hospital. She also serves as Honorary Lecturer at Muhimbili University of Health and Allied Sciences, contributing to teaching, mentorship, and supervision of medical trainees. Her earlier roles include Medical Officer in Pediatric Oncology and Pediatrics, building broad expertise in patient management, clinical training, and healthcare service coordination.

Aika is actively engaged in clinical research, quality improvement projects, and international academic collaborations aimed at advancing child health outcomes across Tanzania and beyond.

She holds a Master of Science in Pediatrics and Child Health and a Doctor of Medicine from MUHAS, and is a recipient of multiple national and international awards and certifications in pediatric critical care, ultrasound, emergency pediatrics, and clinical research.

She is inspired by women's leadership in global health for its focus on equity, collaboration, and community-centered solutions, and by the power of women leaders to advocate for vulnerable populations and mentor the next generation.



### FUN FACT:

Aika recharges by baking, trying new recipes, and exploring new cultures through travel, bringing the same curiosity and care to her kitchen as she does to her patients.



## HEALTH LEADERSHIP PROJECT

### Optimizing Pathways to Leadership

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## Advancing Family-Centred Paediatric Care through Female Nurse Leadership and Digital Learning at Muhimbili National Hospital

As a paediatrician and Head of the Paediatric Outpatient Clinics at Muhimbili National Hospital (MNH), I lead multidisciplinary teams where nurses form the backbone of child-health delivery. Yet, despite comprising nearly 89 % of MNH's 1,095 nurses, few women advance academically or assume leadership roles. Barriers such as demanding shifts, limited study leave, family responsibilities, and high tuition fees (TZS 1.4 million per year at MUHAS versus average monthly salaries of TZS 0.8–1.0 million) make continued education difficult. These constraints limit professional growth, confidence, and ultimately the quality of paediatric and family-centred care.

#### Leadership Problem:

Educated and empowered nurses are critical for child-health outcomes, yet systemic barriers within the hospital prevent them from accessing further training. The absence of flexible learning policies and digital-learning infrastructure means that most female nurses cannot upgrade their skills while maintaining clinical duties. As a result, paediatric services face inconsistent family communication, reduced adherence to care protocols, and lower staff morale.



# ALMAZ BERHE WELDEMICAL

Assistant Professor of Pediatrics and  
Child Health Nursing

**Mekelle University.**

## ABOUT ALMAZ

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Almaz Berhe Weldemical is a pediatric and midwifery specialist and Assistant Professor of Pediatrics and Child Health Nursing at Mekelle University, with over a decade of experience across academic, clinical, and programmatic roles in maternal, newborn, and child health. She serves as President of the Ethiopian Midwives Association (Tigray) and represents Tigray midwives at the national level. Her work spans teaching and student supervision, clinical guideline development, GBV response, breastfeeding promotion, applied research, healthcare provider training, and community-based ECD initiatives that have strengthened service delivery across Tigray.

Almaz's expertise integrates gender advocacy, early childhood development, and evidence-based interventions with a consistent commitment to mentorship and women's leadership.

She holds an MSc in Pediatric and Child Health Nursing with Great Distinction and a BSc in Midwifery with Distinction from Addis Ababa University, and has been recognized as Best Researcher of the Year and awarded a global breastfeeding advocacy scholarship.

Through her work in pediatrics, midwifery, and GBV response, she believes women's lived experiences are the foundation of practical, transformative solutions that create lasting community impact.



### FUN FACT:

Almaz runs Almi Care Naturals, producing cold-pressed oils, creams, and nutritious foods that blend traditional remedies with modern knowledge — because she believes nature and food are among the most powerful medicines.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## The First 1,000 Days Initiative: Integrating Local Nutritional Interventions (Almi Mitin) for Mothers and Children in Kola Temben, Tigray.

In post-conflict Tigray, the destruction of approximately 80% of health infrastructure has decimated the delivery of Essential Nutrition Actions (ENA). In districts such as Kola Temben, recent 2025 assessments indicate that over 70% of pregnant and lactating women are severely malnourished, while proxy Global Acute Malnutrition (GAM) rates among children under five have reached an alarming 62% (DG ECHO, 2025; UN OCHA, 2025). Across urban Tigray, acute malnutrition among children aged 6-23 months is currently at 44.3%, creating an irreversible risk of permanent physical and cognitive stunting (Gebremedhin et al., 2026).

My project, The First 1,000 Days Initiative, shifts the focus from short-term emergency aid to a resilient, community-led health system. I will lead the integration of Almi Mitin a nutrient-dense, locally-sourced formulation as a primary clinical intervention. Scientifically, this blend provides superior protein, iron, and zinc bio-availability compared to traditional single-grain porridges, which is essential for addressing the high prevalence of anemia and micro-nutrient deficiencies in Kola Temben (Max Foundation, 2024).

The leadership core of this project is a Transformative Mentorship Model. I will train a network of nurses and midwives to become “Nutrition Champions” who move beyond simple distribution to become strategic advocates. These leaders will conduct data-driven parental coaching and influence local clinical policy to ensure every prenatal visit includes standardized nutritional counseling.

This initiative is a direct contribution to the Ethiopia National Food and Nutrition Strategy and the Seqota Declaration Scale-up Phase (2026–2030), which aims to eliminate the cycle of malnutrition by achieving a zero-stunting rate among children under two and reducing under-five stunting to 13% by 2030 (Ministry of Health Ethiopia, 2021). By empowering women health professionals to lead this local innovation, we build a health system that is resilient to conflict and capable of sustaining Ethiopia’s long-term recovery.



# CAROLINE ACHOLA

Assistant Commissioner Department  
of National Health Laboratory and  
Diagnostic Services

**Ministry of Health, Uganda**

## ABOUT CAROLINE

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Dr. Caroline Achola is a medical doctor and pathologist serving at the rank of Assistant Commissioner at the Ministry of Health of Uganda, under the Department of National Health Laboratory and Diagnostic Services. As Head of the Division of Clinical Pathology and Laboratory Services, she provides strategic leadership, guides national policy direction, and oversees diagnostic interventions across Uganda's health system. Her career has been defined by a commitment to accessible, affordable, and high-quality diagnostic services that enable timely treatment and improve patient outcomes.

Dr. Achola holds an MBChB and a Master of Medicine in Pathology from Makerere University College of Health Sciences, and completed a Global Health Fellowship in Clinical and Anatomic Pathology, with a focus on Hematopathology, at Danbury Hospital, Connecticut, USA.

She views science as a tool for serving humanity, and is passionate about building sustainable networks of women leaders that advance meaningful dialogue on the complex challenges women face within gendered socio-cultural contexts.



### FUN FACT:

Dr. Achola is a quiet force, a little reserved at first, but she warms quickly into laughter and conversation on just about any subject, and her loyalty to friends is unwavering.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Enhancing Diagnostic Quality: Developing a Quality Management System Framework for the Pathology Laboratory at Mulago Specialised Women and Neonatal Hospital.

Reducing premature deaths from NCDs, including cancer, by 30% by 2030 requires strong laboratory systems capable of delivering accurate and timely diagnoses. In LMICs, underdiagnosis and misdiagnosis remain widespread, leading to avoidable deaths, drug wastage, social and economic disruption, and disproportionate impacts on women and families. Medical errors, though underreported in many countries, are a major cause of mortality and undermine trust in health systems.



# CAROLYNE NYARIKI

Lecturer and Chair of the Department of Midwifery

**Jomo Kenyatta University of Agriculture and Technology**

## ABOUT CAROLYNE

Dr. Carolyne Kerubo Nyariki is a registered nurse, midwifery educator, and researcher with over 15 years of experience in nursing education, reproductive health, and health systems strengthening. She serves as Lecturer and Chair of the Department of Midwifery at Jomo Kenyatta University of Agriculture and Technology, where she teaches, mentors students, and supervises research focused on obstetric triage and maternal health outcomes. She has contributed to national guidelines on nursing and advanced practice midwifery training in Kenya, and served as curriculum developer and reviewer with AMREF and the Nursing Council of Kenya. Her earlier career spans roles as PMTCT Coordinator with the CRISS Project, PMTCT Nurse at Pumwani Maternity Hospital, and Research Assistant with Jhpiego.

Dr. Nyariki holds a PhD in Nursing (Midwifery), an MSc in Midwifery and Obstetric Nursing, and a BSc in Nursing (cum laude), complemented by certifications in emergency obstetrics, online pedagogy, reproductive health, and executive health management training.

She believes that well-equipped women leaders add transformative value to healthcare delivery, research, policy, and training, particularly in advancing maternal and reproductive health through evidence-based advocacy.



### FUN FACT:

Dr. Nyariki carries seven names, each one a thread of family heritage, cultural identity, and faith, woven together into a story of lineage, resilience, and purpose.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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# A Digital Capacity Building Program For Midwifery Clinical Mentors For Improved Student Mentorship In Maternity Units In Selected County Referral Hospitals In Kenya

Midwifery is critical to improving maternal and newborn health outcomes in low- and middle-income countries. In Kenya, maternal mortality and neonatal mortality remain high, falling way below the projected SDG targets. While recognizing the efforts that have been made to strengthen midwifery education, challenges still persist in clinical areas where mentors lack structured clinical mentorship training and support. With the high student numbers noted in the maternity units of most clinical placement sites in public hospitals, it is therefore crucial that clinical mentors undergo a structured training to provide them with structured approaches to mentorship of students.

The WHO's Framework for Action to Strengthen Midwifery Education outlines a seven-step action to strengthen quality midwifery education: 1. Strengthening leadership and policy; 2. Gathering data and evidence; 3. Building public engagement and advocacy; 4. Preparing educational institutions, practice settings and clinical mentors; 5. Strengthening faculty, standards and curricula; 6. Educate students; and 7. Monitor, evaluate, review and adjust. This project proposes a digital capacity building program for midwifery clinical mentors in selected County Referral Hospitals in Kenya to improve student mentorship in maternity units, envisioned to be achieved through steps 3 and 4 of the Framework.

