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Dr

NKEM
OKEKE

BUILDING BRIDGES BETWEEN DIASPORA CAPITAL,
AND AFRICA'S HEALTH FINANCING

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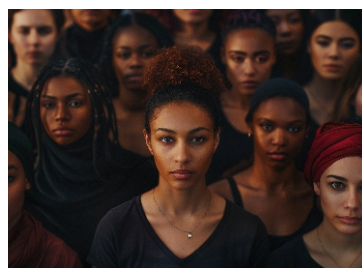
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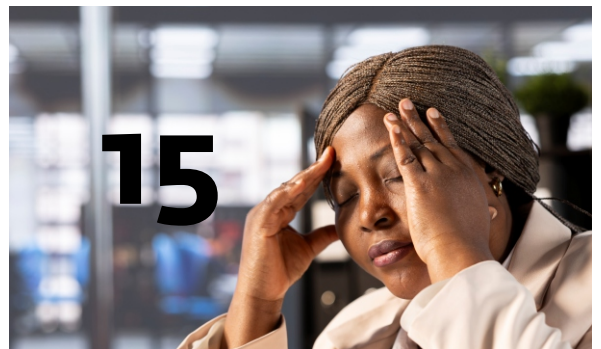
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GENDER INSIGHTS

Women, Representation,
and the Unfinished Promise
of Inclusion





**Kemi
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Welcome!

Dear Readers,

Nigeria is blessed but Nigerians are super blessed. For me, it is how many in the diaspora are indeed projecting us in the right light through their outstanding works with evidence to show. Our cover guest for this week is one of such persons.

Born in the USA and raised in Nigeria, Dr. Nkem Okeke entered medical school at sixteen, trained clinically across continents, and went on to build a career that spans clinical medicine, public health, enterprise strategy, and entrepreneurship.

She is the Founder and CEO of Medicalincs and Healthlincs — healthcare organisations that advise healthcare leaders, payers, life sciences stakeholders, and public-sector agencies on value-based care, population health, and sustainable innovation.

Guess what? She has been leading transformation initiatives inside organisations, most notably at Johns Hopkins Health Plan, with more than two billion dollars in revenue. Clock it! Big stuff! Her life is so loaded you want to hear from her and learn from her tracks. This interview will leave you inspired.

Here are other articles in this edition:

HER POINT OF VIEW: Are You Climbing The Wrong Ladder? By Chinyere Okorocha.

WOMAN EXECUTIVE: Grace Under Fire: Staying Grounded When Leadership Feels Heavy. By Wola Joseph-Condotti.

FINANCIAL AdviseHER: The Two Money Traps Nobody Talks About Enough. By Sola Adesakin.

HOLISTIC LIVING: True Wellbeing Is About Rebuilding Harmony, Not Just Fixing Symptoms. By Dr. Maymunah Yusuf Kadiri.

GENDER INSIGHTS: Women, Representation and the unfinished Promise of Inclusion. By Asmau Benzies-Leo

WE'VE GOT MEN: Adegbite Falade. MD/CEO Aradel Holdings Plc.

WOMAN AT THE HELM: Elsie Sia Kanza, a Tanzanian economist and current Ambassador of Tanzania to the United States of America.

Next week is just a few days away. See you soon!

Take care!



COVER INTERVIEW

Dr. NKEM OKEKE

BUILDING BRIDGES BETWEEN DIASPORA
CAPITAL, AND AFRICA'S HEALTH FINANCING

Kemi Ajumobi



r. Nkem Okeke,
MD, MPH,
MBA, MSPM,
CCMP is not a
woman who
stayed in one
lane - and that

refusal to be defined by a single title is
precisely what has made her one of the
most consequential businesswoman
and physician executives of her
generation.

Born in Pittsburgh, USA and raised in
Nigeria, Dr. Nkem entered medical
school at sixteen, trained clinically
across continents, and went on to build
a career that spans clinical medicine,
public health, enterprise strategy, and
entrepreneurship. She is the Founder
and CEO of Medicalincs and
Healthlincs — healthcare organisations
that advise healthcare leaders, payers,
life sciences stakeholders, and public-
sector agencies on value-based care,
population health, and sustainable
innovation. Over the course of her
career, she has led transformation
initiatives for organisations including
prior work at Johns Hopkins Health
Plans, CMS, Kaiser Permanente, and
Booz Allen Hamilton — generating
over \$150 million in cost savings and
measurable improvements in care
delivery across systems serving
millions.

But numbers have never been the
whole story for Dr. Nkem. Behind the
boardroom work is a woman who
founded a nonprofit to close the health
gaps she witnessed firsthand — and



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**I learned to
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People sometimes ask if leaving clinical practice meant I left medicine. I did not. I expanded it, until it could reach the people it was always meant to serve

built it into an organisation now serving over 30,000 lives in her region. Her work as a partner and advisor to the Africa CDC, and her two-decade commitment to diaspora-Africa health partnerships reflect something deeper than professional ambition: a belief that the communities she came from deserve the full force of everything she has learned.

An international keynote speaker, member of the Forbes Business Council, and former Harvard faculty affiliate - Dr. Okeke has been recognised with the Healthcare Executive of the Year award, the

Healthcare Heroes Lifetime Achievement Award, and the United States President's Lifetime Achievement Award for Community Service. She is also a mother of three daughters - for whom she consciously models what it looks like to lead without apology. Dr. Okeke's life is a testament to what IWA loves to celebrate, that a woman's story, lived fully and shared boldly, becomes a roadmap for those who come after her. (Read more at NkemMD.com)

► Early years and influence till date

I was introduced to two worlds - born in Pittsburgh and raised by Igbo parents who never let go of where they came from. We had a tradition of spending almost every Christmas at my village, Abatete, to the family compound, to my grandmothers, to kola nut ceremonies and masquerades and the particular noise of a house full of cousins. My father played the likes of the Bee Gees, Boney M, and Sonny Okosuns on Saturday mornings while he worked through his files at the dining table, and that image, discipline and joy happening in the same room at the same volume, has never left me. He also had one rule that shaped me more than almost anything else: top five in your class, every term, or the television privileges disappeared. No negotiation. I pushed against that rigidity privately and was formed by it completely. It taught me that your mind is the one asset you actually own, and that excellence is a discipline, not a personality trait.

My mother, a nurse turned socialite and community leader, was ever so meticulous, organised, and well put together. That taught me everything about presentation, how one presents themselves and the work of their hands. What growing up in Pittsburgh and then Kaduna with my family really gave me, though, was the early understanding that there is no single correct way to be. I learned to read rooms, to carry multiple truths without contradiction, to move between worlds without losing myself in any one of them. People sometimes describe that kind of code-switching as exhausting. I came to understand it as a competitive advantage, as long as it doesn't involve falsehood. Everything I have built since, medicine, public health, tech, business, the diaspora work, has required exactly that fluency. I did not choose multidimensionality as a brand, it chose me first, and I simply learned to use it.

► **Share a moment from your career when a single decision changed the trajectory of your work across medicine, public health, tech, and entrepreneurship.**

I was still in clinical practice, doing exactly what I had trained for years to do, and I kept running into the same wall. A patient needed something, a service, a referral, a device, medications, and the system either could not or would not provide it. I would do everything available to me as a clinician, and then I would watch the outcome get decided by something far upstream of the exam room.

I remember thinking, very specifically: the problem is not at the bedside. The problem is in how these systems are designed, and the people designing them seem to forget the person those systems are supposed to serve. That was the decision point. I made up my mind that I needed to be in the room where those design decisions actually get made. Not instead of medicine, because of it. So I went and learned the language of that room: an MPH, an MBA, an MSPM. I took on roles at Kaiser Permanente, at Johns Hopkins, at Booz Allen Hamilton, working on the financial architecture and operational systems behind care delivery rather than only the care itself. People sometimes ask if leaving clinical

practice meant I left medicine. I did not. I expanded it, until it could reach the people it was always meant to serve. Every company I have since founded, Medicalincs, Healthlincs, exists because of that one decision to go upstream. Now I see the world through a sculpted, multidimensional lens, and my life has been better for it.

