

THE ANNUAL PUBLICATION OF THE KB KLUB

# MEDI-PHIL



2024 EDITION

## LIFE KBITE SPOTLIGHT: **DR HABEEBU MUHAMMAD**

CHIEF CLINICAL COORDINATOR,  
NSIA-LUTH CANCER CENTRE  
An alumnus of the Klub,  
whose illustrious career in  
Clinical Radiation Oncology  
exemplify Kaizen.

**The Fight for Freedom:**  
Civil Rights Activism in Nigeria  
*Exploring the history, challenges,  
and triumphs of civil rights  
movements in Nigeria.*

## SPECIAL INTERVIEW **PROF. AKIN ABAYOMI**

Lagos State's Health Commissioner,  
and a Renowned Hematologist  
MBBS (London), DTMSPH (Wits), FRCP  
(London), FWACP, FRCPPath (UK),  
FRSPH (UK)

**Heroes Across Time:  
Crossword Puzzle**

## **PROF. AKINSANYA OSIBOGUN**

Professor of Public Health  
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MBBS (Lagos), MPH (Lagos), FMCPh (Nigeria),  
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Former President of National Postgraduate  
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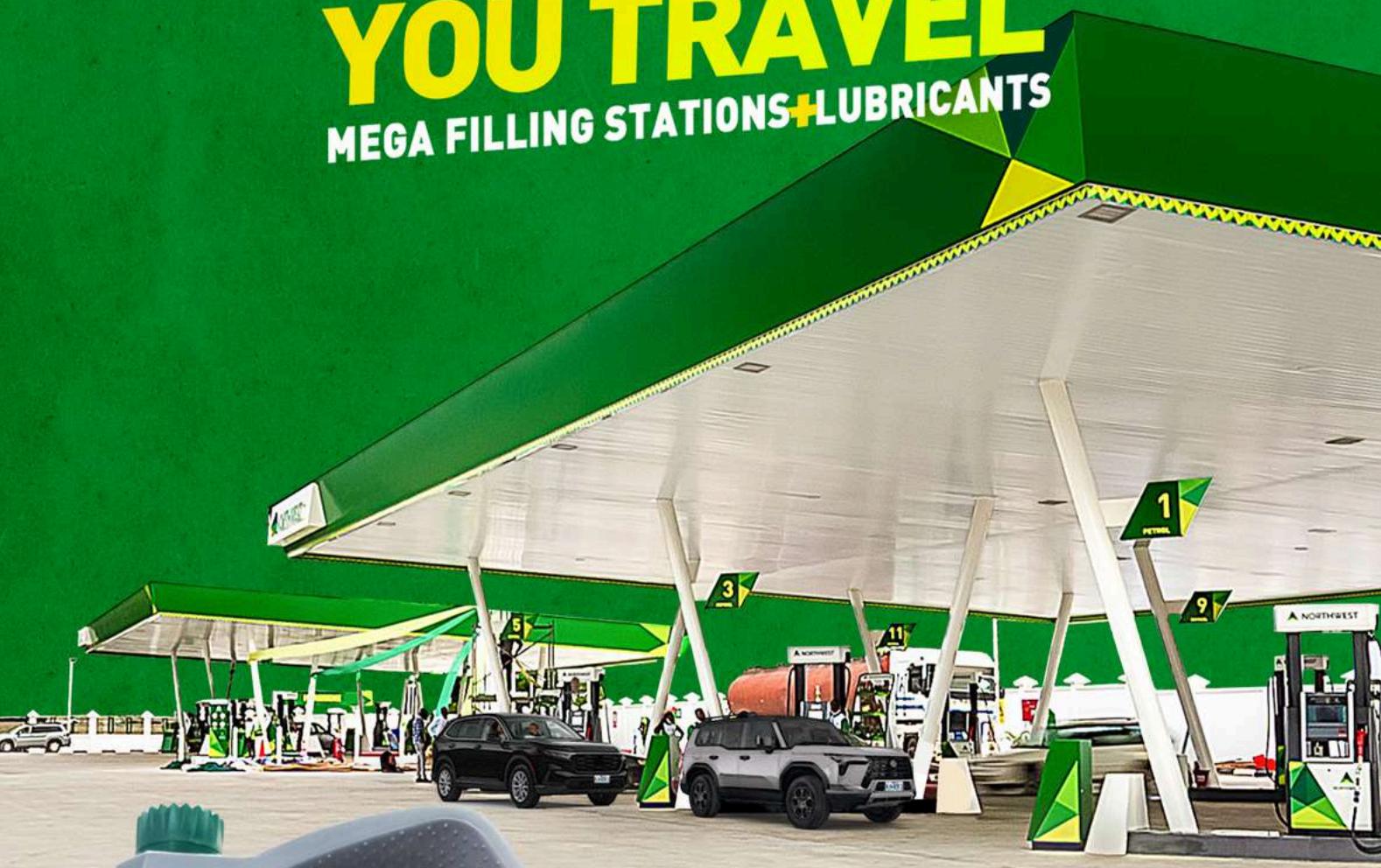
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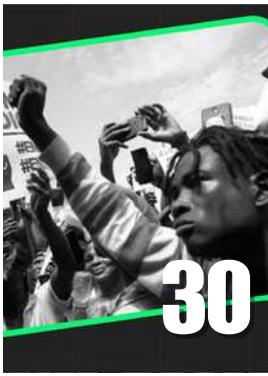
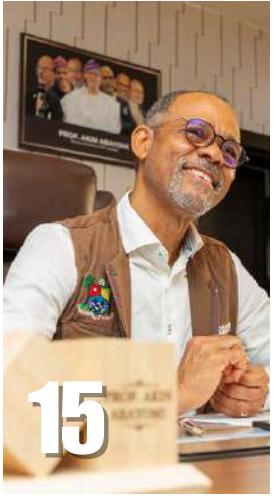
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### DEAR ESTEEMED READERS,

Welcome to the 2024 edition of MediPhil, KB Klub's annual flagship publication.

This journey began with a bold vision: not just to create another magazine, but to push MediPhil to new heights—an endeavor that, unexpectedly, transformed me as much as it shaped these pages.



**OLADIPUPO PAUL**  
KB Editor/ Editor-in-Chief

This year's theme, Kaizen - Ethos of Heroes, celebrates the Japanese philosophy of continuous improvement through the stories of extraordinary individuals. We chose "Kaizen" to honor heroes in medicine, philanthropy, and military service—figures whose relentless pursuit of excellence mirrors the spirit of KB Klub and the essence of life itself.

Inspired by their example, we set out to embody Kaizen in crafting this edition. Every page reflects the tireless dedication of an exceptional team. From late-night brainstorming to meticulous design tweaks, their creativity shines through. Inside, you'll discover exclusive conversations with inspiring minds—think trailblazing physicians and visionary leaders—each offering a masterclass in resilience and innovation. MediPhil isn't just a read; it's an experience.

This edition owes its brilliance to the Editorial Board, the KB Klub 2024 executives, and every contributor who poured their soul into it. A special thank you goes to our Chief Designer, KBite Yussuf, whose artistry brought our vision to life.

Happy reading! May these pages ignite your own pursuit of Kaizen as they did for us.



# Life KBite Professor Akin Osibogun

EXCLUSIVE  
INTERVIEW



## A LEGACY OF LEADERSHIP: INSPIRING EXCELLENCE IN MEDICINE AND PUBLIC HEALTH

*Our viewers would like to know about your upbringing, what inspired you to pursue a career in medicine and what were some of the key challenges and highlights of your medical school experience?*

I grew up in Lagos. I was born and bred in Lagos, as we used to say, even though my parents came from Ogun State. I started secondary school education at Birch Freeman High School here in Surulere, but finished secondary school education at Adeola Odulola College, Ijebu-Ode. At that time, I hadn't really decided what I was going to study, even though one could say that I was an all-rounder. I was doing excellently well in the sciences and I had one of the top ten best results in the then Western State—that was in 1973. So, having had As in the sciences: physics, chemistry, and biology, it seemed natural to go into medicine—as it was then, so it still is now—medicine requires you to have the highest scores, even though one did not really plan to become or to study medicine. Medicine was also attractive because of the prestige it had in society and the opportunity to help people, all that taken together naturally pushed me into medicine, and 44 years down the line, after leaving medical school, I have no regrets at all for having made that decision to study medicine.

The second leg of your question was about my challenges in medical

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from Columbia University USA. He is a Fellow of the National Postgraduate Medical College of Nigeria (FMCN) and the West African College of Physicians (FWACP).

He has held various leadership roles, including serving as a consultant to the World Health Organization (WHO) on district health system strengthening. He was also a Visiting Fellow at the Unit for Statistics and Epidemiology at the Liverpool School of Tropical Medicine and an International Fellow at the Andrija Stampar School of Public Health, University of Zagreb.

Beyond academia and hospital administration, He served as the President of National Postgraduate Medical College of Nigeria from Jan 2022 - Dec 2023. He has been actively involved in shaping Nigeria's healthcare policies, emphasizing the importance of preventive medicine, workforce development, and efficient healthcare financing. His dedication to public health excellence has earned him numerous awards and recognitions, cementing his legacy as a pioneer in medical leadership and innovation in Nigeria's healthcare sector.

school. Well, medical school was very interesting for us. As for challenges, I'm not too sure, you know. But what made medical school particularly interesting was that the government at the time was intentional about producing doctors for Nigeria. And the College of Medicine, University of Lagos, was the only College of Medicine then. I mean, in the other universities, Ahmadu Bello, Ibadan, Ife, and so on, they had faculties of medicine. So, it was only in Lagos that you had the College of Medicine. What that meant was that the College of Medicine was a semi-autonomous unit of the University of Lagos. It had more or less direct funding, in addition, it also got grants from international agencies. So, the medical school was well structured. The environment where you have all the shops now, used to be a cafeteria. So, you have decent meals for next to nothing, our friends who were studying other courses at Akoka used to come and visit us on Sundays. Because, you know, you'll have a quarter of a chicken for your Sunday lunch. Our friends would come and visit us so that they could enjoy themselves, the government and the supporting agencies made medical school very interesting, simply because they were hoping to attract people to study medicine. The environment was conducive, all you needed to do was to study, to read, and pass your exams, and of course, do very well and move on.

I know that since then, more medical schools have been established, and once you rapidly expand the medical school spaces, there'll be a slight trade-off in quality so the kind of facilities that we had then are probably not there now. Although, you can argue that some new technologies have also come into play. Medical school was highly engaging, and for those of us who joined the KB KLUB, the experience was even more enriching. As the leading club in the university at the time, KB KLUB had a strict selection process and was composed of highly disciplined individuals. And you had to be in good academic standing to be in the KB KLUB, all that made medical school very interesting for us.

For me, I also had a stint in university student politics, being a member of the KB KLUB, that meant that naturally I had some leadership skills, some friends and all the members of the KB KLUB supported my campaign. First, I tried to become the medical student president which didn't work out. But then, became a member of the House of Representatives and the speaker of the student's union, University of Lagos. So, you have the president, vice president, then you have the speaker for the whole of the university. So, if you then talk about challenges, the major challenge that we then had was the ALUTA struggles that we had when the university was shut down and we were at risk of being expelled from the university because of the "Ali Must Go" student riots of 1978. Even though, as a student union leader, I would not say that we were directly responsible for the riots. Once we started the protest, it got out of hand and you don't know who was busy causing trouble in town. But since we were the ones who called the protest, there was an attempt to hold the student union leaders responsible for that. I must pay tribute to the memory of the then Vice Chancellor, the late Professor Ade Ajayi, who was a very forthright leader, a very distinguished academic, a well-renowned historian, and stood his ground because when I called the parliament meeting, the university officials were there, so they witnessed that the decision to start the protest was democratically made, it wasn't imposed on the student's body. The majority decided that the students would go and protest, we had all the evidence therefore, he decided not to sacrifice the leadership of the student union, even though it cost him his own job, that was the major challenge that I had.

*Very beautiful story, sir. You mentioned the KB Klub. I was just about to ask you about the KB Klub, because I went through our records and learnt you were the KB Editor as well while reading your book; "My Life, My Medicine". So what are some of your fondest memories from your time at the KB KLUB?*

The KB KLUB is a highly disciplined organization as I said. We had focus and I believe the KLUB still has focus. We were fortunate to have great patrons, one of our patrons was the late Professor Deji Femi-Pearse. He was a professor of medicine, our teacher, very amiable. In fact, he was Provost of the college, CMD of LUTH, and he was acting Vice Chancellor at another time, a very distinguished academic. We had mentors like that, there was no way that we wouldn't excel. Professor Pearse was trying to start a resort in Badagry, it's called Whispering Palms. At that time it was still in its formative stages, but he had acquired the space and there



was a nice lagoon front, he had paddle canoes and all kinds of things and he would take members of the KB KLUB to go there for a picnic, provide the meals and so on. Of course, being mentored by such great men meant that we looked up to them, and we determined that we must also succeed so we thank such great men like Professor Pearse. There were some other patrons who were not in academics or even doctors but I can't forget Professor Femi-Pearse, because he was my teacher and also impacted our lives. So KB KLUB therefore contributed to molding us, especially when you look at the triple objectives of academics, philanthropy, and social empowerment.