The training will incorporate modules on clinical leadership, critical thinking and decision making, clinical mentorship and preceptorship and advocacy in clinical mentorship. It will also sensitize mentors to gender dynamics affecting both care provision and learning environments in reproductive health settings, incorporating respectful care as part of the key areas. The program will contribute to improving quality of care by strengthening midwifery education, an important determinant in maternal and newborn health outcomes. This will foster standardized, empowered and effective mentorship practice.



# DR. WANGECI WAMBUI

Assistant Coordinator for the LEA-WH Programme

**KEMRI**

## ABOUT WANGECI

Dr. Wangeci Wambui is a Specialist Obstetrician-Gynecologist with 19 years of clinical practice and extensive experience in maternal health programming, health systems strengthening, and medical education. She currently serves as Assistant Coordinator for the LEA-WH Programme at KEMRI and as Course Director for Advanced Life Support in Obstetrics, overseeing training across Kenya, Tanzania, and Ghana since 2016. She is also a member of the Collaborative Learning Network on Health Financing and Fiscal Sovereignty at University College London, and has held leadership roles as Director of Programmes at the Africa Health Governance Institute and the Thriving Teens Foundation. A skilled laparoscopic surgeon, she has maintained a specialist private practice since 2014.

Dr. Wangeci holds a Master of Medicine in Obstetrics and Gynaecology and a Bachelor of Medicine and Surgery from the University of Nairobi, complemented by advanced certificates in Global Health Leadership and Implementation Science from the University of Washington and Columbia University.

She is driven to improve women's health across the life course through innovative, rights-based, woman-centered programs, championing evidence-based interventions, PHC integration, and youth and men-friendly services to build resilient, equitable health systems.



### FUN FACT:

Dr. Wangeci is ambidextrous and has lost 50 kilograms



## HEALTH LEADERSHIP PROJECT

### Optimizing Pathways to Leadership

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## Bridging The Gap: Building Inclusive Pathways For Women's Health Leadership Across East Africa's Health System Levels

East Africa's health systems are structurally layered, yet women health professionals rarely move fluidly across these levels in leadership roles. Talented clinicians and implementation scientists generating frontline evidence frequently lack the networks, visibility, and institutional pathways needed to translate their expertise into leadership at county, national, or regional levels. These are system design failures, compounded by gender, and they result in a leadership pipeline that leaks at every transition point.

My project will map the specific structural barriers and enablers women face at each health system level; community, facility, county, national, and regional, through structured listening with women working across these levels in East Africa. Drawing on those findings, I will co-design practical bridging mechanisms with women at each level, including cross-level mentorship linkages, peer learning forums, and self-advocacy tools. The project is anchored within KEMRI and will engage partners across KOGS, ECSACOG, and county and national health departments.

The intended impact is a more permeable, gender-responsive leadership pipeline, one where frontline evidence and women's leadership capacity shape health systems at every level.



# CECILLIAH MBAKA

Senior Technical Advisor, Health in  
Emergencies

CARE USA

## ABOUT CECILLIAH

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Dr. Cecilliah Gakii Mbaka is a medical doctor and global health leader with over a decade of experience advancing sexual and reproductive health and rights, humanitarian health systems, and gender-responsive programming across East Africa. She has held senior advisory and leadership roles in international humanitarian and development organizations, providing strategic guidance on SRHR integration in emergencies, health systems strengthening, and emergency preparedness. Her work spans stakeholder engagement, frontline health worker capacity building, digital health innovation, and coordination within health platforms, consistently focused on creating context-specific tools that improve care for women and girls in fragile settings.

She also leads women-centered health coaching initiatives grounded in evidence-based nutrition and lifestyle medicine, bridging public health expertise with direct community impact.

Dr. Gakii holds an MBChB, an MPH with a focus on health systems strengthening, and a Postgraduate Diploma in Infectious Diseases, integrating clinical medicine, epidemiology, and systems leadership across humanitarian and public health contexts.

She believes women's leadership reshapes health priorities by centering dignity, community voice, and equity, ensuring health systems truly respond to the realities of women and girls.



### FUN FACT:

Dr. Gakii lifts heavy weights with joy and discipline, and tends a growing collection of succulents, both daily reminders that strength and resilience are built one rep, one root, at a time.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Bridging the Gap: A Toolkit for Gender-Responsive SRHR Implementation in Humanitarian Settings

My leadership project aims to strengthen the operationalization of sexual and reproductive health and rights (SRHR) for women and girls in humanitarian settings across East Africa. While the Minimum Initial Service Package (MISP) provides a globally recognized framework for SRHR in emergencies, many humanitarian actors face challenges in translating it into actionable, context-specific interventions. This project seeks to bridge that gap by developing a practical, user-friendly toolkit that supports frontline responders and coordination teams in implementing gender-responsive SRHR interventions effectively.

Applying a gender lens, the toolkit will center the unique needs and rights of women and girls, ensuring that programming is inclusive, equitable, and responsive to lived realities. Through a health lens, it will reinforce the critical role of SRHR as a lifesaving component of emergency response, aligned with global standards but adapted to local contexts. The leadership lens will guide the process of stakeholder engagement, cross-sectoral collaboration, and capacity strengthening, allowing me to grow as a systems-oriented leader while mentoring others and influencing policy spaces.

This project expands beyond my day-to-day technical advisory role by challenging me to lead a co-creation process, translate evidence into practice, and advocate for sustainable change in how SRHR is prioritized in emergencies. It reflects my commitment to advancing the health and dignity of women and girls in crisis settings.



# DIANA NAMBATYA

Co-CEO

TIP Global Health

## ABOUT DIANA

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Dr. Diana Nambatya Nsubuga, PhD, is a senior global health leader with over 20 years of experience advancing Primary Health Care, RMNCAHN, and health systems reform across Sub-Saharan Africa. She currently serves as Co-CEO of TIP Global Health, leading PHC and RMNCAHN reforms across Africa and scaling the TIP model in Burundi, Somalia, and Rwanda. Her career spans roles as Africa UHC Co-Chair, Regional Director at TIP, Senior Technical Advisor to the Global Leaders Network, Africa Regional Deputy Director at Living Goods, Deputy Country Director in Uganda, Consultant for Women Deliver, and Associate Professor at Makerere University, bridging research, policy, and implementation at the highest levels.

Dr. Diana specializes in supporting governments to design, finance, and implement UHC-aligned strategies, mobilizing financing and strengthening multistakeholder platforms for sustainable, equity-focused health outcomes.

She holds a PhD in Public Health, an MSc in Population and Reproductive Health, advanced training from Johns Hopkins Bloomberg School of Public Health, and a PGD in Project Planning. She is a recipient of the TIAW World of Difference Award, Women Champion Award, and American Express Ngen Leadership Award.

She believes women leaders drive equitable, inclusive solutions that transform communities, and is committed to inspiring the next generation of global health changemakers.



### FUN FACT:

Dr. Diana was the first female graduate from her village, and is also an award-winning urban farmer who empowers communities through nutrition and sustainable agriculture, proving that growing food and growing leaders are not so different.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Voices of Change: Women Leading Community Health

### ElevateHER Primary Health Leadership Initiative

In East Africa, women make up approximately 70% of the health workforce but occupy only about 25% of leadership roles (PMC, 2023). This gap limits local decision-making and reduces the effectiveness of primary health care delivery in communities, particularly in maternal, child, and preventive health services.

The ElevateHER Primary Health Leadership Initiative aims to empower women and girls as leaders in community-level primary health care. The project will follow a phased, community-driven approach, starting with a needs assessment to identify local health challenges, leadership gaps, and potential female change-makers. From this, 20–30 women and girls from diverse backgrounds will be selected for a customized leadership and primary health care training program, co-designed with public health experts and community stakeholders.

Training will focus on key primary health care areas, including maternal and child health, nutrition, infectious disease prevention, mental wellness, health promotion, and advocacy skills. cohorts will also receive mentorship from established women leaders in health and civic sectors, strengthening their ability to lead locally and influence community health outcomes.

To support sustainability, the project will establish a Community Women Health Leadership Council, which will co-create health campaigns, facilitate community dialogues, and engage local institutions to influence resource allocation and policy. An open-source digital toolkit featuring replicable training modules, templates, and success stories will allow other communities to adopt and scale the model.

By investing in women as leaders in community primary health care, this initiative builds a sustainable pipeline of local champions who will transform how health is delivered, accessed, and experienced at the grassroots level, creating lasting impact across communities.



# DIANE KAYITESI

Senior Child Health Advisor

**JHPIEGO/ Rwanda**

## ABOUT DIANE

Dr. Diane Patricie Kayitesi is a consultant pediatrician and child health specialist with over 10 years of experience improving child survival, newborn care, and early childhood development in Rwanda. She has led national ETAT+, IMCI, CCD, digital IMNCI, and quality-of-care initiatives in close collaboration with the Ministry of Health and partners. Her previous roles include Director of Medical and Allied Health Services and Head of Pediatrics at Muhima Hospital, Kigali, where she contributed to national mentorship programs, clinical guideline development, and partner coordination to advance child health outcomes.

Dr. Diane's expertise spans clinical leadership, health systems strengthening, policy development, and multisectoral approaches, with a consistent commitment to evidence-based solutions that improve outcomes for children and families.

She holds an MD, a Master of Medicine in Pediatrics, and an MSc in Public Health, with certifications in neonatal and pediatric emergency care. She is an award-winning poster presenter and certified mentorship master trainer.

She believes that when women lead, health policies become more inclusive, solutions more sustainable, and progress for families and communities



### FUN FACT:

Even on the longest workdays, you will find Dr. Diane quietly humming to herself as she thinks through complex problems, music is how she processes, and dancing is how she celebrates.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Women-Led Early Nutrition Action : Empowering Mothers And Adolescent Girls To Prevent Childhood Severe Malnutrition In Rwanda

Child malnutrition remains a significant public health challenge in Rwanda, particularly in rural areas where access to nutrition education and services and real food is scarce. In Rwanda, there are districts which have more cases of stunting. As a pediatrician and child health advisor with over a decade of experience, i have witnessed firsthand how mothers and adolescent girls, the primary caregivers, play a critical role in shaping child health outcomes. However, their potential as leaders and decision-makers in nutrition is often underutilized.

