

THE SUMMARIZED CV OF EMERITUS PROFESSOR IFEOMA JOY OKOYE

Ifeoma Joy Okoye, **MBBS -1980, FMCR-1990, FWACS-2004**, a pioneering figure in radiology, is an Emeritus Professor of Radiology at **'The University of Nigeria, Nsukka'** (UNN), **'The Founding/Current Director of 'The University of Nigeria, Nsukka Center of Excellence for Clinical Trials' (UNNCECT) & recently appointed as Adjunct Professor of Research & Innovation, at The National Institute For Cancer Research & Treatment [NICRAT]**. She served as, a Consultant Radiologist at **The University of Nigeria, Teaching Hospital, Ituku Ozalla, Enugu State from 1980-2024**.

She has been a Medical Practitioner for 44 years, a Radiologist for 34 years, & Professor for 19 years, & is the First Female Radiologist/Professor of Radiology in the South East of Nigeria, & First Female Emeritus Professor of Radiology, in Nigeria. This erudite scholar has 128 publications, in peer reviewed journals, [[Ifeoma Okoye - Google Scholar](#)] & 10 Books, has been serving as: Editor of **'The West African Journal of Radiology'** 2012-date/ Assistant Editor: 1990-2012), & Journal of Medical Women Association (J-MWAN). She has been **'An Ashoka Fellow'** since 2008 & upgraded to **'An Ashoka Globalizer Fellow'** in 2019/2020! She gave **'the Governance Lecture on Health'**, at the Progressive Governor's Forum, at Owerri, Imo State, titled: **IMPROVING HEALTHCARE SYSTEM IN NIGERIA**, where she called for *restructuring and reforms in Nigeria's healthcare system to ensure access to quality essential health services*, and handed over **'a 63 page recommendation'**, that included; **A VISION 2015- 2020' NIGERIAN HEALTHCARE BUSINESS MODEL**, to the in-coming government of Nigeria. Professor Ifeoma Okoye also recently delivered, on 31st August 2023, an insightful lecture on health governance at the University of Nigeria. This lecture, titled: **DREAM IT! SEE IT! DO IT**, was part of the university's 187th Inaugural Lecture series, focused on the transformative power of imagination, visualization, and action, in health governance. She, emphasized the importance of innovative thinking and proactive measures in improving health systems.

Her Special interest, as a Radiologist, has been in Women's Health, Interventional Radiology, Obstetrics & Gynaecology, Breast, Cervical, Prostate, Liver & Lung Cancers, buffered by experiences gathered during short capacity building attachments at the Royal Marsden Hospital, Sutton Surrey, Brompton Hospital, London, Birmingham Maternity Hospital, Mayday Hospital (currently known as: Cromwell University Hospital, South London), Edinburgh Royal Infirmary, Western General Hospital Edinburg & Innsbruck Medical University Hospital, Austria. Her passion for professional mentorship has budded several Consultants, 7 Professors & 2 Associate Professors. Her contributions to building up Radiology Training and Infrastructure, has been profound, contributing significantly to the development of workforce & infrastructure in Radiotherapy and Nuclear Medicine.

Her contributions to Science & Healthcare Systems, in her highly impactful 44 years medical career, have been holistic, spanning: ***Building Initiatives for Cancer Control Interventions, implementing Community Engagement Interventions, enhancing ‘The Clinical Trial Environment’, Developing Clinical Trial Policies, Increasing Participation In Clinical Trials***, Influencing Political Will to Drive Policy Initiation & Change, as well as ***Fostering & Building Collaborations & Partnerships***.

Thus, she has intervened & played significant roles in Clinical Trials/Biomedical Research, Health-System Strengthening, other NCDs (especially Diabetes, Sickle Cell Disease & Chronic Kidney Diseases), Primary/Public Health, Nuclear Medicine, Neurosciences, Women’s Health (including Menopause, Mid-Life Crisis & Wellness/Anti-aging), Community Advocacy/mobilization, & quite recently in; Precision Medicine/Ai utilization in Medicine, Image Genomics, Data Management, & Disease Registries.

Her forays in these diverse areas of interest are benchmarked by creating innovative social enterprises, writing books, participating in related collaborative, multicentre biomedical research & Clinical Trials, heading Professional Organisations, contributing significantly to policy changes/Prioritisations both Nationally, continent wide & globally; expanding Radiation Medicine services/Workforce, Fostering MOUs, Collaborations & Partnerships; Upskilling, serving in non-governmental boards, heading/serving in National Committees.

