# AMPLIFYING WOMEN'S VOICES, REPRESENTATION AND VISIBILITY IN PUBLIC HEALTH LEADERSHIP ACROSS AFRICA:

## The Intersections of Mentorship, Sponsorship and, Enabling Pathways.

**December 2025**



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# FOREWORD

Women continue to play a transformative role in strengthening health systems across Africa. From frontline service delivery to high-level policy and research, their leadership, expertise, and resilience are central to achieving equitable, inclusive, and sustainable health outcomes. Yet despite constituting nearly 70% of the health and social workforce, women occupy only about 25% of senior leadership positions in the sector. This persistent gap underscores the urgent need to elevate women's voices, ensure fair representation in decision-making spaces, and create enabling environments where their contributions can fully shape the future of Public Health.

This study was designed by Women in Public Health Leadership for Africa (WiPHLA) in partnership with ACE Strategy and Consults Ltd. to generate and deepen our understanding of the realities shaping leadership pathways. It captures the institutional and structural challenges women face, as well as the pathways, motivations, sponsorship, and mentorship experiences that shape their leadership journeys. By gathering insights from emerging and established female leaders across sectors, this study provides a powerful look into the systemic issues affecting gender representation, while spotlighting inspiring stories and innovative solutions that continue to push the boundaries of what is possible.

As African nations accelerate their journey toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), achieving the vision of an Africa where no one is left behind hinges on our ability to fully unlock women's leadership potential in the health sector. The deep-rooted obstacles hindering women's ascent - including gender bias in appointments, unequal access to mentorship and professional networks, the dual pressures of career and domestic responsibilities, and institutional cultures that undervalue women's authority - are not just matters of fairness; they are critical barriers to health system performance and health equity.

This study revealed that women in Public Health in Africa face persistent gaps in mentorship and sponsorship, with only a small fraction having access to academic exposure, research collaborations, or the right professional networks (15%). Forty percent never had a sponsor, and where sponsorship exists, it was mostly male, reflecting the sector's male-dominated leadership. Work–life conflict further limited women's ability to take on and thrive in leadership roles. These findings highlight the urgent need for intentional action: investing in leadership pipelines, implementing gender-transformative policies, strengthening mentorship and sponsorship, and dismantling all barriers that hold women back.




To the women leading quietly and courageously across rural clinics, national emergency operations centres, regional institutions, and global platforms: your work is seen, your impact is profound, and your leadership is indispensable. And to institutions, governments, and development partners: the evidence is clear, investing in women's leadership is one of the highest-return interventions for Africa's health and future.

We extend our heartfelt appreciation to every woman who participated in this survey. Your honesty, insights, and courage form the backbone of this publication. Your leadership continues to inspire a growing movement dedicated to advancing gender equity, amplifying women's voices, and redefining the future of Public Health across the continent.

This publication is both a reflection of how far we have come and a call to action. May it guide policymakers, institutions, and stakeholders in building inclusive systems that empower women to lead boldly, today and for generations to come.



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# LIST OF ABBREVIATIONS

| ACRONYM | MEANING |
|---|---|
| CDC | Center for Disease Control and Prevention |
| CEO | Chief Executive Officer |
| NGOs | Non-Governmental Organisations |
| WHO | World Health Organisation |
| WiPHLA | Women in Public Health Leadership for Africa |

# THE REPORT AT A GLANCE

## Why this Matters

Women form the backbone of Africa's Public Health workforce, yet remain profoundly underrepresented in senior leadership roles across ministries of health, NGOs, academia, and multilateral institutions. Although they constitute nearly 70% of the global health and social care workforce, women hold only a fraction of decision-making positions, often below 30% in African settings. This leadership gap undermines health system performance, weakens governance, and limits the diversity of perspectives essential for equitable and effective Public Health responses.

## What We Did



**183** survey respondents



**16** in-depth interviews



Women leaders and mid-level professionals across **12 African countries**



Mixed-methods design exploring how women enter, navigate, and advance in Public Health leadership

## Key Findings

**Mentorship and Sponsorship**

- Mentorship is relatively widespread and highly valued, with 68% of respondents reporting that they have received mentorship.
- Sponsorship experiences were more limited, with 50% reporting that they have benefitted from a sponsor(s).
- Men dominated sponsor roles, reflecting existing leadership hierarchies.

## Work–Life Conflict Remains a Major Constraint

- Work–life conflict emerged as a major barrier to leadership uptake with nearly three-quarters (74%) reporting that caregiving responsibilities influence their leadership decisions and advancements
- Married women and single mothers felt the strongest constraints
- Common personal strategies to navigate work and personal life conflicts were boundary-setting at work, delegation both at work and at home as well as family support
- Nearly half of the women (48%) found these personal strategies insufficient without institutional flexibility.

## Organizational Policies Exist, but Many Don't Work in Practice

- Formal gender-supportive policies exist with 22% of respondents reporting paid maternity leave; 14% citing anti-sexual harassment policies; 13% noted flexible work arrangements.
- Nearly a third (32%) rated these policies as highly effective, while 44% viewed them as moderately effective in supporting women's leadership trajectories.
- Nearly all respondents (98%) reported that their organisations provide at least one development opportunity but only 54% believed these opportunities are equitably accessible to women.
- Access gaps suggest barriers in nomination and selection processes, limiting visibility and advancement.
- There was a positive association between gender-supportive policies and confidence in pursuing leadership showing that even incremental improvements in policies and protections strengthen women's leadership trajectories.

## Barriers to Leadership

- The most frequently cited barriers include:
  - Limited access to professional networks **(19%)**
  - Insufficient mentorship or sponsorship **(18%)**
  - Weak institutional support **(16%)**
  - Inadequate training opportunities **(15%)**
- Gender bias, heavy caregiving burdens further slow women's progression. Qualitative insights also highlight interpersonal challenges, including spousal expectations, unsupportive partners, and the absence of safe spaces for women leaders to seek guidance and affirmation.

## Implications and Tools for Action

The findings indicate that women's underrepresentation in Public Health leadership in Africa stems not from a lack of ambition or capability, but from systemic inequities that shape opportunities long before senior roles are available. Strengthening women's leadership is therefore both a gender-equity imperative and a strategic necessity for building resilient, accountable, and community-responsive health systems in Africa. The evidence calls for shifting from "fixing women" to transforming institutions.

Recommended actions include:

- Strengthen mentorship and formalize sponsorship through well-resourced programs, performance-linked incentives, and structured leadership pipelines from tertiary institution to senior roles.
- Re-engineer institutional systems by encouraging/promoting flexible work, enforcing gender-responsive policies, setting gender-parity targets, and holding leaders accountable for inclusive organisational cultures.
- Address work–life conflict structurally through caregiving support, workload redesign, and re-entry pathways for women returning from caregiving breaks.

While mentorship provides guidance and skill development, sponsorship is critical for enhancing leadership visibility, access to high-stakes opportunities, and promotion readiness.



# INTRODUCTION

# The Case for Women's Leadership in Public Health in Africa

Strengthening women's leadership in Public Health in Africa is both a moral imperative and a strategic necessity for achieving sustainable health gains across the continent because women power Africa's health systems. They comprise approximately 70% of the global health workforce and up to 90% in frontline roles like nursing and community health and they deliver the majority of direct care, yet they are profoundly underrepresented in decision-making roles.[1,2]

Growing evidence demonstrates that gender-equitable leadership improves system performance and organisational effectiveness. A 2025 scoping review of 137 studies reported that women's leadership was consistently associated with greater financial performance and stability, innovation, engagement with ethical initiatives and organisational culture and climate outcomes.[3] Women leaders in Public Health tend to prioritise primary health care, community engagement, and equity-focused interventions, priorities that align closely with Africa's disease burden and the goals of universal health coverage.[4,5]

It has been shown that having greater gender diversity in senior roles also lead to better governance, lower corruption perceptions, and more inclusive policy processes.[3] In the African context, where our health systems face chronic underfunding, workforce shortages, and recurrent crises, amplifying women's voices in leadership is essential to building resilient, responsive, and equitable systems that leave no one behind.



# The leadership gap in Public Health in Africa space is structural, historical and painfully persistent.

Despite comprising the majority of the health workforce, women in Africa hold fewer than 30% of senior leadership positions in ministries of health, national Public Health institutes, and regional bodies such as the Africa CDC or WHO African Region offices.[1,2] In many countries the proportion falls below 20% at director level and above, creating a stark "leaky pipeline" that widens with every career stage.[1,6] In essence, the higher you climb, the fewer women you see. This disparity exists across Anglophone, Francophone, and Lusophone Africa and across clinical, academic, and programmatic domains.

For instance, in Nigeria, only one woman has served as Minister of Health out of 25 appointments since 1960, giving women a mere 4% share of that role. This reflects the wider political gap, where women occupy just 3.9% of seats in the House of Representatives. Across Africa, only about 25% of health ministers are women as of November 2025. In Southern Africa, a 2025 stakeholder analysis across ten countries (including South Africa and Zambia) revealed women in just 13% of district health leadership roles, despite national quotas on paper.[7] This pattern is not unique to government. In large NGOs and implementing bodies, women often lead community-level programs but hold only about 25% of executive director or CEO positions. For instance, since 1947, only 14% of regional directors for WHO AFRO region have been women.[8] These imbalances mean decisions on everything from Ebola response funding to climate-resilient health infrastructure often lack the diverse perspectives needed for effective and equitable public health responses.

# The Complexity of Women's Leadership Journeys

This leadership gap is not accidental. It is not because women lack qualifications or ambition. It is because the ladder itself was built in ways that make it harder for women to climb and easier for them to be pushed off. This gap is sustained by historical legacies of colonial and patriarchal governance, gendered power dynamics that favour male authority, informal networks that exclude women, and institutional practices that penalise caregiving responsibilities.[5,9]

Hence, a woman does not become a leader in Public Health in Africa by checking boxes on a universal checklist. Her path is often shaped by forces that pull in different directions at once - relational, institutional, and personal/cultural. These do not operate separately, but are intertwined in complicated, sometimes exhausting ways. Relational levers include access to mentorship, sponsorship (active advocacy for promotion and stretch assignments), visibility in influential spaces, and protection from professional isolation or sabotage.[7] Institutional levers encompass formal and informal practices around promotion, flexible work, sexual harassment, leadership pipelines, resource allocation, and the presence or absence of deliberate gender targets. Institutions can either strengthen or hinder women's leadership trajectories depending on how these policies and norms are enacted.

Lastly, women navigate leadership within gendered social and cultural expectations. Disproportionate caregiving responsibilities, domestic work, societal norms around femininity and deference, work–life tensions, and in some cases direct familial opposition to women in authority influence career decisions and opportunities.[2,5] Balancing professional ambitions with these personal and cultural pressures requires constant negotiation, shaping leadership pathways in ways that are both highly context-specific and very personal. These domains constantly interact to influence women's leadership journeys in Africa.

# Centering African Women's Experiences

**"The stories, struggles, and successes of African women in Public Health are missing from the evidence."**

Much of the existing literature on women's leadership in health is dominated by Western institutions and frameworks. These models emphasise individual agency, lean-in strategies, and personal ambition while underplaying structural barriers, collective solidarity, and the specific gendered realities of African contexts. These fail to account for extended family obligations, communal decision-making norms, post-colonial institutional legacies, or the ways patriarchy operate across the continent. The result is a gap in evidence that resonates with lived realities in cities, towns, and health facilities across the continent.

This study represents a different approach. It is one of the few leadership studies designed and led by African organisations, Women in Public Health Leadership for Africa (WiPHLA) and ACE Strategy & Consults, working in partnership to generate evidence from within the continent, for the continent. Drawing on a continent-wide survey and rich qualitative interviews, the study centers African women's lived experiences across career stages, contexts, and countries. It examines the enablers, barriers, and defining moments that shape their leadership journeys, with close attention to the roles of mentorship, sponsorship, institutional environments, and socio-cultural norms.