This project, Women-Led Early Nutrition Action (WENA), aims to prevent child malnutrition by empowering mothers and adolescent girls through targeted nutrition education, community engagement, and leadership development. By applying a gender lens, the project will address social norms that limit women's influence in household and community health decisions. Through a health lens, it will equip caregivers with practical tools to monitor child growth, recognize early signs of malnutrition, and implement home-based nutrition solutions. Using a leadership lens, the project will build capacity among female health workers and community members to lead nutrition-focused initiatives and advocate for systemic change.

The project will be implemented through existing community health structures, supported by a toolkit, training materials, and an advisory board made of women leaders. It will be piloted in selected districts with more children with severe chronic malnutrition(stunting) rates, using health centers level data to guide prioritization and measure the impact. Ultimately, this initiative seeks to create a scalable model that centers women and girls as key agents in preventing childhood malnutrition and improving child health outcomes in Rwanda.



# ELEANOR NAMUSOKE MAGONGO

Senior Program Officer Pediatric and  
Adolescent HIV Care and Treatment

**Ministry of Health, Uganda**

## ABOUT ELEANOR

Dr. Eleanor Namusoke Magongo is a Pediatrician and Child Health Specialist with 20 years of experience leading pediatric and adolescent HIV programs across Sub-Saharan Africa. She has served at Uganda's Ministry of Health STI/AIDS Control Program for over 13 years, where she leads the national program for children and adolescents living with HIV. She sits on several high-level advisory bodies including the global PEPFAR Scientific Advisory Board, WHO Adolescent HIV Service Delivery Technical Working Group, Child Survival Working Group, and WHO HIVReSNet Steering Group.

Dr. Magongo's career spans clinical roles at Mulago National Referral Hospital and Baylor College of Medicine, program coordination at the Joint Clinical Research Centre, and technical advisory roles at Management Sciences for Health, effecting steady progression from bedside care to national policy leadership.

She holds a Bachelor of Medicine and Surgery, a Master of Medicine in Pediatrics and Child Health, and training in Implementation Science Research.

She is energized by hearing women's voices rise in leadership spaces, and believes amplifying those voices is essential to building more equitable, responsive health systems.



### FUN FACT:

Dr. Magongo writes gospel music and loves singing and dancing to it.



## **Governance, Leadership and Systems to Strengthen Regional Collaboration, to Improve and Sustain Child and Adolescent Health Programs (GLS-RISCAH Project) through STREPP Health for Africa**

Establishing STREPP Health for Africa Limited as a strong continental entity aimed at improving child and adolescent health outcomes through research, generating evidence-based interventions and their translations into policy and practice, and through creating peer-peer learning communities of practice.

Following over 20 years of experience supporting teams in sub-Saharan Africa to design, implement and monitor Paediatric and Adolescent HIV program, and knowing that over 80% of children living with HIV under 15 years old are living in Africa, I observed with concern that there is no dedicated meeting on the African continent that is focused on bringing together stakeholders in the pediatric HIV field to share research findings, share best practices, and to support the translation of research findings into policy and practice. I also noted that there is no platform that brings together Ministry of Health teams on the African continent, specifically those leading Pediatric and adolescents, PMTCT programs to share best practices, guidelines and tools to improve Paediatric and Adolescent HIV programs on this continent that is worst hit by the HIV epidemic.

In 2021, I founded the International Paediatric HIV/AIDS Symposium for Africa (IPHASA), a scientific and abstract driven continent-wide platform where African paediatric and adolescent HIV researchers, implementers, and policy-makers gather to share original research, showcase innovations and build skills in implementation science. Through this symposium, we aim to support evidence-to-practice translation so that what works in research settings becomes routinized in real-life settings. As part of this meeting, we conduct Implementation Science Research (ISR) capacity building sessions and we provide research grants to young African researchers to utilize the knowledge they acquire. We have held 3 meetings and we are organizing the 4th this year 2026 from the 2nd-4th December in South Africa. This meeting takes place every two years.

To address the gap with the Ministry of Health officials, I founded another meeting called the Paediatrics and Adolescent HIV Learning Collaborative for Africa (PAHLCA). This is a peer-to-peer learning platform for Ministry of Health teams to share best practices, foster learning, innovation, and collaboration in the field of pediatric and adolescent HIV/AIDS. It is a workshop-based meeting that focuses on a topic that is relevant at that particular time. Group engagements are key at this meeting to allow different country teams to share their experiences and to learn from each other. This meeting which was initially held twice a year for the first two years beginning in 2021, is now held once a year. We have held 7 meetings and we are currently planning for the 8th meeting as a pre-IPHASA workshop from 30th November to 1st December 2026.

I founded an “Umbrella entity” for support the organization of these meetings. The “Umbrella entity is called” STREPP Health for Africa Limited. STREPP stands for Supporting the Translation of Research Findings and Evidence-based Practices into Policy and Practices. We now need to formally register the entity with the Uganda Registration Services Bureau (URSB), to develop governance and leadership structures, have a home for the entity, create more awareness of the work we are doing, to mobilize more funds and to recruit full time staff. This will enable us work more efficiently and effectively.

### PROJECT OBJECTIVES

1. To formally register STREPP Health for Africa Limited with the Uganda Registration and Services Bureau (URSB).
2. To establish governance and leadership structures for STREPP Health for Africa
3. To establish a “home for STREPP Health for Africa Limited.
4. To increase awareness of STREPP Health for Africa, on the African continent and beyond, and to create a stronger regional presence to improve child and adolescent Health outcomes.
5. To mobilize resource (financial and Human) to support the objectives of STREPP Health for Africa Limited.



# ESTELLA BIRABWA

Program Manager/ Deputy Country  
Director

PEPFAR/ Walter Reed Army  
Institute of Research

## ABOUT ESTELLA

Dr. Estella Birabwa is a public health specialist and strategic health systems leader with over 20 years of experience in HIV and TB programming in Uganda. She currently serves as PEPFAR Program Manager and Deputy Country Director for the Walter Reed Army Institute of Research in Uganda, providing strategic oversight for large-scale HIV initiatives. Previously, she served as Program Management Specialist for TB/HIV at USAID/Uganda, leading reforms that strengthened national policy and improved treatment outcomes. Her career also spans senior roles at the International Union Against TB and Lung Disease, Makerere University School of Public Health, Uganda Virus Research Institute, and the Infectious Diseases Institute, encompassing program management, research, quality improvement, and health systems strengthening.

She holds a Bachelor of Medicine and Bachelor of Surgery, a Master of International Public Health, and is currently pursuing an MBA in Health Care Management. She is a recipient of multiple Mission and Eagle Awards, including the prestigious U.S. Mission Locally Employed Staff of the Year Award.

She believes that when women lead, policies reflect lived realities, especially for mothers and vulnerable communities, driving greater accountability, innovation, and compassion across health systems.



### FUN FACT:

Dr. Estella finds joy in nurturing her garden and has more recently discovered a passion for the gym, both daily reminders that growth, at any stage of life, is always worth the effort.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Improving Pre-Exposure Prophylaxis Uptake Among Pregnant And Breast-Feeding Women

Low uptake of PrEP among pregnant and breastfeeding (PBF) women reflects intersecting gender, health, and leadership challenges. Gender norms often limit women's autonomy in making health decisions—many fear partner backlash, stigma, or accusations of infidelity if they use PrEP. Health systems, in turn, are frequently not designed to empower women with confidential, informed choices during pregnancy and breastfeeding. Providers may lack gender-sensitive training, leading to hesitancy in offering PrEP or inadequate counselling on its safety and benefits.

From a health systems perspective, integrating PrEP into maternal and child health (MCH) services ensures that prevention is seen as a core component of maternal care, not an optional add-on. Strengthening provider capacity, ensuring consistent PrEP supplies, and using client-centred approaches such as same-day initiation, multi-month refills, and respectful counselling will improve accessibility and adherence. Community-level engagement that involves men and champions positive masculinities can reduce stigma and support shared responsibility for HIV prevention within families.

Applying a leadership lens, national and facility-level leaders must champion PrEP as a life-saving intervention for women and infants. Leadership involves creating enabling policies, allocating resources, and fostering accountability for integrating PrEP into antenatal and postnatal platforms. Women leaders at community, clinical, and policy levels, can play a transformative role in normalizing PrEP, mentoring peers, and ensuring that women's voices shape service design.

Improving PrEP uptake among PBF women is therefore not only a public health priority but also a gender equity and leadership imperative. Empowering women to protect themselves and their children from HIV through supportive systems and visionary leadership advances maternal health, strengthens families, and accelerates progress toward eliminating pediatric HIV.



# EVE NAMISANGO

Executive Director

**African Palliative Care Association**

## ABOUT EVE

Dr. Eve Namisango is a global health and palliative care leader serving as Executive Director of the African Palliative Care Association, where she previously headed Research, Learning, Innovations, and Programmes. A distinguished researcher and educator, she holds honorary lectureships at the Institute of Hospice and Palliative Care in Africa and Cardiff University, and honorary research fellowships at Makerere University and the Cicely Saunders Institute at King's College London. She also serves on boards of local and international organizations, bringing strategic leadership and palliative care expertise to the highest levels of global health governance.

Dr. Namisango holds an MSc in Clinical Epidemiology and Biostatistics, an MSc in Palliative Care Policy and Rehabilitation, a PhD in Palliative Care Policy and Rehabilitation, and completed an NIHR Postdoctoral Fellowship, a body of academic achievement that positions her as one of Africa's foremost voices in palliative care research and policy.

She is energized by learning alongside other women leaders, building systems, and watching teams deliver with purpose toward a shared vision, finding in that collective progress both meaning and momentum.



### FUN FACT:

Away from policy rooms and research halls, Dr. Namisango is drawn to art, music, culture, and theatre.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Building Integrated And Resilient Health Systems For Palliative Care Through Strategic Leadership

My goal is to build a model of institution leadership which can provide leadership to foster the building integrated and resilient health systems for palliative care in Africa. I plan to ensure that women and girls get opportunities for capacity building in leadership. I plan to assess their needs in leadership and then develop some short courses for them and develop a series of podcasts on leadership interviews with senior leaders in the space of leadership in Global Health. This will be accessed as an open resource for young leaders in Global Health.



