



**Speech for Her Excellency Toyin Saraki
Cambridge-Africa Day
25 October 2016**

Firstly I would like to thank Cambridge University for inviting me to speak at this prestigious institution. My name is Toyin Saraki, and I am the founder-president of the Wellbeing Foundation Africa, a Nigerian NGO that operates across Africa. The WBFA is a Global Partner to the UN Secretary General's 'Every Women, Every Child' initiative, which provides a good indicator of what we do. At the Wellbeing Foundation, we put women and children at the heart of our endeavours, driving positive change in the realms of maternal health, women's rights and girls' education. We do this through a multi-layered strategy of research, lobbying, policy development, educational program facilitation and advocacy. More recently, we are developing and circulating personal health records in order to close the data deficit that plagues Africa's development.

It is a great honour to be here today, joining so many advocates, experts, and educators who are working collaboratively to provide greater educational opportunities for all people across Africa. The University of Cambridge is one of the leading academic institutions in the world that proactively aims to bring educational opportunities to those most in need.

As the Founder and President of the Wellbeing Foundation Africa and the inaugural Global Goodwill Ambassador of the International Confederation of Midwives, I have witnessed first-hand the systemic inequalities in education that must be resolved for women and girls to understand healthcare enough to know when to access it, and the enormous potential that data, research, and the engagement of academic institutions such as this one can bring to my country, my continent, and my people.

The WBFA focuses on Sustainable Development Goals 3 and 5; SDG3 is the pledge to ensure healthy lives and promote wellbeing for all at all ages. To address this issue, we educate midwives and frontline community health workers across Nigeria, which suffers some of the worst maternal mortality rates in the world. In fact, Nigeria alone accounts for 14% of global maternal mortality, a figure that puts this nation to shame.

Academia and knowledge transformation is a wholly worthy cause. However, what is of greater interest to the WBFA is how academic research trickles down to affect individuals at a community level. I believe that research should serve the dual effect of informing academia and policy, as well as providing data and tools that build capacity that transform knowledge acquired by research into tangible action and results.

We must ask why it is that so many girls in Nigeria and across Africa lack access to the fundamental human right that is education. The issue is that girls in Africa are



oftentimes unregistered, uneducated, and unaccounted for in central data monitoring. In short: they are invisible.

Yet we must ask ourselves why are so many girls in Nigeria, and around the world, invisible girls? And what can we do to ensure that no girl from today, remains an invisible girl? We cannot forget the plight of missing daughters of Chibok, who were pursuing their education, at school to take their exams, when they fell victim to the forcible and shocking disappearance, a forced and continued disappearance of conflict, insurgency and terrorism. We continue to pray and hope for their safe return. Their kidnapping did not make them invisible, it made the problem and them more visible to us in Nigeria and the world.

But what are the reasons that so many of our girls nationally are invisible? The answer to our challenge lies in: human rights, civic frameworks, the cycle of poverty, and what I call the social determinants of individual development; the met and unmet needs, and the gruelling cycle of poverty that affects the same met and unmet needs long before a girl is born.

Of the 6.2 million women in Nigeria, 476,923 women die due to pregnancy or childbirth-related causes, the majority of which are preventable. This means that 1 in 13 women will die as a result of maternal complications, compared to a woman in Ireland who has a risk of 1 in 17,800. What is the difference between a mother in Nigeria and a mother in Ireland? After all, a mother from Nigeria or Ireland would have the same hopes and dreams for her newborn child; that of a healthy and happy life. Every woman deserves to have these hopes come true – regardless of where they live, or their socio-economic standing. A first point of invisibility.

As Global Goodwill Ambassador for International Confederation of Midwives, I know that midwives are first hands to hold and the first eyes to see a baby, and that midwives are best placed to detect, report and act on the invisibilities as implementers. I advocate for the increased coverage of midwives across the world because a 25% increase in midwives could reduce maternal mortality by 50%.

If this mother does survive delivery, by luck or serendipity, her newborn child is not likely to be registered. A second point of invisibility. If a child is not registered, that child does not exist on any system, as far as the government, the universal investor, the global caregiver is concerned. There are only 35% of registered births in Nigeria, which means 75% of people remain invisible.

If this invisible child does not have access to immunization, her chances of death in the first year are multiplied, 29% of deaths between 1-59 months of age are vaccine preventable. The third point of invisibility.



Should she again, by dint of chance make it past the first five years, her chances of being enrolled in school, to access the immense benefits of early childhood development that education brings are slim - Nigeria has 10.5 million children out of school. The fourth point of invisibility.

Trapped in the cycle of poverty and ignorance, she is subject to malnutrition, growth retardation and stunting. Even in cities and towns, Nigeria's stunting indices are 32.9% of children under age 5 years. The fifth point of invisibility.