By centering African women's experiences, this report moves beyond theory to illuminate real pathways for change. It is both a resource and a call to action: to dismantle persistent barriers, strengthen leadership pipelines, and ensure that women are not only present but visible, heard, and empowered to lead across Public Health space in Africa.

## Objectives

- To examine how mentorship and sponsorship impact the visibility, influence, and decision-making power of women in Public Health leadership across Africa.
- To investigate how women leaders navigate competing professional and caregiving demands, and the implications for career progression and leadership effectiveness.
- To identify and categorize institutional and informal practices and support that facilitate or hinder women's retention, advancement, and leadership effectiveness in Public Health in Africa.

# METHODOLOGY

## Study Design

This study employed mixed-methods design, integrating quantitative and qualitative approaches.

## Study Population and Geographic Scope

A total of 199 women (183 survey respondents and 16 in-depth interview participants) took part in the study across 12 African countries (Fig 1). Participants were eligible if they identified as women and had experience working in Public Health roles within Africa.

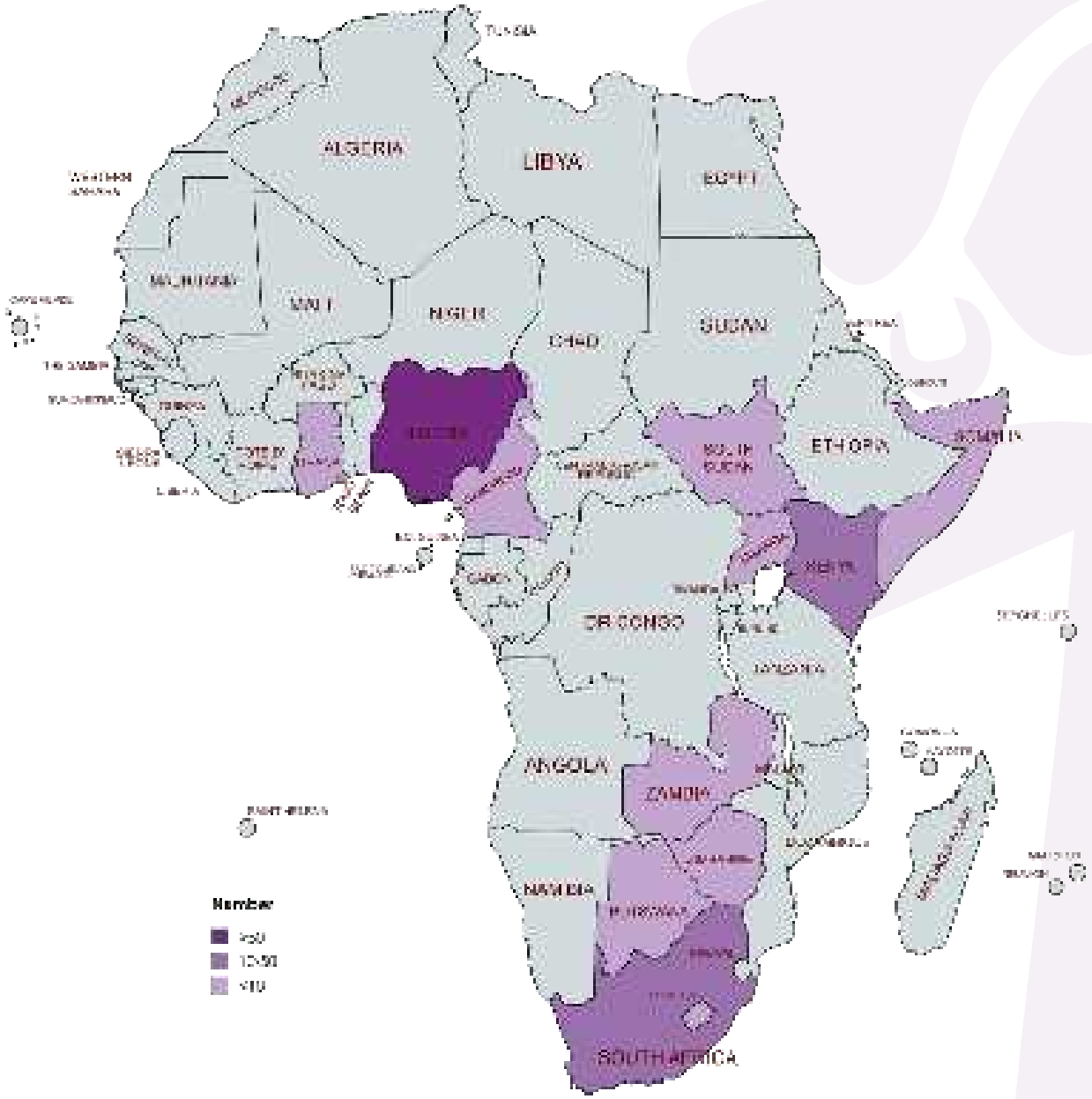



***Figure 1:*** *Country of employment of participants*

## Data Collection

**Quantitative Component:** A structured online survey was administered via SurveyMonkey to collect data on mentorship and sponsorship experiences, work–life balance, leadership uptake, and organisational practices. The survey generated quantitative indicators designed to measure the extent and impact of these factors.

**Qualitative Component:** In-depth interviews were conducted with a purposive subsample of women in Public Health leadership across Africa. The interviews explored contextual experiences, institutional dynamics, and personal perspectives related to the study objectives. All interviews were audio-recorded, transcribed and anonymized.

## Data Analysis

**Quantitative Analysis:** Descriptive statistics were produced using Microsoft Excel and Power BI to generate tables and visual summaries of the findings. Inferential analysis was conducted in RStudio, with Pearson correlation coefficients computed to assess:

- The relationship between work–life balance and leadership uptake, and
- The association between gender-supportive policies and women's leadership outcomes.

Statistical significance was set at $p < 0.10$.

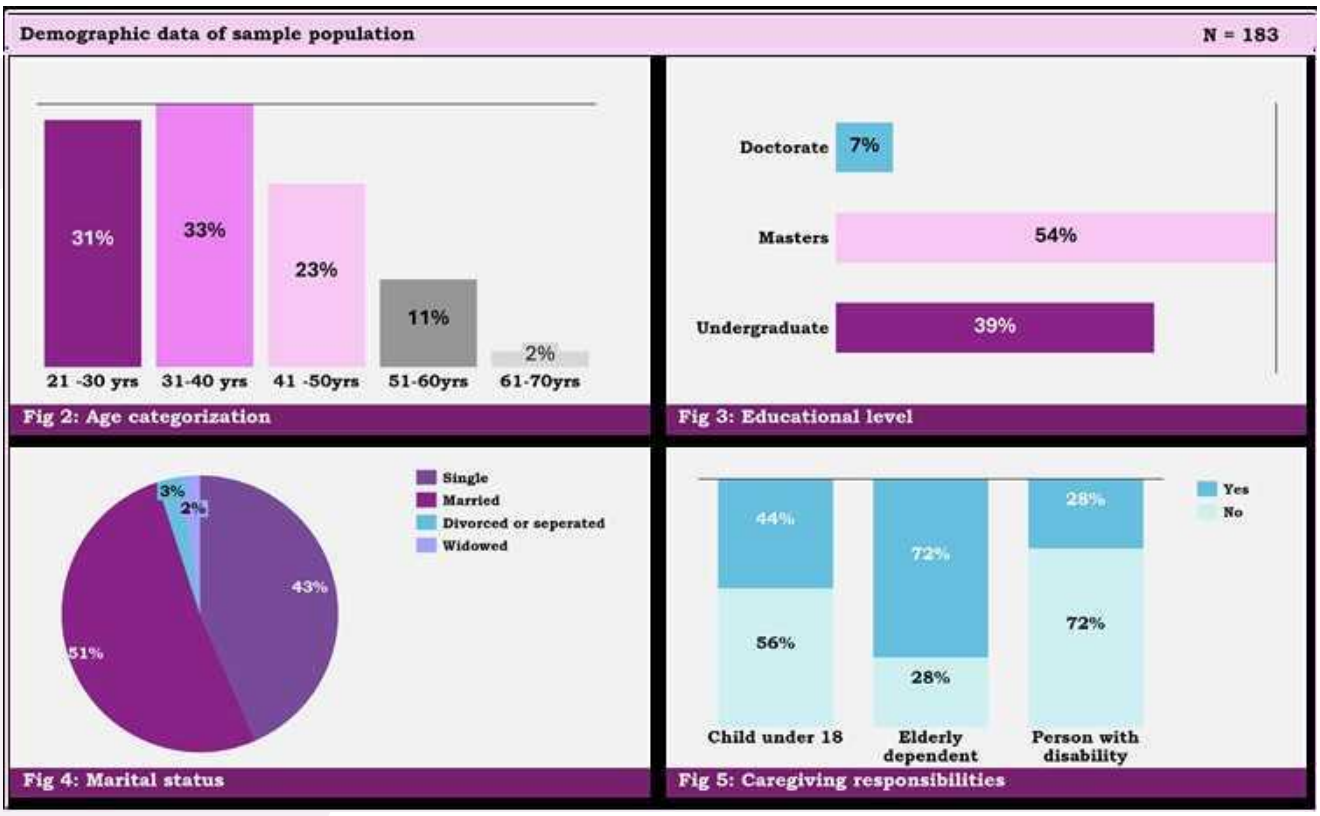
**Qualitative Analysis:** Qualitative data were analyzed using a thematic approach. Initial coding followed a deductive framework derived from the study objectives. Subsequently, inductive coding was conducted to allow new themes to emerge from the data until thematic saturation was reached.

# FINDINGS

The analysis begins with an overview of participant characteristics and then examines three core levers shaping women's leadership trajectories in the Public Health sector across Africa. The relational lever captures the influence of mentorship, sponsorship, and access to high-visibility spaces. The personal lever reflects how women navigate the demands of professional growth alongside caregiving responsibilities. The institutional lever covers the formal and informal workplace systems that either enable or constrain women's advancement.

# Participant Characteristics

The survey findings highlight a notable presence of younger women progressing through Public Health leadership pathways across the continent. Nearly two-thirds (64%) are under the age of 41. This demographic trend is supported by high educational attainment as more than half (54%) hold a Master's degree. Just over half of participants (51%) are married, and most participants reported significant caregiving responsibilities, including support for elderly dependents in more than 70% of cases. These illustrate the dual professional and domestic roles that many women balance while pursuing leadership advancement.



The respondents constitute a highly experienced and institutionally anchored workforce. Over half (63%) have more than 6+ years of professional experience, and this tenure is reflected in their positions: 39% hold managerial roles, while 13% serve at the director's level. Employment is largely concentrated within formal Public Health structures, with NGOs (44%) and government institutions (34%) serving as the primary employers. Most women (59%) occupy permanent positions, underscoring their embeddedness within structured, stable organisations. Collectively, these findings highlight a cadre of women who are not only shaping day-to-day Public Health operations but are also positioned to influence leadership trajectories and policy decisions across the sector.




Qualitative insights further illuminate the motivations driving women's entry and commitment to the sector. Participants describe Public Health as more than a career trajectory, many view it as a calling rooted in humanitarian commitment and a personal drive to protect vulnerable populations, particularly in contexts marked by fragility and health insecurity. Others are motivated by a desire to influence governance and systemic structures, reflecting strong orientations toward public accountability, policy transformation, and state responsibility for equitable and effective health service delivery.