# FLORENCE ALIBEB

Chair Person

**Koria Women Empowerment Association (KWEA)**

## ABOUT FLORENCE

Florence Bayoa Alibeb is an international development leader and social scientist with over 20 years of experience advancing health equity and gender justice in South Sudan. She is the Founder and Chair of Koria Women Empowerment Association and currently serves as Executive Director of the Bishop Gassis Relief and Rescue Foundation, managing integrated programs in health, nutrition, and WASH across Sudan and South Sudan. Previously, she served for a decade as Country Director for ICAP at Columbia University, overseeing large-scale HIV/AIDS and laboratory service portfolios and managing over 700 staff as a primary technical partner to the Ministry of Health. Her earlier leadership at the International HIV/AIDS Alliance and the New Sudan Council of Churches saw her build the capacity of 92 civil society organizations and champion women's empowerment through peacebuilding and economic justice.

Florence holds an MA in Social Policy and Social Development from the University of Manchester, a Postgraduate Diploma in Food and Nutrition, and a BSc in Health Science from Ahfad University for Women, complemented by specialized training in leadership, trauma resilience, and monitoring and evaluation.

She is passionate about mentoring the next generation and believes female leadership is the key to building resilient, gender-sensitive health systems that protect human dignity in post-conflict environments.



### FUN FACT:

Florence is a passionate designer of ladies' wear and a dedicated mixed farmer, and when she is not leading health systems reform, she is mobilizing her church and community women's group, because for Florence, collective growth is both a calling and a joy.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Enhancing Leadership for Integrated Maternal Care in Pageri – Nimule Corridor, South Sudan: Women and Girls Centered Approach

Pageri Payam, Magwi County -Central Equatoria State, South Sudan faces unique challenges with returnees from refugee camps in the region who require integrated maternal services. Pageri-Nimule Maternal Corridor Project seeks to enhance leadership for integrated refugee-returnee maternal care. The project centers on Women and Girls. It will empower female health workers to lead “Maternal Action Groups,” bridging the gap between Primary Health Care Centers and Units (PHCC/Us), and Nimule Hospital to ensure no woman dies while giving birth due to transport or cultural delays and data-driven clinical leadership will be used to reduce the “arrival-to-treatment” time at Nimule Hospital for women referred from Pageri Payam applying the ‘Ministerial Initiative’ and leveraging the ‘High Burden and High Impact’ (HBHI) Approach launched in 2025 Health Summit respectively.

At community level, Magwi County has strong existing women’s groups such as Koria Women Empowerment Association (KWEA). KWEA can be pivoted towards health advocacy and emergency transport fund. KWEA currently runs revolving fund for its members that can be leveraged to accommodate ‘community insurance’ for the community within the project area to facilitate transportation for referral. Traditional Birth Attendants (TBAs) and Male Champions capacity will be enhanced to conduct advocacy to address cultural delays and health seeking behavior within the community.

At facility level the project will empower female midwives in Primary Health Care Centers facilities to act as clinical liaisons ensuring that high risk pregnancies are identified early and referred to Nimule hospital before complications become fatal.

This project proposal combines the ministerial initiative: assuring maternal and new-born health services in hard to reach locations with the HBHI approach and evidence-based strategy launched to target and rapidly scale up interventions for South Sudan’s most devastating preventable illnesses



# KHADIJA AWADH

Head, Division of Essential Health  
Products and Technologies

**Department of Health, County  
Government of Mombasa, Kenya.**

## ABOUT KHADIJA

Dr. Khadija Mbarak Awadh is a senior public health pharmacist and health systems leader with nearly 18 years of experience in Kenya's public sector. She currently heads the Division of Essential Health Products and Technologies in Mombasa County, leading reforms in supply chain governance, commodity security, and policy implementation to improve access to essential medicines. Her career reflects steady progression from pharmacist intern across hospital, community, and industrial settings, to senior pharmacist, pharmacist-in-charge at Tudor District Hospital, Sub-County Pharmacist overseeing half of Mombasa County, and Sub-County Medical Officer of Health for Mvita from 2017 to 2023.

Dr. Awadh's expertise spans pharmaceutical care, hospital leadership, sub-county health management, and county-level strategic planning.

She holds a PhD in Public Health, a Master's in Health Systems Management, and a BSc in Pharmacy. Her honors include the Pwani Women in Health Award (2024), CDC IMPACT Distinguished Fellowship (2018), and recognition as Best Pharmacist in the Coast Region, Kenya (2013).

She believes women's leadership challenges structural inequities and amplifies voices historically excluded from decision-making, championing equity, community engagement, and policies that prioritize wellbeing for all.



### FUN FACT:

Dr. Awadh is known for her warm, people-centered leadership style and her gift for finding humor in even the most demanding professional moments.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Strengthening Maternal Health Outcomes: Enhancing Availability Of Life-Saving Drugs For Pregnant Women Through Supply Chain Governance And Women's Leadership

Maternal mortality and morbidity remain pressing challenges in Kenya, with many preventable deaths caused by lack of timely access to life-saving medicines. Pregnant women often face inconsistent availability of essential commodities such as heat-stable Carbetocin, Oxytocin, Folic Acid, and Ferrous Sulphate, undermining safe delivery and antenatal care. Stock-outs and weak accountability in supply chains further widen inequities in maternal health.

This project aims to ensure continuous availability of maternal health drugs by strengthening governance systems and deliberately embedding women's leadership into commodity security structures. Applying a gender, health, and leadership lens, the project empowers women pharmacists, gynecologists, clinical officers, nurses, supply chain professionals and quality improvement officers to take decision-making roles, ensuring accountability and sustainable impact.

The initiative builds on evidence-based tools such as expiry tracking, redistribution mechanisms, and county-level SOPs, while introducing a maternal commodity monitoring dashboard for visibility and advocacy. By prioritizing maternal health commodities, the project directly supports national UHC goals, reduces preventable maternal deaths, and aligns with WomenLift Health's commitment to centering women and girls in health.



# KIJAKAZI MASHOTO

Principal Research Officer

**National Institute for Medical  
Research (NIMR)**

## ABOUT KIJAKAZI

Dr. Kijakazi Mashoto is a Principal Research Officer at the National Institute for Medical Research (NIMR) in Tanzania and a WIPO-certified Technology and Innovation Support Centre (TISC) Staff member. Beginning her career as a dentist and tutor at the National Hospital's Assistant School of Dental Officers, she transitioned into public health research and joined NIMR in 2006, where she has served as Head of Policy Analysis and Advocacy (2011–2014) and Head of Innovation, Commercialization and Technology Transfer (2022–2025). She currently coordinates health research evidence generation, advises institutions on intellectual property protection and commercialization, and champions gender equity in innovation.

Dr. Mashoto earned scholarships for her Doctor of Dental Surgery from the University of Dar es Salaam and her PhD from the University of Bergen, Norway.

She is driven by the urgency of closing the gender gap in innovation and by the transformative impact women leaders bring to global public health systems.



### FUN FACT:

Dr. Mashoto has a very persistent niece who regularly orders her to close the laptop and take a walk, a battle the niece is slowly winning.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Gender Responsive Health Innovation Ecosystem Enhancement in Tanzania

Institutional gender inequities and structural barriers continue to restrict women contribution to the innovation ecosystems. The structural barriers include educational obstacles, employment disparities, restricted credit access, discrimination, and inadequate recognition for contributions. Despite increasing numbers of women earning STEM degrees, research shows that structural disparities, implicit bias and cultural limitations still make participation of women in technology-intensive areas unequal, and gender inequality within the innovation ecosystem persist. Women remain dramatically underrepresented in patent generation, technical positions and decision making for technology venture. Women's patent applications face higher rejection rates and require more amendments during prosecution, ultimately reducing their scope and value. Women inventors earn 14 to 20 percent less than male counterparts in R&D roles. These disparities persist throughout careers, leading to slower progression for women and higher exit rates, effects that exceed what can be explained by family responsibilities or skill differences alone. This proposal seeks to raise awareness on IP and health innovation gender gaps, and forge collaborations with stakeholders to co-create action plans, and monitor and evaluate its implementation and impact.



# LISAN TENA

Lead Project Officer Leap Program

**Amref Health Africa**

## ABOUT LISAN

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Lisan Tena is a public health and development professional with a background in clinical nursing and social sciences, bringing over two decades of experience across health systems, community health, and development programming in Ethiopia. She currently serves as Lead Project Officer for the LEAP program at Amref Health Africa, where she has led a mobile-based training platform that reached over 29,000 Health Extension Workers during COVID-19 and scaled up Adolescent and Youth Health and Community Health Leaders training. Her career at Amref spans HIV/AIDS, reproductive health, integrated WASH, and Menstrual Hygiene Management projects since 2012, preceded by nine years as a Senior Expert Nurse at Tikur Anbessa Specialized Hospital, Addis Ababa University.

Lisan holds an MA in Social Work in Health Care, a BA in Sociology and Social Anthropology, and a Nursing Diploma, a multidisciplinary foundation that bridges clinical practice with community-centered program delivery.

She is energized by women's leadership in global health as a pathway for professional growth, cross-sector learning, and building networks of diverse women leaders committed to lasting impact.



### FUN FACT:

Lisan recharges by dancing to cultural songs with her children, watching drama and talk shows.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Empowering Girls and Women through Improved Menstrual Hygiene and WASH (Water, Sanitation, & Hygiene) Access

Menstruation is a natural phenomenon of female reproductive life. In Ethiopia & other low- & middle-income countries, lack of access to WASH (Water, Sanitation, & Hygiene) facilities, services, & amenities negatively affects girls' education, increases absenteeism, & reduces women's productivity. According to the UNICEF Menstrual Hygiene Management National Baseline Report (2017), only 18.6% of schoolgirls have access to menstrual pads for emergencies, & 16.1% report consistent access to water for menstrual hygiene at school. Many girls face social barriers: 69.1% lack confidence to discuss menstruation due to shame, & 10.9% mention taboos. Affordability is also a challenge, with only 56.1% of girls & 36.7% of women able to purchase pads. Addressing these issues requires a multi-sectoral approach involving WASH, education, health, & gender equity interventions.