As we are all aware, generations of families can get trapped in a cycle of poverty. Having a low family income, means that access to food, safe water, healthcare and school is restricted; therefore, hunger, poor sanitation and poor education prevails. As a result, there are few work opportunities; disease is more likely, including malnutrition. Ultimately, a resulting lack of employment and lack of skills and knowledge means that income is low, continuing the cycle around, again. I believe that, in order to break that cycle, education is crucial. Especially so for girls. In Nigeria, and other sub-Saharan African nations, educating our girls is vital to ensuring they can not only thrive in their day to day lives but that they can also survive childbirth.

As she grows and matures into adolescence, her parents, may, in a misguided adherence to harmful cultural practices, subject her to female genital mutilation, a painful practice not only to her physical wellbeing, but also her future emotional and social wellbeing, the building block to her sixth point of invisibility is thus established. Girls in these circumstances are not taught that respectful relationships with the people around them is a mutual condition and a right. No girl deserves to be forced, violated, discriminated against.

Sadly, a woman who is subjected to FGM is thus more likely to be married off as a child bride, her seventh point of invisibility. 1 in 5 Nigerian girls are married by age 15 and very few married girls between the ages 15-19 are in school. The health ramifications of these early marriages amongst girls who are pulled out of education into the adult responsibilities of marriage are very troubling.

This would then make her more likely to be a child, delivering a child in childbirth, at risk of vesico vaginal fistula medically, and at a higher risk of domestic and gender violence socially, giving rise to another generation of invisible girls, dragged up in an endlessly renewed and reinforced cycle of pain, hardship and suffering. Girls who give birth before the age of 15 years are five times more likely to die during child birth than women in their 20s, and the children of child brides are 60% more likely to die before their first birthday than the children of mothers who are over 19. Put simply, education lets girls be girls. Too often, our girls are forced to grow up too soon. They are forced into marriages they did not enter as



consenting adults. They take on responsibilities that no child – male or female – should have to.

Yet, at the Wellbeing Foundation Africa, we know, and have evidence from our frontline programs, which place qualified midwives at the heart of delivering solutions to these global challenges as led by the sustainable development goals that this does not have to be so! You may ask why midwives? We chose midwives as our army, because every pregnant woman, (in fact, every pregnant expectant being on this earth, in this world), has an upsurge of a natural instinct to nest and nurture that brings the unmet, uncatered for and uncounted invisible female gender, naturally to seek formal care if this care is accessible, affordable, and more so if this care is respectful in terms of human dignity.

Since 2004, we have taken actions, that have shown us the evidence, that investing in each new planned pregnancy through education, information and financial inclusion, is a worthwhile investment in the life of every newborn child, every newborn girl. Our universal healthcare fund provides health insurance capacitation grants which give a full package of community health insured services to 5000 citizens yearly, 30% of which are pregnant women and 20% adolescents.

The Wellbeing Foundation Africa Personal Health Record exists to bridge this gap. The first safeguard against an invisible girl is one counted in the womb. These records track from gestation, through the first 1000 days of life, and beyond, to ensure accurate data for health systems to provide the highest standard of care.

We are going to commit to partnering with academic institutions at every tier to give every Nigerian child a health record, with digital database in the next 5 years. The more data there is, the less likely the girl and boy child will be invisible. Data will let us measure and track our progress as a country.

The WBFA currently partners with the University of Liverpool School of Tropical Medicine. Through this partnership, we receive the research, data and knowledge that helps us provide training to midwives in Nigeria. The training programme includes support to pre-service midwifery institutions to improve the competency-based training components of their curriculum. It initially started in Kwara State, where I am from, and included in-service training for 80-100% of Kwara's midwives, doctors, and community health extension workers. Today, the programme works to establish skills labs across the country. The partnership arose from a mutual respect between the Liverpool School of Tropical Medicine and the WBFA; the University selected us based on our strong organisational capacity, and reputation as a global driving force in maternal health and midwifery services. Our skilled team of health workers on the ground have enabled the Liverpool School of Tropical Medicine to transform research techniques into a reality.

This partnership exemplifies how research at the top can be used to inform practical policy and vocational training at a community level. We are grateful for



this partnership, and hope to collaborate with other institutions in the future, to facilitate our expansion in to data disaggregation and technology.

The importance of research and data disaggregation is also highly relevant to our second goal of gender equality. The currently poor state of affairs that overshadows Africa's data deficit does little to differentiate between the sexes and therefore downplays the reality of gender inequality over the continent. Girls and women have specific needs and face challenges that are unique to their sex. It is therefore imperative that these differences are addressed so that they can be fixed. Research institutions, such as this university, are the key to the data revolution the world needs, particularly Africa. And through the revolution we can unveil the reality that remains concealed by insufficient, muddled data that hinders our objectives. There must be data revolution in Africa, to give us an accurate indication of who, what and where our attention is needed. Partnerships and collaborations between UK and African institutions – such as the University of Cambridge – can and will provide the key that Africa needs to unlock its potential, and on behalf of the WBFA I thank the University of Cambridge for recognising the necessity of education to achieve this end.