► **Imagine a large health system is transitioning to value-based care, but frontline clinicians are skeptical. What will be your approach to earn trust, align incentives, and demonstrate early wins within a few months?**

My first move would not be a memo. It would be a walk. In Kaizen Leadership, the philosophy I train leaders in, we call it going to the Gemba, the place where the actual work happens. Before I ask a single frontline clinician to change anything, I want to have stood in their clinic, watched their workflow, and listened to what is actually broken from their point of view, not from a slide deck.

Clinician skepticism about value-based care is almost never about the concept.

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These fellowships I am involved with provide a concrete platform for networking and collaboration that have greatly expanded my work and outcomes for population health and development



It is about history, about having transformation arrive as a new mandate stacked on top of an already overloaded day, with none of the administrative burden removed and less of the upside shared. So the sequence matters. In the first ninety days, I am not trying to convince anyone. I am identifying three or four genuine pain points, prior authorisation friction, documentation duplication, referral gaps, and fixing them visibly, fast, with the clinicians who flagged them. That has to be felt before it is explained.

Incentive alignment follows the same logic: tie a fair portion of shared savings or quality bonuses to outcomes clinicians can actually see and influence day to day, not abstract panel-level metrics they have no line of sight into. And measure publicly. A dashboard that shows real movement, fewer readmissions, faster referrals closed, less time on a particular form, in month two or three does more to convert skeptics than any kickoff presentation ever will. Trust in value-based care is not won with a vision. It is won with a Tuesday that is measurably better than the Tuesday before it.

► **Some say “disruptive innovation” in healthcare hurts more than it helps due to misaligned incentives. How do you ensure that your disruptiveness actually translates into durable, equitable outcomes?**

That criticism is fair more often than the innovation sector likes to admit. Disruptive innovation is relative. A lot of disruption in healthcare has been built to extract value from a system rather than build capacity into it, models optimised for exit multiples rather than for the Medicaid mother trying to get her child seen. I have watched promising tools get adopted by the people closest to power and never reach the people who needed them most. That is not disruption. That is the same inequity, with better branding. In Africa, we see a similar pattern, modeled after the Western health system. In this case, basic health infrastructure is absent and we try to build disruptive innovation on an unstable foundation. A

young boy should not die of an asthma attack because we lack adequate, timely emergency healthcare. Disruptive innovation, in this case, requires solving for the basic infrastructure of healthcare first.

The way I protect against that in my own work is structural, not aspirational. At my companies, Medicalincs and Healthlincs, our principle is infrastructure without ego: we never build something without considering whether it duplicates or displaces existing clinical care. We extend it, specifically into the populations, zip codes, and local government areas traditional delivery models have not reached. For example, our AI-powered community health worker model exists because trust is the actual bottleneck in underserved care, and trust cannot be automated away. It has to be staffed, paid, and sustained.

The other discipline is refusing to let innovative and fast override accountable. Every programme we launch is built with the outcome metric defined before the pilot, not after, and reported against a population that includes the people most likely to be left out of the headline. Durable, equitable innovation is slower and less glamorous than disruption. It is also the only kind that survives contact with the communities it claims to serve.

► **What gap in the healthcare ecosystem did you identify that led to the founding of Medicalincs and Healthlincs?**

Medicalincs came first, out of a gap I had seen from inside the system: organisations with billions in revenue and sophisticated value-based payment models still needed support translating those models into what actually happens on a primary care or clinic floor. I had sat in rooms at Johns Hopkins, Kaiser, Booz Allen, and, prior to that, Patelson Hospital in Nigeria, designing the strategy. The gap was never vision. It was the missing bridge between the boardroom and the bedside. Medicalincs exists to be that bridge. Medicalincs extends its support to Africa, in Ghana, through Mytle Health, which

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provides health financing solutions for comprehensive primary care delivery there.

Healthlincs, on the other hand, exists because of a single afternoon that exposed an even deeper gap. A nurse care manager on my team came to me about a patient who needed a wheelchair that insurance would not cover. We had exhausted every community resource, and she had four more patients in a similar position. I remember asking myself: of what use is everything we have built if this child cannot get a wheelchair to get around? That question had no consulting-firm answer. It needed an organisation that could act immediately, with its own resources, the same week, not after the next contract cycle. I called my accountant, and Healthlincs was founded days later. Two years later, we started co-sponsoring an orthopaedic medical mission to Nigeria, Operation Stand-Walk-Run, providing free, life-changing surgeries for children and adults. So the honest answer is two gaps, not one: the strategic gap between policy and operations, and the human gap between what a system covers and what a person actually needs. Medicalincs was built to close the first. Healthlincs was built because the first was never going to be enough on its own.



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With the right leadership team in place, guiding us all toward a shared vision becomes far more feasible

► **What are the biggest challenges you face as a founder and CEO, and how do you address them?**

Running parallel entities is the unglamorous challenge nobody warns you about. Medicalincs is a for-profit Care Transformation Organisation and management consulting firm. Healthlincs is a nonprofit. BIND Associates operates across an entirely different regulatory and cultural context, on another continent. Each one has its own funding cycle, its own compliance calendar, its own definition of urgent. The discipline I rely on is the same one I teach: a Kaizen cadence of small, scheduled, non-negotiable check-ins, rather than waiting for a crisis to force my attention toward whichever entity is loudest that week. Just as important are the pillars I hold on to, namely my leadership team. With the right leadership team in place, guiding us all toward a shared vision becomes far more feasible.

The second challenge is more personal, and I am only fully past it in the last few years: visibility. I grew up being told not to draw attention to your own accomplishments, and that instinct served me for a long time. I built quietly, successfully, almost invisibly. But you cannot grow an enterprise, attract partners, or be trusted with the kind of capital and contracts this work requires if





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You cannot grow an enterprise, attract partners, or be trusted with the kind of capital and contracts this work requires if no one knows what you have already proven

no one knows what you have already proven. I had to learn, deliberately, that sharing the work is stewardship, not vanity, especially while raising three daughters who watch how visibly, and how honestly, I lead.

The way I address both is the same: pick discipline over mood, and teamwork over control. Show up for the unglamorous Tuesday review meeting. Post the update even on the day you would rather not. Founders who last are not the ones who never feel the pull toward burnout or invisibility. They are the ones who built a structure sturdy enough to keep moving anyway.

► **In your engagement with Africa CDC, what are the most critical health priorities you focus on, and how do you align them with diaspora partnerships?**

My focus within Africa CDC sits squarely inside the Agenda for Africa's Health Security and Self-Reliance, specifically the health financing pillar, where I am curating partnerships for impact and co-chairing conversations and connections across Africa. The priority is unambiguous: Africa cannot build a resilient health system on a foundation of external aid that can disappear with a change in another country's politics. This is a key focus for H.E. Dr. Jean Kaseya, Director General of Africa CDC, African Union, and I fully support this mission. The continent has to finance more of its own health security, through mechanisms that are sustainable, not symbolic. That is exactly where diaspora partnerships become a health financing strategy rather than a goodwill gesture. The African diaspora sends well over a hundred billion dollars home every year in remittances, more than foreign direct investment and official development assistance combined. Almost all of it currently moves as informal, household-level support. My work, through BIND, is to help convert a meaningful share of that flow into structured, investment-grade capital, diaspora bonds, matched-savings products, and public-private health

partnerships across priority markets, anchored in the same financing logic Africa CDC is pushing at the continental level.

The third piece is generational. None of these hold if it depends on one generation's nostalgia for home. So, I am equally focused on building a structured pipeline for second- and third-generation diaspora youth to invest, mentor, and physically place themselves on the continent, so that diaspora-Africa health partnership is not a phase. It is infrastructure that outlives any one advisor, including me.

► **How do you navigate the tension between global best practices and local context when implementing health interventions?**

I treat best practice as a starting hypothesis, never a finished answer. A model that worked at Kaiser Permanente or inside a Medicare programme was built for a specific payer structure, provider network, and patient population. Importing it wholesale into a Medicaid population, let alone a primary health center in Nnewi or Accra, without translation is how well-intentioned health programs quietly fail.

The discipline I rely on is the same principle I use in value-based care work: understand the system and ecosystem before you decide. What is the actual workflow, the actual trust dynamic, the actual constraint on the ground, clinically, culturally, financially? My upbringing and career journey trained me early to do this instinctively. The same underlying principle, continuity of care, say, or community trust as a clinical asset, can require completely different delivery mechanisms depending on where you are standing.

So in practice, I “extract” the principle from the global evidence base and rebuild the delivery model locally, usually with community providers, local clinical leadership, or, on the continent, African institutions themselves at the center of the redesign, not as an afterthought to a

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model built somewhere else. Global evidence should inform what you are trying to achieve. Local context should always decide how you get there. Like politics, healthcare is local.

► **You've lived in multiple continents and held many titles. What passive practice (habit, ritual, or mindset) quietly sustains your impact across such varied contexts?**

There is a concept I built out fully in my own writing that I lean on daily, which I call your “Frame,” the stable combination of your beliefs, values, passions, traits, and perspectives. It was not built in a single deliberate sitting. It was built in my mother's kitchen, my father's engineering office, in clinical training, in boardrooms, in heartbreaks and breakthroughs. But once you can name it, it becomes portable. It travels with you across continents, titles, and crises in a way no single role or job description ever can.

The passive practice, concretely, is returning to that “Frame” before I make a hard call rather than after. When a decision is ambiguous, and at the intersection of medicine, business, and

policy almost every decision is, the first thing I do not do is ask what is most strategic. I ask what is consistent with what I actually believe. That question has been more reliable across every context I have operated in, clinical, corporate, nonprofit, diplomatic, than any external framework I have ever been taught. Titles change. The Frame does not. That consistency of purpose is, quietly, the whole engine.

► **What innovative models or technologies do you see as game-changers for sustainable health systems in the next 5–10 years?**

I would point to three. The first is AI-powered care navigation, tools that can triage need, generate culturally appropriate primary care and behavioral health support, and guide people to and through the right level of care before a human has to do the manual work of sorting it. We are actively building in this space, and the early results convince me this is not a future trend. It is already operational, if you build it with the right guardrails and the right population in mind.

The second is what I would call financing as infrastructure: diaspora bonds, remittance-to-investment platforms, and blended public-private capital instruments that turn some of the more than a hundred billion dollars in annual diaspora remittances into long-horizon health system investment rather than one-time household support. Healthcare in lower-resource settings will not transform through grants alone. It will transform when the financing model itself becomes durable, and that will only succeed with appropriate public governance and fiscal buy-in.

The third is the unglamorous one: community health worker-led, technology-supported hybrid care models. Every health system I have ever touched, American or African, has the same bottleneck, which is trust at the point of contact. AI can extend a clinician's reach. It cannot replace the community health worker who already



habit at all: recording The Business Between Us podcast with my daughter Siyonna and our co-producer (and my daughter), Zikora. It forces a routine conversation, on the record, about leadership and emotional intelligence, with two young ladies, who have known me my entire adult life as their mother first. That keeps me honest in a way no executive coach could.

Underneath both is faith, a quieter, daily discipline of returning to what I actually believe before I decide what to do. High-stakes work will always supply more urgency than any routine can absorb. The goal is never to eliminate the pressure, that's God's decision. It is to have something steady enough that the pressure does not get the final word.

► **Tell us about generating over \$150 million in cost savings and measurable improvements in care delivery across systems serving millions.**

That figure comes from work across several engagements throughout my career and through my companies, leading transformation initiatives inside organisations, most notably at Johns Hopkins Health Plan, with more than two billion dollars in revenue. The savings were never a single lever. They came from redesigning utilisation management so that cost containment and clinical appropriateness moved in the same direction instead of fighting each other, from building care coordination protocols that caught complications before they became expensive admissions, and from population health strategies that targeted the highest-cost, highest-need members with real outreach instead of generic mailers. My work extends beyond that to innovative transformation initiatives I led at CMS and Booz Allen Hamilton, most notably leading the faculty for the United States' largest initiative transforming payment and primary care delivery across 3,000 practices nationally.

What I am proudest of is not the number itself. It is that the savings showed up alongside measurable improvements in

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Asides from work, being more intentional about self-care and spending more time with my family and loved ones is a major priority for me right now

has the relationship. The next decade's winning models will be the ones that pair the two, instead of betting on either alone.

► **What is a routine or habit you rely on to stay grounded and effective amid high-stakes work?**

I protect two things on the calendar like they are business or clinical appointments, because in a sense they are. The first is a structured weekly review, a GTD, or getting-things-done, dashboard evaluation I run on my own week, not just my organisations' operations, where I ask what actually moved, what didn't, and what I would do differently. It keeps me from confusing busy with being effective, which is the easiest trap in high-stakes work.

The second is something most people would not categorise as a productivity



care delivery, not at their expense, fewer avoidable readmissions, better chronic disease management, faster access for the members who needed it most. That is the entire thesis behind everything I have built since: cost and quality are not opposing forces in healthcare. They are usually pointing at the same broken process and governance. Fix the process and the governance, and both numbers move in the right direction at once.

► **Tell us about being a partner to the Africa CDC, and your commitment to diaspora-Africa health partnerships. Experience so far and lessons learnt.**

Building bridges between diaspora capital, diaspora goodwill, and Africa's actual health financing needs was a natural next step for me when BIND Associates was

founded. BIND stands for Business Integrated Network in the Diaspora, a collective of business owners in the diaspora and Africa focused on scaling our businesses on the continent while advancing economic development and community impact. Through my work, I was invited to speak at the Africa CDC 4th CPHIA conference in Durban, South Africa. That offered access, a direct line into the Agenda for Africa's Health Security and Self-Reliance, and a seat co-chairing the health financing track at CPHIA, where the continent's health leaders are setting the agenda rather than reacting to one set elsewhere.

The experience so far has taught me something I underestimated for years: institutions move at the pace of trust, not urgency. You can arrive with the right

credentials and the right intentions and still need months of relationship-building before a room full of political and health leaders will hand you real decision-making weight. That is not bureaucracy for its own sake. It is the correct, hard-earned skepticism of a continent that has been promised partnership before and handed dependency instead.

The biggest lesson is that diaspora goodwill, on its own, is not a strategy. I have watched enormous diaspora enthusiasm evaporate into one-off donations and feel-good events because no one built the structure to direct it. My work now is almost entirely about building that structure, strategic plans with real milestones, financing pillars with real timelines, so that years of relevant work and relationship capital finally convert into something measurable on the continent, not just meaningful in the room.

I look forward to the upcoming Africa CDC 5th CPHIA conference in Addis Ababa, Ethiopia this November, to continue advancing Africa's health sovereignty.

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The discipline I rely on is the same principle I use in value-based care work: understand the system and ecosystem before you decide

► **Healthcare requires funding. How can Africa be best supported in this regard and how are you helping to drive this?**

The honest starting point is that Africa's health sector cannot keep financing itself primarily through external aid, and the last two years have made that undeniable. When a single donor government can cut funding that an entire continent's HIV, malaria, and immunisation programmes depended on, that is not a financing strategy. That is exposure. The continent's own health leaders convened an Africa Health Sovereignty Summit in 2025, followed by what is now called the Accra Reset, pushing exactly this shift toward nationally owned, domestically financed health systems.

So the best support is not more aid dependence. It is capital that strengthens domestic systems rather than substituting for them: blended finance, health-sector public-private partnerships, and, the piece I focus on personally, diaspora capital, both public-private partnerships and remittance restructuring. Africans abroad already send about a hundred billion dollars home yearly, more than aid and foreign direct investment combined. Almost none of it is currently structured as a health investment. Through BIND, I and other business leaders are exploring and building the mechanisms, with other partners, to redirect a portion of that existing flow into health infrastructure, rather than asking the diaspora to find new money it may not have. The other half of the answer is governance, not generosity: funding only works if it is released on time, tracked transparently, and tied to measurable delivery. That discipline is something I bring from the Care Transformation model in the U.S. directly into the Africa CDC conversation. That part is transferable. Money without accountability does not build systems. It only delays the next crisis.

► **What advice do you have for the Nigerian government on how to effect positive changes in her health sector and ensure growth?**

I will start with the number that should embarrass everyone with the power to change it: Nigeria signed the Abuja Declaration in 2001, promising fifteen percent of the national budget to health. The 2026 budget allocates roughly four percent of a national budget near fifty-eight trillion naira to health, far short of that target, even as the federal health ministry has said it is working to lift that share closer to six percent, which would still mark a historic high for the country. Meanwhile, more than seven of every ten naira Nigerians spend on healthcare still comes directly out of their own pockets rather than through any insurance mechanism, a burden the government's own health officials link directly to rising poverty, and the national insurance scheme has reached only roughly one in ten Nigerians despite years of expansion efforts. My first piece of advice is the least exciting and the most important: hit the number you already promised, two decades ago. A gap that wide is not a financing strategy. It is a recurring excuse. Second, fund the workforce, not only the facilities. Nigeria's own health minister has acknowledged that more than sixteen thousand doctors left the country over roughly the last five to seven years. That is not a footnote. It is the slow collapse of the exact workforce any reform depends on. Building or renovating primary health centers means little if there is no one credentialed left to staff them. Third, treat the 2025 donor shock as the wake-up call it was. An abrupt pause in foreign aid that year exposed how much of Nigeria's HIV, malaria, and immunisation programming depended on funding decisions made outside the country, and the response since has pointed the right direction: a presidential order requiring government ministries and agencies to enroll their own workers in the national insurance scheme, alongside a renewed push toward producing more medicines domestically. My advice is not to let that urgency fade once a budget cycle feels calmer. Publish, every quarter, the distance between what the budget promised and what actually reached facilities, along with the outcomes that money delivered. Nigeria does not

have a shortage of health policy ideas, it has an execution, quality assurance, and accountability gap, and that is the one piece entirely within the government's own control to close.

Fourth, engage the Nigerian diaspora strategically, not just for medical missions. Groups such as the Medical Association of Nigerians Across Great Britain and the Association of Nigerian Physicians in the Americas represent over 5,000 physicians, dentists, and allied health professionals of Nigerian birth, ethnicity, or empathy across Great Britain, the United States, Canada, and the Caribbean. These groups undertake multiple medical missions to Nigeria every year and donate medical supplies. Through my role on the advisory council for ANPA DMV, I see the potential of harnessing diaspora expertise and support to effect positive change in the Nigerian health system, but only with willing and reliable local partnership.

► **If you could broadcast one message to every clinician, policymaker, and patient in Africa, what will you say?**

I would borrow from Mother Teresa, who said that none of us can change the world alone, but each of us can cast a single

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The Business Between Us podcast with my daughter Siyonna and our co-producer (and my daughter), Zikora forces a routine conversation about leadership and emotional intelligence.

stone into still water and watch the ripple travel further than we will ever personally see. That is the message: you do not need to fix the whole system today. You need to do the next right thing, fully, where you are standing, the clinician who treats the patient in front of them with dignity, the policymaker who closes one financing gap instead of writing another strategy document, the patient who shows up for the appointment and asks the hard question and advocates for their own care. None of us will live to see every ripple we start to reach its shore. I have made peace with that. What I have not made peace with is the idea of staying still because the water looks too big to matter. Cast the stone anyway. That is how every system I have ever helped change actually began, one deliberate act, for someone the world had placed on the outside of it.

► **As an accomplished leader, when was that moment you paused to take it all in?**

Great question. Honestly, most days as an entrepreneur you are in full go-mode, and pausing is not a habit that comes naturally. But two moments stopped me in my tracks.

The first was receiving the Healthcare Heroes Lifetime Achievement Award in Maryland. My initial reaction was quiet resistance - I thought Lifetime Achievement was reserved for people much further along in years. But then I sat with it. Twenty-two years of relentless work. Building from nothing. Navigating every door, every doubt, every reinvention. I realised: that is a lifetime. I accepted the honor with every bit of the weight it deserved.

The second was seeing my face on the Nasdaq billboard at Times Square in New York City. About fifteen years before that moment, I had walked through Times Square with my sister as a visitor, looked up at those enormous digital displays, and made myself a quiet promise: one day, I will be on that billboard. I didn't know how. I didn't know when. I just knew I meant it. Three years ago, there I was. I stood there and I looked up - and I let

”

Seeing my face on the Nasdaq billboard at Times Square in New York City was a grrat experience for me especially because 15 years prior, I spoke it into existence.

myself feel it. Every sacrifice, every early morning, every "no" I pushed through, every person who underestimated what I was building. I felt all of it at that moment. Those two moments remind me why the work matters. Not for the recognition - but because the recognition is evidence that something real was built

► **Where can readers connect with you and follow your work?**

The best place is nkemMD.com, that's where the full arc of this work lives in one spot: speaking and media, the Sculpted philosophy and Kaizen Leadership resources, and access to my enterprise portfolio including - Medicalincs, Healthlincs, and BIND. You'll also find The Business Between Us podcast there, which I co-host with my daughter Siyonna, and in the near future - my upcoming book. I'm always glad to hear from readers who want to build something or partner on something. Find me at nkemMD.com (it also has my social media handles).





WOMAN EXECUTIVE

Grace Under Fire: Staying Grounded When Leadership Feels Heavy

By Wola Joseph-Condotti

Leadership is often celebrated for its visibility. The titles. The influence. The ability to make decisions that shape organisations and industries. But what is less often spoken about is the weight. The weight of expectations. The weight of responsibility. The weight of knowing that your decisions affect not just outcomes - but people, livelihoods, and futures. And then, there are the seasons when that weight intensifies. The seasons of pressure. Of criticism. Of fatigue. The seasons when leadership does not feel powerful. It feels heavy.

When the Fire Comes

Every leader, at some point, will walk through fire. It may come as public criticism. A failed initiative. A difficult boardroom. A season where nothing seems to align despite your best efforts. And in those moments, the instinct is often to push harder. To rely on grit. To tighten control. To prove strength. But here is a truth I have learned over

time: grit may get you through a moment but only grace will sustain you through a season.

The Difference Between Reaction and Response

Pressure has a way of exposing what is within. When leadership feels heavy, it is easy to become reactive: To respond sharply To make rushed decisions To lead from frustration instead of clarity But grace creates space. Space to pause. Space to reflect. Space to respond with wisdom rather than emotion. Grace does not mean weakness. It means strength under control. It is the ability to remain grounded when everything around you feels uncertain.

Anchored from Within

The higher you rise, the fewer places you have to hide. You cannot always share your fears openly. You cannot always offload the weight you carry. Which is why your internal anchoring becomes critical. For me, that anchor is faith. It is the quiet moments of prayer before

difficult meetings. It is the reminder that I am not carrying this alone. It is the discipline of returning to stillness when the noise gets loud. Because when you are anchored internally, you are not easily shaken externally.

Lessons from the Storm

One of the most powerful biblical moments is when Jesus calms the storm. While others panicked, He slept. Not because the storm was not real but because He was anchored beyond it. And when He rose, He did not react to the chaos. He spoke with authority. With calm. With clarity. That is the posture of grace. Not denying the storm. But not being defined by it.

Leading with Humility and Peace

There is also a humility required in difficult seasons. To admit that you do not have all the answers. To seek counsel. To listen, even when you are the leader. Because leadership is not about having control over everything. It is about maintaining peace within yourself, even when circumstances are unstable. And that peace becomes contagious. Your team will draw strength not just from your strategy, but from your stability.

Final Thoughts

To anyone carrying the weight of leadership in a difficult season: You are not alone. The pressure you feel does not mean you are failing. It means you are leading in a space that matters. But you do not have to carry it in your own strength. Choose grace over grit. Stillness over striving. Response over reaction. Because the storms will come. But they do not have to shake you. When you are grounded (spiritually, emotionally, internally) you can lead through fire without being consumed by it. And that is the kind of leadership that endures.

Wola Joseph Condotti

Chief Executive Officer,
Eko Electricity Distribution Company

Wola is the CEO of Eko Electricity Distribution Company (Eko Disco).

Prior to her current role, she was the Group MD/CEO of West Power & Gas Limited, the parent company of Eko Electricity Distribution PLC (EKEDP) and six other affiliate companies with interests in both conventional and renewable energy sectors. In addition to this role, she serves as the Director of the Power and Renewable Division at the Women in Energy Network (WIEN) in a non-executive capacity.

Wola Joseph Condotti was also the pioneer Chief, Legal & Company Secretariat at EKEDP. During her tenure, she also held multiple key positions simultaneously including Head of Regulatory Compliance, Chief Human Resources and Administration Officer, Supervising Chief of the Customer Service Department, and Data Protection Officer. Her previous experience includes roles as General Counsel/Company Secretariat Lagoon Home Savings and Loans, and Legal Associate at Banwo & Ighodalo.

Wola holds a law degree from the University of Ibadan, an LLM in International Finance Law from Harvard Law School, and an MBA from INSEAD Business School. She is also an International Finance Corporation (World Bank) Board Evaluation Certified Professional and Corporate Governance Trainer.

Wola's achievements have earned widespread recognition. Most recently, she received the inaugural Leadership Excellence Award of the Year at the Legal Era Africa Awards 2024, becoming the first-ever recipient of this category. The award celebrated her historic transition from General Counsel to Group MD/CEO, a milestone applauded for redefining leadership pathways in the legal profession.

She is a member of the Institute of Directors and the Society for Corporate Governance Nigeria. Additionally, she is an associate member of the Institute of Chartered Secretaries and Administrators of Nigeria, and Women in Management, Business, and Public Service.

FINANCIAL AdviseHER

The Two Money Traps Nobody Talks About Enough

By Sola Adesakin

We spend a lot of time in financial education talking about the overspender. The person who earns well and has nothing to show for it. The one whose lifestyle expands to meet every raise, whose savings account never quite gets started, who arrives at the end of each month genuinely surprised by the balance. That person gets the warnings, the budgeting advice, the gentle lectures about delayed gratification.

But there is another person sitting quietly in the room, and she almost never gets addressed. She has the savings. She has the

plan. She opened the vacation fund, named it, funded it faithfully for eight months. And then the trip came and she could not bring herself to spend the money. She booked a cheaper hotel. She skipped the experience she saved for. She came home with money still in the account and called it discipline. It was not discipline. It was a different kind of problem entirely.

Researchers Scott Rick, Cynthia Cryder and George Loewenstein describe a spectrum they call the tightwad-spendthrift scale. At one end is the spendthrift, who spends more than they intend to and feels little pain parting with money. At the other is the tightwad, who spends less than they intend to, not

because the money is not there, but because spending it triggers a disproportionate emotional response, something close to pain or loss, even when the purchase is fully funded and entirely planned. Both ends of this spectrum create problems. They just look very different from the outside.

The overspender's problem is visible. The under-spender's problem looks like virtue. Understanding which pattern is yours, or which one is running quietly underneath your financial decisions, matters more than most people realise. Because the fix for each one is different, and applying the wrong correction makes things worse.

For the overspender, the work is

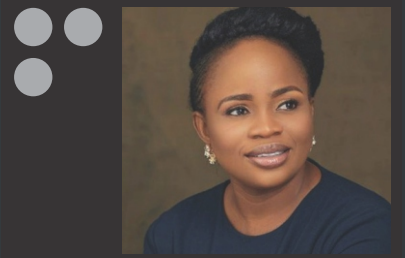
structural. Automate savings before lifestyle can absorb income. Give every naira a destination before it arrives. Build a small but real emergency reserve so that every unexpected cost does not become a credit event. The goal is creating enough friction between earning and spending that decisions get made with intention rather than impulse. This is not punishment. It is architecture.

But for the under-spender, adding more friction is exactly the wrong answer. More saving targets, more locked accounts, more discipline is not the medicine. The pattern to interrupt is the one that has made accumulation feel like the point, when accumulation was always only supposed to be the method.

Here is the reframe that tends to land: money that is never converted into life is not good stewardship. It is hoarding with better branding. The vacation fund that sits untouched after the vacation has come and gone is not a financial win. It is a goal abandoned at the finish line. For those who know the parable, the servant who buried the talent to keep it safe was the one rebuked. Wealth that only accumulates and never deploys is the buried talent. So how do you build a healthy middle? A few things that actually work in practice. Make the spending decision when the saving begins, not at the point of purchase. When you open a fund for a specific purpose, write the commitment immediately. This money is for this trip, this standard, this experience, and spending it fully is what success looks like. The decision to spend should be made when it is emotionally easy, not at the moment of payment when the pain of parting spikes. Rename your accounts from assets to experiences. Not "Savings" but "Family Holiday, December." Not "Funds" but "Tolu's 45th." You are not losing savings. You are spending on something you already decided mattered. The label is small. The psychological shift is not.

Give every fund a deadline and a definition of done. Open-ended savings invite indefinite deferral. A fund with a specific end date and a clear spending target forces conversion, which is the whole point. And run the regret audit alongside the cost audit. The question is not only what does this cost. The second question is: in five years, will I regret the money, or will I regret the memory I did not make? Overspenders rarely ask the first question. Under-spenders rarely ask the second. Both questions belong in the room.

The goal was never the balance. It was always what the balance was supposed to buy: the rest, the memory, the freedom, the moment with people you love. Earn it. Protect it. Grow it. And then, when the time is right, have the courage to convert it into a life. That is what money is for.



By Sola Adesakin

Founder and Lead Coach,
Smart Stewards

Sola Adesakin is a highly respected wealth coach and chartered accountant with over two decades of transformative impact in the finance industry. As the visionary founder of Smart Stewards Financial Advisory Limited and Smart Stewards Advisory LLC, she has revolutionized the financial wellbeing of countless individuals and businesses across 40 countries. Her methodical approach to 'make-manage-multiply' money principles has elevated many from financial stress to prosperity, and mediocrity to exceptional achievement.

Sola is a strong supporter of SDG5 and SDG10, as she seeks to close the gender gap and reduce inequality through financial education, financial technology, and access to funding. Sola's dedication to achieving gender equality and reducing inequality is evident in her work as an alumna of the Academy for Women Entrepreneurs, an initiative of the US Embassy in Nigeria, and the Cherie Blair Foundation's Road to Growth Program. She is also an alumna of Goldman Sachs 10,000 Women program and a member of the Select Global Women in Tech (SGWIT) Mentorship Network of the United States of America. Through the FRUIT Foundation, which she serves as Founder and CEO, she has partnered with the US consulate in Nigeria to champion the economic empowerment of women, assisting them to start and scale their business ventures.

Her impressive academic credentials include a BSc and an MBA degree from Oxford Brookes University and Edinburgh Business School, respectively. She is a fellow of the Institute of Chartered Accountants of Nigeria (ICAN), the Association of Chartered Certified Accountants of the United Kingdom (ACCA), and a member of the Chartered Professional Accountants of Canada (CPA). In addition to her impressive credentials, Sola Adesakin is also a Certified Financial Education InstructorSM and a member of the Personal Finance Speakers Association.

HER POINT OF VIEW

Are You Climbing the Wrong Ladder?

Chinyere Okorocho

Ngozi always thought she would become a writer.

As a young girl, she loved books. She filled notebooks with stories, poems, and reflections about the world around her. Her teachers encouraged her talent and often told her she had a special gift.

But life had other plans.

After university, reality arrived quickly. Her father fell ill, her younger siblings were still in school, and the responsibility of supporting the family

became urgent. Writing did not seem like a practical choice.

So Ngozi took the first stable job she could find in banking.

At first, she told herself it would only be temporary. Just a few years to help the family get back on their feet. But as many of us know, life has a way of moving quickly. A few years became ten. Ten became fifteen.

Her career progressed. She earned

promotions, managed teams, and built an impressive professional profile. From the outside, everything looked successful.

But inside, something felt unsettled. One day during a conversation, she said something that stayed with me.

“Madam, I’ve climbed so high... but sometimes I wonder if this is even the ladder I was meant to climb.”

Her words capture a reality many women quietly live with.

They are successful.
They are hardworking.
They are responsible.

But deep down, they sometimes wonder whether they ended up on a ladder they never originally intended to climb.

Many career journeys begin not with passion, but with necessity.

Family responsibilities, financial pressure, societal expectations, or simply the opportunities available at the time can shape the path we take. In those moments, survival and stability take priority over self-discovery. There is nothing wrong with that.

In fact, many women have demonstrated extraordinary resilience by stepping up when life demanded it.

The challenge arises when years pass and we never pause to ask an important question.
Is this still the right ladder for me?

Over the years, through my work mentoring female professionals in the Heels & Ladders community, I have seen how common this experience is. Many talented women are not struggling because they lack ability. They are struggling because their careers are misaligned with who they truly are.

Prestige does not always equal purpose.

And stability does not always equal fulfilment.

When your career path does not align with your natural strengths, values, and interests, every step upward begins to feel heavier than it should. You are progressing, but the journey feels exhausting rather than energising.

This is where clarity becomes powerful.

Clarity begins with understanding yourself. Your natural talents. Your core values. The type of work that genuinely energises you.

Some people thrive in structured, analytical environments. Others flourish in roles that involve creativity, communication, influence, or relationship building.

Neither path is superior.
The key is alignment.

Early in my own career, I began to recognise that beyond the technical practice of law, I deeply enjoyed engaging with people, mentoring younger professionals, speaking, and sharing insights from my experiences.

Over time, those interests evolved into a broader platform where I now mentor and coach women who want greater clarity and direction in their careers. Clarity changes everything.

When you understand who you are, your decisions become more intentional, and your career path becomes easier to navigate.

Sometimes the signs that you may be climbing the wrong ladder are subtle. You feel constantly drained despite performing well. Your work no longer excites you. Motivation becomes difficult even though you know you are capable of more.

Other times the signs are louder. You feel

stuck despite years of effort. Your confidence begins to decline. You start questioning whether your work truly reflects who you are.

These feelings are not failures. They are signals. Signals inviting you to pause, reflect, and reassess.

One of the biggest misconceptions about career success is the belief that changing direction means starting over. In reality, many of the most successful professionals you will meet have pivoted at some point in their journey.

They reassessed their strengths. They reflected on their values. And they made courageous decisions to move toward paths that aligned better with who they had become. Changing ladders does not erase your experience. It refines it.

If you suspect that you may be climbing the wrong ladder, begin with honest reflection. Ask yourself what kind of work truly energises you. What values matter most to you. What impact you want your career to have.

Sometimes the answer is not to abandon your ladder entirely, but to adjust your position on it. Other times, it may mean stepping onto a completely different ladder.

Either way, the goal is not simply to climb higher. The goal is to climb the ladder that truly belongs to you.

Because when you are on the right ladder, something remarkable happens. The climb may still require effort. But it no longer feels like a struggle.

Instead, every step forward feels purposeful, energising, and deeply fulfilling. And that is the kind of success that truly lasts.



Chinyere Okorocho

Partner in the Law Firm of
JACKSON, ETTI & EDU

With over three decades of experience as a trailblazer in the legal profession, Chinyere Okorocho has established herself as a leading voice in law, leadership, and career growth for women. As a partner in one of the most prestigious law firms in the country, she has not only navigated the complexities of a competitive industry but has consistently broken barriers to become a sought-after leader, mentor, and advocate for women in the workplace.

Chinyere's career journey is a testament to her resilience, vision, and versatility. She has held numerous leadership positions, served as a director on multiple boards, and is widely admired for her strategic thinking and ability to inspire teams toward excellence. Beyond her professional accomplishments, she has also graced stages as a speaker, sharing insights on leadership, career growth, and the unique challenges women face in their professional lives.

A devoted wife and proud mother of three, Chinyere understands firsthand the challenges of balancing the demands of a thriving career with a fulfilling personal life. Through her own experiences, she has mastered the art of work-life integration, demonstrating that women can achieve extraordinary professional success without sacrificing the joys of family and personal well-being.

Her career development platform, Heels & Ladders, is dedicated to mentoring and guiding women who aspire to redefine success, achieve career mastery, and lead with purpose. Whether you're navigating leadership challenges, striving for balance, or looking to amplify your influence, Chinyere's expertise will help you transform ambition into achievement.

GENDER INSIGHTS

Nigeria's Democracy Day was June 12 but I can't stop thinking about its essence and since we are still in the month of June, I will be sharing on this from a place of concern.

Democracy Day remains a defining symbol in Nigeria's democratic history, a day that embodies the struggle, sacrifice, and resilience of Nigerians in pursuit of democratic governance. The date commemorates the annulled June 12, 1993 presidential election, widely regarded as the freest and fairest in Nigeria's history. Following decades of military rule, democracy was restored in 1999, marking the beginning of uninterrupted civilian governance. In 2018, June 12 was officially declared Democracy Day to honour the heroes of that struggle and reaffirm Nigeria's commitment to democratic ideals.

As Nigeria recently celebrated 27 years of uninterrupted democracy, it is important to interrogate not just the endurance of democratic rule, but the depth of its inclusiveness particularly for women. Despite constituting nearly half of the population, Nigerian women remain significantly underrepresented in governance, both in elective and appointive positions. This persistent gap raises critical questions about equity, justice, and the true meaning of democratic participation.

Women, Representation, and the Unfinished Promise of Inclusion

Asmau Benzies Leo

Since Nigeria's return to democracy in 1999, women's political representation has remained consistently low. At the inception of the Fourth Republic, only 3 women were elected into the Senate and 12 into the House of Representatives. Over two decades later, progress has been marginal. In the 9th National Assembly (2019–2023), women held just 19 out of 469 seats, approximately 10.9 percent. However, the 2023 elections marked a regression: women now occupy only about 15 seats out of 469 in the National Assembly, representing roughly 4–5 percent, one of the lowest rates globally.

Across all legislative levels, national and state, women hold only about 64 out of 1,460 seats, further underscoring the scale of exclusion. At the state level, representation is equally troubling, with women occupying just 45 out of 991 seats in State Houses of Assembly. In all, women's participation in elective offices has remained below 10 percent since 1999, with some estimates placing it as low as 6 percent.

In appointive positions, the situation shows slight improvement but still falls short of global

and regional benchmarks. For instance, during the 2015–2023 administration, only 7 out of 43 ministers were women, approximately 16.7 percent. While some administrations have made modest gains in appointive roles, the overall average of women's participation in both elective and appointive positions in Nigeria remains around 6.7 percent, far below the global average of over 22 percent and Africa's regional average of about 23 percent.

These statistics highlight a troubling democratic deficit. Democracy is not merely about periodic elections; it is about representation, inclusivity, and equal participation. When women who make up nearly half the population are excluded from decision making processes, governance outcomes are inevitably skewed and less responsive to societal needs.

Historically, Nigerian women have played critical roles in the country's democratic evolution. From the anti-colonial resistance led by Funmilayo Ransome-Kuti and Margaret Ekpo, to the pro-democracy struggles against military rule, women have

consistently mobilised, advocated, and sacrificed for national progress. Yet, their contributions have not translated into proportional political power.

The struggle for proportional representation in Nigeria is deeply rooted in structural and systemic barriers. Patriarchal norms, political violence, financial constraints, and exclusionary party structures continue to limit women's access to political spaces. Nigerian politics remains highly monetised, making it difficult for many women to compete effectively. Additionally, cultural stereotypes often relegate women to secondary roles, undermining their leadership potential.

Affirmative action has emerged as a key strategy for addressing these disparities. Nigeria's National Gender Policy recommends a minimum of 35 percent representation for women in both elective and appointive positions. However, this target remains largely unmet. Compared to countries like Rwanda and Senegal, where quota systems have significantly

improved women's representation, Nigeria still lags behind due to weak implementation and lack of political will.

The proposed Special Seats Bill currently before the National Assembly represents a critical opportunity to bridge this gap. By reserving seats for women in legislative bodies, Nigeria can take a bold step toward inclusive governance and democratic consolidation.

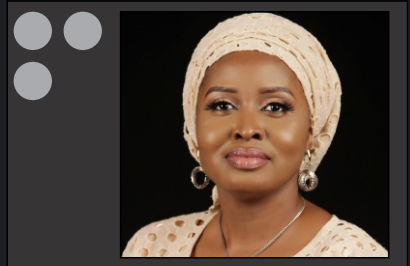
Beyond political representation, gender equality and social inclusion must be central to Nigeria's democratic project. Women, particularly in conflict-affected regions, continue to face disproportionate challenges, including violence, displacement, and economic marginalisation. A democracy that fails to protect and empower its most vulnerable cannot be considered fully functional.

Economic empowerment is also crucial. Women's access to education, finance, and employment directly influences their ability to participate in governance. Strengthening women's economic agency will, in turn, enhance their political voice and leadership.

As Nigeria celebrated Democracy Day at 27, the call for gender responsive governance has never been more urgent. Political parties must adopt internal quotas, governments must implement inclusive policies, and civil society must sustain advocacy for women's rights and participation.

In conclusion, Nigeria's democratic journey remains incomplete without the full inclusion of women. The statistics are clear: progress has been slow, uneven, and insufficient. Yet, the potential for transformation is immense. Democracy must go beyond symbolism to deliver substantive equality.

The future of Nigeria's democracy depends on its ability to embrace inclusion, uphold justice, and ensure that women are not just participants but equal partners in shaping our nation's destiny.



Dr. Asmau Benzies Leo

Executive Director,
Centre for Nonviolence and
Gender Advocacy in Nigeria
(CENGAIN)

Dr. Asmau Benzies Leo is a development practitioner with extensive national and international expertise in gender equality, peace-building, governance, and humanitarian action.

She holds a PhD in Public Governance and Leadership, a Master's degree in Conflict Management and Peace Studies, and executive certifications from leading institutions including Howard University, Harvard University and Glasgow Caledonian University.

As Executive Director of the Centre for Non-violence and Gender Advocacy in Nigeria (CENGAIN), she has led ground-breaking advocacy initiatives on women's political participation, gender-based violence prevention, and security sector reform across multiple World Bank, UN and EU-supported projects.

Internationally, Dr. Leo has represented civil society at the United Nations, contributed to regional dialogues on Women, Peace and Security, and partnered with global networks advancing gender justice and inclusive governance.

She is a UN Recognised Global Ambassador on Women, Peace and Security. Her expertise bridges grassroots action with policy advocacy, making her a respected voice in advancing gender equality and sustainable peace in fragile and conflict-affected contexts.



WOMAN AT THE HELM

Elsie S. Kanza

Ambassador of Tanzania to the United States

Elsie S. Kanza is the Ambassador of Tanzania to the United States. She was born in Kenya to Tanzanian parents, which granted her Tanzanian citizenship by lineage while anchoring her earliest years in a Kenyan setting. This lineage forged a link to Tanzania's national story even as she spent her youth in Kenya, fostering natural cross-border ties within East Africa.

Her upbringing occurred against Kenya's varied social and economic backdrop, shaped by the region's post-colonial evolution. Public sources offer limited detail about her family's occupations or exact moves, but her Tanzanian family roots and East African context gave her an early sense of the continent's interconnected economies and cultures.

In March 2006, Elsie S. Kanza joined the Tanzanian Presidency as Personal Assistant to President Jakaya Mrisho Kikwete, focusing on Economic Affairs. Before that,

she spent four years (2002–2006) on secondment from the Bank of Tanzania to the Ministry of Finance. There, she wore several hats: Personal Assistant to the Permanent Secretary to the Treasury (2004–2006), Acting Commissioner for Debt Policy, and Principal Policy Analyst for Finance and Capital Markets (2002–2004).

During her time at the Ministry, she played a key role in several impactful initiatives, including preparing Tanzania's eligibility proposal for the Millennium Challenge Account, developing government credit guarantee schemes, creating frameworks to encourage private sector lending in mortgage finance, and supporting debt relief efforts with 16 countries through HIPC negotiations.

Earlier in her career, from 1997 to 2002, Elsie worked at the Bank of Tanzania as a Financial Market Analyst and Money

Market Dealer in the Directorate of Financial Markets.

Elsie believes partnerships to improve access to finance are key to accelerating the growth of both public and private sectors in Africa. She says, according to a report by the United Nations Development Programme, Africa could save up to \$74.5 billion in excess interest and foregone funding if credit companies based their ratings on less subjective assessments.

She says that by leveraging initiatives such as the United States Agency for International Development's Feed the Future programme, Tanzania has been able to develop programmes that have facilitated private investments worth over \$1.3 billion and positively impacted more than 900,000 smallholder farmers.



WE'VE GOT MEN

Adegbite Falade

MD/CEO, Aradel Holdings Plc

Adegbite Falade leads Aradel Holdings Plc as MD/CEO. Aradel is a fully integrated energy group with interests across multiple oil and gas assets, spanning upstream, midstream, and downstream activities. The company emphasises a long-term, responsible approach to energy provision and the global shift toward cleaner power. By strengthening gas delivery and exploring technologies that draw on Nigeria's and Africa's diverse energy resources, Aradel aims to offer affordable, sustainable options that support net-zero goals and broaden energy access.

Adegbite earned a First-Class BSc in Electrical & Electronics Engineering from the University of Ibadan and an MBA from Warwick Business

School, UK. Over the last 15 years, he has held senior leadership roles in the oil & gas, power, and services sectors, overseeing engineering, operations, project delivery, commercial management, strategy, and enterprise development.

For 2025, Aradel reported a 192.3% rise in net profit, reaching £393.2 billion after acquiring a major stake in ND Western, a drilling firm. The growth was recently documented in the company's audited report.

Falade is passionate about clean energy. He believes in producing more energy, making it cleaner, delivering it reliably, and using it as a cornerstone for broad-based economic growth. "We must produce more energy, make it cleaner, deliver it more reliably,

and ensure it becomes the foundation for broad-based economic growth." He stated.

Before Aradel, he led Oilserv Group of Companies in Port Harcourt as Managing Director and Group Chief Operating Officer. Earlier, he held roles including General Manager for Portfolio Development, Chief Operating Officer at Oando Energy Resources, and Executive Director of Oando Gas & Power. He was also the Petroleum Economics Discipline & Portfolio Lead for Shell EP, Africa. He joined Aradel's Board as MD/CEO in 2021 and was appointed IPPG Chairman on the 1st of November 2025.

HOLISTIC LIVING

True Wellbeing Rebuilding Not Just Fixing

Is About Harmony, Symptoms

By Dr. Maymunah Yusuf Kadiri

In today's world, exhaustion has become so normal that many people no longer recognize it as a warning sign. Fatigue is dismissed as "just work," disconnection is excused as "being busy," and imbalance is worn as a badge of productivity. But beneath this normalization lies a deeper truth—modern life is quietly pulling many people out of alignment with themselves. Wellbeing is not collapsing because people do not care about their health. It is collapsing because life has become fragmented.

Consider the experience of a young professional navigating the realities of remote work. What initially appeared to

be a flexible and convenient lifestyle slowly transformed into something far more complex. The boundaries between work and rest disappeared. Days blended into nights. Routine gave way to randomness. And over time, the effects began to show, not just physically, but mentally and emotionally.

Fatigue became constant. Motivation declined. Personal care slipped. Social interactions reduced. What was once a vibrant and engaged individual gradually becoming withdrawn, exhausted, and disconnected from herself. This is not an isolated experience. It reflects a larger shift in how we live. The challenge is not

simply stress or workload. It is the loss of rhythm.

Holistic living is built on rhythm—the natural balance between activity and rest, engagement and withdrawal, productivity and recovery. When this rhythm is disrupted, the human system begins to falter. Sleep becomes irregular. Eating patterns shift. Movement decreases. Emotional resilience weakens. And slowly, the individual begins to feel out of sync with life itself.

What makes this particularly significant is that these changes rarely happen suddenly. They accumulate. Small disruptions, repeated over time,

become patterns. And patterns, left unaddressed, become lifestyles. The turning point in restoring wellbeing is not perfection. It is awareness.

Recognizing that imbalance exists is the first step. From there, restoration becomes possible, not through extreme measures, but through intentional, consistent adjustments.

Movement is often the easiest place to begin. Not as structured exercise alone, but as a return to using the body regularly. Short breaks, stretching, walking, and simple physical activity help to reset both the body and mind. These moments of movement are not interruptions; they are essential recalibrations.

Equally important is the role of self-care, often misunderstood as luxury or indulgence. In reality, self-care is maintenance. It is the daily act of preserving one's energy, identity, and sense of self. Simple practices such as grooming, dressing intentionally, and creating a presentable environment are not superficial, they reinforce self-worth and psychological stability.

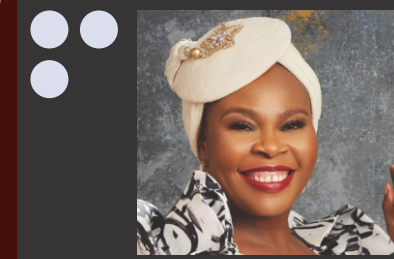
Structure also plays a critical role. When life becomes unstructured, stress increases. Establishing clear routines—defined work hours, regular meals, and intentional downtime—creates predictability. And predictability, in turn, reduces mental load and enhances focus. But perhaps one of the most powerful aspects of holistic wellbeing is connection.

Isolation, particularly in remote or digitally dominated environments, can significantly impact emotional health. Reconnecting with others through conversations, shared experiences, and community restores a sense of belonging. And belonging is a fundamental human need, not a luxury.

What this ultimately reveals is that wellbeing is not achieved through isolated actions. It is created through alignment. Alignment between how we live and what we need.

Alignment between work and rest.
Alignment between independence and connection.
Alignment between doing and being.

When these elements come into balance, something shifts. Energy returns. Clarity improves. Joy becomes accessible again. Not because life has become easier, but because it has become more sustainable. The story of transformation is not about dramatic change. It is about small, intentional choices repeated consistently. It is about reclaiming control over daily rhythms and redefining what it means to live well. In the end, wellbeing is not something we chase occasionally, it is something we build daily. And the most powerful step we can take is this: to stop living in fragments and start living in harmony.



**Dr. Maymunah
Yusuf Kadiri**

Psychiatrist-In-Chief at Pinnacle
Medical Services

Dr. MAYMUNAH YUSUF KADIRI (aka DR. MAY) popularly referred to as "The Celebrity Shrink," is a multiple award winning Mental Health Physician, Advocate & Coach. She is the convener of "The Mental Health Conference" and the Medical Director and Psychiatrist-In-Chief at Pinnacle Medical Services, Nigeria's leading and foremost Psychology and Mental health clinic prominent in the application of innovative clinical approaches in the management/treatment of a wide range of psychological, emotional, and behavioral related disorders.

Dr. Kadiri is a dynamic Consultant Neuro- Psychiatrist and a Fellow of the National Post Graduate Medical College of Nigeria (FMCPsych) with almost 20 years' experience as a practicing Physician. She is a trained and certified Rational Emotive and Cognitive Behavioural Therapist from Albert Ellis Institute, New York, USA. She is also a certified Trauma Counsellor and Neurofeedback Practitioner.

Dr. Kadiri has wide experience in psycho-therapeutic techniques and has perfected her skills whilst in private practice and whilst working for a variety of organizations. She is a recognized radio and television guest Psychiatrist and Psychotherapist. She also contributes to articles published in magazines and newspapers.

She is the only Nigerian with the 14Ps.....Physician, Psychiatrist, Psychologist, Psychotherapist, Practitioner (NLP, BFB, NFB), Public Speaker, Published Author, Producer (movies), Proficient Coach, Parent, Philanthropist, People oriented, Public Health Advocate and Passionate about God and life.

The founder of Pinnacle Health Radio, African's #1 online health radio and a non for profit organization, "Pinnacle Medicals SPEAKOUT Initiative" which is geared towards creating Mental Health literacy in Nigeria and beyond.

The Executive producer of award winning movies, Pepper soup (focused on drug abuse) and Little Drops of Happy (focused on depression, postpartum depression and suicide) and creator of the most innovative mental health app in Africa, HOW BODI.



A Journey Through Traditional Beauty & Flavor

Inside Clay Food Shop & The Henna Place

“Together, Clay Food Shop and The Henna Place offer more than services. They offer belonging. A place where tradition is not just preserved, but honored, elevated, and shared”

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Clay Food Shop is more than just a restaurant, it's a cultural experience. Known for its traditional elegance and modern interpretations of Northern Nigerian cuisine, Clay is a destination for food lovers who seek authenticity in every bite.

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The Henna Place

Established in 2014, The Henna Place is Nigeria's leading traditional spa, bringing centuries old Moroccan, Northern Nigeria and Arab beauty rituals into the general wellness market. Specializing in Moroccan hammam treatments, sugar waxing, herbal hair care, and intricate henna designs, the spa provides a deeply relaxing and culturally rich self care experience.

With multiple branches across Nigeria, including three branches in Lagos, The Henna Place has become a go-to destination for brides, beauty lovers, and women seeking intentional, soul-restoring care from head to toe, it's a place to cleanse, unwind, and reconnect with yourself the traditional way.

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