> I found that I had a calling for it... I was much more comfortable in community, working with people, engaging with people.
> – **Director, Nigeria**

# 3.1 Relational Lever: Influence of Mentorship and Sponsorship on Women's Leadership

**SUMMARY**

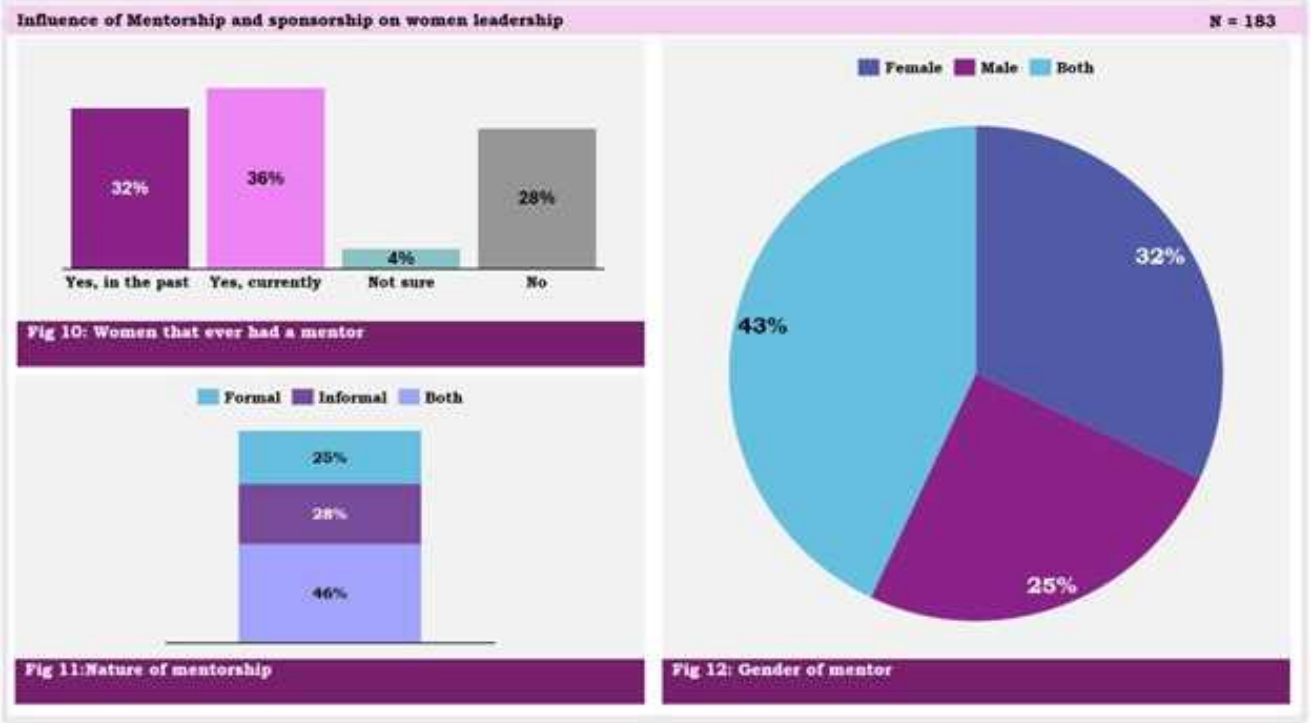
- Mentorship and sponsorship were identified as highly influential in supporting women's career progression in the Public Health in Africa sector.
- Although most women mentor others (70%), only about half are able to sponsor (52%), reflecting limited institutional authority and political capital.
- The primary barriers to providing mentorship or sponsorship were time constraints (55%) and insufficient institutional support (23%).

## Prevalence and Structure of Mentorship

Mentorship emerged as a widely accessed and valued mechanism for career development among women in the Public Health in Africa sector. Nearly seven in ten respondents (68%) reported involvement in a mentoring relationship, either currently (36%) or in the past (32%). The structure of these relationships was diverse, with nearly half (46%) engaging in hybrid mentorship models combining both formal and informal support. This suggests that while organisational programs are relevant, women's advancement were equally shaped by organically formed, peer-driven professional relationships.

The findings showed that women in Public Health draw on a range of mentorship relationships. Nearly half of respondents (43%) received support from both male and female mentors, reflecting a broad mix of perspectives in their professional development. About one-third (32%) reported being mentored only by women, which

points to the growing presence and influence of female leaders who are guiding the next generation. A smaller share (25%) said their mentors were exclusively male, showing that men contribute to women's leadership journeys.




Qualitative insights highlight that mentorship often unfolds informally, rooted in observation, modeling, and personal relationships rather than structured arrangements. Participants frequently described learning "by watching" senior women, mothers, teachers, and colleagues who embodied confidence, resilience, and professional integrity.

> She didn't sit me down to teach me, but I watched how she carried herself, and it shaped me...
> – **Public Health Professional and Nutritionist, Nigeria**

> Learning from them... was a bit osmosis... by watching, observing, and admiring how they interacted in those spaces.
> – **Gender Consultant, Nigeria**

However, the absence of structured mentorship was also noted by several participants, some of whom reflected that formal guidance could have accelerated their progression.

> I have never had a formal mentor, and I'll never encourage anyone not to ... I would have been able to maximize some opportunities I had in the past.
> **- Team lead, Nigeria**

While women-to-women mentorship was widely valued and the most common scenarios, some participants described male mentors as pivotal in building their confidence and assertiveness.




> Having more male mentors... my approach was more aggressive, more masculine.
> **- Founder, Nigeria**

These accounts illustrate that mentorship dynamics are shaped not only by professional hierarchies but also by gender norms that influence women's leadership identities.

# Types of Mentorship Support Received

Analysis of mentorship functions revealed a strong emphasis on instrumental career support, with significantly less emphasis on psychosocial support. Instrumental support such as career guidance was the most frequently reported benefit **(26%)**, underscoring mentors' role in offering strategic direction on career progression, leadership transitions, and key decisions. Skill development followed **(21%)**, reflecting support in enhancing both technical capacities and leadership competencies.

A notable gap in mentorship experiences was the relatively limited support focused on expanding participants' professional capital: Academic/research opportunities: **15%** and Networking and visibility opportunities: **15%**

This suggests that while mentors effectively support internal capacity development, fewer are positioned or willing to connect women to broader institutional, collaborative, or reputational platforms essential for leadership advancement.

Low levels of psychosocial support (emotional **(13%)** and psychosocial support **(10%)**) were reported. This gap is notable given the emotional and social pressures women navigate in Public Health leadership, including gendered expectations, care roles, and workplace marginalization.

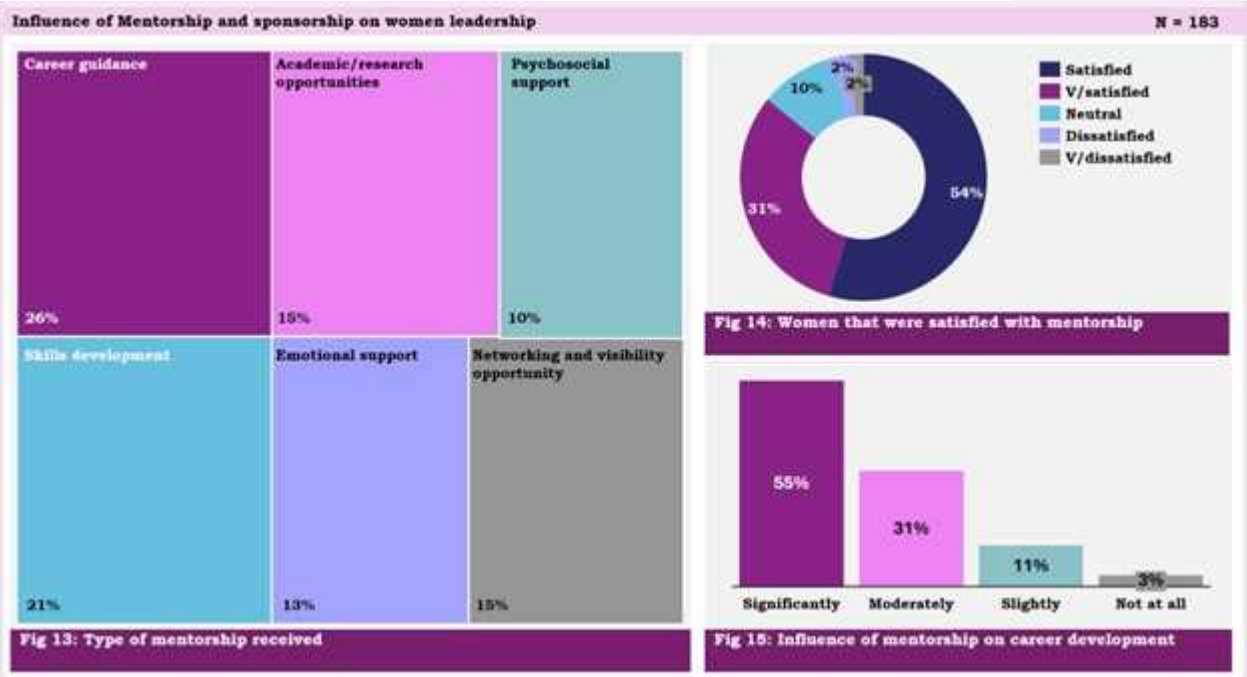


Fig 13: Type of mentorship received

Fig 14: Women that were satisfied with mentorship

Fig 15: Influence of mentorship on career development

Qualitative insights highlight what mentorship should be, emphasizing a broader vision of mentorship, one that combines technical guidance with emotional grounding, advocacy, and context-sensitive leadership support. Participants emphasized that effective mentorship in Africa must reflect African realities, not Western leadership models. Effective mentorship was also described as:

- Phase-specific: evolving with career stages,
- Relational: grounded in trust and mutual investment
- Identity-aware: resonating with cultural, gendered, and contextual realities

> Frameworks developed for female leaders in the West cannot fit the environment of the Global South. We need to rethink what leadership for women is on the continent... and design something by us, for us.
> **- Co-founder, Ghana**

> When you're looking for mentorship, a role model who understands your context and culture is quite important.
> **- Country lead, multilateral organization, Zimbabwe**

## Satisfaction and Influence of Mentorship

Satisfaction with mentorship was high, with over half of respondents satisfied (54%) and nearly one-third very satisfied (31%). Participants widely affirmed mentorship as a significant positive influence on their career trajectory and leadership development.

Qualitative accounts reinforced this perception, describing effective mentorship as intentional, supportive, and grounded in lived experience. Women valued mentors who were accessible, empathetic, and able to guide them through the complexities of Public Health careers.




Collectively, these findings demonstrate that mentorship remains a critical enabler of women's leadership in Public Health in Africa, yet its full potential is constrained by limited psychosocial support and insufficient pathways to professional capital and visibility.

## Prevalence and Accessibility of Sponsorship

Sponsorship, defined as senior leaders using their influence to create opportunities, make introductions, and advocate for the career advancement of junior colleagues, remains markedly limited among women in Public Health leadership across Africa. Fifty percent of respondents reported having a sponsor (17% currently have one and 33% have had one in the past). This restricted access presents a critical barrier to women's progression, particularly in Public Health leadership across Africa where informal influence, personal endorsement, and network capital frequently shape leadership mobility.

A pronounced gender imbalance characterizes existing sponsorship experiences. 41% of respondents reported having male sponsors, a reflection of the persistent concentration of institutional authority and senior leadership positions among men in Public Health. This pattern indicates that women's access to influential networks is often mediated through male-dominated structures, potentially reinforcing existing gender hierarchies and limiting opportunities for women-to-women sponsorship ecosystems to flourish.

Where sponsorship does exist, its impact is substantial. Respondents identified recommendations for promotion or key appointments (27%) and support for training or scholarship opportunities (24%) as the most common forms of sponsor support mechanisms that can significantly shape career trajectories. Notably, 47% of respondents reported that sponsorship had a strong positive effect on their leadership visibility and access to career-enhancing opportunities. This emphasizes the transformative potential of sponsorship in accelerating women's leadership development and improving their prospects for advancement in the Public Health workforce.