This project aims to improve Menstrual Hygiene Health (MHH) for girls & women by addressing barriers in schools & workplaces. It will raise awareness & advocate for MHH-friendly environments for school administrations, organizational leaders, parents, students, water & sewerage authorities, health, education offices, & policy makers. Collaboration among these sectors will help to overcome infrastructure gaps, lack of access to affordable sanitary pad, address MHH related misconceptions, social taboos, & foster supportive environments that promote safe & dignified places for MHH of girls & women.

The project also advances gender equity by framing MHH as a human rights issue by ensuring women & girls can manage menstruation safely with dignity. Improved MHH services, facilities & amenities will enhance girls' reproductive health, education outcomes, reduce absenteeism, & strengthen women's workplace productivity. Through continuous advocacy, awareness creation, & male engagement, the project will build confidence, promote wellbeing, & foster inclusive environments for women & girls in both schools & workplaces.



# LUCY THEOPHILUS

Consultant Restorative Dentist  
head of Dental Department

**Juba Teaching Hospital**

## ABOUT LUCY

Lucy Theophilus is a consultant Restorative Dentist and Head of the Dental Department at Juba Teaching Hospital, South Sudan, with nearly two decades of clinical and leadership experience across Sudan, South Sudan, and Tanzania. She currently serves as Vice President of the South Sudan Dental Association and previously served as Acting Secretary General of the South Sudan General Medical Council. Her career spans general dental practice in public hospitals in Khartoum, clinical roles at Wau Teaching Hospital, and specialist practice in Dar es Salaam — reflecting steady progression from practitioner to institutional leader.

Dr. Theophilus holds a Bachelor of Dental Surgery from Sudan (2006) and an MDent in Restorative Dentistry from Tanzania (2018), where she graduated as Best Student. She has completed additional training in Health Financing, Leadership and Management in Health, Project Management, and Health Technology Assessment across Egypt, the USA, and India, and is currently pursuing a Master's in Transformational Leadership.

Growing up with a deep awareness of marginalization, she carved her own path inspired by the resilience and courage of women leaders before her, and is committed to doing the same for those who follow.

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### FUN FACT:

One of Lucy's most memorable leadership moments was championing a merry-go-round savings initiative that brought real financial relief to women in her local community.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Oral Health Education Among Secondary School Girls In Juba

Oral health is an integral part of the general health of individual. In South Sudan there has not been any program for oral education done before. I have chosen secondary school girls as they will be prospective mothers in the future and may face many challenges concerning their oral health during pregnancy. In addition South Sudan has cultural and traditional misconceptions about oral diseases as well as the harmful oral practices. Women and girls in South Sudan are the most neglected group who need to be empowered.



# MANUELA MODONG MOGGA

SRHR/GBV Project Manager

**Amref Health Africa**

## ABOUT MANUELA

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Manuela Mogga is a public health professional specializing in SRHR and women's health in South Sudan. She serves as SRHR/GBV Project Manager at Amref Health Africa, managing complex reproductive health and GBV initiatives through strategic planning and monitoring. Her decade-long career spans roles with international NGOs and UN agencies including UNFPA, and she is the founder and CEO of Manuela Reusable Pads Limited, pioneering menstrual hygiene solutions and leading major MHM campaigns across the region.

She holds a BSc in Gender and Applied Women's Health from Mbarara University of Science and Technology and is pursuing an MPH at Amref International University. She is passionate about mentorship, community dialogue, and empowering women and girls to advocate for meaningful change.

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### FUN FACT:

Manuela is a former Miss World South Sudan and top-ten model finalist in Indonesia, and has turned that platform into a powerful force for girls' education and women's empowerment.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Leading With Purpose On Women And Girls' Health

In the project, the focus will be in efforts to enhance women's and girls' health in Western Equatorial State—Yambio-South Sudan, embraced through a community-driven approach called the Community Action Group (CAG) model. This addresses critical issues such as gender-based violence (GBV), child marriage, and safe motherhood, all of which are interconnected challenges that demand our immediate attention for women and girls. Leading with purpose in this context means prioritizing the voices and experiences of girls and women. The CAGs empower local populations to transform their communities into zero-tolerance zones for GBV and preventable maternal deaths. By fostering awareness, challenging harmful norms, and providing essential services, this plays a vital role in reshaping attitudes, behaviors and it is a catalyst for change, inspiring communities to take ownership of their health and well-being from women's perspective.



# MARY JEMUTAI KIPCHUMBA

Program Manager

**AMPATH POCUS Innovation Program**

## ABOUT MARY

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Mary Jemutai Kipchumba is a health systems leader with over 18 years of experience in public health management, clinical service delivery, and county health governance in Kenya. She currently serves as Program Manager for the AMPATH POCUS Innovation Program, overseeing implementation across six counties. Previously, she served as Health Systems Lead at AMPATH Uzima supporting four counties, and as PMTCT Manager advancing HIV and maternal health outcomes. Her career also includes senior government service as County Chief Officer for Health and Sanitation, reflecting a rare breadth spanning frontline clinical care to executive governance.

Mary is a PhD candidate in Health Systems and Management at Kenya Methodist University, and holds a Master's in Project Planning and Management from the Catholic University of Eastern Africa, a BSc in Environmental Health, and a Diploma in Clinical Medicine and Surgery. She is certified in Strategic Leadership, Senior Management, and Corporate Governance.

She believes that when women are at the decision-making table, health priorities become more inclusive and responsive to mothers, children, and vulnerable populations, strengthening equity and building more resilient health systems.

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### FUN FACT:

Mary has navigated boardrooms, county offices, and community health posts with equal confidence, proof that the best health leaders are equally at home in the field as they are in the boardroom.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Fahari ya Mama: Empowering Women's Leadership and Driving POCUS Utilization to Reduce Maternal and Neonatal Mortality

What excites me most about the Fahari ya Mama initiative is its potential to place women at the centre of health leadership while directly improving maternal and neonatal outcomes through practical innovations like Point-of-Care Ultrasound (POCUS). Building on my experience in strengthening primary health care systems, this project allows me to intentionally bridge community leadership with clinical innovation—empowering women, including adolescent mothers, to access timely, quality care that can prevent avoidable maternal and newborn deaths.

Through this initiative, I aim to increase awareness, demand, and utilisation of POCUS services among mothers at the community and primary care levels. By working with women-led platforms and community health structures, the project will strengthen early identification of pregnancy-related risks, improve referral pathways, and promote informed health-seeking behavior. This creates a powerful link between empowered communities and responsive health systems.

On a personal level, this project is stretching me to grow as a mentor, coalition-builder, and advocate for gender-responsive health systems. It challenges me to lead beyond technical implementation by nurturing women leaders, building partnerships, and translating community voices into action and policy influence.

Professionally, Fahari ya Mama strengthens my ability to integrate gender, leadership, and innovation in health systems strengthening. At the community level, it amplifies women's agency in maternal and adolescent health. At the institutional level, it demonstrates how community-driven demand can enhance Primary Care Network (PCN) functionality and service delivery. At the societal level, it has the potential to influence broader adoption of people-centered innovations like POCUS, contributing to reduced maternal and neonatal mortality and advancing gender equity in health leadership.



# MARIE CLAIRE NDAYISABA

Consultant Pathologist

University Teaching Hospital of  
Kigali (CHUK)

## ABOUT MARIE

Dr. Marie Claire Ndayisaba is a Consultant Pathologist and Lecturer at the University Teaching Hospital of Kigali (CHUK) and the University of Rwanda, specializing in anatomical pathology and Infection Prevention and Control. As a founding member of the IPC Rwanda Organization, she has chaired the IPC Committee and led the Rapid Response Team through major outbreaks including COVID-19 and Marburg. She authored Rwanda's National IPC guidelines and training manuals as a USAID Ingobyi Activity consultant, and her earlier role as General Practitioner at Kacyiru Police Hospital deepened her commitment to vulnerable populations through clinical management of gender-based violence.

Dr. Ndayisaba holds an MMed from MUHAS and a Medical Degree from NUR, with certifications in Digital Pathology and ISO 15189 standards. Her honors include the Stanford African Scholars in Global Health (SASH) Fellowship, the USCAP Florabel G. Mullick Travel Award, and the MUHAS Best Final Year Resident Award.

Her experience leading the Marburg response solidified her belief that inclusive, empathetic leadership is essential for crisis resilience, and she is committed to scaling that influence to systemic health levels.

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### FUN FACT:

Outside the lab and IPC audits, Dr. Ndayisaba farms, sings, and applies entrepreneurship training to healthcare, approaching every challenge through the lens of innovation and sustainable social impact.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Driving Quality Improvement for 10-Day Turnaround Time in Histopathology Service at the University Teaching Hospital of Kigali

Histopathology is a fundamental part of medical diagnostics, providing essential information about diseases to guide treatment and patient management. Delays and inconsistencies in turnaround times (TATs) affect patient care and contribute to poor outcome in cancer management. In addition, timeliness of tissue biopsy reporting is a critical quality metric for successful service delivery in pathology. This project directly addresses the critical issue of delayed and inconsistent Histopathology TAT that is not monitored and defined at 15-open days without data-backed standard. The goal is to streamline the histopathology process, moving service delivery to a best-practice standard by achieving a 10-working-day TAT for 90% of tissue samples within 12 months. The methodology involves different quality improvement methods: Root Cause Analysis (RCA), 5 WHYS, A3 thinking Lean and PDSA over 12 months to identify systemic, personnel, and infrastructure barriers, followed by the design and iteratively test interventions for targeted workflow improvements. Crucially, the project's sustainability is ensured by developing and integrating a technology-leveraged framework for continuous TAT monitoring and compliance tracking. Applying a Gender, Health, and Leadership (GHL) lens ensures equitable and sustainable success. The Health component drives the reduction of diagnostic delays, maximizing positive patient outcomes, particularly for those needing timely management interventions. The Gender lens mandates that the RCA investigates any potential gender bias in workflow prioritization, ensuring the new 10-day TAT goal is achieved equitably across all patient demographics, particularly for gender-specific cancers. Finally, the Leadership lens is critical for championing the necessary cultural and operational change, ensuring top-down accountability for adopting the new streamlined workflow and utilizing the monitoring technology to sustain this significant quality improvement.