STRUCTURES/SOCIAL ENTERPRISES, INNOVATED/FOUNDED & OUTCOME PRODUCTS

CLINICAL TRIALS [AGCPN, ACTC & UNNCECT]

It was somewhat sobering to realize that Nigeria until 2005/2006, pretty much lacked requisite regulatory infrastructure to host a standard clinical trial, and consequently was not a common destination for clinical studies sponsored by most global pharmaceutical companies. Undoubtedly, the implication of such a structural deficiency was a stunting of medical and scientific creativity, with significant, broad consequential societal adverse health and economic impact. And this disparity would continue for a much longer period unless scientists, researchers, policy makers, and other stakeholders were awakened from complacency. And, according to one of AGCPN’s Faculty, Kelechi Lawrence, PhD, MBA, (President, WaterHead Investment Group, Inc, Wilmington, Delaware, USA), “‘awaken’ was what Professor Ifeoma Okoye did so well, using various vehicles like AGCPN.”

As founder of the Association for Good Clinical Practice in Nigeria [AGCPN], in 2005 (<http://www.agcpng.com>), she pioneered ***‘the 1st Annual Conference of AGCPN held on 24th to 25th May, 2006 at Transcorp Hilton Abuja, with the theme: Promoting Health Research Capacity In Nigeria Within An African Context: Toward the Development of "National Good Clinical Practice Guidelines***, this event brought to the table, Representatives of the Federal Ministry of

Health, the Legislature (Senate and House Committee Chairmen on Health), Nigerian Agency for Food and Drug Administration and Control (NAFDAC), Leadership of Nigerian Institute For Medical Research (NIMR), Nigerian Institute For Pharmaceutical Research (NIPRD), all Major Health Professional Groups (NMA, PSN, MLSCN), Organized Private Sector, Representatives of Global Pharmaceuticals, the Media, State Ministries of Health, Universities, Teaching Hospitals and Africans in Diaspora (notably America, Canada and the UK). ***The conference produced a communique recommending the formation of A National Health Research Ethics Committee, to oversight Institutional IRBs***, which were seen as being compromised, because they were poorly oversights, constituted and mostly compromised, as most of them had the hospital chief executives as chairmen of the ethics committee. The FMOH accepted this recommendation and shortly in 2007, NHREC (National Health Research Ethics Committee) was created. ***Thus, Nigeria's 'National Ethics committee' was a policy outcome from the 2006 AGCPN Summit.*** On the strength of the recommendations from that meeting, AGCPN, with Professor Okoye, as Author, *excitedly published its first book (Promoting Health Research Capacity in Nigeria), which was placed on Amazon.com, by ITSL-Biosciences LLC , and launched at the ANPA (Association of Nigerian Physicians in the Americas) meeting in the US, in 2007, where she was the 6th Dan Nwankwo Memorial Lecturer, at the ANPA Annual Scientific Conference, June 24, 2006 at Hyatt Regency Newark!*

She has served as technical advisor to multiple national and global organizations including chairing ***the Nigerian Clinical Trial Technical Working Group -2015, and operating as Consultant to the Agency -NAFDAC in 2010, having been appointed by Nigeria's Clinical Trial Regulatory Agency; [National Agency for Food & Drug Administration[2015] & Control - NAFDAC], appointed as & served as*** African Coordinator & one of the developers of the content of ***CITI: Collaborative Institutional Training Initiative***, domiciled in the University of Miami [a global training required to be completed by all researchers, to qualify to participate in any Clinical Trial]. Through this relationship with CITI, AGCPN was able to offer this on-line training through their website & UNN College of Medicine Website, & thus increased access to training of Biomedical Researchers to GCP & HRE training, as on-site trainings were costly.

Thus, her expertise in clinical trials spans over two decades and has focused on building the infrastructure for multicenter clinical trials in Nigeria & currently, in the African Region. She has leveraged AGCPN, with its resultant initiatives 'Clinical Trial Africa Vision 2020/African Clinical Trial Consortium [ACTC] & UNNCECT', to improve push factors for increased engagement of Nigeria and Africa in the Global Clinical Trial Process. Through these initiatives, She has been promoting responsible conduct of Human Research and the development of infrastructure for clinical trials in Nigeria/Africa through MOUs with Global Partners/Institutions, [MOU with University of Applied Sciences and Arts - Hochschule Hannover, (HSH) Germany and UNN; through 'The Prostate Cancer Transatlantic Consortium (CaPTC), International Center for the study of Breast Cancer

Subtypes [ICSBCS], developed Clinical Trial collaborations with the University of Florida/Mayo Clinic, Henry Ford, & most recently, working with Researchers from Stanford University, & University of Pennsylvania]; African government-regulatory body advocacy /media sensitization [AVAREF, GHANA FDA], conferences and training workshops.