Without education, we are disempowered without knowing we are disempowered. For many girls and women in across Africa, a lack of health education is fatal. The simplest educational tools can mean the difference between life and death.

Simple education enhancement in the health system is both life-saving and life-giving.

Domestically, an array of economic and social factors prevent the necessary education to unite mothers and midwives as the first line of defence against maternal mortality.

The lack of formal education or access to health systems conspire to create a narrative in which assisted birth is painted as a superfluous waste of money. Well-meaning husbands and fathers often dissuade expectant mothers from seeking frontline health support due lack of funds, no proximity to a hospital or birthing centre, or even due to disrespect for midwifery as a profession. As such, 20% of Nigeria women go through the childbirth process completely alone.

However, it is hard to blame the individuals when access to life-saving health interventions are prohibitive from a governmental level. Whilst the United Nations Sustainable Development Goals recognise the inextricable link between education access for women and improved health and wellbeing, this is not always reflected in policy.

Male policymakers who dictate the working conditions and compensation for midwives often fail to value them adequately. The field of midwifery is undervalued – even perceived as a niche of mere women for women's needs.



Because of this, midwives are often overworked, undertrained, and forced to work in unsanitary conditions with limited resources. As you can imagine, midwives are highly susceptible to burnout, which greatly reduces the average standard of care an entire health network.

And every single day, mothers and babies are dying.

It is not acceptable that in societies like Nigeria, only the wealthy, metropolitan women are educated enough to understand the necessity of respectful maternity care. The experience of bringing life into the world need not be traumatic. It need not be dangerous. It should be dignified and accessible.

Expectant families and midwives must be brought together to redress the gender disadvantages within African health systems. Synergy must be made between healthcare providers and governmental bodies to promote midwives as the heart of health solutions. The title “midwife” must become synonymous with security, safety, and emotional support not only in educated circles, but all of them.

The need for greater education – not just for families, but for midwives too – are why that the Wellbeing Foundation Africa developed the dual MamaCare programs: Emergency Obstetric and Newborn Care further education training for midwives, and Antenatal Education Classes for expectant parents.

We created the MamaCare Antenatal Education Program to bridge the necessary gaps in women’s understanding of what their bodies go through whilst pregnant. Skilled midwives lead the classes, placing them in direct contact with the women who need their support the most within cities, rural communities, and Internally Displaced Person camps.

By teaching these women over weeks and months to listen to their bodies and consult a midwife whenever they have questions, women soon recognise the opportunity to gain expert support and advice. This, in turn, encourages them to engage with midwives more often and openly. The MamaCare philosophy states that midwives are not just an extra pair of hands during childbirth itself – they provide an ongoing continuum of care and counsel during pregnancy, childbirth, and long after the baby is born.

Whilst MamaCare Antenatal Education Classes foster a symbiotic relationship between midwife and patient, the MamaCare Emergency Obstetric and Newborn Care training provides frontline midwives with accredited further education to combat maternal morbidity and mortality to a global standard.

The MamaCare programs have been deployed across Abuja, Lagos, and Kwara State, to great success. We are in the process of activating 320 more skilled



midwives. Think back to those earlier figure of the 476,923 women who die annually due to pregnancy and childbirth-related issues. Then consider the following: through this upskilling and community education programming, MamaCare midwives have been able to reach over 108,200 mothers in the last 12 months.... And the proof lies in the pudding: we have not lost a single mother yet to death.

Our mission is to scale both programs across Nigeria by the end of 2017, and then bring MamaCare to every last country across Africa where women continue to die in childbirth due to limited health education.

We are also developing a variety of projects for delivery in Nigeria in the coming year, including hosting gender workshops across the country, as well as launching a free coding programme for girls, aiming to improve the economic opportunities for girls in the male-dominated tech sector in Nigeria.

Whilst there are great obstacles to overcome in the form of cultural biases, lack of prioritisation on a policy level, and negligible funding, I truly believe that collaborative work between NGOS, policymakers and educational institutions such as this very University, will see us leap over them, one by one, as we race towards achieving the United Nations Sustainable Development Goals.

I would like to return to what I said at the beginning of this address: Girls and women have specific needs and face challenges that are unique to their sex. It is therefore imperative that these differences are addressed. Research institutions, such as Cambridge University, are the key to the data revolution and education access that Africa most profoundly needs. Through that revolution, we can unveil the reality that remains concealed right now by insufficient, muddled education – both in the form of data that is missing, and the common knowledge needed about health and wellbeing across entire communities.

We need an accurate indication of who, what and where our attention is needed. Partnerships and collaborations between academic innovators such as the University of Cambridge, and African institutions are the key to unlock an entire continent's potential.

We can redress gender disadvantages in Africa's health education, and we will.

Together.