# MUHIRE SAULA

Mental Health and Psychosocial  
Support Officer (MHPSS Officer)

**Prison Fellowship Rwanda (PFR)**

## ABOUT MUHIRE

Mrs. Muhire Saula is a public health professional specializing in mental health and psychosocial support, with over ten years of experience across government institutions and humanitarian NGOs. She excels in counseling, case management, program coordination, capacity building, community outreach, and monitoring and evaluation, consistently delivering for vulnerable populations in complex settings. Her achievements include leading mental health awareness initiatives, strengthening community support systems, and improving MHPSS service delivery for those most in need.

She holds a Master of Public Health and a Bachelor of Clinical Psychology from the National University of Rwanda, and is certified in MHPSS, child protection, safeguarding, and project management.

She believes women's leadership advances equity, drives sustainable change, and brings inclusive, community-focused perspectives that build stronger, more responsive health systems worldwide.

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### FUN FACT:

Mrs. Muhire may appear quiet in a room, but those who work with her quickly learn that she is the sharpest observer at the table, thinking critically, listening deeply, and speaking with precision when it matters most.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Strengthening Community-Based Mental Health Services for Women and Youth in Vulnerable Settings

This project aims to improve access to quality, community-based mental health and psychosocial support (MHPSS) services for women and youth living in vulnerable settings, including low-income communities, refugee camps, and post-conflict areas. These groups often face high levels of stress, trauma, and emotional distress, yet have limited access to mental health care due to stigma, lack of resources, and gender-related barriers. The project will focus on building the capacity of local health workers and community leaders to deliver basic MHPSS services that are gender-sensitive and culturally appropriate. Through community awareness, peer support groups, and linkages with primary health care, the project will promote early intervention, reduce stigma, and strengthen emotional resilience. A gender lens will ensure that the specific needs of women and girls, such as caregiving burdens, gender-based violence, and social isolation, are addressed. A health lens will promote integration of MHPSS into existing health systems, while the leadership lens will empower women and youth as change agents by involving them in planning, implementation, and evaluation. By grounding the project in community participation, the initiative seeks to build sustainable, inclusive mental health support systems that improve well-being and foster dignity, resilience, and recovery.

To support sustainability, the project will integrate with existing community health structures and advocate for inclusion of MHPSS in local health plans. The feasibility of this project is grounded in my strong background in public health and mental health, existing community networks, and collaboration with local stakeholders. The approach is low-cost, participatory, and scalable, with the potential to be replicated in other vulnerable communities.



# REBECCA KYOMUGISHA

Clinical Psychologist And  
Programme Management Specialist

**MRC/UVRI & LSHTM Uganda**

## ABOUT REBECCA

Rebecca Kyomugisha is a clinical psychologist and programme management specialist working at the intersection of mental health, public health, and policy advocacy in East Africa. She has contributed to mental health research, programme design, clinical service delivery, and community-based interventions at MRC/UVRI & LSHTM, Oxfam, and World Vision Uganda, collaborating with multidisciplinary teams across academia, NGOs, and policy spaces to strengthen mental health systems and improve psychosocial care for children, families, and communities affected by adversity.

Rebecca holds a Bachelor's in Community Psychology, an MSc in Clinical Psychology from Makerere University, and an MSc in Global Mental Health from King's College London and LSHTM. She has also completed Mental Health Leadership training with Africa CDC.

She believes women's leadership brings empathy, holistic thinking, and frontline lived experience that are essential for shaping equitable, responsive global health policies.

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### FUN FACT:

Rebecca is the Publisher of Seasons Africa, a cultural lifestyle magazine celebrating African traditions, family well-being, and festive living, because she believes that storytelling and community connection are themselves a form of public health.



## HEALTH LEADERSHIP PROJECT

### Catalyzing Institutional Change

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## Improving Mental Health Among Ugandan And Ghanaian Adolescents Through A Tiered School-Based Sleep Health Intervention: Better Sleep, Better Health.

Insomnia is a significant risk factor for depression and anxiety among adolescents. Cognitive Behavioural Therapy for Insomnia (CBT-I) is an effective early intervention that can improve both sleep and mental health outcomes. By focusing on sleep, CBT-I offers a non-stigmatising pathway to support adolescent mental health.

Despite its effectiveness, CBT-I is not widely implemented in many settings due to limited awareness of the importance of sleep for mental health, a shortage of trained providers, and the lack of scalable, resource-efficient delivery models, particularly within school environments where time constraints exist.

This project aims to address the evidence gap on how to deliver CBT-I at scale for adolescents in Africa. In the Foundation Phase, we will establish a strong, equitable partnership to design and evaluate scalable, CBT-I-based sleep health interventions targeting secondary school students in Uganda and Ghana.

#### Objectives:

- Partnership Development
- To build a sustainable and equitable partnership among researchers, implementation partners, individuals with lived experience, the World Health Organization (WHO), and the Ministries of Health and Education in Uganda and Ghana, through structured knowledge exchange and self-assessment.
- Intervention Adaptation and Refinement
- To adapt and refine a CBT-I-based sleep health intervention to ensure scalability and sustainability in Uganda and Ghana, guided by May's General Theory of Implementation and feasibility case-series research.
- Trial Co-Design
- To co-design a cluster-randomised controlled trial to evaluate the implementation, effectiveness, cost-effectiveness, and scalability of two CBT-I-based interventions aimed at reducing depression and anxiety among secondary school students in Uganda and Ghana.



# RITA MBEBA

Country Director

**Girl Effect, Tanzania**

## ABOUT RITA

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Rita Mbeba is a public health specialist and senior development sector leader with over 18 years of experience in programming, strategic planning, social behaviour change, and health management. She currently serves as Country Director of Girl Effect Tanzania, a role she has held since 2023, leading strategic and innovative initiatives that advance maternal, child, and adolescent health. Her career spans over a decade of senior management experience, including eight years as Program Lead at MSI Tanzania, Senior Youth Advisor at Pathfinder, and five years at Amref Health Africa, building a consistent track record of community-centered leadership and impactful program delivery.

Dr. Mbeba holds a PhD in Leadership and Business, an MBA in Health Leadership and Management, and a Master of Public Health, alongside an Honorary Doctorate in Christian Leadership and Business. She was recognized among the Top 25 Women Leaders in Africa at the WIMA Awards (2024) and named among the Top 100 Career Women in Africa (2024).

She is passionate about transforming the lives of young people and believes deeply in the power of clear, purposeful communication to drive lasting change.



### FUN FACT:

Dr. Mbeba has passion for changing lives especially lives of young people and loves teaching and clarifying things to people



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Empowering Adolescent girls and young women: Young women leaders (champions) cascading knowledge to fellow peers in Monduli District, Arusha region

I am planning to leverage my project within the current projects that I am overseeing at Girl Effect. Girl Effect has been implementing a Mzazi Hodari project since 2023 to date in Arusha region. The project's goal is to equip adolescent girls and young parents with the essential knowledge to increase responsive caregiving and nutrition practices for children aged 0-3.

According to the formative research conducted by Girl Effect in 2023, there is a huge knowledge gap on responsive caregiving and good nutrition. One respondent stated "People in my community, especially men, have little knowledge on ECD services, even the girls are still facing the same problem though at least they do get education from health facilities, but it is not comprehensive because the healthcare workers are overwhelmed by other services". Arusha region operates under patriarchal gender norms, where myths and misconceptions still exist pertaining to child rearing; it is seen as strictly female pursuit. Therefore Girl Effect in partnership with Hilton foundation equip the AGYW and other social actors with essential knowledge to increase responsive care giving and nutrition practices. In the Mzazi hodari project we work with young women whom we train to become champions/leaders who then cascade the knowledge to their fellow young women. We apply the care group model to cascade the knowledge at large scale.

This project will focus on empowering the women champions to take up leadership roles within their communities. It will involve collaboration with local communities, educational institutions, government agencies, and non-profit organizations to create an enabling environment that empowers women. The project will ensure gender equity is addressed, especially women to have the voice and chances to lead different roles within their communities. The young women will be championing the health education role through the peer to peer care model.



# RITA MBEBA

Project Technical Director for the  
CDC/PEPFAR-funded HIV/TB  
Care and Treatment Program

**Amref Health Africa**

## ABOUT RITA

Dr. Rita Mutayoba is a public health physician and Project Technical Director for the CDC/PEPFAR-funded HIV/TB Care and Treatment Program at Amref Health Africa in Tanzania. With over 15 years of experience leading multi-partner health programs, she has built expertise across HIV/AIDS, Global Health Security, maternal and child health, and non-communicable diseases — with a consistent focus on health systems strengthening, quality improvement, and workforce capacity building. Prior to Amref, she served at Jhpiego (Johns Hopkins University Affiliate), further deepening her technical and programmatic leadership across national health initiatives.

She holds a Master of Medicine in Community Health and a Doctor of Medicine from Muhimbili University of Health and Allied Sciences.

She is inspired by the mentorship and peer learning that women's leadership spaces offer, filling a gap she experienced in her own career journey and paying it forward to those coming behind her.

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### FUN FACT:

Dr. Rita is reserved but can talk for hours if given the right platform.



## Health HERoes: Empowering Young Women for Leadership in Health

Across the globe, women constitute the majority of the health workforce, particularly in nursing, community health, and service delivery roles. Yet, they remain significantly underrepresented in leadership and decision-making positions within the health sector. This leadership gap limits the diversity of perspectives and innovation needed to strengthen health systems and achieve equitable health outcomes.

In Tanzania and across Sub-Saharan Africa, young female graduates in health face multiple barriers that hinder their progression into leadership roles. These include limited access to mentorship and professional networks, inadequate exposure to leadership development opportunities, gender bias within institutional cultures, and a lack of supportive policies that promote women's advancement. As a result, the potential of talented young women to influence health policy, management, and practice remains largely untapped.