All those objectives are aimed at making you grow up as a complete man devoted to society. The philanthropy aspect ensures that we also contribute to society so that the underprivileged can be helped. We used to visit schools, Atanda Olu School, Pacelli School for the Blind, Children's Homes for Motherless Babies and so on. We used to visit, raise funds and make donations to those places, we also used to take the children from Pacelli School and from AtandaOlu School on picnics just to give them some fun and make them feel great. All those commitments made us grow into responsible people. I think that the KB KLUB played a major role in my development as a person.

*Public health and epidemiology play vital roles in improving lives, as we saw during the Ebola crisis, the COVID-19 pandemic, and recently the monkey pox crisis. What inspired you to pursue this field, and how did your experience shape your contribution during the pandemic?*

Public health is that field that enables you to impact populations, as opposed to other sub-specialties of medicine where you treat individual patients. When I graduated, and after my housemanship, against my wish, I was posted to a rural area for the National Youth Service where I was responsible for the health services of a population of about 250,000 people. There was no medical officer of health, so I was the medical officer of health as a youth corps member in the then Ezza local government area of the old Anambra state. During that period, I had no choice but to practice public health, even though I had not really been trained as a specialist in public health beyond the initial introduction to public health in medical school, that experience was an eye-opener. I saw first-hand what citizens go through in communities. In fact, my first scientific publication came out of that experience, by the time I was finishing my youth service, I think I delivered about 365 pregnant mothers

during that one year. I wrote a paper on it, focusing on the birth weight patterns of children in that community. Soon after, I decided to further my education abroad and proceeded to Columbia University in New York, where I earned my Master of Public Health degree.. I was very ambitious because at that time, MPH was a highly valued qualification.



In fact, if you had the MPH in 1982, you could go and get appointed as a consultant so I was trying to become one of the youngest consultants. I earned my MPH from Columbia in 1984 and hurried back home, hoping to be appointed as a consultant. Unfortunately, by the time I returned, the policy of granting specialist or consultant appointments had been discontinued just three or four months earlier. I had no choice but to go back into the residency training program and complete the fellowship program. I think the first set was around 1980-1981, by 1984-1985, they felt that for five years they had been training, that was why they shut the gate on admitting MPH but that's not to say that MPH is not recognized as a specialist degree or a specialist qualification. In fact, at that time, I was offered the senior registrarship. You can see that my experience at that Local Government created the interest in me for studying public health because I saw that without public health, if you are treating patients, particularly babies for diarrhoea disease, you treat them this week and they'll come back the following week because you have not addressed the social determinants of health, you've not addressed the water they are drinking or the questions of how the food they are being given is prepared, public health does all that. In addition, public health helps you to hone your skills in research and provide evidence for decision making. In epidemiology, that's essentially what you are doing, you are an investigator, you are looking for evidence and you use that evidence to be able to prevent and control disease outbreaks, to improve on policy because the evidence will feed your decision making. I don't see any other field as interesting as public health because it solves the problems of large numbers of people at a time as opposed to other sub-specialties that are dealing with individuals.

*In your various academic leadership roles, from the coordinator of the community based medical education to head of department, what challenges did you face and what milestone are you most proud of?*

The major challenge for anybody hoping to lead any institution, any organization is the people you have to work with. People who are already used to one way of doing things and now you are saying that we need to do things in another way, so there's always some

resistance to change. When I was appointed as the coordinator of the community based medical education and services program, the program of the then Ogun State University, I was the first coordinator. We were introducing more or less a new curriculum. We were saying that instead of training the medical students only in the teaching hospital, we will now be training them at the various levels of the health system because when they graduate, they are not all going to practice in the teaching hospital, therefore we must train them at health centers, at general hospitals, and then we must train them in the teaching hospital, that was what we introduced. Of course, the benefit of that was that it expanded the exposure of the medical students, we were trying to produce what we call "Five-Star Doctors". Doctors that could work at any level, other than doctors that are used to the system of the teaching hospital alone.

The other advantage of it was that the presence of specialists were felt at the health centers because public health physicians who take the students there were also available now to assist members of the communities to treat their common ailments. Ordinarily, some communities may not even have access to doctors, not to talk of specialist public health physicians, but because of the programs, we were visiting those communities and we were providing specialist public health services. The same thing at the general hospitals, some general hospitals had consultants, but those consultants were more or less isolated, but now we were bringing the teaching hospital culture to them, and we were saying that we'll be having ground round every Wednesday in your general hospital, so we were keeping them on their toes. Those consultants in the general hospitals also benefited from the regular interactions with consultants coming from the teaching hospitals, and at the same time, the medical students were also benefiting. In Ogun State, we were using Ijebu-Ode General Hospital and Abeokuta General Hospital, so our students were training in Abeokuta, Ijebu-Ode and Sagamu, where the teaching hospital is, that was a unique experience, but of course, I told you about the challenge. People were used to doing things one way, and now you are introducing something new.



No vehicle was provided for the coordinator. The coordinator was expected to run by foot from Sagamu to Ijebu-Ode to Abeokuta. Of course, we were also using health centers. We had the health center at Ode-Iremo and some other places, as coordinators, you had to visit all those places, and you had to make accommodation arrangements in Abeokuta and Ijebu-Ode for the students, because

they would stay in those general hospital for a total of four months. One month in each of the medical specialties- medicine, pediatrics, obstetrics, and surgery. Apart from the postings to the health centers, which I mentioned, the postings to the health center was in Ode-Iremo and they would return to Shagamu, Ode-Iremo wasn't too far from Shagamu but if you are posting students for surgery, you can't say that by four o'clock they should close because surgical emergencies can occur at seven or eight, they have to be in Abeokuta so that they can maximize their experiences. Those were challenges, but as coordinator, it was your responsibility to arrange accommodation for them. There's a trade center in Abeokuta, I would arrange the postings to occur when the students of the trade center were on holidays, so that their dormitories would be vacant. Then I would take over the dormitories, clean them up to save funds, so I don't need to go and hire somewhere and that would take care of that. And then one of the parents of the students also gave us a house in Abeokuta that we could keep the students. The same thing in Ijebu Ode. Those were the challenges but public health training has prepared one to be able to communicate because communication is one of the training skills that you must get in public health and also from KB KLUB, you must be able to interact, you must be able to approach people, politely and decently, but confidently and because we were able to do that, we got all the facilities that were at our disposal. But the major challenge always remains the human factor because people had been doing things this way, and now we have changed it.



When I became Head of Department in the College of Medicine, you were required to set exam questions, maybe some two, three weeks before the exam and then we had a strong room, or somewhere, where you would keep the questions, they would lock in three different rooms with three different padlocks and all kinds of strategies. Of course the departmental secretaries had some huge typewriters that they would use to type the questions and then they had these stencil papers. Those were what they typed the questions on, you would go and roll them and the printed copies will start coming out. By the time I became head of department, I wasn't doing questions three weeks to the exam, my departmental secretary couldn't understand me, she was like, this young boy that has been made head of department, will soon run into trouble but the truth was that I had a computer and printer at home. I won't do any stencil because the danger with stencil is that it has carbon paper in between, you take the stencil you are rolling and forgot the carbon paper. what happens to that carbon paper?

It could be used to reproduce the question but if you were using the computer, you could password the computer and then on the day of the exam by 7:00am, I could print out the questions. It will be oven-fresh and you go to the exam. My departmental secretary couldn't understand what this young man was doing but fortunately, there was no time when the exams didn't take place as scheduled because we were using modern technology and she didn't know how to use a computer, she didn't even know whether I had one at home or not so that resistance was there that this is how we used to do it.



When I became CMD, the same thing occurred. Having been trained as a public health physician, my concentration was in administration, maternal and child health administration. Before I became CMD, I had a plan of action. I had analyzed the problems of the hospital, and I was ticking them off one by one. But it's like, 'what is this guy doing? this is how we've been doing it.' And I said, no, you don't need to do it that way all the time. One particular instance that I would give is, when I became CMD, no pediatric incubator was functional in the whole hospital. Not one single one. We were using hot water bottles, they would put the babies in the carcass of the incubator but put hot water bottles. We had financial challenges, so we couldn't buy everything that we wanted to buy but you can think out of the box. If one single incubator was going to cost about three or four million Naira then, I was fortunate to have been introduced to one Nigerian based in the United Kingdom. He was at Imperial College London, a biomedical engineer and he devised a strategy of repairing pediatric incubators, he was introduced to me by a former president of the National Postgraduate Medical College, who himself was a pediatrician, Professor Azubuike. When he introduced this gentleman to me, in the person of Professor Hippolite Amadi, I had a chat with him, and of course he had the rate at which he would repair each incubator, and I said, 'okay, if I ask you to do ten incubators for me for four million, how about that?' You might say, okay, use the four million to buy one incubator, but that can only save one baby at a time so we used the four million to do ten incubators. In fact, he said I should never mention how much he did it for me, for LUTH, anywhere else, because his rates were far higher than that but then I drove him mad and said, look, if we're able to do this, it will be groundbreaking. He did the first ten and we were now able to save ten babies at a time and then we increased the numbers, as at the time I left CMD, we had the largest number of incubators in any single hospital in the whole country. I think we had about 44 functional incubators. Some were new, we were able to buy some new ones, and some medical

students raised some funds and donated two incubators also to the hospital. So by the time I was leaving, we had 44 functional incubators, but I don't know what the situation is now.

*The next question is about your experience as the CMD of LUTH, and your accomplishments.*

Well, I could also mention that when I became CMD, we decided that a teaching hospital should function as intended. It's not a health center, or a primary health center, but a higher health facility, and therefore we should move into providing the upper-end technology in the country so we worked on renal transplantation. In fact, the patient who underwent surgery in 2011 is still alive. We also worked on open heart surgery. I'm sure you will see some of this in the book. We worked on open heart surgery, we worked on laparoscopic surgery, so that you can have pin-hole surgery, so that you reduce patient waiting time, length of stay in the hospital and that you do the surgery today the following morning, or within one to two days the patient has gone home, and you're able to see more patients. In order to do that, we had to identify, assemble, and train teams, I identified and assembled a team, and sent them to Mansoura Hospital in Egypt for training in renal transplantation. There were up to 10-12 people in each team, I identified the team, assembled them, and sent them off to India, to Frontier Frontline Hospital. It's a cardiac hospital, that was where they trained them for open heart surgery. I identified another team, sent them to Germany for intensive care, some of them are still around, they are big consultants now. Once you adopt a plan, and you pursue it passionately, you get the kind of results that you want to get. The only thing you can look for is sustainability, particularly in this environment where things can be unstable.

*As a recent President of the National Postgraduate Medical College of Nigeria, what advice would you give to aspiring medical students and young doctors who wish to follow in your footsteps?*

The major advice I would give to young people is to understand the concept of delayed gratification. The concept of delayed gratification, when I finished my youth service, I got employment in a private medical center. And in those days, the private medical centers or private hospitals in Lagos paid like three to four times what the public service paid. So it was good money, to leave all that and go back to school, unless you understand the concept of delayed gratification, it will be difficult for you. The tendency is you want to keep on enjoying the good time, that's immediate gratification, you must adopt the concept of delayed gratification. I went back to school and when I came back from Colombia, and I couldn't get registered to get a consultant position, I also got an offer from a private hospital, it was either in Sokoto or Maiduguri, one of those places. The private hospital was doing very well. And they needed somebody with an embellished qualification to add to their staff, I didn't need to put down money. They had already established the hospital, and they wanted to put me in as one of the directors or something, that will have an immediate gratification. But again, I declined that and went into the residency program so that I could get the fellowship, since the MPH was no longer recognized for consultant appointment. The teaching hospital at that time was paying 300 Naira per month, whereas in the private sector, if you are just MBBS, you got over 1,000 Naira.