Her historical contribution to the development of clinical trials in Nigeria is noteworthy and included educating the media about the value of clinical research and its impact on public health. ***AGCPN operated a Grant from European and Developing Countries Clinical Trial Partnership (EDCTP) In 2012***, to provide health research ethics training for Institutional Review Boards (IRB) members from institutions across northern and southern Nigeria. This project was completed and four (4) institutions; Federal Medical Centre, Gombe, Federal Medical Centre, Jalingo, Abubakar Tafawa Balewa Teaching Hospital, Bauchi and Benue State Teaching Hospital, Makurdi, were assisted to register their HREC with NHREC. ***An outcome publication emanated from this grant, titled “AGCPN’s training workbook on Health Research Ethics”***, and many researchers have found the publication useful. Several Tertiary Health Institutions/Educational Institutes, including NAFDAC, now buy large numbers of the publication for their Ethics Committee members, researchers and libraries.

She led a team of experts to: a) implement a capacity building workshop for NAFDAC Regulatory Staff at Abuja in April 2010, b) Review NAFDAC Clinical Trial Regulations, with recommendations in 2010, c) and followed up by conducting a Gap-Analysis for the Clinical Trial Unit of NAFDAC, to review their compliance with the 2010 recommendations, in 2012. All three of these assignments were done, so satisfactorily, that stakeholders under the aegis of the AGCPN/NAFDAC, were united in agreeing that Nigeria was ready to actively engage, through Clinical Trial Summits (like China, did), to let the world know that Nigeria was battle ready to engage in Clinical Trials. Four Summits after, from 2012-2017, gave birth to the African Clinical Trial Consortium.

She developed in 2018, and currently serves as director of the University of Nigeria, Centre of Excellence for Clinical Trials –UNNCECT, in collaboration with the Clinical Research Center and Innovation, University of Cape Town (CRC-UCT) and the Healthy Sunrise Foundation, USA. She has collaborated with many global organizations, including the European and Developing Countries Clinical Trials Partnership and was recognized/ awarded an Ashoka Fellow, for showing focus & leadership, as a Social Entrepreneur/change agent in the area of good clinical practice and ethics in the conduct of clinical trials [[Ifeoma Okoye | Ashoka](#)]. In 2019/2020, she was selected to be one of Ashoka’s Globalizer Fellows, to assist her in developing A STRATEGY DOCUMENT, on her Pan-African Initiative (African Clinical Trial Consortium: ACTC). This initiative is an Ecosystem which aimed to improve the Clinical Trial Attractiveness Index of Africa, as a destination for Global Clinical Trials and increase the number of trials conducted in the African Region. ACTC currently has founding team members with very rich experience and network within the African health ecosystem.

As bringing Africa's natural product development with medicinal potentials to the marketplace is high on her list of priorities, she engaged with the Nigerian Natural Medicine Development Agency (NNMDA), of The Federal Ministry of Science and Technology, and other Stakeholders like NIPRD, & IHP, from 2015, to address this gap and work toward, building Nigeria's capacity, to take low hanging Nigerian natural products from the bench to the bedside.

SEEING THE NEED FOR DISRUPTIVE MECHANISMS IN REPOSITIONING NIGERIA'S ONCOLOGY SYSTEMS FOR CLOSING THE CARE GAP: HOW PROF OKOYE, aka Pinky Prof, ADDRESSED IT:

The current Cancer story in Africa, remains dismal! *Few cancer advocates and trained community health workers*, exist in the African region, to inform the public and policy-makers about cancer, & despite cervical cancer being a leading cause of cancer death for women, 40 of the 54, countries in sub-Saharan Africa, have limited screening services (PAP test) and HPV vaccination. Thus, the paradigm is that more than 80% of patients in Africa are diagnosed at advanced stages of cancer, with 26 avoidable deaths from Cervical Cancer still recorded daily, & African literature is replete with evidence of low Mammographic uptake (as low as **9% uptake of mammography** amongst Female Health Workers in a Tertiary Health Institution in Northern Nigeria was documented by Oche et al in 2012)

The drivers for these existing Care Gaps, are: ignorance in knowledge (defined by superstition, & cultural biases, spousal rejection, stigmatization), prevailing mindset of "Cancer Is A Death Sentence", (fueled by Late Presentation of majority of our patients), procrastination (which, perhaps, can be equated to; *Health Seeking 'Hesitancy' -Poor Health Seeking Behaviour*), Poverty of Pocket, **Un-affordable Medical bills**, that is usually, the bane of Late Cancer Detection, *'Out Of Pocket Payment Of Medical Bills, absence of 'in-country' Germinic Data, (that would be capable of directing policy & assigning scarce resources, appropriately)* .

Therefore, it was not surprising that, Cancer is a disease that sparked her intellectual curiosity during her training as a medical doctor, recognizing the pandemic nature of this disease, especially the critical role of 'LATE DETECTION', as driver for Nigeria's high cancer mortality & morbidity. Her quest, to address these existing disparities in the Cancer continuum & pursue ensuring quality preventive healthcare, informed her decision to specialize in radiology, a discipline, that provides a major avenue for early detection, diagnosis and sometimes treatment interventions, of cancer. Driven by this passion, she was spurred into action, upon completion of her 'Medical Career in 1980 & later, upon completion of her Radiology Fellowship in 1990, & was immediately drawn to the critical impact non-governmental organizations can have, in addressing the complex challenges surrounding cancer care in underserved communities. *Over the past 44 years of her practice, as a*

healthcare provider, her focus on Cancer Control armed her with a profound understanding of the pressing need for comprehensive cancer control strategies in low and middle-income countries, added to her academic background, professional experiences, and unwavering commitment & passion, she fund-raised and put up a Cancer Screening Center for Women (Well Women Clinic) in Enugu, founded a Cancer NGO [Breast Without Spot-BWS], initiated the International Cancer Week in Nigeria- ICW [Now an annual event in Nigeria, run by FMOH/National Institute for Cancer Research & treatment – NICRAT] & worked with Senator Mao Ohabunwa, to produce the first draft of the bill that eventually gave rise to the creation of the National Institute for Cancer Research & treatment – NICRAT, by the FGN.

*“Cancer starts as a single cell, so small that you cannot see it. If it can grow and spread into something so big, **just imagine what ONE PERSON, can do**”. Cancer, starts small, as just ONE cell, but then grows, spreads and suddenly a very small force becomes, a very big problem”.*

Being a strong believer in; **‘THE POWER OF ONE**, [that a single motivated individual is capable of igniting profound change - each one, touch-one, & through a motivated stakeholder, a motivated professional, a motivated organization; considerable paradigm change can be achieved].... **It underscored & crystallized her steadfast & tenacious passion & commitment, to close the Gap-** to establish **‘The Foot-Soldier Model’** to create an ‘Army of Cancer control Advocates-Agents for Change, by: a) collaborating with the NYSC, to establish a Cancer CDS, called: **Breast Without Spot-BWS-NYSC CDS** to intervene in the 774 LGAs of Nigeria, b) **‘Next -Door Neighbour Resource’** to work with LG Chairmen, in ‘resource-constrained’, ‘hard to reach’, remote rural communities [templated in Isi-Uzo LGA], c) Collaborating with Faith-based organisations/Women groups[both professional & Artisan], to create ‘A Women’s Health Army’ & have easy access to; **‘Ready Made Crowds’**.

These structures/Models created to disrupt the Cancer Care Gap, in Nigeria, brought her to the attention of the International Global community & the resulting collaborations eventually resulted in three very important outcomes. 1) she became Nigeria’s Government Delegate to the UN HLM in 2011 on the strength of UICC’s strong recommendation to the FMOH, 2) BWS won, ‘the Organization, with the highest Signature contribution, [‘To Declare Non-Communicable Diseases A Global Priority’], in Africa & the[2nd globally], & she received a copy of the banner acknowledging this feat in NY [and was informed that a similar copy hangs in the UN Secretary General’s Office]. 3) She became appointed to the BOARD OF UICC (Union for International Cancer Control) as, Observer to their BOD, on 24th October 2012. This appointment gave her, the status of **being the First African to seat on the Board of Union For International Cancer Control, as an Observer.**

She has fostered several ‘Cancer Research Collaborations’ that have led to either published papers in peer-reviewed journals or successful grant applications. These include: Roswell Park Cancer Institute, Buffalo, Hochschule Hannover – University of Applied Sciences and Arts, Prostate Cancer Transatlantic Consortium (CaPTC), International Center For The Study Of Breast Cancer Subtypes (ICSBCS) with Weill Cornell, formerly with Henry Ford, Stanford University Human Centered Ai Department, Ongoing ‘Multinational Breast Radiology Education’ with MD Anderson Cancer Center team. Other Breast Related Research Work /Collaborations include: work with ‘The International Center for the Study of Breast Cancer Subtypes (ICSBCS) - headquartered at New York - Presbyterian and Weill Cornell Medicine, *a multidisciplinary research study focussed on how and why breast cancer outcomes vary by patients’ race and ethnicity, underscoring the breakthrough knowledge, that ‘triple-negative breast cancer is associated with African ancestry, in particular with Western Sub-Saharan African ancestry.*

The major area of her focus has been cancers in Women, including but not limited to Breast & Cervical Cancers, but in the past decade, has expanded to include: Prostate, Colorectal, Liver & Lung Cancers. She instituted the annual ‘**Nation-Wide Go Pink Day**’ in 2015, which earned her the alias, ‘**PINKY PROF**’ - a Soldier Against Cancer, committed to closing the Cancer Care Gap in LMICs. She has been declared and showcased on Nigerian Print/Electronic Media as, A SOLDIER FOR CANCER & EASILY THE LOUDEST VOICE IN THE CANCER CONTROL ADVOCACY SPACE (This Day Style, Volume16, No.5782, Sunday February 20th, 2011)

Her life journey has encompassed, not only her professional exploits in her specialised area of Radiology, & contribution to science through her profound work in Clinical Trials with NAFDAC, but has also taken her to Delivery Science, where she has sought to improve cancer care through; leading major community, national & Institutional interventions, education, screening, vaccination [in both rural/urban communities] and provision of innovative financing options for cancer treatment among indigent patients. Through advocacy with other Cancer Control Stake holders, they led legislative advocacy, that led to the establishment of the Cancer Health Fund (CHF), which is servicing indigent patients that cannot pay their Cancer Medical Bills.

OTHER FEATS AND MILESTONES ACHIEVED BY PROFESSOR IFEOMA OKOYE ARE CHRONICLED BELOW

APPOINTMENTS IN COVID 19 ERA: Member: Technical Working Group on Cancer Prevention & Control, Steering Committee of The Cancer Health Fund (CHF), National Scientific Advisory Committee on Verification of Covid -19 Claims by Nigerian Institute for Pharmaceutical Research & Development [NIPRD], & Co-Lead/SAG Member of ‘The NCDC Covid 19 Research Consortium’ (NCRC)

NATIONAL APPOINTMENTS & SPECIAL RECOGNITIONS:

- Member of The National Implementation Committee on Cancer Control (NICCC)
- Committee for the Special Thematic Working Group on Maternal, Neonatal, Children and Women Health (STWG-MNCWH)
- Trustee & Member of *Exercise Is Medicine* (EIM),
- Former Member: National Health Research Committee of the National Health Act
- Member of Board/Trustee: Pink Oak Cancer Foundation, Project Pink Blue, Association of Radiologists in Nigeria [ARIN], Breast Imaging Society of Nigeria [BISON], Nigerian Society of Abdominal Radiologists [NSAR], Exercise Is Medicine (EIM)

IN THE COLLEGE OF MEDICINE, UNIVERSITY OF NIGERIA:

She has held several Administrative & Leadership positions, & played protean roles, viz.

- 5 un-consecutive tenures as Chair of Radiology,
- Associate Dean, ‘Clinical’ (Faculty of Medical Sciences - FMS),
- Advancement officer College of Medicine (where she Co-Created ‘the College Alumni & coined the acronym: UNNCOMA for it & navigated it from inception to great heights). This alumni Association, has subsequently provided profound facilities for the College of Medicine, ranging from Lecture Halls, restorations/renovations, Operational Emergency Rooms, Modern Teaching aids, Support of students, upskilling of college staff.

PROFESSIONAL ASSOCIATION

- 1st Female President of the Association of Radiologists of West Africa (ARAWA)
- **President Medical Women Association of Nigeria (Anambra/Enugu State):** She leveraged this leadership role, *by leading advocacy to obtain a building from Enugu State government, to set up a, ‘Well Women Centre’, to facilitate daily screening services to the populace*, and because the building that was donated by government was in a state of great dis-repair, she fund raised to renovate and equip it. It is functional till date.

The Bone Marrow Donors Registry in Nigeria [BMRN]

As the Co-Director of the BMRN and a former observer to The Board of Union for International Cancer Control (UICC), Professor Okoye has tirelessly championed the cause of the BMRN, raising awareness about the urgent need for bone marrow donors of African ancestry both within Nigeria and abroad. The Bone Marrow Donors Registry in Nigeria (BMRN) was launched on February 24, 2012, with a mission of providing genetically compatible, unrelated bone marrow donors to patients in the African diaspora who cannot find a match on their national registries. Over 70 diseases can be cured with a bone marrow transplant, including several forms of leukemia and lymphoma, **sickle-cell anaemia** [Nigeria has the highest population of sickle cell carriers], and multiple myeloma.

However, patients with an African heritage are at a significant disadvantage, due to the scarcity of bone marrow donors of African descent on national registries.

BREAKING BAD NEWS CONSORTIUM [BBN]

One of the most challenging aspects of work as cancer advocates, is delivering difficult news to patients and their families. It is in this area that Prof Okoye's compassion, empathy, and unwavering support have truly shone. Through workshops and role-playing exercises, she led this BBN consortium, to equip healthcare providers with the tools and skills needed to communicate with sensitivity, ensuring that patients receive the care and support they deserve during the most trying times of their lives.

As *Director for Clinical Trial Development of CaPTC West Africa*, she Initiated & created;1st Oncology Focused Trial Registry on the continent: **African Virtual Portal for Oncology Clinical Trial**. www.oncologytrials.africa(CaPTC sponsored project, currently being upgraded by Mayo Clinic)

UBURU Ai

With Vision to: Digitize the healthcare market of the future to reverse medical tourism.

Currently, the **MEDICAL MARKET AS-IT IS, is a Low Activity industry with a Slow Turn-around Rate, thus Investors are yet unaware, that Healthcare is big business. Thus, She** mentored and encouraged the Start Up: Uburu Technology Platforms Limited "Uburu Health" (RC: 1722708), an indigenous health technology company in Nigeria, unlocking value for Nigerian patients using their proprietary health information exchange infrastructure. Uburu Health's value proposition is providing access to it's NDPR-compliant, patient-authorized health information exchange infrastructure -UburuAI; enabling licensed providers in Nigeria to access Lab, Imaging & Health records of consenting patients from any provider databases in Nigeria, in accordance with the Patient Bill of Rights. UburuAI is HMIS agnostic and possess hybrid capabilities which enables providers to also exchange paper records on patient's request, accommodating the vast majority of providers in Nigeria without a HMIS. Furthermore, UburuAI's capabilities notifies consenting providers on the eligibility of their patients for ongoing clinical trials.

CONCLUSION

In the coming years, Professor Okoye plans to expand her Change- Maker influence globally, consolidating the in-roads she has made in Cancer Control & Clinical trials, nationally & in the African region. She also has, intentionally, started upskilling. In all her previous job experiences, and committee/board participation, she has shown commitment to probity, integrity, witty

initiatives/innovations, and results-driven work ethic, with great attention to high standards of statutory regulatory compliance. To acknowledge and reward her resourcefulness, the hospital, UNTH, where she has worked for the past 42+ years, **honoured her, 3 years ago, by naming their Mammography Suite, after her: ‘PROFESSOR IFEOMA OKOYE MAMMORAPHY SUITE’.**

She believes, that now is the time to harness the collective energy and commitment of LMICs, ALL HANDS-ON DECK, EACH ONE TOUCH ONE, to drive forward progress to, at least, achieve the TWO TARGETS, out of the nine visionary, ‘World Cancer Declaration targets’, as we March towards 2025.

A Little Drop Goes a Long Way and can Save a Life! And Each Life Saved Makes a Difference.

She is strengthening her collaborations with; Stanford University’s biomedical informatics department, U-Penn Radiology, the ‘Digitized Medical Industry Marketplace Platform’ by XODUS-MD, & the Software Infrastructure, by UBURU HEALTH, that harnesses data for facilities for research and development purposes, as she sees the synergy that these solutions, shall play as ‘Gamechangers’ in the Cancer Control Space [with the dignified entrance of NICRAT], & Clinical Trials, multiple research collaborations, partnerships that will scale community engagement [Genomic/Ai-enabled: Imaging Genomics & Digital Medical Twins, Mobile Cancer/NCD Screening Clinics, optimized utilization of our Change Agents [NYSC-BWS- CDS/Women Health Army] and concerted efforts to improve Clinical Trial Attractive Index of our sub region, through QMes CTUs, she believes that we are set to enable ‘welcome disruptions’ in the Healthcare System, soon.

HER PERSONAL ETHOS READS:

“Non nobis solum nati sumus” (“Not for ourselves alone are we born.”)

– Cicero