The project that I propose, Health HERoes: Empowering Young Women for Leadership in Health project seeks to address this gap by building the leadership capacity of young female health graduates, enabling them to become confident, competent, and influential leaders in their respective fields. The project aligns with national and global commitments—such as the Tanzania National Health Policy, the Sustainable Development Goals (SDG 3 and SDG 5), and the Global Strategy on Human Resources for Health—which call for gender equity and the strengthening of leadership within health systems.

I am geared to using a mentorship model to support young graduate build in confidence, embrace their skills, networks and provide available opportunities to learn through existing profession association like Medical Women Association of Tanzania (MEWATA), and internship opportunities through my employer, Amref. Through this project, the beneficiaries will be able will gain the tools and confidence to lead with impact, advocate for inclusive health practices, and contribute meaningfully to the transformation of Tanzania's health landscape.

Through the Health HERoes project, I will employ a holistic, experiential, and mentorship-driven approach to empower young female health graduates to develop leadership competencies, professional confidence, and practical experience. The implementation strategy will be anchored on three interlinked pillars: Mentorship, Professional Association Engagement, and Internship Placement & Exposure.

I will work as a mentor myself and use a pairing model to work with young female medical graduates. I will dedicate time to closely with the young graduates and provide leadership coaching sessions. As I will be engaged with at least five young female medical graduates, I will provide them with an opportunity to meet as a cohort to exchange learning and share experiences. As a mentor, I will assist my mentees to This component aims to foster self-awareness, confidence, and leadership readiness while building a supportive community of women leaders.

The mentorship approach that I will deploy will be most effective given the practical exposure that female medical graduates will gain through attachments to relevant professional associations, such as the Tanzania Public Health Association (TPHA), the Medical Women Association of Tanzania (MEWATA), and other sectoral bodies aligned with their training backgrounds. In these institutions where they will be able to work as volunteers and get exposure to leading small project such as organizing scientific or annual general meetings for the associations. This engagement will help cohorts understand sector dynamics, build professional networks, and appreciate the value of collective action in health leadership. Further more, these young female medical graduates will benefit more by undertaking internship placements in health institutions, NGOs, research bodies, and government departments. These placements will offer hands-on experience in program management, service delivery, and health systems operations.



# ROSE JALANG'O

Head of Kenya's National Vaccines  
and Immunization Program

Ministry of Health, Kenya

## ABOUT ROSE

Dr. Rose Jalang'o, is a Public Health Physician and Vaccinology specialist with over 15 years of experience in health systems and immunization. She serves as Head of the National Vaccines and Immunization Program at Kenya's Ministry of Health, leading national vaccine policy, strategy, and program implementation, overseeing rollouts of HPV, yellow fever, COVID-19, typhoid conjugate, and malaria vaccines, and serving as Co-PI in multiple vaccine trials. She previously led Strategic Information Management and Communications for the program, and began her career as a Medical Officer of Health at Thika Level 5 Hospital.

She holds an MBChB and MPH from the University of Nairobi, with advanced vaccinology training through the ADVAC Fellowship (University of Geneva), the International Vaccinology Course (Seoul), and the African Vaccinology Course (Cape Town). She received the East and Southern Africa EPI Managers Award (2024) and was selected for the ASTMH Mid-Career Leaders Program (2025).

She believes women's leadership drives meaningful change through diverse perspectives, empathy, and community-centered approaches, building equitable, resilient health systems and inspiring the next generation of leaders.



### FUN FACT:

Dr. Jalang'o has eight dogs; three Boerboels and five German Shepherds, 15 fruit trees on her home farm, and a bracelet collection from 21 countries and counting.



## HEALTH LEADERSHIP PROJECT

### Optimizing Pathways to Leadership

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## Amplifying Women's Voices: Building Gender-Responsive Community Advocacy Networks for Vaccine Acceptance in Kenya

Growing up along Lake Victoria's shores, I watched my mother and aunties become the de facto health decision-makers for their families—often with limited information and facing skepticism from male community leaders. Today, as I lead Kenya's National Vaccines and Immunization Program, I see this same dynamic with vaccine acceptance, particularly for our newly introduced malaria vaccine.

While Kenya boasts over 90% routine immunization coverage, multi-dose vaccine completion rates drop significantly by the fourth dose in rural communities. Our communication strategy relies heavily on social media and formal health channels, yet only 15% of Kenyans access social media while 70% listen to radio. More critically, our vaccine advocacy lacks the authentic voices of women who actually make vaccination decisions—mothers, grandmothers, and female community health workers. This project builds a gender-responsive community advocacy network positioning women as lead vaccine communicators. Through a gender lens, I recognize women are not merely “targets” of health messaging but powerful agents whose trust and leadership can transform vaccine acceptance. Empowering women with accurate information, communication platforms, and leadership skills creates sustainable advocacy beyond any single health intervention. The project pilots in two sub-counties with low malaria vaccine uptake, training 100 women community health workers and 50 women community leaders (women's group leaders, market association heads, faith leaders) as vaccine advocates. We will develop culturally appropriate radio content co-created by these women, establish WhatsApp-based peer support networks, and create formal spaces for women's voices in traditionally male-dominated vaccine policy discussions at county level. This expands beyond technical delivery to address leadership in community health systems, creating pathways for women to shape health policy while improving health outcomes.



# SAFAA GARELNABI

Co-founder and CEO

**Hope Springs Health Foundation**

## ABOUT SAFAA

Safaa Garelnabi is a public health leader and social entrepreneur with over a decade of experience advancing adolescent health in Uganda. As Co-founder and CEO of Hope Springs Health Foundation, she leads the design and implementation of innovative sexual and reproductive health programs in underserved communities, focusing on reducing teenage pregnancy, improving school retention, and promoting youth-friendly health services. Her broader career spans SRHR program coordination, family planning initiatives, stakeholder engagement, team supervision, and health systems strengthening across government and non-government institutions in Uganda.

Safaa holds an MSc in Nutrition for Global Health from the London School of Hygiene & Tropical Medicine and a BSc in Food Science and Technology from Monash University Malaysia. She received a D-Prize grant (2023) and the Distinguished Alumni Award from Monash University Malaysia (2025).

She believes women's leadership strengthens health systems by bringing lived experience and deep contextual understanding to issues that disproportionately affect women, girls, and marginalized communities.



### FUN FACT:

For the past nine years, Safaa has tutored English and English Literature to students in the United Kingdom, what started as a short-term opportunity quietly became a lasting passion.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Empowering Adolescent Girls to Lead Change: Reducing Teenage Pregnancy in the Tooro Region

Teenage pregnancy remains a major public health and gender equality challenge in Uganda, particularly in the Tooro sub-region, where rates reach 26%, and in Fort Portal, where 25.7% of girls aged 15–19 are pregnant or have given birth. Alarmingly, 60.4% of affected girls live in rural areas, 72.9% are unmarried, and over half have not attained secondary education. These figures illustrate the urgent need to address both structural and behavioural drivers of adolescent vulnerability, including poverty, gender inequality, and misinformation about sexual and reproductive health.

This Leadership Project seeks to reduce teenage pregnancy by empowering girls aged 12–14 with knowledge, confidence, and assertiveness to reject exploitative cross-generational relationships and delay sexual debut. Using the evidence-based “Sugar Daddy Awareness Classes” model, the project will deliver one-hour, school-based sessions led by trained local female facilitators. Each session will integrate participatory learning, storytelling, and the UNICEF-produced video *Sara: The Trap*, sparking reflection and dialogue on sexual coercion, gendered power dynamics, and the value of education and self-determination. Applying a gender, health, and leadership lens, the project will strengthen girls’ agency to make informed reproductive choices, promote equitable health outcomes, and nurture community-based female leadership. Parents, teachers, and local leaders will be engaged as allies in creating an enabling environment for adolescent empowerment. Through this fellowship, I aim to refine the project’s monitoring and evaluation framework, strengthen strategic partnerships, and develop sustainable funding and scale-up strategies to expand its impact across the Tooro region.



# SERAH MUTERU

General Manager for Regulatory  
Affairs, Quality and Safety

**Kenya BioVax Institute**

## ABOUT SERAH

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Dr. Serah Muteru is a public-sector quality control pharmacist and regulatory affairs leader dedicated to safeguarding the quality and safety of health products in Kenya. She currently serves as General Manager for Regulatory Affairs, Quality and Safety at the Kenya BioVax Institute, leading quality oversight, regulatory coordination, and product safety for locally manufactured vaccines and health technologies. Her career includes 18 years at the National Quality Control Laboratory, where she progressed through technical and managerial roles and served as Acting CEO for 15 months, building national systems for testing, surveillance, and oversight of medical products.

She holds a Bachelor of Pharmacy and a Master's degree in Medical Microbiology, complemented by training in global health and leadership, and is recognized for establishing quality systems that have strengthened public confidence in locally regulated health technologies.

She believes women's leadership brings humanity into public health — listening deeply, centering people's needs, and driving change with compassion and courage to build health systems that work for everyone.

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### FUN FACT:

Dr. Muteru finds her reset in nature — near water, under trees, in stillness — returning to her responsibilities each time with renewed clarity and purpose.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Advancing Public Confidence in Locally Manufactured Health Products through Regulatory Strengthening and Quality Systems Transparency

East Africa, like much of the continent, imports over 90 percent of its health products. The COVID-19 pandemic exposed the vulnerability of this dependency when global supply chains were disrupted, leading to shortages of essential medicines and vaccines. As countries in the region advance local manufacturing, a critical barrier persists: trust. Locally manufactured health products often face skepticism, driven by both genuine gaps in quality systems and deeply rooted perceptions of inferior standards.



# SUALIHA MUKTAR

Strategic Planning and Evidence  
Synthesis Consultant

**International Institute for Primary  
Health Care-Ethiopia (IPHC-E)**

## ABOUT SUALIHA

Sualiha Abdulkader Muktar is a public health and leadership professional with over 15 years of experience across government, international organizations, and global health partnerships. At the Institute of Primary Health Care Ethiopia (IPHC-E), she provides strategic and technical leadership to advance PHC capacity, conducts research on women's leadership in Ethiopia and sub-Saharan Africa, and supports South-to-South collaboration. Her expertise spans health systems strengthening, gender equity, sexual and reproductive health, policy development, and leadership coaching, consistently integrating program management and governance to drive equity-focused health system transformation.

She holds an MPH and an MBA, and is a Professional Certified Coach (PCC), bridging technical public health expertise with leadership development in equal measure. She is inspired by women leaders who elevate overlooked priorities, link frontline realities with policy, and lead with both technical skill and relational intelligence, seeing women's leadership as essential to equity, resilience, and lasting health system change.



### FUN FACT:

Sualiha is a reflective solo traveler who draws insights from conferences and cafés alike, because she believes data tells stories, and the best leaders know how to read both.



## HEALTH LEADERSHIP PROJECT

### Optimizing Pathways to Leadership

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## Strategic Pathways for Advancing Women's Leadership in Ethiopia Health System

Ethiopia, the second most populous country in Africa with an estimated 132 million people (49.9% female), has made notable progress in elevating women to leadership positions. Recent milestones include the appointment of the country's first female Head of State (2018–2024), two consecutive female Ministers of Health (2020 to date), and gender parity in the House of Representatives. Currently, eight of the 22 ministerial posts (36%) are held by women. At the community level, the Health Extension Program, staffed entirely by women, has played a pivotal role in delivering essential health services, particularly in reproductive, maternal, and child health.

Despite these achievements, challenges remain. Evidence from sub-Saharan Africa shows that women leaders often have limited opportunities to expand their networks, as they tend to connect primarily with like-minded professionals and within their own gender groups. Intentional planning is therefore essential to support women's progression into higher leadership roles, including creating platforms for networking, mentorship, and career advancement. Tailored leadership capacity development programs for women are also critical to increasing their representation in decision-making positions. A case study from Ethiopia further demonstrates that women in top leadership roles frequently prioritize gender equity, create pathways for emerging leaders, and institutionalize mentorship, coaching, and succession planning. Through this project, Ethiopia's health sector is expected to benefit from an increased presence of women leaders, stronger gender-responsive policies, and a more inclusive leadership culture.



# SYLVIA IMALIKE

Technical Specialist School Feeding

**Global Communities**

## ABOUT SYLVIA

Sylvia Basil Imalike is a Nutrition Specialist and public health leader with over 16 years of experience in maternal, infant, and young child nutrition, school feeding, and integrated community health systems in Tanzania. She recently served as Technical Lead for School Programs at Global Communities under the Pamoja Tuwalishe Program, overseeing nutrition and health implementation across 367 schools. Previously, she spent ten years with Feed the Children as Food, Nutrition, Health, and Water Programs Manager, leading integrated nutrition and WASH initiatives. Her earlier roles as Programs Officer and Nutrition and Behavior Change Counsellor laid a strong foundation in community-level health systems strengthening.

Sylvia holds a Master of Public Administration from Mzumbe University and a BSc in Human Nutrition and Home Economics from Sokoine University of Agriculture, complemented by a seven-month Impact Leadership Course in strategic management.

She is inspired by the transformative power of women leading change in health systems, passionate about creating safe spaces for women's voices and advancing gender-responsive solutions rooted in real lived experiences.



### FUN FACT:

Sylvia enjoys initiating dialogues and interactions and like to stay in the live atmosphere.



## HEALTH LEADERSHIP PROJECT

### Centering Women and Girls in Health

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## Lets Cross Together - Menopausal Transition

As a woman in my 40s, I have witnessed first-hand the struggles many women face during the menopausal transition. In Tanzania, menopause remains a silent issue with limited data, discussion, or structured support. Many women in their forties experience physical, emotional, and social changes yet lack reliable information to understand what is happening to their bodies. This often leads to personal distress, stigma, and isolation, as they try to navigate this natural transition alone.

The Let's Cross Together project seeks to break this silence by creating a safe, supportive space where women can access accurate health information, peer support, and guidance from trained social and health workers. By applying a gender lens, the project acknowledges that menopause is uniquely experienced by women and often overlooked in health discourse. Through a health lens, it will promote awareness, prevention, and care bridging the gap between medical support and social understanding. From a leadership lens, the initiative will empower women to share their experiences, lead conversations within their communities, and advocate for improved recognition of menopausal health needs in public health policies.

This project aspires to transform menopause from a private struggle into a collective journey, fostering resilience, knowledge, and leadership among women in Tanzania.



# WAITHERA NJENGA

Consultant Pathologist

**AdPath Laboratories ,  
Machakos County**

## ABOUT WAITHERA

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Dr. Waithera Njenga is a consultant pathologist with 12 years of experience in laboratory medicine and forensic services in Kenya. Since 2014, she has served in Machakos County, strengthening laboratory service access and ensuring timely results to guide clinical care across Hematopathology, Histo-cytopathology, Clinical Chemistry, Microbiology, and Immunology. She also serves as Head of Forensic Medicine in Machakos County and is Co-Founder and CEO of Adpath Laboratories, a growing network bridging access to specialized laboratory services in rural and peri-urban communities. Her leadership spans laboratory operations, quality improvement, and training.

She holds an MBChB and a Master of Medicine in Human Pathology, both from the University of Nairobi.

She is inspired by watching women develop practical solutions that strengthen public health systems, and by the powerful way women build, connect, and support one another even while balancing multiple roles.

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### FUN FACT:

Dr. Waithera is very fun and lively when around people she is comfortable with. She loves dancing to old school music, especially Kenyan old school classics, and really enjoys game nights with a fun crowd.



## HEALTH LEADERSHIP PROJECT

### Building Integrated & Resilient Health Systems

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## Strengthening Specialized Laboratory Diagnostics Access in the Underserved Rural Communities of Kenya

Many underserved communities in Kenya face enormous challenges accessing specialized laboratory diagnostic services. Patients are often forced to travel to big cities for specialized tests, incurring high out-of-pocket costs for both travel and diagnosis. The result is delayed or missed diagnoses and preventable poor health outcomes.

My project, Strengthening Specialized Laboratory Diagnostics Access in the Underserved Rural Communities of Kenya, seeks to bridge this gap by expanding affordable, timely, and accessible diagnostics closer to the underserved areas. I will apply a cancer prevention and early diagnosis lens, addressing the disproportionate high late-stage cancer diagnosis in females, especially breast and cervical cancers, most of whom often give up on care because of limited diagnostic options.

The project will also integrate a health systems lens through increasing access to specialized services, strengthening collaborations and forging partnerships. This will be achieved through our already existing physical Adpath Laboratories hubs in Murang'a, Nyeri, and Machakos counties, partnerships between community health providers, referral hospitals, referring doctors and private laboratories that lack the specialized services. We will also integrate the use of digital platforms to improve convenience and reduce patient costs. Mobile phlebotomy and mobile diagnostics services will also be deployed where feasible.

Finally, my project applies a leadership lens by mentoring and hiring young laboratory technologists, especially women, empowering rural community health workers, and demonstrating scalable models of community-centered diagnostics.

The vision is to create a resilient diagnostics network that strengthens primary healthcare delivery and ensures equitable access to services for all, regardless of gender, age, or geography.



# YEMISRACH HUSSEN

Senior consultant Nutrition Office

**UNICEF**

## ABOUT YEMISRACH

Yemisrach Hussen is a public health and systems leader in Ethiopia advancing multisectoral initiatives that link health, education, food systems, and social protection to deliver scalable, gender-responsive solutions. She currently serves as Senior Consultant in the Nutrition Office at UNICEF Ethiopia, overseeing integrated school health, adolescent nutrition, and youth-focused food systems programming. Previously, she led large-scale youth employment and women's economic empowerment initiatives under Mastercard Foundation funding, targeting over 120,000 youth. Her portfolio spans national guideline development, donor engagement with BMGF, GAC, and GPE, and multisector coordination across government ministries.

She holds a BSc in Public Health from Ethiopia and an International Executive MBA from Switzerland, and has been recognized through the African Nutrition Leadership Program and Young UNICEF Are Leaders Program.

She is excited by the power of women, individually and collectively, to influence institutions, shift norms, and accelerate sustainable, gender-responsive health reform.



### FUN FACT:

Yemisrach is highly adventurous by nature, travel, outdoor challenges, and cultural immersion are how she recharges, and the adaptability and courage they build are evident in everything she leads.



## HEALTH LEADERSHIP PROJECT

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## Adolescent/Youth-led Food Urbanism

In my work, I have seen that adolescents youth especially girls are often served through fragmented systems that do not reflect their lived realities. This leadership project is my effort to shift from siloed interventions to an integrated, girl-centered approach to adolescent health, anchored within the Adolescent-Led Food Urbanism model. (<https://www.unicef.org/ethiopia/reports/adolescent-led-food-urbanism-ethiopia>)

I am leveraging both in-school platforms (school health systems) and out-of-school platforms (sports, youth and community centers) as entry points to reach adolescents and youth in safe, accessible, and purpose-driven spaces. Through these platforms, I aim to deliver a comprehensive, gender-responsive service package that integrates sexual and reproductive health (including HPV linkage), mental health and psychosocial support, menstrual health and hygiene, GBV response and child-marriage prevention, nutrition (multiple burdens of malnutrition), and WASH.

A core part of my leadership journey is ensuring that adolescents and youth specially girls are not just beneficiaries, but leaders through advisory roles, feedback mechanisms, and participation in shaping services that affect them. I am also working to align multiple sectors Health, Education, Women & Social Affairs, Youth and Sports and Water around a shared vision, while strengthening frontline capacity and referral systems.

My leadership stretch is to move this work beyond a successful model into a sustainable systems solution. I aim to co-create and institutionalize an Integrated Adolescent Health Package that is adopted within government systems, with clear standards, accountability, and financing.

Through this journey, I seek to grow as a leader who can influence systems, navigate complexity, and advance equitable, gender-responsive health outcomes at scale.



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