That was three times what they were paying, you must be focused and intentional about your long-term goals, don't be distracted by immediate gains. There are several other aspects now, of course, in pursuing this career, you come across young people. You have to mentor them and you'll be surprised that some of the people you mentored 20 years ago, now directors, some are permanent secretaries, that's a source of joy in the soul. That is also another gratification that anywhere you get to, people are standing up to say, good morning, sir, that's a social investment, and it has its rewards. It's unfortunate that things have become disorientated and the only achievement that society wants to be looking at is financial. In my opinion, it is not the most important. Of course, I'm not saying that finance is not important, you need to wear decent shirts, put on a decent tie and look good. But if you're a professional, and you have your competencies and skills, you will always look good, you will always be above average. As long as you don't go to flamboyant social events and you don't spend above your income, you structure your expenditure. The conversation we were having earlier on today was also along that line, knowing what is convenient for you, and then having your priorities as to where you want to put it. Those would be, in summary, my advice for the young people, for them to stay focused, for them not to be in a hurry, because the trajectory for everybody is already there, and there are different curves, some people go gradually, at the end of the day, you get to where you are going. Some people go too fast. So, if you look at some of my colleagues, we went to medical school together. Instead, they went into private practice, made quick money. We were still postgraduate students but 20 years, 30 years after, we all eat the same food and some of us have professors after our names, In addition to being able to eat rice and eat bread. I hope you understand what I mean, wherever they got to, you will also get there, provided you don't engage in flamboyance or unnecessary expenditure and the good thing about academic life is it disciplines you, you structure your life. If you're outside there, you want to be like them outside. As a young academic, when I go to family or social events, they already know. They say, 'ah, that professor, leave him alone.' Because I won't spray. For me, it was enough that I could find the time to come to your events. if I'm going to give you anything, I put it in an envelope and give it to you.

*From being the HOD, to being the CMD at LUTH, to being President of the National Postgraduate Medical College of Nigeria, what key qualities do you believe are essential for effective leadership in health care, and especially in high-risk situations like a pandemic?*



I think the first thing is discipline, self-discipline and self-denial because as a leader, if you do not make the effort to make sacrifices on behalf of the people you are leading, they will not have confidence in you. The second thing is integrity, if you say it, it must be it. Once you are not a person of integrity, it becomes a challenge, because it means anything goes therefore, you can't hold the people under you accountable, they too can't do anything. So, Discipline, Integrity, and of course, Focus. You must have an objective because to be a leader, if you don't have any objective, where are you leading them to? in order to tie it together, you must communicate. You must communicate with the people you are leading. For some people, they will understand early, there were people who never understood what I was doing when I was CMD. It was only after I had left. They now come and say, all the things you were doing, now we understand you, they are now understanding with the benefit of hindsight because you can now compare with a different situation. Some people will understand early, but your responsibility is to communicate, you can't get 100%. But as long as you are able to carry the majority along, you get the things done and as long as you have objectives, you tick your objectives. As I mentioned earlier, if you read my book, *My Life, My Medicine*, you will find it there." When I was coming in, I already had a plan of action so when I was leaving, I was just ticking. And in any case, when I was appointed, I would say that my letter of appointment was unique because Mr. President specifically required me to turn around the hospital within two years, most letters of appointment don't say that. They'll just say, Congratulations, Mr. President has approved your appointment but in my own case, the letter said, The President has approved your appointment and he has requested that- I can show you a copy of the letter, I have it here. He specifically said that you're expected to turn around the hospital within two years. I had a direct performance index, so within two years and to the glory of God, I thank God for His grace and some opportunities that also coincided with my headship of the hospital, within one year, the number of surgeries performed in the hospital rose from 900 to 5,000 because when I came in, surgical residencies accreditation were withdrawn from the hospital. The only functional operation theatre was in A&E. All the operating theatres were shut down, things were bad and that was why the President said I was expected to turn around the hospital within two years. My public health training, my medical school training, my membership of the KB KLUB, the discipline, and the need to maintain the name of those organizations, prepared one to achieve whatever one achieved.



*Mentorship is very vital for younger doctors and for medical students. You mentioned Professor Deji Femi-Pearse, he was one of your mentors. What other mentors do you have? How did they shape your path? What advice do you have for those entering the field?*

Well, I had several mentors, you just mentioned Professor Deji Femi-Pearse. Professor Basheer Akande, I think he retired before you got to medical school but he was a professor of surgery here. Professor Pekun Alausa, who was in public health, he was also Registrar of the National Postgraduate Medical College. In fact, he was the provost of the College of Health Sciences at Ogun State University, he was the one who insisted that I must come and join them in Sagamu and as soon as I got to Sagamu, he made me immediately the coordinator of the community-based medical education program. And of course, there was Professors Elebute, the husband and wife, Professor Ade Elebute was a surgeon. The wife, she's a retired professor of physiology, the two of them were teachers. They, among several others in the college, mentored us. And I remain grateful for the opportunity to have learned from them.

*Nigeria and many other African nations face unique public health challenges. What do you think are the most pressing global health issues today? And how can nations like Nigeria lead the way in addressing them?*

The global issues, you'll be looking at disease issues and you'll be looking at health system issues. For disease issues, countries like Nigeria are facing dual epidemics, we used to be known to be burdened with communicable diseases. The major causes of mortality were malaria, diarrhoeal diseases, respiratory infections, and so on but that was then. Now, we are also confronted by epidemics of non-communicable diseases. In 1990-92, when we conducted a national survey of non-communicable diseases, the prevalence of hypertension was below 10%. In 2003, I was part of a team that did another mini-survey and the prevalence of hypertension was 28%. As of today, the prevalence of hypertension is between 35% and 40%. Every one in three adults between the ages of 18 to 65 is hypertensive, you can see that is a huge burden of disease and I just used hypertension, the same thing for diabetes, the same thing for cardiovascular diseases and chronic respiratory diseases. It's a global challenge and for developing countries like Nigeria, the situation is worse because even for non-communicable diseases, in developed countries, most mortalities will occur after the age of 70 years but for developing countries, most of the mortalities are occurring below the age of 70 years and that has significant implications for economic development because when

people die below the age of 70, they are losing years of productivity. It's going to be keeping the economy down, what we need to do as countries is to take health more seriously. We need to take healthcare more seriously by funding it adequately, as there is no such thing as free lunch. Healthcare funding also includes training more health workers and retaining more health workers, we must train more and we must retain more. We must be intentional about what we are doing, if you want to train for export, we can train for export but you cannot also neglect or ignore the health needs of the people. I think those will be my thoughts on the Nigerian system, I've addressed the disease questions. The health system question largely requires funding, health manpower production and retention and of course the technology, then providing a local base for manufacture of drugs and consumables.

*Sir, speaking of technology, that brings us to our next question. Innovation is transforming Healthcare. From your experience, how can the Nigerian Healthcare System Integrate new technologies? These days we have Telemedicine, AI, just to improve patient care, in your opinions sir?*

The first step, again, we go back to funding and one area that we are not funding is research. We have to fund research deliberately. If you fund research, then you'll be able to get innovative solutions because you can't get innovative solutions without research. You have resident doctors, when I was CMD, I think we used to have up to about 400, 500 resident doctors in this hospital alone. If you have them all over and each one of them has to conduct some study in their respective fields, I understand now they are providing some modest funds for them but if research is heavily funded, then all kinds of ideas can come up. The next stage is for us to be intentional about linking the gown and the town so that the products of research are translated into products. Products that can improve the health system, that next stage is also very critical but it has to be pushed by policy, by leadership and by political will.

*About your legacy, how would you like to be remembered for your contribution to the Nigerian healthcare system and beyond, Sir?*

That I played my role, and I played my role very well.

*The theme of this edition of MediPhil is Kaizen, Ethoes of Heroes. How does this resonate with you, Sir?*

To be honest with you, this whole exercise, I see it as an opportunity to encourage younger people or people coming behind so that they will see that it is doable and they will be encouraged. And like I said at the beginning, they will also imbibe the culture of delayed gratification, so they know that if they contribute, if they make all the efforts, at the end of the day they will be recognized. And that was why I accepted to take part in the interview.

*We've discussed your remarkable career. How do you maintain a work-life balance? and could you share some of your personal interests or hobbies, outside your vocational responsibilities sir?*

I read, and I read outside medicine. If you look at my shelf, you will see the Anatomy of Power, My Watch, End of Poverty, Why Nations Fail. And then, of course, you will see some autobiographies of some leaders, you will see the one by Professor Adetokunbo Lucas. I'm sure you still read the Short Textbook of preventive medicine by Lucas & Gilles. Lucas was not a British person, he was a Nigerian, he's dead now. So reading is one of my hobbies. I can't do without books and then I play table tennis. I tried playing lawn tennis, but I found out that I can't keep up with the pace again. Maybe I'm getting younger.

*Any parting words for our readers in this Magazine, Sir? What would you like to give us as a parting word, Sir?*

For my younger colleagues, I want them to be disciplined, focused, and intentional about their objectives in life. And then, of course, to know that if you have defined objectives and you pursue them, you will get your goals at the end of the day.





## COMMITTEE ON ACADEMIC ACTIVITIES

# STACK REFORM 2024:

ADVANCING NIGERIA'S HEALTHCARE TECHNOLOGY LANDSCAPE

### A CONVERGENCE OF HEALTH-TECH LEADERS AND INNOVATORS

The 2024 STACK Reform Conference, held at the esteemed J.F. Ade Ajaii Auditorium, University of Lagos, on Saturday 30th November 2024, served as a premier platform for pioneering discussions in healthcare technology.

Hosted by the KB Klub, College of Medicine, University of Lagos, this year's theme, "Fast Forward – Nigeria's Giant Leap into the Future of Healthcare," emphasized the transformative potential of technology-driven healthcare solutions and cross-sector collaboration in Nigeria.

### ENDORSEMENT FROM THE LAGOS STATE MINISTRY OF HEALTH

STACK Reform 2024 received official endorsement from the Lagos State Ministry of Health (LSMOH), affirming its significance in advancing Nigeria's healthcare agenda.

This endorsement shows the government's commitment in driving the digital transformation in healthcare and enhancing strategic partnerships between academia, industry, and policymakers.

### INSIGHTFUL KEYNOTE SPEECHES AND PANEL DISCUSSIONS

STACK Reform 2024 featured distinguished speakers who provided critical insights into the evolving healthcare ecosystem. Attendees engaged in thought-provoking discussions on digital transformation, universal health

coverage, and the intersection of technology and medicine.

#### KEYNOTE SPEAKERS:

- Dr. Leke Ojewale, Senior Technical Adviser, Federal Ministry of Health – Empowering the Future of Nigeria's Healthcare: Building Innovative and Resilient Systems.
- Dr. Olatokunbo Alli, MD, Leadway Health – Universal Health Coverage: The Role of Technology.
- Dr. Damilola Adeyemi-Levit, Chief Investment Officer, HealthCap Africa – Healthcare's Moonshot: How Startups Will Shape the Future.

#### PANEL SESSION: Overcoming Barriers to Technological Integration in Healthcare

Moderated by Mr. Ernesto Dibia, the panel discussion featured leading experts exploring solutions for policy modernization, investment strategies, and infrastructure enhancement.

#### Panelists:

- Dr. John Dada, CTO, Curacel.ai
- Mr. Jude Chikezie, Vice President, AfriHealth
- Mr. Adedamola Oloko, Head of Innovation, AXA Mansard
- Mr. Peter Osuji, Head of IT, Evercare

### ACADEMIC EXCELLENCE AND COMPETITIONS

STACK Reform 2024 recognized outstanding academic and intellectual achievements through competitive initiatives supported by industry stakeholders.

## NORTHWEST PETROLEUM SECONDARY SCHOOL SPEECH COMPETITION

**Sponsor:** Northwest Petroleum and Gas

- **Theme:** "The Future is Now: How Technology Will Shape Healthcare in the Next Decade."
- **Participants:** Students from six top secondary schools, including Queen's College and CMS Grammar School.
- **Winners:**
  - **1st Place:** CMS Grammar School (Laptop + Vice-Chancellor-for-a-Day Experience)
  - **2nd Place:** Queen's College (Tablet Award)
  - **3rd Place:** International School Lagos (Cash Prize Sponsored by Dr. Leke Ojewale)

## LATE PROFESSOR AYODEJI FEMI-PEARSE ESSAY COMPETITION

**Sponsor:** The Femi-Pearse Family

- **Theme:** "The Role of Technology in Bridging Nigeria's Doctor-to-Patient Ratio."
- **Entries:** Over 480 submissions from university students nationwide.
- **Winners:**
  - **1st Place (₦500,000):** Cynthia Clement, Federal University Dutse
  - **2nd Place (₦300,000):** Tovishede Ayobami, University of Lagos
  - **3rd Place (₦200,000):** Osunwa Lilian, University of Ibadan

## PROFESSOR OLADAPO ASHIRU AWARD FOR ACADEMIC EXCELLENCE

**Sponsor:** Professor Oladapo Ashiru, Grand Patron and Founder, KB Klub

- **Recipients:**
  - Mr. Greatman Nwachukwu
  - Ms. Barbara Betiku
- **Scholarship Award: ₦200,000**



## STACK HEALTH-TECH EXPO: A HUB FOR INNOVATION AND INVESTMENT

The STACK Health-Tech Expo provided a platform for emerging health-tech startups to showcase disruptive solutions. Notable exhibitors included BoolByte, Tangent, and Code Red. The expo facilitated networking opportunities with investors such as CloudPlexo, NitHub, and Sinbol Group, enabling startups to pitch their solutions for potential funding and expansion.

## INTERACTIVE WORKSHOPS: EQUIPPING THE NEXT GENERATION

The STACK Workshops delivered practical, skill-based learning experiences, fostering innovation at the intersection of healthcare and technology.

### Workshops Included:

- **NitHub:** Introduction to Coding for Healthcare Applications.
- **BoolByte:** Understanding Healthcare Data Standards and Interoperability.
- **D'BusinessDoctor:** The Business of Healthcare





## RECOGNIZING OUR SPONSORS AND PARTNERS

The success of STACK Reform 2024 was made possible by the generous contributions of corporate and institutional sponsors:

**Platinum Sponsor:** Northwest Petroleum and Gas

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**Silver Sponsors:** EHA Clinics, Sinbol Group, Heala Tech, BooByte

**Media Partners:** UNILAG Radio, TechUncode, Africa Tech Radio

**Wellness Partner:** Emergency Response Africa

**Official Partners:** UNILAG, Leadway Health, Toastmasters International, FinTechNGR, EfficoAI

## STACK REFORM IN THE MEDIA & PUBLIC ENGAGEMENT

The conference received significant media coverage and digital engagement. Through strategic partnerships with UNILAG Radio, TechUncode, and Africa Tech Radio, the event reached a broader audience. The #STACKReform2024 hashtag trended on social media, amplifying discussions beyond the venue.

The STACK Substack Newsletter, launched as part of a digital engagement strategy, attracted over 3,000 subscribers, reinforcing the conference's role as a thought leader in health-tech.

## LOOKING AHEAD: STACK REFORM 2025

With STACK Reform 2024 successfully concluded, preparations are already underway for a more expansive 2025 edition. Future initiatives include:

- Scaling the Health-Tech Expo to attract international exhibitors and investors.
- Expanding mentorship and skill-building programs for students and young professionals.
- Strengthening policy advocacy efforts to drive legislative reforms in digital healthcare.

STACK Reform has evolved into a dynamic community of innovators shaping the future of healthcare. The initiative will continue through monthly #STACK Sessions and strategic collaborations.

## CONCLUSION

As Nigeria positions itself at the forefront of healthcare technology, STACK Reform remains a catalyst for transformative change. With a strong foundation in research, innovation, and policy engagement, the conference continues to foster a robust ecosystem that bridges academia, industry, and government.

To all our sponsors, partners, speakers, and attendees—thank you for your contributions to STACK Reform 2024. The journey toward a tech-driven healthcare revolution continues!

**OLOMIYETE AYOBAMI**

- KB Viceroy





EXCLUSIVE INTERVIEW WITH THE COMMISSIONER OF HEALTH, LAGOS STATE

# PROFESSOR AKIN ABAYOMI (OON)

MBBS (LONDON), MRCP (UK), FCPATH HAEM (SA), MPHIL (UP), FRCP(EDIN) PHD

**Professor Akin Emmanuel Abayomi** is the Honourable Commissioner for Health in Lagos State, Nigeria, currently serving his second four-year term under Governor Babajide Sanwo-Olu. A specialist in internal medicine, haematology, biosecurity, and environmental health, he earned his medical degree from the University of London and holds fellowships from both the Royal College of Medicine and the Royal College of Pathologists in the United Kingdom, as well as the College of Medicine of South Africa. He also obtained a Master's in Environmental Ecology from the University of Pretoria, South Africa.

Throughout his extensive career, Professor Abayomi has worked across various regions, including the UK, Nigeria, the Middle East, the West Indies, Zimbabwe, and South Africa, gaining diverse experience in disease patterns within internal medicine and haematology. Before his current role, he was a Professor of Medicine at the Nigerian Institute of Medical Research in Lagos and served as the Chief Pathologist and Head of the Division of Haematology at the University of Stellenbosch's Faculty of Medicine Science in Cape Town, South Africa. He has published over 70 scientific peer-reviewed articles and book chapters.

In recognition of his contributions, Professor Abayomi was conferred the **National Productivity Order of Merit (NPOM)** and the **Officer of the Order of the Niger (OON)** by the President of Nigeria, acknowledging his excellence in medicine and his pivotal role in managing the COVID-19 pandemic in Lagos State.

*Can you tell us about your background, including where you're from, your educational journey, and the key moments that shaped your career?*

My name is Akin Abayomi, and I hail from Lagos Island, specifically Ward B1 on Church Street. My family has deep roots in Lagos, with extensions into Surulere. Historically, families from Lagos Island also had farmland in Surulere, and that legacy remains evident in landmarks like Abayomi Street, Anjorin Street, and others. Interestingly, the site of the College of Medicine in Idi-Araba is part of my ancestral land—perhaps they owe me some rent!

I was born in Lagos but spent only a few early years there before my father, an agriculturist, was posted to Ibadan to work at Moor Plantation under the Ministry of Agriculture and Natural Resources. My primary education was at Maryhill Convent School in Ibadan, after which I returned to Lagos for secondary school at King's College. For my medical studies, I went to the

University of London in the UK, where I also completed my first postgraduate degree in internal medicine at the Royal College of Physicians.

After returning to Nigeria for my National Youth Service Corps (NYSC), I further specialized at the University College Hospital (UCH), Ibadan, focusing on hematology. Subsequently, I worked in the UK, Middle East (Saudi Arabia), Zimbabwe, and South Africa. While in South Africa, I completed another postgraduate degree at the College of Pathology, specializing in hematology and oncology. Additionally, I undertook a fellowship in bone marrow transplant and pursued a master's degree in environmental ecology, which paved the way for my focus on biosecurity and environmental health.

## - Key Influences on My Career Path

Studying medicine was the foundation of my career, but the need to specialize soon became apparent. I initially explored various fields within internal medicine, such as cardiology,

respiratory health, endocrinology, haematology, and immunology. During this period, I developed a strong interest in haematology and the immune system, which led me to sub-specialize in haematopathology, clinical haematology, and haemato-oncology.

Over time, I discovered a passion for environmental health and began linking it to human health. This interest intersected with the emergence of zoonotic diseases such as cholera, Ebola, and, more recently, COVID-19. My work evolved to focus on the science of "One Health," which emphasizes the interconnectedness of human, animal, and environmental health. Understanding how pathogens can transfer from the environment to humans has been pivotal in my career, especially in the face of the growing frequency of zoonotic outbreaks caused by human-environment interactions.

Today, my work centers on biosecurity and addressing the challenges posed by these environmental health issues.

***You've spoken extensively about your expertise in healthcare and your remarkable career journey. Can you tell us about the mentors and influences that shaped your path?***

Growing up, I excelled in the sciences, and in Nigeria, that often means you're encouraged to pursue a career in one of the medical disciplines—medicine, dentistry, or veterinary medicine. My family also has a strong lineage of doctors, so it felt natural to follow that path.

Throughout my career, I've encountered many inspiring individuals who have shaped my journey. During my time in the UK, the Middle East, and back in Nigeria, particularly at the University of Ibadan, I was exposed to outstanding leaders in the medical field. Ibadan, with its rich academic culture, fostered my curiosity and passion for research. It encouraged me to question everything—why things happen, how they connect—and this inquisitive approach became a defining trait in my career. That environment sparked my realization that I had an academic mind and an innate ability to teach. These qualities drew me to academia, where research and knowledge-sharing became central to my work. Once you immerse yourself in academia, it's hard to imagine being solely a practitioner. The dynamic atmosphere of inquiry and discovery is so stimulating compared to routine clinical practice. At my core, I'm an academic and a teacher, always eager to push the frontiers of medicine.

***Having worked across four continents and eight countries, what motivated you to take your expertise global? How have these diverse experiences influenced your role as a commissioner?***

Two things come to mind. First, I have a natural sense of adventure. I enjoy exploring different regions, understanding their cultures, and examining unique disease patterns. Unlike

those who prefer to stay in one place and build their careers, I've always been drawn to new environments. While some argue that moving around can dilute academic focus, I found that my approach allowed me to build deep, meaningful roots in each location. For instance, I spent 14 years in England, 5 years in Nigeria, 10–12 years in the Caribbean, and another 12 years in Southern Africa. These extended stays gave me the time to truly understand and influence each environment.

The second factor was my choice of specialization. Hematology-oncology is a rare discipline, and there's always demand for expertise in this field globally. This made it easier for me to relocate while ensuring I could contribute meaningfully wherever I went.

These global experiences have profoundly shaped my work as a commissioner. Traveling the world allowed me to observe how different regions tackle similar problems. When I returned to Lagos, I could draw on these insights, blending global best practices with locally tailored solutions. For example, I could look at a challenge in Lagos and think, "How did they address this in the Caribbean, the Middle East, or the UK?" This global perspective has been invaluable in crafting innovative and effective solutions for our local context.



*What inspired your transition from healthcare to public office? How did you navigate that shift, and do you see yourself pursuing higher political positions in the future?*

The transition was somewhat accidental. I was deeply involved in academia but often found myself engaging with policymakers. Whenever there was a healthcare crisis — whether in the Caribbean, Nigeria, or West Africa — I'd reach out to offer academic insights and support.

This was the case in Lagos as well. The commissioner before me was a colleague from King's College, and we had a good rapport. During a particularly challenging period, I offered my assistance as an advisor and consultant. Eventually, when a transition occurred, I was asked if I'd consider stepping into the role. It was a big decision — I'd never envisioned myself in public office. But with encouragement from others who had



made similar transitions, I took the leap. It's been a fascinating journey, almost like going back to school. Public office requires an entirely different skill set — new ways of thinking, communicating, and problem-solving. It's been challenging, but I've embraced it, and I'm still standing!

As for higher political aspirations, I wasn't planning on answering that! (laughs) Honestly, after completing two terms as commissioner, I envision retiring to my farm and enjoying time with my family. However, if an opportunity arises where I believe I can serve the public good, and it aligns with my interests, I'd consider it.

*Before your appointment as commissioner, you were a professor at the Nigerian Institute of Medical Research and a principal investigator at the National Institute of Health. How did you handle the transition to this new role, and what challenges did you face?*



The transition was, in many ways, an extension of the previous question. While the shift was significant, I realized that politics isn't as foreign as we think. Politics, at its core, is about competing for resources, and this is something we all do throughout our lives—whether within our families, workplaces, or social circles.



In academia, there's also a form of politics—competing for grants, recognition, or opportunities. So, when I transitioned into public office, I reframed my perspective. I wasn't stepping into something completely unfamiliar; I was simply applying my skills to a new arena. Once I recognized that I'd been navigating politics all along, the adjustment became more manageable.

Public office has taught me invaluable lessons about leadership, negotiation, and collaboration. It's a challenging but rewarding space, and I've learned to embrace its complexities while staying true to my values as an academic and a technocrat.

*Thank you for your insights earlier. It has certainly given me a new perspective on politics. Could you share how your values and beliefs shape your approach to healthcare policy and leadership, especially in times of crisis?*

My values are fundamentally rooted in servitude. Spiritually, I see myself as a vessel, always ready to serve. I believe in making myself available for opportunities where I can contribute meaningfully.

This mindset has guided my journey, even during my academic years. My focus has always been on finding evidence-based solutions to indigenous medical challenges. For instance, I came of age during the HIV epidemic across Africa and the Caribbean, which shaped my early career. I specialized in hematology, studying bone marrow failure and malignancies such as lymphoma—key complications of HIV. This drive to solve prevailing medical issues naturally led me to broader concerns like biosecurity and emerging infectious diseases.

In my role as Commissioner for Health in Lagos, I see myself as the primary healthcare provider for over 30 million people. The responsibility extends beyond Lagos, influencing policies across Nigeria and Africa. It's a position of immense service —

I'm accessible to everyone, from policymakers to the person on the street who needs help.

However, my impact is most significant through policy formulation. Treating individual patients is fulfilling, but shaping policies that affect millions is even more powerful. Over the past six years in public service, I've seen a greater impact than in my decades in academia. When you're outside the policy sphere, you're constantly lobbying for change. But as a policymaker, you can take direct action, drawing from research and expert networks to craft effective policies.

Looking back, I sometimes wish I had transitioned into this role earlier. At 60, I feel the weight of time — I might have been a more energetic, aggressive technocratic politician had I made the switch 20 years ago. Now, I find myself a bit softer. But I remain committed to service, ensuring that my work leaves a lasting impact on healthcare systems.

*You've spoken about policy, its formation, and its impact. Now, can you tell us about the most pressing challenges facing public health in Nigeria today, particularly in Lagos? How can these challenges be addressed?*



One of the biggest challenges is human resources for health, followed closely by health financing. These two issues are interconnected. When healthcare is underfunded, the sector becomes less attractive for professionals.

Consider the career trajectory of a doctor compared to professionals in law, engineering, or architecture. Medical training takes longer, and by the time doctors start practicing, their peers in other fields are already well-established, working in comfortable offices and earning significantly more. This disparity discourages young people from pursuing careers in healthcare and contributes to the ongoing brain drain.

Health financing in Nigeria and across Africa is inadequate. While we aim to meet the Abuja Declaration's funding targets, the reality is that our tax-to-GDP ratio is low. Many people work in the informal sector, making tax collection difficult. As a result, government revenue is limited, and healthcare competes with other pressing needs like education, infrastructure and security.

education, infrastructure, and security.

This leads to a situation where the health sector receives far less than what is realistically required. If you asked me for an ideal budget as a commissioner, it would be five to ten times what is currently allocated. In developed countries, not only is healthcare better funded, but there is also significant investment in medical research. In contrast, here, health is often seen as a social service rather than a key driver of economic growth.

To address this, we must integrate healthcare into the mainstream economy. A well-funded health sector will attract investment and make the profession more appealing — not just as a humanitarian calling, but as a viable and rewarding career. If doctors and healthcare professionals are compensated competitively, they will be less inclined to leave the country in search of better opportunities.

The government is also working on another crucial aspect — scaling up medical training. Lagos State is committed to exponentially increasing the number of healthcare professionals trained each year. Instead of producing just 100 to 200 medical graduates annually, we aim to train thousands. By improving working conditions and training capacity, we can not only slow down the brain drain but also create an environment where those who have left may consider returning.



*Looking ahead, what is your vision for the future of healthcare in Lagos and Nigeria? What initiative are you most passionate about?*

This administration is deeply committed to positioning Lagos as a leading hub for medical training, expertise, and healthcare delivery on the African continent. Our vision is to make Lagos the number one destination for medical tourism while ensuring that our citizens have equitable access to high-quality healthcare.

Achieving universal healthcare coverage is a key priority. This means that regardless of one's social or economic status, everyone should have access to essential health services. At the same time, we recognize that Lagos is the commercial

capital of West Africa, if not sub-Saharan Africa, and healthcare must be part of that economic equation.

Our goal is for Lagos to be known as the city where no medical specialty or sub-specialty is beyond reach. Instead of Nigerians seeking advanced treatments in Dubai, India, or the UK, they should be able to say, "I can get that done in Lagos." Additionally, we want to attract patients from neighboring countries — Ghana, Togo, Benin, Niger, and Cameroon — who will come to Lagos for high-quality medical care.

Ultimately, our ambition is to integrate healthcare as a major contributor to the state's GDP, making it a thriving sector that benefits both residents and the economy.



*In 2022, former President Muhammadu Buhari honored you with the National Productivity Order of Merit. How did it feel to have your contributions to healthcare recognized at the national level, and what does this recognition mean to you?*

That recognition was not just about me — it was a testament to the collective efforts of the entire health sector in Lagos during the COVID-19 pandemic. I just happened to be the head of the team at the time, but I accepted the award on behalf of the dedicated professionals who worked tirelessly to keep Lagos safe.

During the pandemic, we had a clear responsibility: to protect not only lives but also the economy of Lagos. In government, maintaining economic stability is a core function, and health plays a crucial role in that. If a population is not healthy, productivity declines, and the economy suffers. Our strategy was not only to contain the virus but to ensure that Lagos' economic trajectory remained on course.

We even found a way to turn the crisis into an opportunity — what I call the COVID economy. Instead of allowing the pandemic to cripple us, we adapted, innovated, and kept Lagos moving forward. As the saying goes, "If life gives you lemons, make lemonade." We were handed a global crisis, but we used it as a catalyst to strengthen our healthcare systems and build resilience for the future.



*You've held positions that many aspiring medical students dream of. What advice would you give them to help shape their careers?*

One of the most important things is to stay focused. As young people, there are so many distractions — business, social media, the allure of becoming an influencer. But if you've chosen medicine, then focus on it. Medicine is a demanding discipline, but find your niche and stay the course.

You don't necessarily have to practice medicine in a hospital setting, but your medical degree is a powerful tool that can open many doors. The key is to develop expertise, because when you have valuable skills, people will seek you out. The sooner you build those skills, the more impact you can make.

I always ask accomplished professionals how they became great at what they do, and the answer is always the same: focus. If you don't like what you're doing, then change paths — but whenever you do, commit fully. Otherwise, you risk becoming a jack of all trades and a master of none.

*In such a demanding career, how do you find balance and make time for family and personal interests?*

Unfortunately, there is no leisure time in politics. When you take on a role like this, you give your life to the people. There's no time for yourself, your family, or personal hobbies — it's a huge sacrifice. Your loved ones have to accept that, at least, for the time you're in office.

Governance is relentless. Every day presents a new challenge in the health sector. There's no Saturday, no Sunday — just work, from morning to night. If you value personal time, then governance might not be for you. But it's a phase. You serve, you give your all, and when the time comes, you can step away. While you're in it, though, there's no half-measure — it demands full commitment.

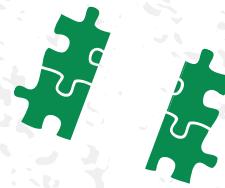
*Do you have any parting words or final reflections for our readers?*

One of Africa's biggest challenges is the trust deficit in governance. And to be fair, people have reasons to feel that way — many have felt let down by politicians and policymakers. But I believe we are moving into a new era.

In Lagos, I have worked under two administrations and seen first-hand their commitment to the people. Sitting in cabinet meetings every week, I can tell you that the real purpose behind every discussion is to serve Lagosians.

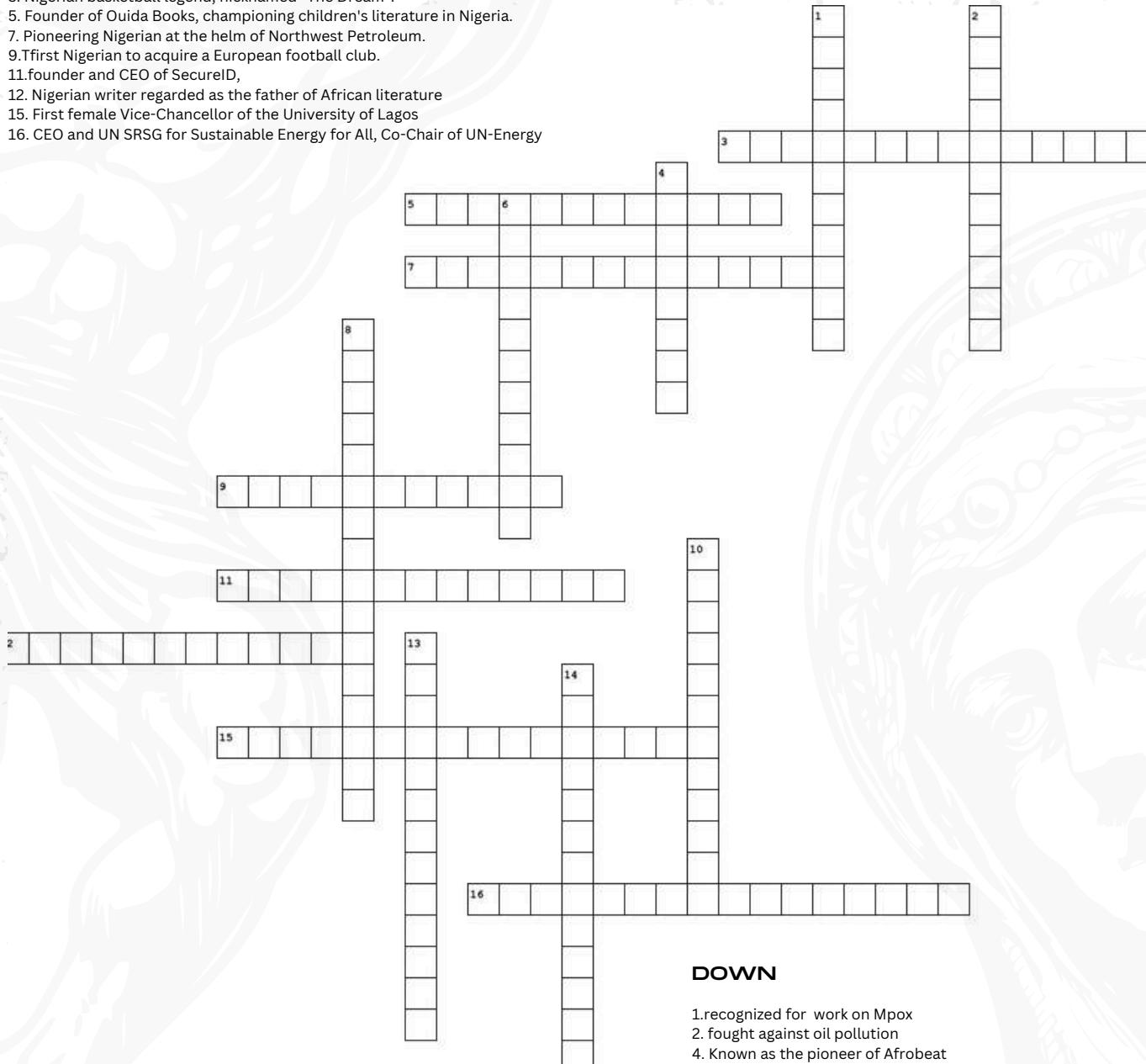
Under Governor Babajide Olusola Sanwo-Olu's leadership, there is a clear mission to make Lagos a model of governance across Africa. This administration is working tirelessly to improve lives, and I encourage Lagosians to trust in the process. This government truly has the best interests of the people at heart.

# ETHOS OF EXCELLENCE: MAPPING THE LIVES OF HEROES



## ACROSS

3. Nigerian basketball legend, nicknamed "The Dream".
5. Founder of Ouida Books, championing children's literature in Nigeria.
7. Pioneering Nigerian at the helm of Northwest Petroleum.
9. First Nigerian to acquire a European football club.
11. founder and CEO of SecureID,
12. Nigerian writer regarded as the father of African literature
15. First female Vice-Chancellor of the University of Lagos
16. CEO and UN SRSG for Sustainable Energy for All, Co-Chair of UN-Energy



## DOWN

1. recognized for work on Mpox
2. fought against oil pollution
4. Known as the pioneer of Afrobeat
6. Most Outstanding COVID-19 State Health Commissioner
8. First African CEO of the Climate Investment Funds
10. First Nigerian to win Olympic gold in 1996
13. appointed Professor of Medicine at 32
14. holds record for hitting ₦1 billion at the Nigerian box office in three weeks.

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# LIFE KBITE SPOTLIGHT



## LIFE KBITE DR HABEEBU MUHAMMAD

Chief Clinical Coordinator, NSIA-LUTH Cancer

Centre

In the annals of the College of Medicine, certain individuals leave an indelible mark. Dr. Habeebu Muhammad, an alumnus and distinguished Life Kbite, stands tall among them. His journey through medical school, illustrious career, and unwavering commitment to excellence resonate as a source of inspiration for all. Dr. Muhammad's journey began at the College of Medicine, where he graduated in 1996. Reflecting on his student years, he fondly recalls joining the KB Klub in 1994 and progressing to the esteemed role of Viceroy during his time.

"The induction was unforgettable," he reminisces, describing the blend of apprehension and camaraderie that defined the experience. The KB Klub, known for its exclusivity and prestige, played a pivotal role in shaping its members. Dr. Muhammad recalls memorable parties with notable patrons such as Chief Obagun and Professor Ashiru, as well as organizing science quiz competitions for secondary schools—events that underscored the club's commitment to excellence.

"KB Klub was the club to be," he asserts. "Its members were seen as special, and the positive influence of the Klub continues to manifest in the exceptional accomplishments of its alumni."

After graduating, Dr. Muhammad's path was marked by perseverance and excellence. His housemanship at Lagos University Teaching Hospital (LUTH) was a competitive feat, reflecting his determination to excel. This was followed by a year of service in Sokoto State, where he worked at the Women and Children Hospital. Opting for a career in Clinical Radiation Oncology, he began his residency in 2000, eventually achieving his part II qualifications and returning to LUTH as a consultant. His tenure at LUTH saw him rise to the position of Head of the Department of Radiation Oncology in 2016.

Dr. Muhammad's leadership has been transformative. Faced with dilapidated radiation machines, he took the initiative to oversee the repair,

ensuring the only functional radiotherapy machine in the country operated seamlessly for two years. This proactive approach caught the attention of influential figures, catalyzing the establishment of the NSIA-LUTH Cancer Center. Today, the center stands as the largest in West Africa, equipped with cutting-edge technology, including AI-driven treatment planning and advanced linear accelerators. Since its inauguration in 2019, the center has treated over 12,000 patients, surpassing the combined efforts of other centers in the region.

Beyond patient care, the center is a beacon of research, training, and innovation. It has pioneered clinical trials in the region and serves as a hub for postgraduate training in oncology, radiography, and medical physics. "We're not just treating patients," Dr. Muhammad emphasizes. "We're empowering other centers and raising the standard of cancer care in Nigeria."

His dedication extends to ensuring accessibility through initiatives like the NISP sponsorship policy, which subsidizes treatment for indigent patients. Under his stewardship, the center's vision continues to expand, with plans for a PET scan facility to further enhance diagnostic and treatment capabilities.

Dr. Muhammad's advice to Kbites is simple yet profound: "Be committed. Hard work, done intelligently, pays off. While the lure of 'japa' may seem attractive, there's immense value in building yourself wherever you are. Seek mentors, remain focused, and never stop striving."

For Dr. Habeebu Muhammad, the journey from a determined medical student to a trailblazer in oncology exemplifies the essence of a Life Kbite: excellence, resilience, and a commitment to uplifting others. As he continues to revolutionize cancer care, his legacy inspires a new generation to dream bigger and reach even greater heights.

KB KB!



# THE ROLE OF TECHNOLOGY IN BRIDGING NIGERIA'S DOCTOR TO PATIENT RATIO

An Essay by Cynthia Clement, Winner, Late Professor Ayodeji Femi-Pearse Essay Competition

In Nigeria today, a migration fever has contaminated the atmosphere, the "Japa wave", which has affected mostly the educated class of Nigerians. Arguably, topping the list of migrating professionals are doctors, not just young doctors, but also doctors who have attained the peak of their careers. This wave is exacerbating an already established concern in our health care system; the ever-widening gap between doctors and patients.

Growing up in a rural environment where our primary health care center got inconsistent weekly visits from the doctor, I experienced firsthand how overburdened the doctor was. I watched people suffer because he could not attend to everyone, and this lit a fire in me. *How can we fix this? Can technology be the bridge?*

## THE DOCTOR-PATIENT CRISIS IN NIGERIA

According to recent statistics, the doctor-patient ratio in Nigeria stands at an alarming 1:9083, far from the recommended World Health Organization 1:600 ratio [1]. This disparity is not just alarming, it is a death sentence for many. Not only are the patients affected, but this shortage forces doctors also to extend their work hours to unsustainable levels causing burnout. The danger of a tired doctor cannot be overemphasized. This crisis is more significant in rural areas with communities relying on a handful of overworked doctors, if any.

The exodus of doctors from the country and those switching career paths are currently the biggest factors in this ever-widening gap. Many of them, faced with low wages, poor working conditions and a lack of resources have opted to seek greener pastures in countries with better healthcare infrastructures. It has become commonplace to see advertisements for residency programs not requiring primaries to be admitted. Few years ago, gaining entrance into residency programs was no mean feat, but the story has changed.

## THE ROLE OF TECHNOLOGY

Succinctly put, the Nigerian healthcare system is in crisis. The Doctors-patient ratio is worsening as the days go by and the issue appears like an insurmountable task. But in this dark cloud, there is a silver lining: Technology. While waiting for the government to put its acts together, technology can help us paper over the cracks.

Technology is really not just about some futuristic robots we see in scientific fiction or advanced AI systems; it can be as basic as possible which is very important especially relating to Nigeria. While the richness of Nigeria is a contentious topic, it is without doubt that financial resources available for healthcare is limited and we need to initially focus on realistic, low budget solutions that can make an immediate impact.

Starting with is Telemedicine which has gained momentum in recent years. This allows a doctor to consult with patients virtually using a smartphone or computer, thereby reducing the need for in-person visits. A patient in Kafanchan can easily communicate with a specialist in faraway Lagos. My town primary healthcare center would not have to depend on just that one doctor that comes weekly and this could mean the difference between life and death. Also, telemedicine can evolve beyond just video appointment, it can encompass remote tracking, virtual post-visits check-ins, mental health sessions and electronic prescription issuance. NigComHealth, Nigerian government first telemedicine platform launched in 2023 is part of other initiatives that are utilizing the power of telecommunication to connect patients to doctors.

The next realistic approach will be the use of mobile health applications. According to a 2023 report, there are 122.5 million internet users in Nigeria. The implication of this is that many Nigerians possess a smartphone which can contain health applications that will provide them with valuable health information, remind them of appointments and drug schedules and even monitor chronic conditions like hypertension and diabetes. These apps can be used alongside remote monitoring devices such as digital sphygmomanometer, glucometer etc. This remote monitoring system will allow patients to keep track of their health condition and avoid frequent visit to the doctors, hence reducing the burden on doctors.

In order to ease the workload on doctors further, E-learning platform for medical professionals can prove very useful. This will create an avenue for other healthcare workers to upskill and increase their functionality. Doctors must be ready to concede some duties to other health workers and use this E-Learning platforms to teach them properly. It can vary from certificate awarding programs to simply uploading tutorial videos on YouTube.

Moving on to Mid-budget technological solutions, Electronic Health Records are one such solutions. Patient records are still being kept manually in many hospitals in Nigeria. Introduction of HER will allow Doctors access patient's medical history faster, spend more time with patients, rather than administrative tasks and allow for better and faster decision making. Furthermore, with this and utilizing big data, healthcare providers can analyze data to predict health trends, identify high-risk populations and allocate resources more effectively.

The age of drones has arrived, and autonomous flying is becoming a reality. Medical drones could deliver medications and supplies to patients being cared for in the home instead of a hospital-based setting, as more outpatient care is a feasible solution to reducing the burden on Doctors. It also has the potential to revolutionize the delivery of essential medication to remote areas. We can emulate Rwanda where Zipline is leading the charge.

Should we just dwell on low and mid budget solutions and ignore the potentials of cutting-edge technology? No! Although Nigeria may not have the financial capacity to jump into advanced AI or robotics just yet, we must keep an eye of futuristic solutions. Starting with the use of Artificial Intelligence (AI), which is currently the new bride of the tech world. AI powered systems can help analyze patient data and medical images and offer quicker diagnosis which will enable doctors focus on more complex cases. Not just that, it can also assist in treatment plans and AI-powered chatbots giving free medical advice thereby lifting so much burden from doctors. Furthermore, Robotic surgeries will be a game changer. These robots with their ability for precise and minimally invasive surgeries can reduce the workload on surgeons, attend to more patients faster and it also reduces recovery time for the patient.

Utilizing these technological solutions to bridge the Nigeria's doctor-to-patient ratio is fraught with several challenges which hinders the full realization of its potential. These challenges include limited infrastructure, poor internet, unreliable electricity, inadequate mobile network coverage, high cost of technology, lack of digital literacy to effectively use these tools, regulatory and legal barriers. There are also data security and privacy concerns, healthcare professionals resisting the change due to skepticism, patients preferring face-to-face consultations, lack of skilled manpower, integration issues and lastly, poor government support.

## THE ROLE OF TECHNOLOGY

It is pertinent that these challenges are resolved so as to provide better and widespread healthcare to Nigerians and to also relieve the massive burden on doctors. Starting with, the Government as the anchorage of the ship must have the political will to tackle these challenges. There should be massive investment in internet connection, expanding high speed internet to rural areas and increasing mobile coverage. Partnerships with tech firms should be made to provide cloud based HER systems and mobile health platforms. The fluctuating power supply should be addressed, investments in renewable energy sources will go a long way especially in rural areas.

There should be deliberate efforts towards subsidizing technology costs, for example, cost of clearing such tools at the ports should be highly subsidized. Capacity building for health workers should be prioritized, encouraging them to utilize the E-Learning platforms and incentivizing them adequately. There should also be public awareness to educate the masses on how to use health applications and other platforms and tools.

Investing in home grown technology should also be encouraged because they prove cost effective on the long run and it will stimulate innovation. Public-Private Partnerships and subsidized loans will prove useful in funding these local innovations.

Lastly, a National Health technology strategy should be formulated. It should include clear policies, investment plans, partnership plans and regulatory plans.

**The doctor-patient ratio in Nigeria may seem like an overwhelming challenge, but technology offers hope. Through low-budget, mid-budget and futuristic solutions, we can bridge the gap. As we look to the future, we must remain focused on practical, scalable solutions that can make a real difference in the lives of everyday Nigerians. Technology may not be a cure-all, but it is a powerful tool, one that I, and many others like me, believe can transform our healthcare system for the better.**



# COSA

## COMMITTEE ON SOCIAL ACTIVITIES

### 2024 REPORT

COSA undertook some very important tasks this year and I am proud to say we did record great successes in the face of challenges. COSA is saddled with the responsibility of ensuring that the Klub is well represented publicly and ensure good publicity for all our events.

This was successfully executed through the hard work and creativity of everyone, especially my secretary, Kbite Thanni, who ensured that all publicity materials were uploaded on time. We recorded an increase in followers on all of our social media platforms which includes our newly opened TikTok page.

Bonding of Kbites was also not overlooked this past year. Kbites gathered on numerous occasions to laugh, talk, and enjoy each other's company. The brotherhood in togetherness is an essential part of what the KB Klub is about.

The committee's major events every year includes KB EXOTIC and KB ROYALE, and this year is no different. On the 20th of December 2024, Kbites and Jewels gathered together to celebrate the success of our major academic and philanthropic events.

Lumiere was a beautiful experience for both Kbites and jewels alike. The KB Royale themed Regalia took us back to a place we all call home, whispering palms. It was a really exciting experience to be back after about 4 years of not visiting the resort. Kbites and their jewels were treated to a great time including fine dining, sightseeing at the zoo and the museum, the pool and bonfire amongst many other things. The dinner also featured a novelty match with the staff of the resort but most importantly, the Klub saw the induction of 8 new members into the KB KLUB after a year of probation. It was a weekend of fun.

All the achievements of COSA would have been impossible without the commitment of every member of the Klub. I want to say a heartfelt thank you and I pray for continued growth of this great Klub.

**- Folly Oluwaremilekun Ekwe**  
KB Protocol/Chairman COSA



# MEET THE KBITES



**Madehin Mustapha**  
600L BDS  
Keebite (President)



**Olomiyete Ayobami**  
600L BDS  
KB Viceroy (Vice President)



**Onyegbula Covenant**  
400L Physiology  
KBrite (General Secretary)



**Dere Jibril**  
500L MBBS  
Kashbite (Financial Secretary)



**Folly Oluwaremilekun**  
600L BDS  
KB Protocol



**Oladipupo Paul**  
600L MBBS  
KB Editor (Editor-in-Chief)



**Abdulsalam Habeeb**  
400L MBBS  
KB Curator



**Salami Akorede**  
500L Physiotherapy



**Awadje Daniel**  
500L Physiotherapy



**Oloyede Sheriffdeen**  
500L MBBS

# MEET THE KBITES



**Thanni Abdulmajeed**  
500L BDS



**Odekunle Alim**  
500L Pharmacy



**Saliu Ayobami**  
400L Physiotherapy



**Yussuf Al-ameen**  
300L BDS



**Ejodamen Joshua**  
500L MBBS



**Imana Oluwaseun**  
300L MBBS



**Denapo Moses**  
300L MBBS



**Safiriyu Kamal**  
400L MBBS



**Unachukwu Henry**  
400I MBBS



# CIVIL RIGHTS ACTIVISM IN NIGERIA

Nigeria, the giant of Africa, has a long history replete with various cases of human rights activism. From the colonial era with the likes of Herbert Macaulay and Margaret Ekpo, to military rule heroes like Clement Nwankwo and Fela Kuti, to modern day democracy activists like Wole Soyinka and Aisha Yesufu, Nigerians have demonstrated resilience and a strong will to fight for fundamental human rights, social justice and equity in the face of injustice, corruption, and political oppression.

History reveals that the first instance of modern human rights movement in Nigeria happened in 1987, under the military rule of General Ibrahim Babangida. This iconic year witnessed the establishment of Civil Liberties Organization (CLO) — Nigeria's first formal civil rights organization. The organization was set up by a young and passionate lawyer, Clement Nwankwo, who was appalled by the number of inmates in Nigerian prisons that had been locked up without fair trial, and took it upon himself to defend their cases.

Another notable human rights movement in Nigeria was the 'Bring Back Our Girls' campaign that broke out on social media and in several states in the country following the abduction of about two hundred and seventy-six (276) secondary school girls in Chibok Village of Borno State. These protests gained international attention and even the then first lady of the United States of America, Michelle Obama helped to spread awareness about the kidnapping.

Perhaps the most popular of all modern day human rights activism in Nigeria is the 'End SARS' Protests of October 2020. This movement involved social media campaigns and nationwide protests against police brutality and the plea for the disbandment of the country's Special Anti-Robbery Squad (SARS). The protesters who were predominantly young

Nigerians carried placards throughout major cities in Nigeria and were led by activists and celebrities. The protest hashtag (#EndSars) was reported to have gathered over twenty-eight (28) million tweets on X, formerly Twitter.

The fight for human rights in Nigeria has evolved over the years, with modern times witnessing digital activism, the involvement of youth groups and the establishment of many non-governmental organizations (NGOs) to help plead the cause. These are some of the remarkable achievements of human rights activism over the years:

- **TRANSITION TO DEMOCRACY RULE IN 1999:** Nigeria transitioned from military rule to democracy following the death of General Sani Abacha in 1998, the last major military ruler. Activists like Wole Soyinka and Femi Falana were crucial in the establishment of this transition. Falana was a leading member in the Campaign for Democracy (CD) group and actively advocated for the end of military rule. Soyinka on the other hand, was a founding member of the National Democratic Coalition (NADECO) a group that campaigned for the military government of General Sani Abacha to step down for the democratic rule of M. K. O Abiola after the June 12 election.

- **ESTABLISHMENT OF THE NATIONAL HUMAN RIGHTS COMMISSION (NHRC) IN 1995:** The NHRC is an institution that protects human rights in Nigeria. It was established in 1995 through the advocacy efforts of Nigerian activists and civil society organizations. Since its inception, the NHRC has played a crucial role in educating the public on human rights, investigating human rights abuses, and advocating for policy reforms.

- **FREEDOM OF PRESS AND RELEASE OF DETAINED ACTIVISTS:** Human rights activists and journalists were repeatedly arrested and assaulted in the 1990s and early 2000s, but the recent involvement of local and international human rights activists has promoted free press in Nigeria and the release of the detained activists.

Despite the achievements of human rights activism in Nigeria over the years, there are still several constraints that impede its progress. Some of these key limitations include:

- **Inadequate funding and resources:** Majority of the human rights organizations in Nigeria are NGOs and, therefore, do not receive funding from the government. They are therefore posed with the challenge of soliciting for funds to carry out their advocacy programs. A lot of these organizations have limited access to funds and face significant financial challenges which limit their effectiveness.

- **Low levels of public awareness:** In Nigeria, human rights are usually treated with levity and nonchalance, therefore rights violation issues do not always receive widespread public attention and are not usually reported to the appropriate authorities. Because of this, many activists are unable to actively fight for human rights and achieve their goals.

In conclusion, civil rights activism in Nigeria has witnessed significant growth from the colonial period until now, and the prospects for further improvements are promising. We must continue to educate our people on their fundamental human rights and encourage them to speak up in cases of violations. As we continue to progress as a nation, we must ensure that the preservation of human rights and freedom remains a vital part of our values.



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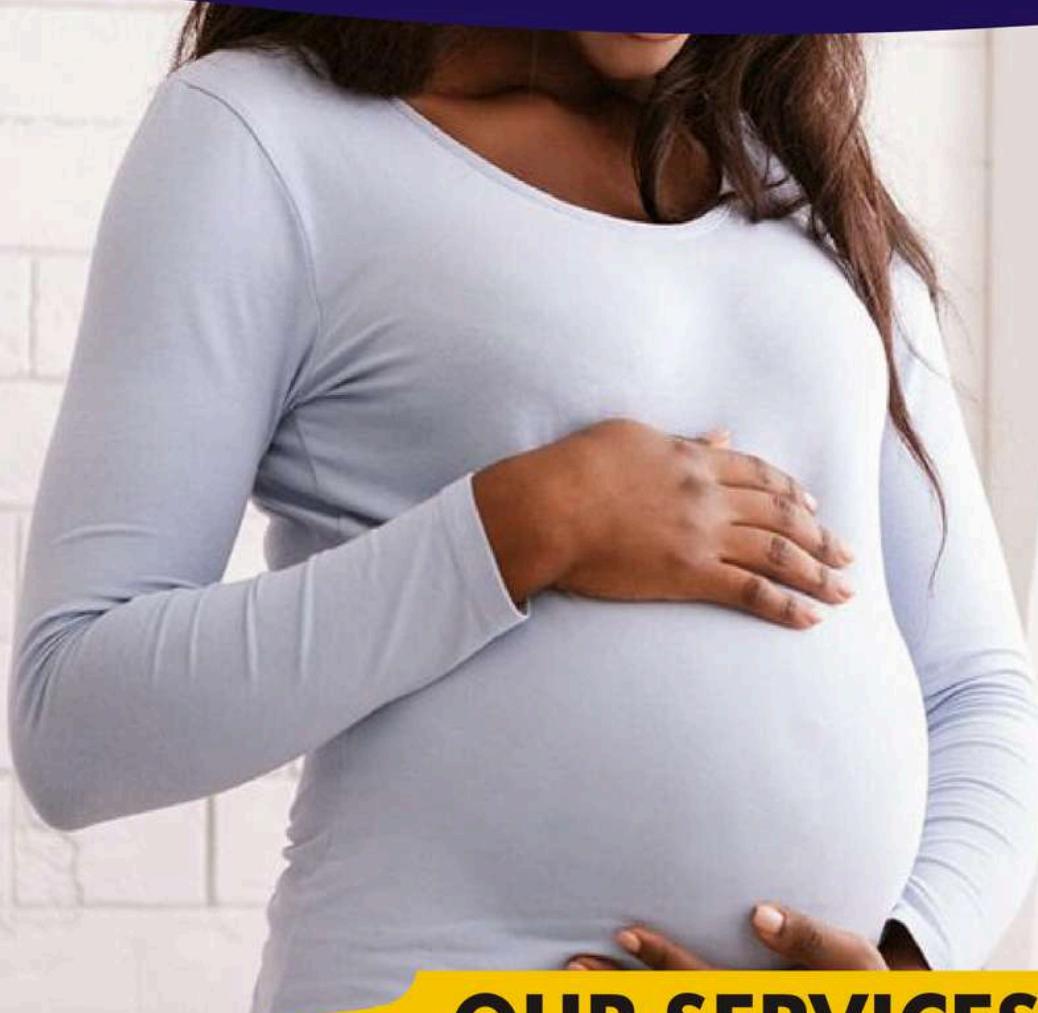
## PROF. AZEEZ BUTALI

Professor of Oral Pathology, Radiology, & Medicine, University of Iowa.

BDS (Lagos), PhD (Dundee), Postdoc Craniofacial Genetics (Iowa), Fellow AMSN, PECASE Award winner By Pres. Biden

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Donors during YPTGL



# FROM THE KEEBITE'S LIGHTHOUSE

**-MADEHIN, Oluwatosin Mustapha**  
**KEEBITE/PRESIDENT**

*"Success is no accident. It is hard work, perseverance, learning, studying, sacrifice, and most of all, love of what you are doing." — Pelé*

The 55th year of the KB KLUB was a truly remarkable year. It was a year that tested the grit, determination and courage of KBites. Through adapting to the inflation pressures of the country's economy and dealing with the reduction in our numbers, the KB KLUB rose to an occasion that was humongous and made it memorably pleasant. Over the past 5 decades, the KB KLUB as the foremost and exclusive sociophilanthropic organization of medical students in the College of Medicine, University of Lagos has remained committed to empowering communities, supporting individuals, propagating initiatives in awareness/advocacy and promoting positive action for better health outcomes.

Philanthropy, Academic Excellence and Social Empowerment - through the committed and collaborative effort of KBites, we kept true to our core ethos while advancing the United Nations Sustainable Development Goals in our mission towards empowering our communities.

The Committee On Philanthropic Activities embodied the principles of generosity and kindness, seeing us explore key issues in Nigeria and lending our voices, hearts and hands to ensure a change.

This year, Mental Health problems, as a troubling issue, carried a great deal of importance in our activities, and we devised several strategies, interventions and campaigns to address these problems and provide possible solutions. We started the year with the collaboration with Psych Aid Network Initiative (PaNi) owned by Dr. Uwaila-Olotu Oyekan, focused on Improving Mental Health and Curbing Substance Abuse amongst the Youth. We went on to establish appropriate partnerships with the Mentally Aware Nigeria Initiative (MANI) and this partnership formed a core part of our 55th Annual Philanthropic Day project - EVEN HEROES NEED SAVING where we provided free prostate cancer screening and mental health evaluation for members of the Armed Forces in Marda Barracks, Yaba.



Driven by a desire to make a greater impact, we hosted a webinar themed "The Struggle Within" focused on highlighting the challenges of medical school and how students could cope and thrive. This event held on ZOOM was adequately supported by the University of Lagos and attended by the Vice Chancellor, Prof. F. T Ogunsola, a representative of the Dean of Students Affairs, with Dr. Uwaila-Olotu Oyekan as our Keynote Speaker.

As the Keebite, I was also privileged to represent the KLUB by featuring in a Live X(formerly Twitter) Session to discuss what the KB KLUB has been doing in Mental Health Awareness and action for men, alongside Ms. Halima Layeni of the Life After Abuse Foundation. The focus we placed on Mental Health this year as a group of medical students was very informative and timely, and I am hopeful that this continues.

Following several incidents of sexual assault on female students in the campus, the KB KLUB charted new waters by hosting a 6-week long awareness campaign themed Kick Against Sexual Harassment (KASH) to improve awareness and promote good behavior towards women and men in our workplaces and campuses. With proper collaboration with student groups in the College, and a couple of Non-Governmental Organizations, we hosted 2 webinars and churned out many infographics, and videos to promote the aims and objectives of the campaign - to end harassment in campuses and workplaces.

Continuing the trend of advocacy and action for voluntary blood donation, the KLUB partnered with Lagos University Teaching Hospital and Lagos State Blood Transfusion Service to host awareness walks and drives to improve awareness and understanding of the need to donate blood voluntarily. I was also privileged to represent the KLUB in a feature on a Radio session on Doctors On Air to discuss the role of social media and intentional activism towards Voluntary Blood Donation with Dr. Pamela Ajayi, Dr. Bodunrin Osikomaiya, Executive Secretary, Lagos State Blood Transfusion Service and Prof. Titilope Adeyemo, Hematology and Blood Transfusion.

We continued and carried the umbrella of giving, ensuring to organize donations where we could help patients and improve the living conditions of the underprivileged. Awareness and Action are two important words to this committee and the KLUB and we remained dutiful in delivering. I extend huge congratulations to the KBrite, KBrite Onyegbula on his diligence and dedication to impact. Academic Excellence is one stand of the tripod that deeply forms our roots and existence. The KLUB hosted the largest, student-led HealthTech conference ever in Nigeria, the 5th Edition of the STACK REFORM conference, themed "FAST FORWARD: Nigeria's Giant Leap into the Future of Healthcare" hoping to spark conversations to improve healthcare access, quality, and delivery for Nigerians.

Surrounded by its unique hurdles, we endured, and ensured that this event lived up to its potential and promise. The mission was clear - to open the eyes of medical students, professionals and see how technology is changing the frontiers of healthcare delivery over the world. A unique approach to this event was the infusion of a new aspect called the STACK SESSIONS which brought industry experts to discuss how tech is providing solutions in their aspects of healthcare.

At STACK REFORM 2024, we hosted dignitaries from far and wide, while also rewarding winners of our competitions with the largest prizes ever recorded. It is important to note that we took a shot at ensuring that these discussions reached important leaders in Nigeria and we hit it.

Congratulations to The KB Viceroy, KBrite Olomiyete Ayobami on his ingenious approach to the project.

The Editorial Board in the year 2024 was magical creating, documenting and reporting events in ways that left us spellbound. In the year 2024, the Editorial Board released 3 KBnet Newsletters in order to update the Friends of the KLUB.

In a show of innovative brilliance and advancing with the times, a Substack page was rightly created for the KLUB. Harnessing the power of our vibrant community and email subscribers, we were able to promote news and information about the KLUB in a different way.

Following several plans to host a physical event to celebrate the launch of the MediPhil 2023 magazine, the KB KLUB launched the AVANCE magazine on June 7th, 2024 virtually on the ZOOM platform.

I am excited about MediPhil 2024 - Kaizen - a magazine that captures the brilliance, story and journey of amazing individuals. The work put in has been tremendous and it has come together beautifully. I look forward to the launch and I congratulate the KB Editor, KBrite Oladipupo on his vision and dedication.

The KB KLUB - a sociophilanthropic organization of the best version of men - we are very intentional about our social lives.

This year, despite the obvious inflation, we were committed to celebrating ourselves and taking a break from the bustle of our activities through bonding sessions. We also celebrated 7 newly-inducted LifeKBites into the Medical and Dental profession. We closed the year through our unique social events:

**KB EXOTIC:** Lumiere was hosted which enabled amazing camaraderie amongst KBites and jewels.

**KB ROYALE: REGALIA** was also hosted at the Whispering Palms Resort, Badagry, Lagos. This event saw KBites enjoy the rewards of their hard work. At KB ROYALE, the KLUB inducted 8 new KBites into the fold of the extraordinary league of gentlemen.

Congratulations to COSA and the KB Protocol, KBite Folly for being steadfast in their commitment to ensuring KBites remain happy.

Without funds management, a lot of these projects would be impossible and without maintenance, a number of things would be in disarray. For this, I extend appreciation and congratulations to the Kashbite, KBite Dere Jibril and the KB Curator, KBite Abdulsalam for being efficient and awesome with the fulfillment of their work.

To be in the KB KLUB is special. However, to lead the KB KLUB is divine - a privilege, and it has been a huge blessing for me. I thank God for His mercy, direction and grace in allowing us to dream and to achieve. I am also grateful to all Patrons, LifeKBites, and partners who remained committed and willing to support our every effort. I am proud and honored to have served alongside my brothers and I am grateful to every KBite for your support, service, brilliance and commitment. There is a standard, and it only gets better and higher from here.

KB KB!



# Life KBite Professor Azeez Butali

\* EXCLUSIVE INTERVIEW \*

BDS (LAGOS), PHD (DUNDEE), POSTDOC CRANIOFACIAL GENETICS (IOWA), CERT GENETICS & GENOMICS (STANFORD), FELLOW, ACADEMY OF MEDICINE SPECIALTIES OF NIGERIA.

## Mentorship, Medicine, and the Art of Giving

**P**rofessor Butali is a globally recognized expert in craniofacial genetics and an alumnus of the College of Medicine, University of Lagos. He is currently a professor at the University of Iowa. He has conducted numerous groundbreaking research in genetic causes of cleft lip and palates, impacting countless lives worldwide.

Professor Butali is not only an academic, he is a research trailblazer, and also a passionate mentor and philanthropist, dedicated to empowering the next generation of healthcare leaders. He is a proud Life Kbite. He embodies the essence of Kaizen through his relentless pursuit of excellence and service.

*Could you share insights into your upbringing in Lagos and what led you to pursue dentistry and genetic epidemiology? Were there any pivotal moments during your education at the University of Lagos that shaped your career path?*

I was born at Island Maternity Hospital in Lagos and spent my early years on the island before my family moved to Surulere. My educational journey began at 1004 Estate Nursery and Primary School before continuing at Atara Primary School in Surulere. I later attended Ijeshatedo Boys Secondary School and eventually gained admission to the University of Lagos for dentistry. Like many others, dentistry wasn't my first choice—I wanted to study medicine. However, my father encouraged me, reminding me that dentists are also doctors, and I embraced the opportunity with determination.

A defining moment in my early education came when I was asked to repeat a year in primary school due to my playful nature. My mother insisted I take the year again, but will now go to a new after school lesson with fewer distractions. That decision reshaped my focus and ambition. By secondary school, I began excelling academically, notably scoring 100/100 in integrated science—an unprecedented achievement that distinguished me as a top student. Even when we lacked a physics teacher in SS1 to SS3, I took the initiative to find one for the school, ensuring not only my success but that of my classmates.

This resourcefulness earned me an A1 in physics in WAEC.

At university, I maintained this drive for excellence. I excelled academically, earning distinctions in subjects like Microbiology, Parasitology, and Oral Biology, and began organizing tutorials for my classmates.

Alongside academics, I was deeply involved in extracurriculars: I held leadership roles in my hall, became KB Editor, and served as national secretary of the Dental Student Association (NADS).

PRESIDENTIAL EARLY CAREER AWARD FOR SCIENTISTS AND ENGINEERS (PECASE)  
AWARD WINNER BY PRES. JOE BIDEN



Recognizing its dormancy, I revitalized NADS, secured international registration through my sister's assistance and strengthened local dental associations across Nigeria.

One of my proudest achievements was transforming the Community Oral Dental Health (CODEH) program. Traditionally limited to schools and marketplaces,



I proposed expanding it to venues like the Trade Fair Complex. In 1999, we conducted a groundbreaking CODEH event at Tafawa Balewa Square, garnering attention from NTA. My 30-second interview led to Lever Brothers branding the initiative, which soon became a nationwide program and a significant income stream for NADS. These moments of leadership, innovation, and resilience defined my path in dentistry and later genetic epidemiology.

**What inspired your transition from clinical dentistry to craniofacial genetics, and why did you decide to focus specifically on genetic causes of craniofacial anomalies, especially within African populations?**

After graduating from dental school, I began my youth service at a General Hospital, where I encountered a child with a cleft lip and palate. It was the first time I had seen such a condition outside of theory, and the experience—engaging with the family, preparing the child for surgery, and passing the NG tube—left a profound impact on me. Later, while searching for graduate programs abroad, I initially sought a Master's in Public Health but found the costs prohibitive. A friend suggested Scotland, where I discovered a PhD opportunity focused on maternal lifestyle and nutrition in the etiology of cleft lip and palate. Inspired by my earlier experience, I submitted a heartfelt proposal emphasizing my commitment to training others and advocating for cleft care. Those statements won me the position.

Initially, my PhD was focused on the epidemiology of cleft lip and palate, but my supervisor encouraged me to collect saliva samples for genetic studies. Curious about genetics, I asked how I could get trained and was advised to gain both theoretical knowledge and bench experience. Around this time, the human genome had just been fully sequenced, making Human Genetics an emerging field. I enrolled in a certificate program in genetic epidemiology at the University of Birmingham, which helped me secure a visiting scholar position to train in Jeff Murray's lab in the U.S. There, I gained hands-on experience and published groundbreaking research identifying the first genetic variant for cleft lip and palate in African populations.

As I prepared to return to the U.K., Jeff encouraged me to consider a future in research and offered a postdoctoral fellowship in craniofacial genetics. By the end of my first year as a fellow in his lab, he urged me to pursue independence, supporting me as I applied for my first grant—a \$1 million award that allowed me to establish the Butali Lab on December 31, 2013. This marked the beginning of my journey in advancing craniofacial genetics, particularly within African populations.

**Does this interview bring back fond memories of your time in the KB Klub? What were some of the key moments or achievements that stood out to you during your time at CMUL?**

Joining KB Klub was one of the highlights of my time at CMUL. I was first introduced to it during my first year when members came to speak to our class. My neighbor, Ojikutu, who knew Life Kbite Fashina, encouraged me to join. I filled out the form, went for the interview, and shared my story about balancing academics and social life during secondary school. That balance and enthusiasm helped me gain entry into the Klub. Over the years, I served as KB Curator, KB Editor, and ultimately KB Viceroy, giving my best in each role.

As KB Editor, I helped revive MediPhil, the Klub's magazine, which had been inactive for years. We elevated its standard, introducing a glossy cover and securing sponsorships through the connections of Professor Ashiru to Dr Evelyn Oputu, the first MD of the Bank of Industry. Through Dr Oputu, I had the opportunity to meet influential figures, including senators and corporate leaders, which greatly inspired me. During my tenure as Viceroy, we also reinstated the essay competition, which recognized outstanding medical students—another memorable achievement.



The KB Klub wasn't just about leadership roles or events; it was a training ground for values that still shape my life today—service, responsibility, and trustworthiness. Organizing the Klub's Christmas party as a new KBite drew on my experience from secondary school, and I even introduced a DJ from my past who became the Klub's official DJ for years. These experiences built a foundation for the philanthropic work, research, and community programs I organize today. KB Klub was instrumental in shaping the skills and values I continue to uphold.

**How have these experiences shaped you from the University of Lagos to the University of Dundee in Scotland, and now University of Iowa. Can you summarize in a few sentences the lessons you've learnt -**

*along the journey? Are there some experiences that you can bring out from all of this?*

The University of Lagos taught me to work with limited resources while striving for maximum impact. This mindset prepared me for the University of Dundee, where I was exposed to research at a level I had never experienced before. My oral pathology project on HIV/AIDS during my BDS days was pivotal—it demonstrated to my supervisors that, with proper training, I could excel. At Dundee, I learned the rigors of research: from crafting research questions to analyzing and interpreting data. It was a crash course in critical thinking, as I had to master skills typically gained during undergraduate studies while pursuing a PhD completing the program in just under four years, I became the first Nigerian to earn a PhD from Dundee's dental school.

Dundee also nurtured my entrepreneurial spirit. I joined the university's Entrepreneurship Society, which was akin to what STACK does at the University of Lagos. It gave me insights into integrating entrepreneurship into research, a skill that continues to serve me. Surviving Dundee's intense academic environment prepared me for the University of Iowa, where I resolved to use my success to train others. With funding from NIH grants, I established a training program to build capacity, particularly for researchers from Africa. Training a PhD student costs \$200,000, and I've successfully trained six graduates, with two more currently in progress. Visiting scholars, including Professor Adeyemo and Professor Oseni, have also benefited from my lab's resources. Today, my efforts have culminated into an endowment, which I use to support dental students in research. This journey underscores a core lesson: to maximize every opportunity and create pathways for others. I remain committed to that mission, knowing the journey is far from over.



*Let's talk about your lab, you said you've identified about four genes in your lab, three for clefts and the fourth one was for dental phenotype. We want you to discuss more about the discovery sir.*

Our discoveries were made using advanced molecular genetics techniques. The first gene we identified came from whole exome sequencing of a family with rare dental phenotypes, which focuses on the protein-coding regions of the genome. We pinpointed the specific variant and gene associated with clefts. The second and third discoveries came through Genome-Wide Association Studies (GWAS), where we compared the minor allele frequency between affected and unaffected individuals. The fourth discovery utilized

whole genome sequencing, examining all 6 billion nucleotides in the genome. We explored whether new variants could arise in a population but still be inherited from parent to child. This led to the identification of a gene called "Afadin", which was a key part of the PhD research of Waheed Awotoye, who graduated from my lab three years ago. This work represented a significant milestone in understanding genetic contributions to cleft conditions.



The fifth gene, ARHGAP29, was previously reported for cleft lip and palate using GWAS. However, my lab was the first to demonstrate its specific involvement in cleft palate only, using whole exome sequencing. While I don't claim credit for discovering the gene, being the first to link it exclusively to cleft palate is a significant contribution. In total, we've identified four novel genes and validated a fifth, expanding the genetic understanding of cleft anomalies.

*You're also the director of African Cranio-Facial Anomalies Network, What are the primary objectives of this network and how do you plan to enhance research collaboration and improve healthcare across Africa?*

The African Craniofacial Anomalies Research Network (AfriCRAN) embodies everything I've been working on. Established in 2012 with funding from the Wellcome Trust and NIH, the network aims to address the diversity of Africa in genetic research. My initial study of 108 samples from Nigeria highlighted the need for a broader representation. To achieve this, I secured £20,000 from the Wellcome Trust to expand to Ghana and Ethiopia, additional NIH funding for South Africa and Rwanda, and support from Smile Train to sustain our efforts. This network brings together researchers and clinicians across Africa to collaborate and build capacity.

Our objectives are clear: first, to train the next generation of researchers, focusing on exceptional dental students interested in research. Second, to identify the genetic causes of cleft lip and palate using diverse African samples. Third, to translate our findings from the lab to patients and communities. Lastly, we aim to foster collaborations with global partners to amplify our impact. These pillars guide all our efforts and ensure meaningful contributions to research and healthcare across the continent.

*What's your general overview on mentors? Are there any others that have shaped your journey? And then, currently you're a mentor to a lot of upcoming researchers, what is that advice you would give to future researchers in the field of epidemiology and researchers still in school or wanting to get into grad school?*

Mentorship has been a fundamental part of my journey, beginning with my parents. My father instilled in me the belief that education is the key to success—without it, your chances are greatly diminished. He always said, “If you’re educated, success is just a matter of time.” My mother taught me resilience and the importance of constantly seeking new challenges. She often told me, “If you succeed today, celebrate. But tomorrow, find a new goal to pursue.”

At university, I was fortunate to have incredible mentors. Late Professor Savage believed in me deeply and was an influential figure in my academic growth. Professor Akeredolu, the first to call me “Professor,” inspired me to dig deeper into my assignments, especially when I presented on guide planes. Her encouragement, particularly in the clinic, left a lasting impact on me. She still tells me, “You didn’t disappoint me.” I also had the privilege of being mentored by Peter Morsey in Scotland, who has continued to be a guiding force in my career. He brought me into international communities, co-chairing global conferences and contributing to initiatives like the WHO’s work on neglected tropical diseases.

Another key figure was Jeff Murray, a mentor whose achievements in genetics have profoundly shaped my own research. Despite not holding a PhD himself, he has mentored over 200 individuals who have earned their doctorates. His discoveries in genetics, particularly related to cleft lip and palate, have been groundbreaking. More recently, Professor Adebowale Adeyemo, a leading human geneticist, has guided me in understanding the African genome, especially about type 2 diabetes.

Mentorship has also extended to professional leadership. Through my interactions with Reina D’Souza, the former director of the National Institute of Dental and Craniofacial Research, I’ve received invaluable advice on scientific leadership. Her mentorship encouraged me to pursue qualifications that would solidify my capacity for leadership. This led me to Harvard, