

CSC Evaluation and Monitoring Programme

Equity and Access to Healthcare for Children and Marginalised Groups

Dr Olusimbo Kehinde Ige



Infectious diseases, such as diarrhoea, malaria, HIV, tuberculosis, and pneumonia, are some of the leading causes of death for children according to the World Health Organisation (WHO) and UNICEF.

The WHO has reported that in 2019 alone more than five million children under the age of five died worldwide largely due to preventable or treatable causes. Pneumonia and diarrhoea contributed to approximately 29% of these global deaths, with most deaths occurring in the world's underdeveloped regions, particularly in sub-Saharan Africa. To prevent these avoidable tragedies, there is an urgent need to identify which children are at the greatest risk, who are often the hardest to reach, and to target them with innovative life-saving interventions.

Dr Olusimbo Kehinde Ige, a Commonwealth Alumnus who completed a Master's Degree in Public Health at the University of Manchester, has led several interventions focused on providing funds and training to rural hospitals, supporting the provision of integrated child health services in over 30 countries in Africa and Latin America. Her work has contributed to increased access and improved quality of child health services, which has ultimately reduced the preventable deaths of children.



Olusimbo's visit to the mother and child project in Kananga, DR Congo.



Olusimbo Kehinde Ige was awarded a Commonwealth Scholarship in 2012 to study for a Master's Degree in Public Health at the University of Manchester as a distance learner. Upon completion, she joined United Methodist Global Ministries as their Executive Director of Global Health, where she worked with over 300 Mission hospitals and clinics across 30 countries in Africa and Latin America to improve their health facilities. As part of the United Nations' Every Woman Every Child Campaign, Olusimbo led the One Million Children initiative between 2015-2020 which led to a 25% reduction in child mortality from malaria, pneumonia, and diarrhoea. She also led the training of country directors and health coordinators in each of the participating countries (13 of which are in Africa), helping them to identify local resources, facilities, and staff, and to produce health programmes that suit local circumstances and address barriers to health systems. She is currently working as the Assistant Commissioner at the Bureau of Health Equity Capacity Building at New York City's Department of Health and Mental Hygiene, where she has been instrumental in devising the strategic direction of health programmes aimed at reducing the gaps in health outcomes among ethnic minority groups. Olusimbo also leads the Community Engagement Branch of the New York City Covid-19 Emergency Response Work. While in this position, part of her work is still focused on Africa, particularly rural areas where there have been gaps in health services and in health outcomes.

From Health Practitioner to Global Health Leader

Dr Olusimbo began her career in medicine in 2005, as a House Physician at University Collage Hospital, Ibadan in Nigeria. Upon realising her potential to contribute to prevention and public health approaches that she felt were likely to save many more lives, rather than just focussing on the treatment of individual diseases, her career took a turn. She rapidly progressed to become a Resident Doctor in Community Medicine and later became a Medical Officer.

'I also realised to be an effective public health physician I had to keep abreast with best practices. I was convinced that if I could get further exposure to global health best practices through a world-renowned university I will be well placed to succeed in my chosen field. That opportunity to be awarded a Commonwealth Scholarship was pivotal in my career, and studying for a Master's Degree in Public Health with a global health focus was the springboard for my career in global health.'

Following her studies in the UK, an opportunity arose for Olusimbo to join the United States Agency for International Development (USAID) in Nigeria, where she worked as a Capacity Building Officer, providing technical support to the Malaria Control Programme at the Oyo State Ministry of Health. In this role, she developed operational and training plans in line with national malaria-control goals and objectives.

'That qualification from the University of Manchester, and the experience that I had there, has been a door-opener for me because after my Master's I got a job with USAID, and I was working in Nigeria on malaria-control.'

Working for USAID gave Olusimbo an insight into the nature of decision-making processes regarding the health programmes being implemented in African countries. She learned that in most cases, there were limited opportunities for representatives of the participating African countries to be involved in crucial decision-making which affected their own countries.

'I realised that decisions were being made about how work is done in Africa in places outside of Africa. That was a barrier for me, that the decision-makers and the people who were setting the global health agenda were not Africans in many instances.'

This gave her the impetus to identify and seize opportunities to be involved in decision-making at the international level, where she sought to influence decisions affecting African countries by offering her local perspective to make sure that global initiatives are more culturally relevant to the communities involved.

'Being an African, I was able to sit at the table with a lot of international counterparts and influence how decisions are being made about programmes in Africa. I have been involved in bringing the African perspective to the conversation.'

Olusimbo then seized an opportunity to join the United Methodist Committee on Relief, based in New York in 2014. However, despite moving to New York, her work remained focused on improving health systems and facilities in Africa. In this role, she led a number of programmes linked to the Imagine No Malaria campaign, an anti-malaria initiative which was run by The United Methodist Church in partnership with the United Nations Foundation. The campaign targeted communities in areas most affected by malaria, providing support on malaria control, prevention, and treatment, as well as revitalisation of local health facilities. Olusimbo led the implementation of a malaria control programme that served over five million mothers and children across nine countries.

'Because of the scholarship, I have been able to work and support work in over 40 different countries around the world. It [the scholarship] gave me an insight into global best practices and how to best structure and support countries and programmes where there's limited resources'

From 2015 to 2019, she served as the Executive Director for United Methodist Church Global Ministries, and led the United Nations' Every Woman Every Child movement. In support of this initiative, Global Ministries made a commitment to reach one million children with life-saving interventions in Africa.

One Million Children Initiative

Following the launch of the UN's Every Woman Every Child movement in 2010, which called for its partners to intensify their commitments to keep women's, children's and adolescents' health and wellbeing at the heart of development, Olusimbo and her organisation [United Methodist Church Global Ministries] made a commitment to reach one million children with life-saving interventions and to reduce mortality among children under five. The project designed and implemented interventions that would ensure that vulnerable children gain access to essential health services, receive full immunisation, and access adequate treatments against the most lethal diseases for children, including malaria, pneumonia, and diarrhoea.

As Executive Director, Olusimbo led the programme design, monitoring, and evaluation. As part of this project, she was tasked with identifying locations around the world where child mortality was highest, and rural Africa emerged as an area that required immediate attention. However, to work in these rural areas she had to overcome several stumbling blocks, such as road accessibility, language barriers, and, in some cases, competing government priorities.

Despite these hurdles, she remained determined to make a meaningful difference in these marginalised areas.

'I believe that my MPH at the University of Manchester helped strengthen my ability to develop and implement creative solutions to resource, policy, and political challenges.'

The project successfully promoted the prompt diagnosis and treatment of illness, complete immunisation, and secure access to food and safe water supply in several vulnerable communities. Portable water sources and mosquito nets were provided to local communities, and local health facilities were stocked with adequate medication supplies, helping them to save lives. As part of this initiative, Olusimbo has led the training of country directors and health coordinators in each of the participating countries (13 of which are in Africa), helping them to identify local resources, facilities, and staff, and to produce health programmes that suit local circumstances and address barriers to health systems.



Olusimbo's visit to the newly renovated maternity hospital in DR Congo.

Through this initiative, over 17,000 community health workers (of whom over 90% were women) were trained on how to provide education on healthcare for pregnant women and young children under the age of five. The health workers received overwhelming support from the community and were offered food supplies during their training as a token of appreciation for their vital work, which included caring for pregnant women, and making home visits to monitor children's health.

'It was a wrap-around support, and that's what we mean by life-saving interventions to one million children. And we were able to hit that goal of one million children that we supported in our programme between that five-year period.'

Olusimbo added that, to track and monitor the impact of the initiative, a comparison was made between locations that received the targeted interventions and those that did not. National and state averages on child mortality rates were also compared across the participating locations.

While survival rates differed across participating countries, mortality rates were reduced by at least **10%** in each of the project sites. The mortality rate was also reduced by almost **50%** in some participating locations, and there was a **25%** reduction in child mortality caused by malaria, pneumonia, and diarrhoea. Between 2015 and 2020, a total of **1,075,732** children [exceeding the one million target] were reached with live-saving interventions, ensuring that they had access to all essential health services up to the age of five.

In addition to improving health services and facilities, women were supported through this initiative to develop home gardens and small livestock farming projects which helped them to boost nutrition, promote food security, and increase child survival rates. Communities were provided with plant seeds, training on gardening, and a local veterinarian provided consultation on livestock farming. Each year over 2,500 children received food security support for their families; smallholder farmers have received help to improve food production, allowing them to have adequate food supplies, and generate income from the surplus produce to pay for their children's education and improve their livelihoods.

Throughout all this work, Olusimbo has always prioritised the involvement of local leadership in guiding community projects, with the aim of empowering them to take ownership of local health and developmental issues and to achieve vibrant communities.

As the Executive Director of Global Health at Global Ministries, Olusimbo provided oversight of system transformation and outcome improvement in over **300** Mission Hospitals and Clinics across **30** countries. She and colleagues were able to successfully transition leadership to approximately **75%** of the hospitals that they worked with during her time at the helm of the project.

She has also been instrumental in building the capacity of local leaders to be able to take over the leadership of mission hospitals that had been run by foreign missionaries for many years.

Olusimbo was also involved in advocacy work focused on creating awareness around health issues. She targeted in-country faith-based organisations, encouraging them to participate in the One Million Children initiative by supporting physical, mental, and emotional health in their churches and beyond.



One of the hospitals in Kapanga, DRC provided with quality medications, equipment, and training to improve health conditions.

Promoting Women Entrepreneurs to Improve Access to Food and Healthy Eating for Children

As an extension of the One Million Children initiative, the United Methodist Church promoted women's entrepreneurship projects to empower women and promote economic development. In the same locations where they were running their life-saving health projects, women were mobilised to form groups and embark on income generating projects of their choice and were offered loans to start small businesses. They were also offered an advisor to consult on economic business planning, transportation of produce to the market, and access to storage facilities for their produce.

'What we found was that when women got extra income, they spent their income on their family and their children. We realised that if we wanted children to have access to steady meals and eat healthy and go to school, it was necessary for the mothers to be economically stable. Our work spanned over 40 countries.'

Some of the most common income-generating projects included small bakeries, tailoring, and small retail shops. These projects supported mothers to generate additional income to support their families.

Over **1,000** women were able to make an income, and there was an average **10%** increase in household income and food security. An evaluation of the programme showed that **90%** of the women who took part reported that they ate three meals a day compared to just **60%** prior to the intervention, revealing an increase of **30%** in food security amongst this group of women.



Programme beneficiaries of the mother and child project in DR Congo.

Olusimbo also worked with in-country leadership including Ministry of Health and UMC health programme directors, offering technical support and training on how to design and implement income-generating programmes in rural communities.

Reducing Gaps in Health Outcomes Among Marginalised Groups

In her current position as Assistant Commissioner for Health Equity Capacity Building for the New York City Department of Health and Mental Hygiene, Olusimbo is responsible for designing and implementing initiatives to ensure equity for all New York residents and to reduce the gaps in health outcomes among ethnic minorities in the city. New York has a large immigrant population, many of whom face disadvantage based on their cultural background, ethnicity, or language. As part of her work, Olusimbo ensures that these socially disadvantaged communities are not excluded from public health services and support.

'A lot of my work has been focused on developing countries, particularly rural areas where there have been gaps in health services and in health outcomes. And right now, the beneficiaries of my work are ethnic minority communities, including immigrant populations in New York.'

Olusimbo leads the Community Engagement Branch of the New York City Covid-19 Emergency Response, and serves as a key advisor to the Commissioner, Covid-19 Vaccine Command Centre, and other leadership staff in the agency. She has been successful in reducing the gaps in Covid-19 mortality and hospitalisation between black and white New York residents. Between 2020 and 2021, she has worked with community health workers to ensure adequate information and access to Covid-19 testing services were provided to over 500,000 New York residents in ethnic minority groups in priority neighbourhoods.

This work includes community engagement and providing links to vital resources, and has resulted in reduced hospitalisation and death rates within targeted communities.

'I am very grateful that through the scholarship I was able to acquire the skills I use daily in my work. The leadership coursework during my Master's in Public Health [MPH] provided me the foundation to lead an international organisation.'

Olusimbo also provides leadership for more than 80 staff and oversees bureau activities in areas of strategic direction, programmatic development and oversight, research, evaluation, monitoring, and budgeting. Her work is supported by forming partnerships and collaborating with over 600 community-based organisations, faith-based organisations, and other institutions to address health and social priorities for neighbourhoods across New York City.

'I have organised mentoring and formal training sessions with all my managers using the same textbook (Leading in Health Care) I used during my MPH.'

She has provided guidance and visionary leadership in developing and articulating strategies to address social determinants of health and social well-being across 33 priority neighbourhoods city-wide. Additionally, she has sought to implement place-based strategies to address mental health crises and support community resilience by collaborating with intra- and inter-agency colleagues.

Mentoring Future Leaders in Public Health

In addition to her formal employment, Olusimbo has been involved in voluntary activities where she has had the opportunity to apply more of the skills and knowledge gained through her Commonwealth Scholarship and continues to be involved in promoting health education and awareness in Africa. She currently mentors students studying for Masters' in Public Health at Emory University. Using her academic knowledge in epidemiology and public health, she has reviewed and published 39 journal articles for a range of prestigious journals, including the Journal of Epidemiology and Community Health, International Journal of Health Research, and the Greener Journal of Medical Sciences, just to mention a few. As a member of the Epidemiology Society of Nigeria she was tasked to review submissions for the African Epidemiology Conference of 2019.

'Those are other ways that the scientific skills, research skills that I was able to acquire during this Masters have been helpful to the second generation of public health practitioners.'

Through her voluntary work, she is committed to supporting the next generation of health practitioners and future health leaders. Olusimbo has also participated in some activities at her former UK institution the University of Manchester to give back.

'There was a time when they [the University of Manchester] were looking for reviewers for a malaria initiative, and I did five years working with USAID in malaria support. I am open to supporting and giving back in any way I can if the opportunity opens.'

Progressing the Health Equity Agenda

Going forward, Olusimbo hopes to continue improving the health outcomes of disadvantaged communities by ensuring that there are progressive policies in place, access to necessary resources, and interventions that put equity first.

'My future goal remains the same, which is to eliminate inequities, the differences in health outcomes that are deemed to be social circumstances. I don't believe that anyone should have a poorer health outcome because of where they are born or because of how they look. Now, as the Assistant Commissioner, I am in a position to influence that.'

Through her continued advocacy work, and widespread support from community-based organisations, faith-based organisations, community members, and the government, Olusimbo will continue to make meaningful improvements to the health and well-being of children and marginalised groups in societies.

More about Dr Olusimbo Kehinde Ige's work

<https://umcabundanthhealth.org/global-health-initiative-exceeds-goal-of-reaching-1-million-children/>

<https://scholar.google.com/citations?user=Z2y0QBMAAAAJ&hl=en>

<https://www.youtube.com/watch?v=Nb5gqfqYvQ>

Commonwealth Scholarship Commission in the UK

Woburn House

20-24 Tavistock Square, London WC1H 9HF

Email: evaluation@cscuk.org.uk

Website: cscuk.fcdo.gov.uk