Influence of Mentorship and sponsorship on women leadership N = 183

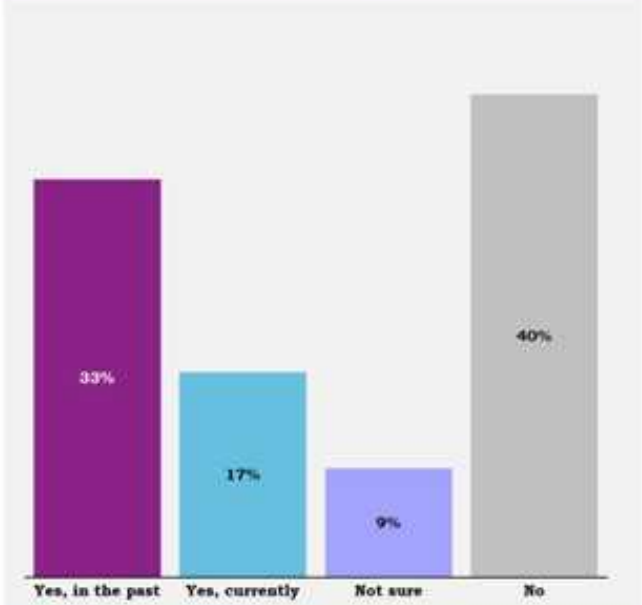



Fig 16: Ever had a Sponsor

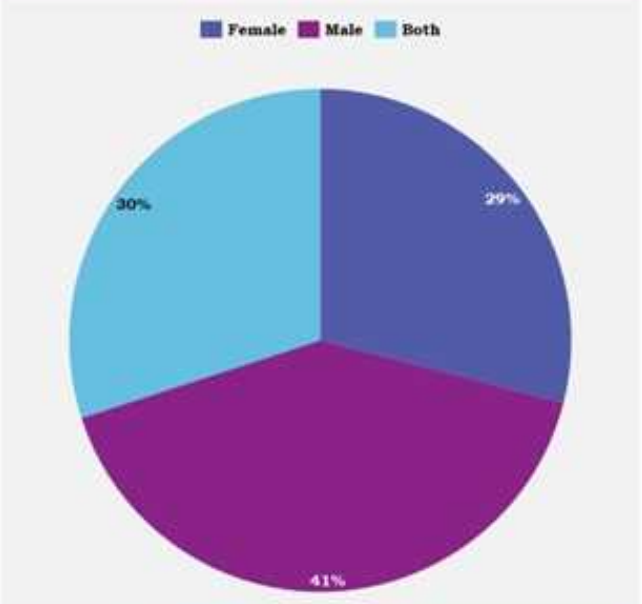



Fig 17: Gender of sponsor

Influence of Mentorship and sponsorship on women leadership N = 183

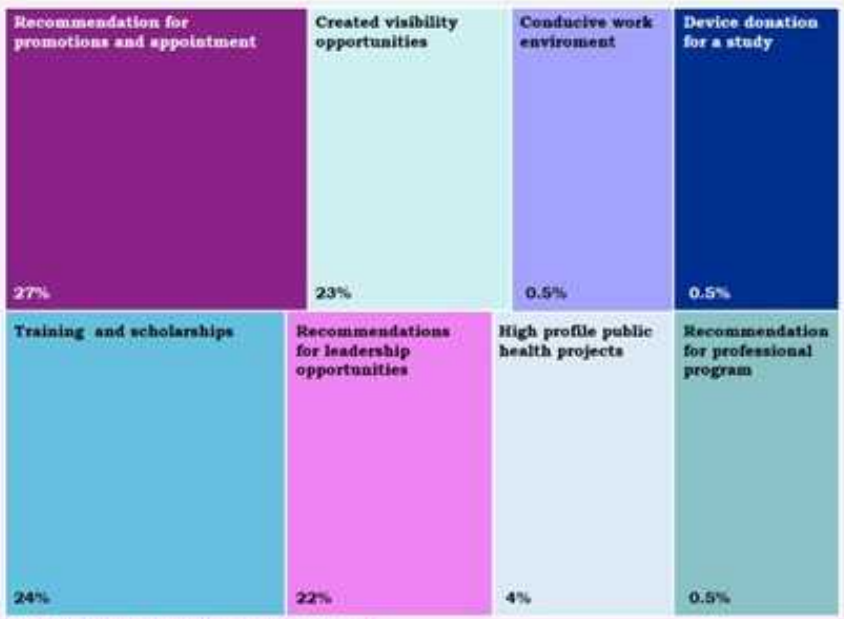



Fig 18: Types of opportunities facilitated

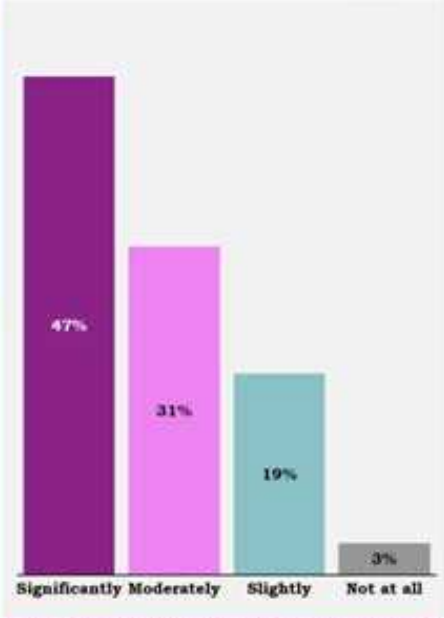



Fig 19: Influence of sponsorship on leadership visibility

Qualitative narratives reinforce this value, illustrating sponsorship as an active, hands-on form of support that extends beyond technical guidance. Many women described being "seen" by sponsors who recognized their potential and took deliberate steps to advance their careers, whether by recommending them for trainings, inviting them to participate in high-profile projects, or nominating them for positions and consultancies.

Sponsorship often involved both formal and informal channels. Some participants received support from senior colleagues within their organisations, while others benefited from referrals through professional networks or recommendations from mentors who vouched for them externally. Opportunities ranged from attending strategic workshops and international conferences to leading projects and taking on consultancies.

A recurring theme was that sponsorship often occurred at pivotal career moments, providing visibility and credibility that participants might not have accessed on their own.

> My very first full-time job in Public Health, Professor ..... shared the opportunity with me. She drove me in her car to my interview, waited for me, and asked me questions after.
> **- Co-founder, Nigeria**

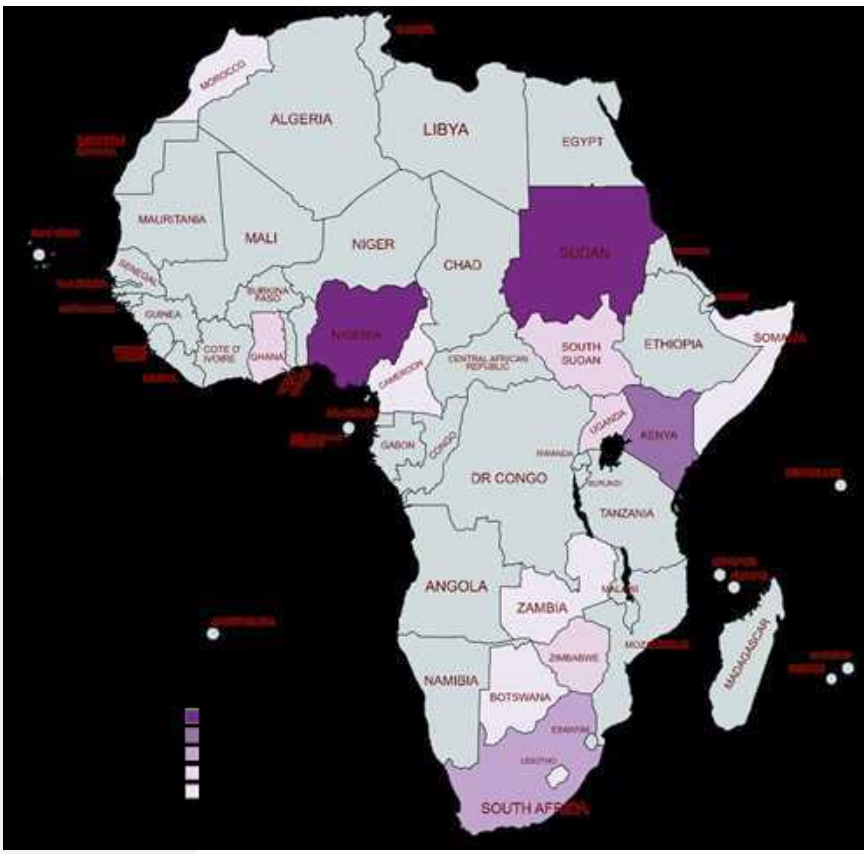
> ...he reviewed the situation and said, "I am sending you for a training programme. You need to strengthen your skills..."
> **- Coordinator, South Sudan**

> I know for myself that the reason I got to where I am is because some people saw something in me. They helped me along and took a chance on me, because I'm not your typical profile of what's usually expected. **– Deputy Director, Ethiopia**

# Engagement in and Willingness to Mentor or Sponsor Others

A substantial majority of respondents (70%) reported mentoring other women in the Public Health space, signaling strong peer solidarity and a collective commitment to supporting emerging female talent within the Public Health in Africa workforce. However, active sponsorship was considerably less common, reported by about half (52%) of participants.

This disparity highlights a structural gap in the leadership pipeline. While many women are both willing and able to mentor, fewer occupy positions with the institutional authority or political capital required to sponsor others. As a result, the transfer of influence, rather than just knowledge, remains limited, constraining women's upward mobility within Public Health leadership hierarchies.



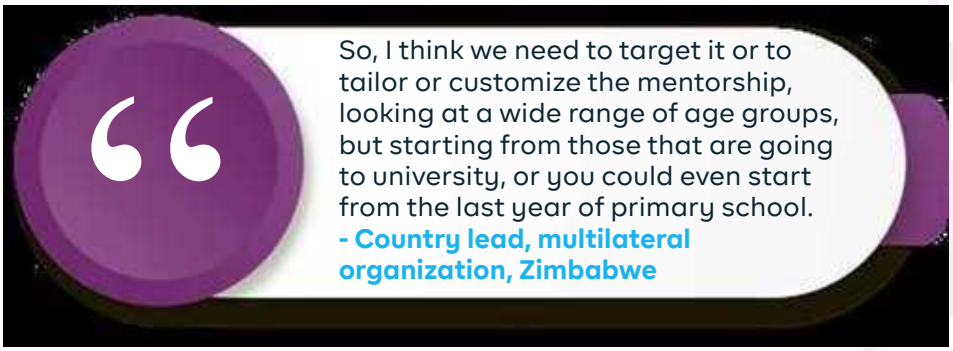

Qualitative insights stressed the motivation to mentor and sponsor others with participants expressing strong moral and professional motivation to mentor and sponsor others, often shaped by gaps they themselves experienced earlier in their careers. Many described a desire to "give back" and ensure that younger women do not navigate their leadership journeys in isolation.







Some participants also emphasized the importance of multi-level mentorship and sponsorship pipelines beginning as early as primary school, continuing through university, and supported by digital platforms and relatable role models. Such a continuum, they argued, would widen access to guidance and professional visibility for girls and young women aspiring to enter Public Health fields.




## Barriers and Enablers to Mentorship and Sponsorship

### Barriers

Participants identified several constraints that hinder their ability to engage consistently in mentorship and sponsorship roles:

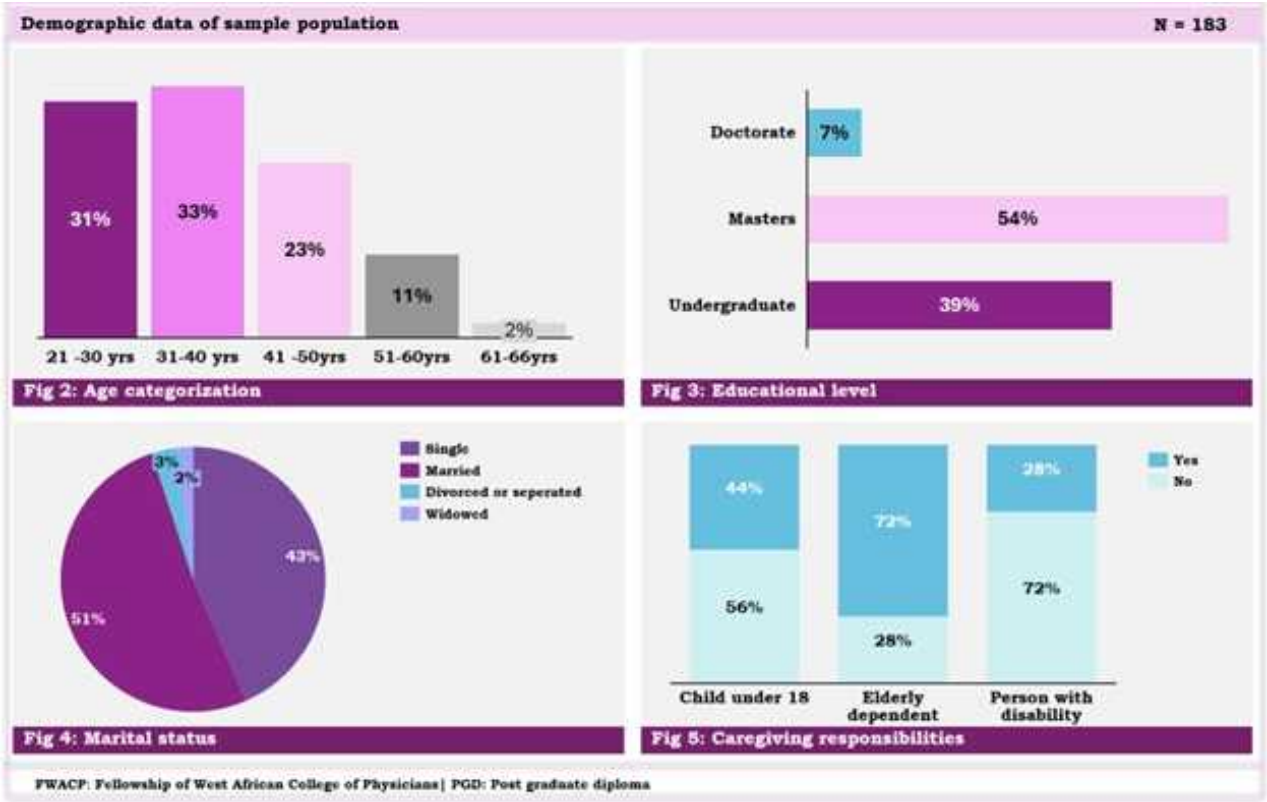
- Time limitations (55%): Heavy workloads, understaffed systems, and competing professional and caregiving responsibilities significantly reduce the time available for relational leadership activities such as mentoring and sponsoring.
- Lack of institutional support (23%): In many institutions, mentorship and sponsorship remain informal, voluntary, and unstructured. This reliance on individual initiative rather than institutional frameworks creates inconsistent access and limits the sustainability of support systems.

## Enablers

Despite these challenges, respondents highlighted several enabling factors that can strengthen mentorship and sponsorship pathways:

- Formal mentorship programs (30%): Formalized institutional programs provide clarity, accountability, and continuity. They help transform mentorship from an informal, ad hoc activity into a strategic leadership development mechanism.
- Financial and time resources (30%): Formalized incentives for mentors and create flexible schedules for women in Public Health sector.

Together, these enablers underline the importance of intentional, system-level investments in gender-responsive leadership development. Such structures have the potential not only to expand access but also to redistribute influence more equitably across the leadership pipeline.



# 3.2 Work-Life Jenga: Navigating Caregiving Demands & Professional Careers


**SUMMARY**

- Women in Public Health across face substantial work–life conflict which often limits their leadership uptake.
  - 46% were slightly impacted by work-life conflict,
  - 19% moderately impacted by work-life conflict,
  - 6% significantly impacted by work-life conflict
- Married women and single mothers indicated to declining senior roles or prestigious assignments more often, mainly due to caregiving responsibilities.
- Common personal coping strategies for managing work-life conflict were:
  - Setting boundaries (19%),
  - Having a supportive family structure (18%)
  - Delegating tasks (17%)
- However, nearly half of respondents report these personal strategies were inadequate without supportive organizational systems.


## Work–Life Balance and Leadership Uptake

Survey findings revealed substantial strain among women in Public Health across Africa as they navigate the dual pressures of professional responsibilities and caregiving roles. The composite work–life balance score (Mean = 2.4) indicates notable levels of conflict across multiple dimensions, including personal needs being neglected due to work (Mean = 3.0) and challenges in maintaining effectiveness because of caregiving demands (Mean = 2.2).

### Table 1: Work–Life Balance Composite Score

| Work–Life Balance Indicators | Mean Score (1–5) | Std. Dev. |
|---|---|---|
| My job makes my personal life difficult | 2.6 | 1.1 |
| I neglect personal needs because of work | 3.0 | 1.2 |
| I find it hard to be effective due to caregiving responsibilities | 2.2 | 0.9 |
| I neglect work because of personal demands | 1.9 | 0.9 |
| **Composite Work–Life Balance Score (Mean)** | **2.4** | **0.1** |

A considerable proportion of respondents reported that work–life conflict negatively affects their leadership uptake or performance, with 46% slightly affected, 19% moderately affected, and 6% significantly affected. These patterns reflect a broader structural challenge, the absence of robust organisational systems that support work–life integration may disproportionately limit women's advancement and retention in Public Health leadership positions across Africa.
Inferential analysis confirms a positive correlation between work–life conflict and barriers to leadership uptake and performance ($p = 0.44$, $p < 3.7$)

**(Table 2).** This moderate relationship (though not statistically significant) provide evidence that as work–life conflict intensifies, women are likely to:

- Decline leadership opportunities
- Limit their engagement in leadership pathways
- Report decreased performance or confidence in fulfilling leadership expectations.

**Table 2: Pearson correlation, work–life conflict scores and leadership uptake**

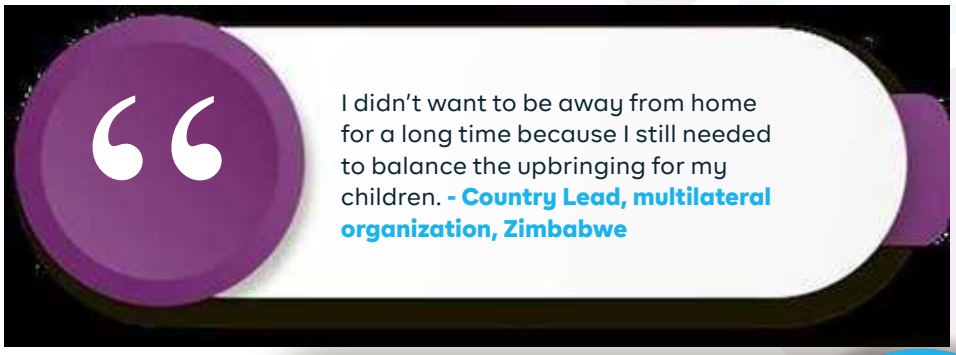
| Variables | Pearson P | P-value |
|---|---|---|
| Work–Life Balance Score vs Leadership Uptake | 0.44 | 0.37 |

> In practical terms, this evidence indicates that work–life integration is not a peripheral "welfare issue" but a strategic determinant of women's leadership progression in Public Health institutions across Africa.

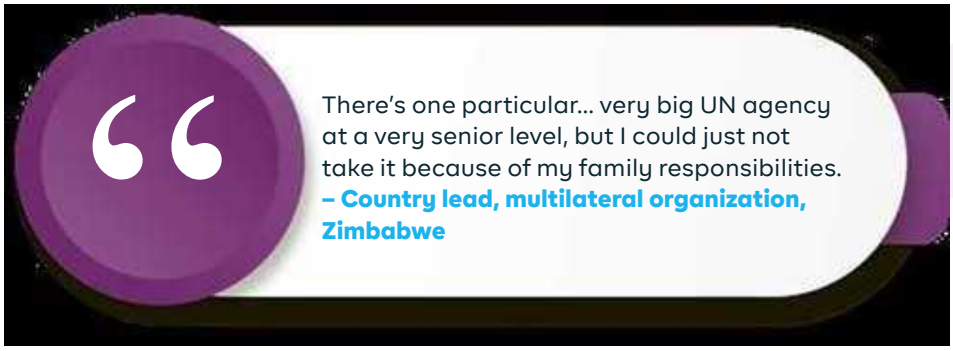
The qualitative accounts brought these findings to life. Women spoke about work–life balance as a constant emotionally weighted negotiation rather than a stable state, influenced by where they were in life, their marital status, and the ages of their children. Married women with young children and single mothers described the sharp strain that comes with travel-heavy Public Health work. One woman's experience showed this particularly clearly: extreme workloads and multiple reporting lines collapsed the boundary between work and personal life until she was operating in survival mode.

Women across the interviews echoed similar pressures. Many talked about the quiet exhaustion and the mental load of choosing what or who gets attention each day. These pressures pushed some to make difficult career trade-offs. They turned down prestigious assignments, competitive trainings, or leadership roles, not because of a lack of ambition, but but due to conscious trade-offs in favor of caregiving stability.

Hence, a recurring theme was that work-life balance felt like a myth. Different seasons demanded different priorities. Early in their careers, women focused on growth, skills, and visibility. Once they had families, expectations shifted, and a family-first stance became the norm as is expected in many African contexts. Several women shared that stepping away completely from work to raise their families felt necessary at times, yet it came with the fear of falling behind and returning to find their peers far ahead. Most preferred to find a path that allowed them to stay connected to their careers, even if it meant moving at a slower pace, because walking away entirely carried its own emotional weight.




There are countless times where my job in Public Health required a lot of travel, and I missed critical milestones in my children's lives because I couldn't be there. **- Gender Consultant, Nigeria**

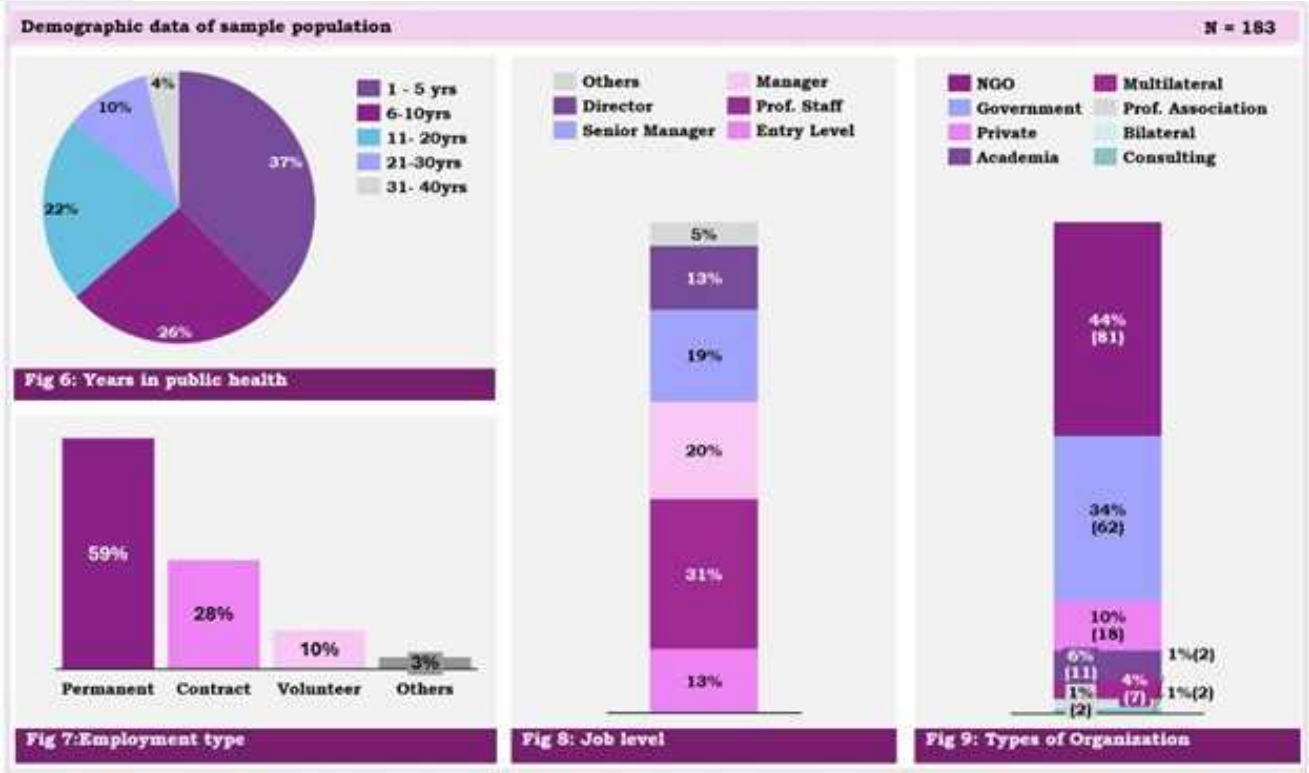



...and a lot of the times when women step away from their careers to grow their families, example, through childbirth. They'd often find that returning to their careers or work life can be challenging and sometimes almost impossible... **– Team lead, Nigeria**

These accounts show a clear tension: women are often not held back by a lack of ability, but by the way caregiving expectations collide with the pace and pressure of Public Health leadership roles.

# Coping Strategies for Managing Work–Life Demands

Survey findings indicated that women in Public Health across Africa employ a range of personal strategies to navigate the competing pressures of professional responsibilities and caregiving roles. The most common approaches included setting boundaries (20%), having a supportive family structure (18%), delegating tasks (17%), and utilizing remote work options or outsourcing household responsibilities (16% each). Despite these efforts, nearly half of the respondents (48%) reported that these strategies were not highly effective in reducing work–life strain, showing the limitations of individual-level coping mechanisms in the absence of enabling organisational structures.




Women spoke about practical steps they rely on, including setting boundaries, delegating tasks, building supportive teams, and negotiating flexible schedules to protect their time and reduce burnout. They also pointed to the importance of organisational support, especially remote work options, extended leave, and leadership programs that recognize the realities women face as they balance family and work. These efforts, though helpful, were often limited by heavy workloads, unpredictable field demands, and institutional norms that make it difficult to maintain personal boundaries. Many women described their coping strategies as useful but insufficient when the wider system remains unchanged. For instance, one

woman described working while in labour. The findings show a clear need for broader organisational reforms that formalize flexibility, distribute workloads more fairly, and hold managers accountable, so that women can grow and lead sustainably in Public Health sectors across Africa.

> I actually use a different set of devices at home, so once I'm back, I don't get work notifications.
> **– Team lead, Nigeria**

> I worked to the final day that I actually went into labor because there were still expectations and deliverables that I was supposed to do. **– Health and Nutrition Adviser, South Sudan**

> I do provide my officer flexibilities, but they're informal... if she needs to take time off because her children have to join a sporting event, it is fine.
> **– Country lead, multilateral organization, Zimbabwe**

> I had to make extra arrangement for someone to come and help the children with homework.
> **- Project Manager, South Africa**

# 3.3 Institutional Practices Supporting/ Hindering Women's Leadership


**SUMMARY**

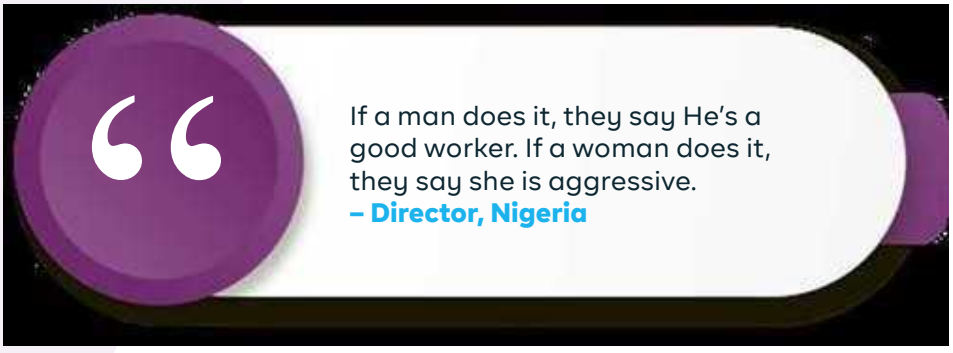
- Formal gender-supportive policies such as paid maternity leave (22%), sexual harassment prevention (14%), and flexible work (13%) are unevenly implemented but perceived as effective, with more than a third of women reporting significant impact.
- Nonetheless, gender-responsive policies are positively associated with leadership confidence, indicating that even incremental institutional support can strengthen women's leadership aspirations and performances.
- Informal workplace practices also shape career outcomes: supportive supervisors and cohesive team environments enhance confidence and leadership readiness, while gender bias and toxic cultures hinder advancement.


## Formal Organisational Policies

### Formal Gender-Supportive Policies and their Perceived Effectiveness

Survey findings indicated uneven adoption of gender-supportive policies across Public Health organisations in Africa. While 22% of respondents reported the existence of paid maternity leave and 14% noted sexual-harassment prevention policies, fewer cited policies such as flexible work arrangements (13%), equal pay initiatives, or return-to-work programs. Importantly, about a third of the respondents (32%) perceived these policies as significantly effective in promoting gender equity within their institutions, while 44% believed they were moderately effective (Fig 28).

Qualitative insights reinforce this gap between policy presence and policy impact. Participants emphasized that formal organisational policies are essential tools for shaping women's leadership experiences, yet weak implementation, inconsistent enforcement, and male-centric workplace norms often undermine their effectiveness. Women described operating in environments where identical behaviours are evaluated differently depending on gender, reflecting deeply embedded institutional biases. These experiences demonstrate that while gender-supportive policies may exist on paper, they seldom translate into tangible improvements in everyday practice.

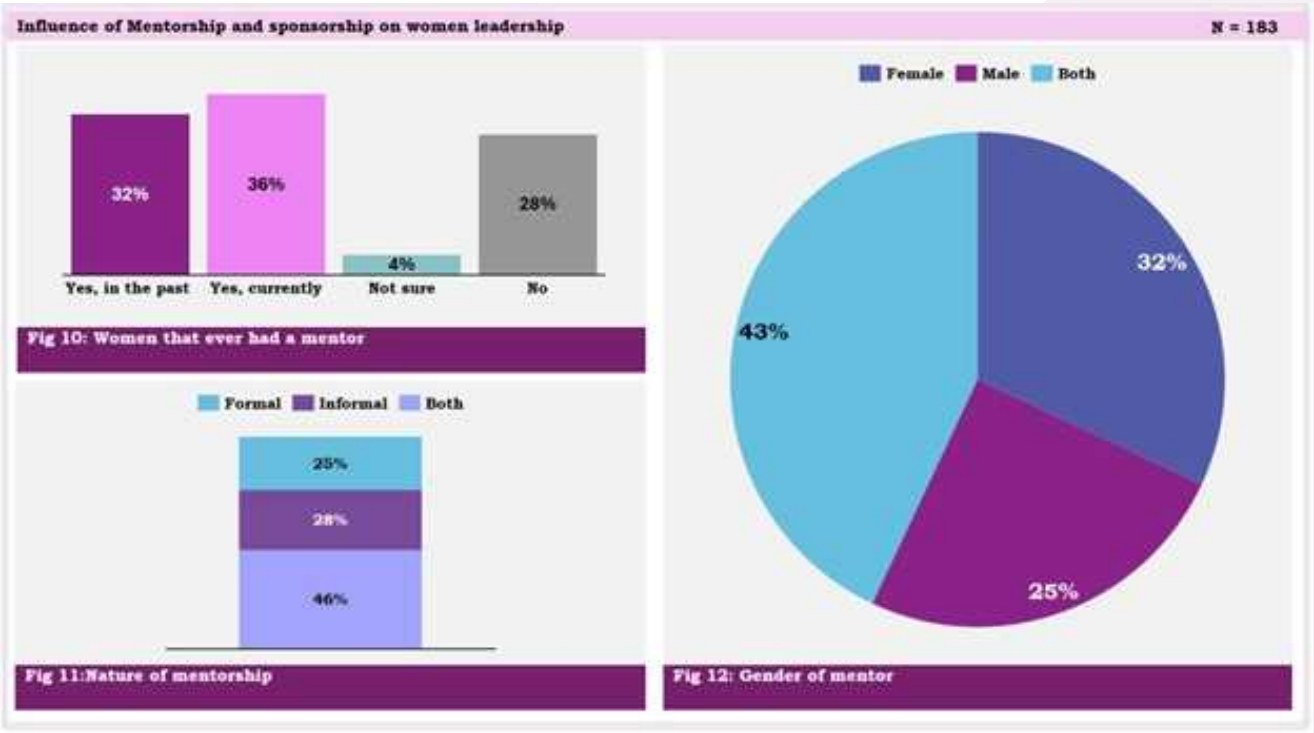


> In some of the countries that I cover, I do not see women represented in meetings.
> **– Country lead, multilateral organization, Zimbabwe**

## Perceptions of Access and Equity in Professional Development

Although majority of the respondents (68%) reported that their organisations offer at least one professional development opportunity, such as training, conferences, or high-visibility assignments, only 54% felt that access to these opportunities were distributed equitably with regards to gender. This perceived inequity indicates potential biases in nomination, selection, or gatekeeping processes, limiting women's ability to fully benefit from available opportunities.

These disparities not only restrict women's skill development and professional visibility but also hinder their progression into leadership roles, despite the presence of formal development programs. The findings point to a crucial disconnect as organisations may have structured opportunities in place, yet systemic barriers continue to shape who benefits, reinforcing the gender gaps in leadership pipelines.



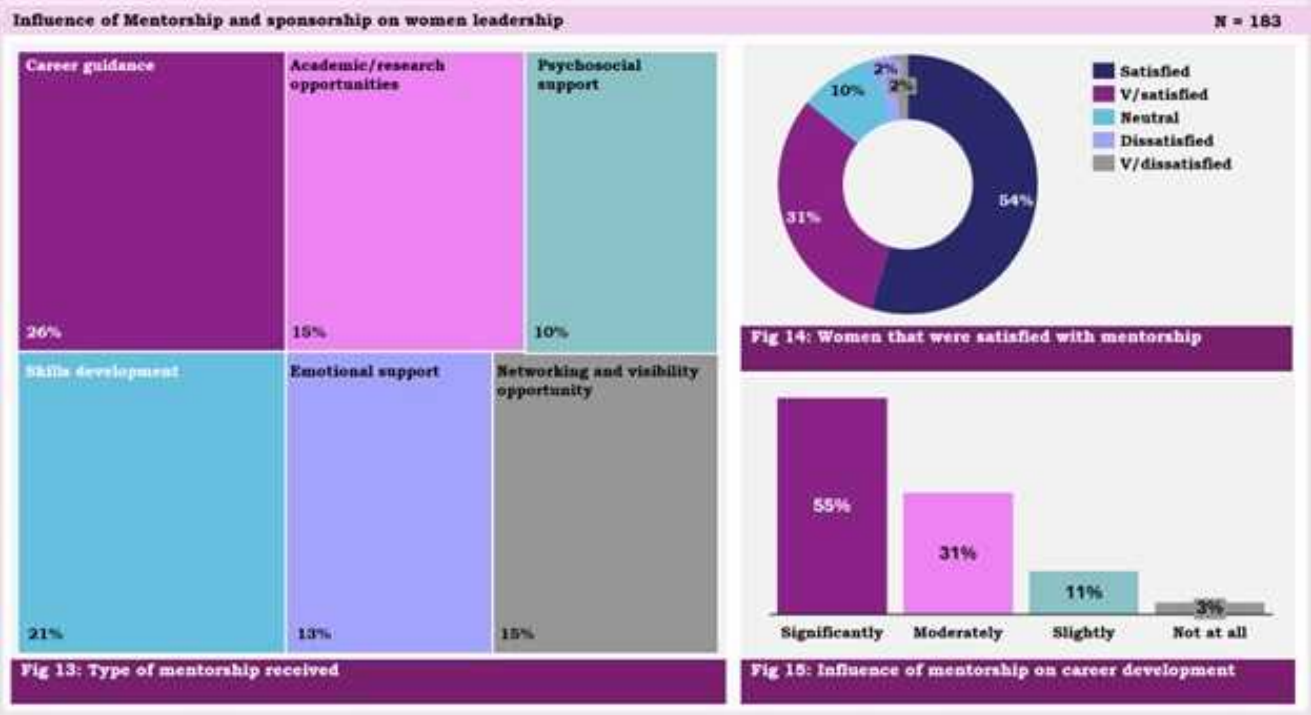



Fig 13: Type of mentorship received

Fig 14: Women that were satisfied with mentorship

Fig 15: Influence of mentorship on career development

## How Gender-Responsive Structures Enable Leadership Trajectories

Inferential analysis revealed a statistically significant positive association between the presence of gender-supportive organisational policies and women's leadership confidence. Specifically, respondents working in institutions with a greater number of gender-responsive policies reported higher confidence in pursuing and performing leadership roles (P = 0.12, p = 0.09).

Although modest in magnitude, this relationship is meaningful. It indicates that even incremental improvements in institutional support, such as equitable workplace policies, flexible work options, and protections against discrimination can contribute to strengthening women's leadership trajectories. These findings reinforce the broader hypothesis that gender-responsive institutional environments are not merely supportive mechanisms but foundational enablers of women's leadership. When organisations embed structures that acknowledge and address the unique barriers women face, they create conditions that allow women to enter, remain, and thrive in leadership pathways in Public Health sectors across Africa.

**Table 3: Pearson correlation-Gender-Supportive Policies and Women's Leadership Outcomes**

| Variable Pair | Pearson P | P-value |
|---|---|---|
| Number of gender-supportive policies x Confidence in reaching higher leadership | 0.12 | 0.09 |

## Informal Organisational Practices

Survey and qualitative findings showed that informal workplace play a significant role in shaping women's career opportunities in Public Health institutions across Africa. These practices operate as powerful social and cultural mechanisms that can either reinforce or mitigate structural inequities in leadership pathways.

**Positive Informal Workplace Practices:** Respondents described informal dynamics that created supportive and enabling work environments. A prominent facilitator was team bonding and social connection, nurtured through activities such as happy hours, staff gatherings, and periodic team-building sessions. These interactions helped reduce workplace tension, strengthen collegiality, and promote collaboration, core elements that contribute to professional growth and psychological safety. Supportive leadership also emerged as a critical enabler. Many women highlighted supervisors who offered encouragement, constructive feedback, and informal professional development opportunities. Such practices enhanced their confidence, improved day-to-day performance, and prepared them for formal evaluations, promotions, and leadership responsibilities. These insights spotlight the value of relational leadership styles and informal mentorship in advancing women's readiness for leadership.

**Negative Informal Workplace Practices:** Alongside positive dynamics, respondents reported pervasive informal practices that undermine women's career progression. A dominant theme was gendered discrimination, bias, and exclusion, reflected in experiences of male chauvinism, inequitable recognition, and elevated scrutiny of women's competence. Qualitative insights indicated that women frequently noted that they must repeatedly prove themselves in contexts where men benefit from presumptions of authority and strategic capability. These dynamics reveal how gendered power relations and informal norms determine who is heard, valued, or given visibility in leadership spaces.







Respondents also identified chronic work overload as informal practices that hindered their leadership trajectories. Many described routinely working beyond official hours, leaving insufficient time for caregiving, personal well-being, or skills development. These pressures limited women's ability to pursue career-enhancing opportunities and contributed to fatigue and burnout.

Additional constraints included, toxic or unsupportive work environments, often characterized by disrespectful communication, threats, and lack of managerial guidance. Office politics and opaque decision-making, where recognition, nominations, and opportunities were informally allocated without transparency. Weak institutional career-growth structures, such as unclear promotion pathways and inconsistent performance evaluations. Collectively, these negative informal practices reflect deep-rooted systemic inequities that limit women's advancement, reinforce gendered hierarchies, and obstruct efforts to build inclusive leadership within Public Health systems across Africa.

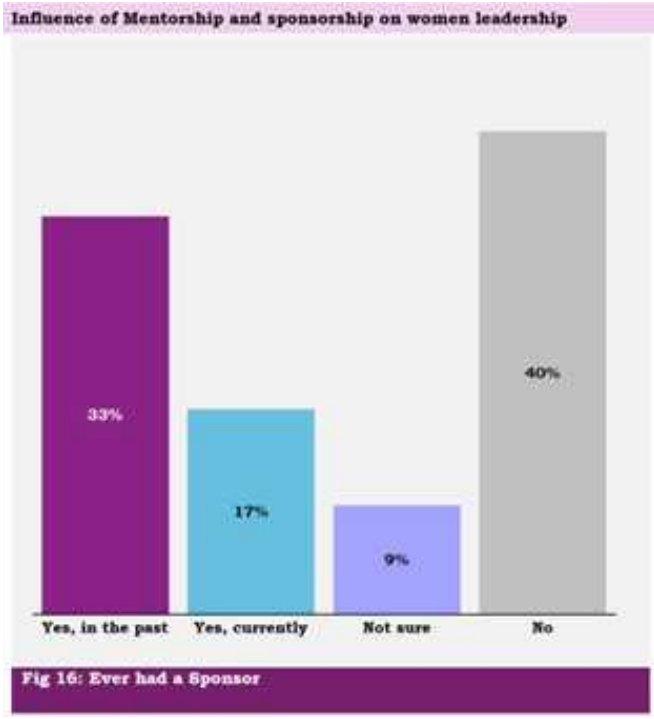



Fig 16: Ever had a Sponsor

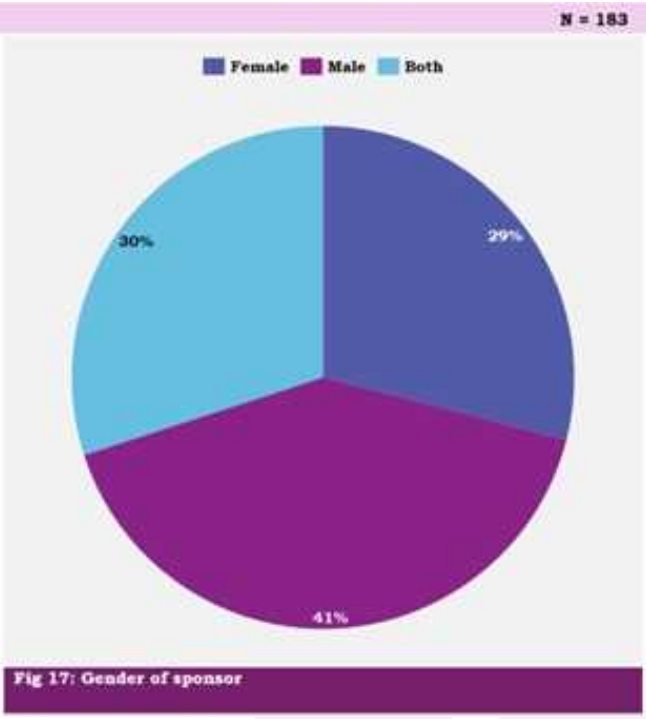



Fig 17: Gender of sponsor

# 3.4 Barriers to Women's Leadership in the Public Health Sector Across Africa


## SUMMARY

- Limited access to professional networks (19%) and insufficient mentorship/sponsorship (18%) emerged as the most significant barriers, restricting women's visibility, mobility, and entry into leadership pipelines.
- Institutional gaps, including weak organizational support (16%) and limited training/capacity-building opportunities (15%) impede women's skills development and reduce their competitiveness for senior roles.
- Additional challenges include gender bias (10%), socioeconomic constraints (8%), caregiving responsibilities (8%), and educational disparities (8%), reflecting the systemic and multifaceted nature of leadership barriers


Findings from the survey revealed a constellation of structural, cultural, and interpersonal barriers that constrain women's advancement into leadership roles in Public Health roles across Africa.

The most frequently cited challenges were limited access to professional networks (19%) and insufficient mentorship or sponsorship (18%), both of which are critical for visibility, career mobility, and entry into strategic decision-making spaces. Gaps in these relational resources restrict women's exposure to opportunities, diminish their influence, and perpetuate exclusion from leadership pipelines.

Respondents also pointed to limited institutional support (16%) and restricted access to training and capacity-building opportunities (15%) as significant impediments to leadership progression. These deficiencies hinder women's ability to build advanced competencies, demonstrate leadership readiness, and compete effectively for senior roles. Other reported barriers included: Persistent gender bias (10%), Socioeconomic constraints (8%), Family and caregiving responsibilities (8%), and Disparities in educational attainment (8%). Collectively, these findings highlight that women's leadership challenges are multifaceted and systemic, spanning organisational cultures, socio-economic contexts, and domestic spheres. Addressing them requires gender-transformative policies, equitable access to professional development, and deliberate investments in leadership pathways for women in Public Health.

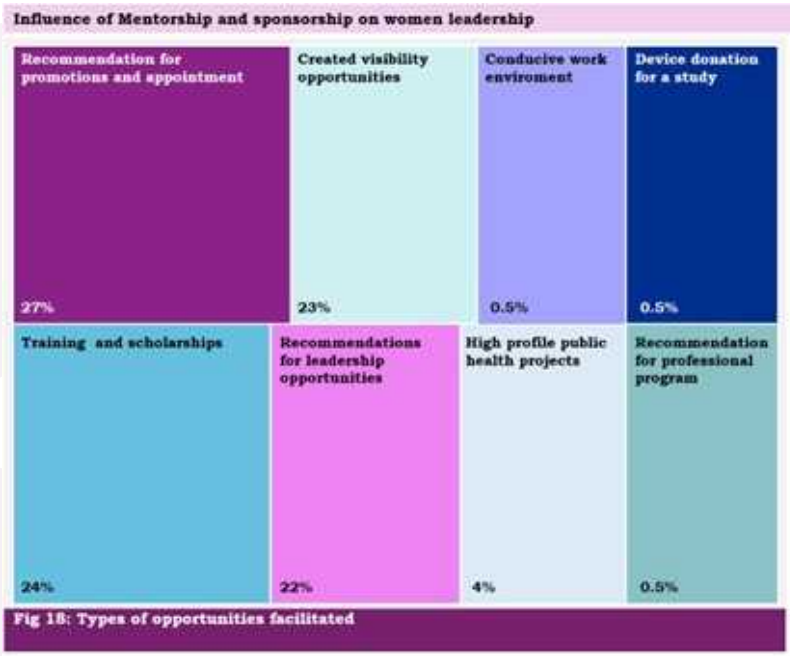



Fig 18: Types of opportunities facilitated

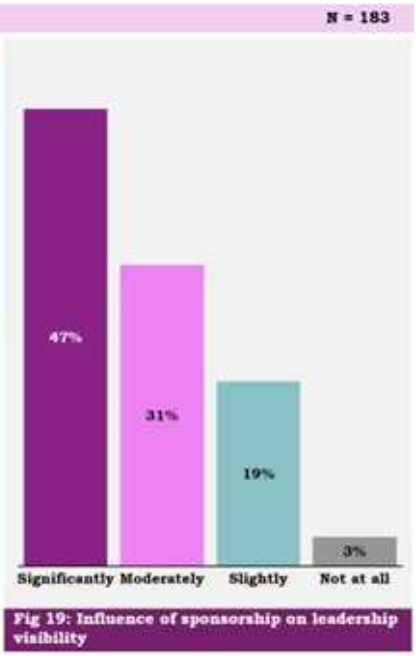



Fig 19: Influence of sponsorship on leadership visibility

Qualitative narratives add an important shade, highlighting how interpersonal dynamics and social expectations compound structural barriers. A recurrent theme was the influence of spousal understanding and support, with participants noting that a non-supportive partner could significantly limit a woman's ability to pursue leadership roles, travel for work, or take on demanding assignments. Participants also emphasized the absence of structured support systems tailored to the needs of women leaders. Many also described a lack of safe spaces for women to discuss career pressures, share experiences, or receive emotional and professional guidance. This isolation exacerbates the challenges of navigating leadership in environments where gendered expectations remain deeply entrenched.




> Learning from them... was a bit osmosis... by watching, observing, and admiring how they interacted in those spaces.
> **– Gender Consultant, Nigeria**

# 3.4 Implications and Tools for Action

The findings of this study confirm that the underrepresentation of women in Public Health leadership across Africa is not a deficit of ambition or capability, but a consequence of structural barriers that intersect across relational, institutional, and socio-cultural domains. The evidence demands a shift from individualistic, "lean-in" solutions toward a systemic transformation of the organisational and policy environment. The core implication is clear: building resilient and equitable health systems in Africa requires a deliberate, multi-stakeholder strategy to dismantle these structural constraints and actively build enabling pathways for women's ascent.
In this section we outlined targeted tools for action, categorized by the three key levers identified in the report, to guide institutions, current leaders, and the wider Public Health community toward tangible change.

## 1. Strengthening the Relational Lever: Mentorship and Sponsorship

While mentorship is widely accessed by women in Public Health sectors across Africa, sponsorship remains a significant gap and a persistent barrier to women career progression. The primary constraint on current women leaders providing support to younger generation is time and lack of institutional backing.

### Tools for Action:

- **Formalize and Incentivize Sponsorship Programs:** Organisations must move beyond mentorship to mandate and resource formal sponsorship programs that intentionally link high-potential women with senior leaders (male and female) who have the political capital to advocate for their promotion, recommend them for high-visibility assignments, and protect them from professional isolation.

- **Invest in Mentor/sponsor Time and Capacity:** Acknowledge and credit the time commitment required for effective mentorship and sponsorship. Institutions should integrate this work into senior leaders' formal performance objectives and allocate dedicated time for these relational activities.
- **Amplify Women-to-Women Networks:** Support and resource the existing trend of women-exclusive professional support by providing safe, dedicated spaces and platforms for peer-to-peer mentoring, shared learning, and emotional guidance.
- **Establish a Multi-Level Leadership Pipeline:** Develop a structured continuum of support and visibility, starting as early as university and continuing through all career stages, to ensure consistent access to guidance and professional visibility.

## 2. Re-Engineering Institutional Pathways: Policy, Culture, and Accountability

The report demonstrates that existing gender-supportive policies are often poorly implemented, yet their mere presence is positively associated with women's leadership confidence. Furthermore, informal workplace culture is a critical determinant of career advancement, often acting as a barrier through gender bias and toxic environments.

### Tools for Action:

- **Mandate and Enforce Flexible Work Arrangements:** Move flexible and remote work from being informal exceptions to standard organisational practice. This is a strategic necessity for talent retention and should be actively managed to prevent biases, ensuring that flexible work does not result in career penalization or exclusion from key meetings and networks.
- **Cultivate Inclusive and Supportive Leadership:** Invest in mandatory, recurring gender-responsive leadership training for all managers and supervisors. Training should focus on recognizing and mitigating unconscious bias, actively sponsoring women team members, and fostering the supportive work environments identified as critical enablers.
- **Set and Track Gender Parity Targets:** Implement explicit gender targets or quotas for senior-level appointments, promotions, and succession planning within ministries, NGOs, and academic institutions. Progress toward these targets must be publicly reported and integrated into executive performance reviews to ensure accountability.
- **Strengthen Accountability for Toxic Cultures:** Rigorously enforce zero-tolerance policies for sexual harassment and gender bias. Implement transparent mechanisms for reporting and addressing workplace toxicity, ensuring that a supportive team environment is a core metric of organisational health.

## 3. Mitigating Work-Life Conflict: Valuing Caregiving as a Systemic Issue

Work-life conflict is a primary factor in women declining leadership roles. The evidence shows that individual coping strategies, while necessary, are insufficient to

overcome the structural incompatibility between caregiving responsibilities and the demands of Public Health leadership roles.

**Tools for Action:**

- Invest in Structural Care Support: Public Health organisations and governments should prioritize policies that ease the caregiving burden. This includes offering or subsidizing on-site or affordable high-quality childcare/eldercare services and providing extended, paid family leave for all caregivers (not just mothers).
- Integrate Work-Life Balance into Organisational Design: Review job descriptions for senior roles to ensure they do not necessitate chronic work overload. Work–life integration should be recognized not as a "welfare issue," but as a strategic determinant of leadership progression.
- Promote Shared Responsibility for Caregiving: Launch Public Health communication campaigns internally and externally to challenge the cultural and gendered expectations that disproportionately place caregiving responsibilities on women. Engage male allies in actively modeling work-life balance and utilizing gender-supportive policies.
- Provide Reskilling and Re-entry Pathways: Create structured programs to help women re-enter senior-level positions after taking extended breaks for caregiving, ensuring their valuable professional experience is retained within the Public Health sector.

# Limitations of the Study

While this study provides important insights into women's leadership pathways in public health across Africa, three limitations should be acknowledged:

- **Geographic Concentration:** Participants were drawn more heavily from certain countries, particularly Nigeria, which may limit the transferability of some cultural and institutional insights to other contexts, especially in Francophone and Lusophone Africa.
- **Selection Bias:** Data were collected primarily through an online survey, which may have favored women with greater internet access and professional networks, potentially underrepresenting frontline workers in rural or resource-constrained settings.
- **Demographic Skew:** The study population was predominantly younger, highly educated, and institutionally embedded, which may limit insights into the experiences of women in informal health roles, underserved areas, or those who have exited the workforce due to caregiving or systemic barriers.

# CONCLUSION

## A CALL TO TRANSFORM WOMEN'S LEADERSHIP IN AFRICA

The evidence presented in this report is clear: the potential of African women to lead transformative Public Health initiatives is immense, yet it remains significantly constrained by structural, relational, and institutional barriers. While women form the backbone of the health and social workforce (comprising nearly 70% globally) their presence in the decision-making echelons of Public Health sectors in Africa remains a tragic mismatch of capability and representation. This disparity is not merely an issue of equity; it is a critical vulnerability that impedes the resilience and effectiveness of health systems across the continent.

Our findings reveal that the leadership gap is sustained by three interconnected forces. First, the Relational Lever is often underdeveloped, characterized by a lack of strategic, high-impact sponsorship necessary to actively pull women into senior roles, even where mentorship is present. Second, the reality of Work-Life Jenga highlights the disproportionate burden of caregiving demands, which, without formal support and flexible institutional policies, forces many talented women to pause, divert, or abandon promising career pathways. Third, and most fundamentally, are the entrenched institutional formal and informal practices including, gendered expectations, and a lack of transparent gender-responsive policies that continue to hinder women's advancement more effectively than any lack of competency.

**A Mandate for Systemic Transformation**

The challenge before us cannot be solved by simply providing more training to women. The solution requires a fundamental shift in organisational culture and institutional architecture. Our call to action is not directed at women to be better leaders, but at organisations and leaders (both male and female) to build better pathways and remove structural impediments.

The transformation requires targeted, multi-level action:

**1. Invest in Strategic Sponsorship:** Senior leaders must move beyond passive mentorship to become active, accountable sponsors. Institutions must formalize sponsorship programs that explicitly link high-potential women with influential figures who are committed to using their political capital to advocate for promotions, and high-visibility assignments.

**2. Institutionalize Flexibility and Support:** Organisational policy must recognize and compensate for the reality of caregiving. This includes mandating flexible work arrangements, providing robust maternal and paternal leave, and actively challenging the cultural assumption that caregiving is solely a private, female burden. Policies must be followed by accountability to ensure informal practices do not undermine formal commitments.

**3. Dismantle Informal Barriers:** Organisations must commit to transparency in decision-making, particularly concerning promotions and resource allocation. Unconscious bias training, coupled with clear grievance mechanisms and zero-tolerance policies for gendered microaggressions, are essential to transform the informal workplace culture into an environment that truly welcomes and retains diverse leadership.

Ultimately, the goal of achieving equitable health outcomes for the African continent is inextricably tied to the empowerment of its women in Public Health leadership. By embracing this systemic transformation, we move closer to unlocking the full intellectual and strategic potential required to build stronger, more inclusive, and more resilient health systems for all. The time for incremental change is over; the future demands transformation.

# ABOUT WIPHLA

*Equipping women in Public Health leadership with tools to lead intentionally and impactfully*

Women in Public Health Leadership for Africa (WiPHLA), formed in 2024, is a dynamic and inclusive pan-African forum dedicated to increasing the influence, visibility, and representation of women in Public Health leadership. The platform brings together women across all levels of Public Health practice to connect, collaborate, and contribute to shaping impactful solutions that strengthen health systems across the continent. WiPHLA empowers women with the necessary tools, networks, and opportunities to lead intentionally and drive transformative change in Public Health.

## VISION

A continent with improved health systems and health outcomes that are shaped, influenced, and catalyzed by women in Public Health leadership

## MISSION

To drive health equity towards improving health outcomes across Africa.

Guided by our mission, WiPHLA works to close the leadership gap by amplifying women's voices, strengthening their professional capacity, and enabling their advancement into senior roles. Our work is anchored on three core pillars:

**Connect and Network:**
Curates' diverse forums and engagements that enable women leaders to learn from one another, build professional alliances, and co-create innovative solutions to Africa's most pressing health challenges.

**Amplify Leadership Potential and Trajectory:**
Promotes intentional leadership by supporting women to strengthen their effectiveness, access critical resources, and navigate pathways that advance their careers.

**Tool Emerging and Aspiring Leaders:**
Equips women with essential competencies - such as strategic communication, policy engagement, and advocacy crucial for leading complex Public Health initiatives across the continent.

As women constitute nearly 70% of the global health and social workforce yet remain underrepresented in senior leadership, WiPHLA plays a vital role in addressing this imbalance. By empowering women to step into leadership roles with confidence and capability, WiPHLA's work will contribute to building stronger, more equitable, and more resilient health systems across Africa.

## JOIN OUR COMMUNITY

WiPHLA offers a supportive, enriching community, alongside opportunities for mentorship, visibility, sponsorship, and capacity building. Join our pan-African community today!

**www.wiphla.org**

# ABOUT

**ACE** Strategy and Consults Limited is a Nigeria-based consulting firm that supports individuals, organizations, and governments to address health and social challenges. We combine innovative problem-solving, deep context-specific expertise, and real-time data-driven insights to help our clients make smarter decisions in dynamic environments.

## VISION

Our Vision is to be the foremost thought leader and actor in eradicating health and social inequities, pioneering knowledge and practice in the utilization of effective altruism.

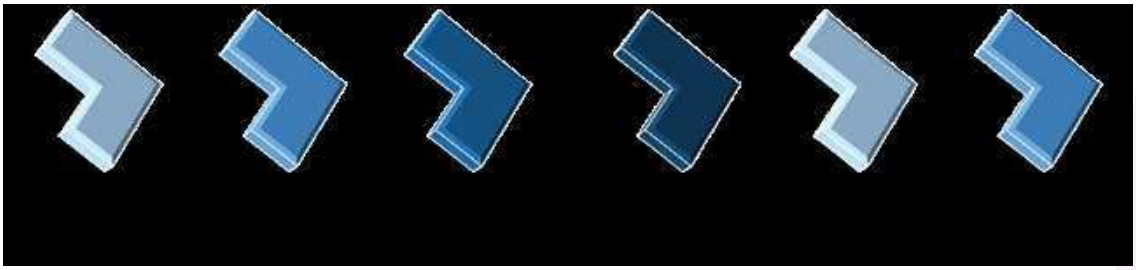
## MISSION

To build sustainable systems that close socioeconomic gaps in low- and middle-income countries. We challenge outdated norms through first-principles thinking, act with agility in rapidly changing contexts, and deliver social action with excellence, always prioritizing the most vulnerable and upholding human dignity.

### What We Do




### What Sets Us Apart



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It is our collective hope that this report serves as a catalyst for meaningful policy change and institutional transformation across the Public Health in Africa sector.

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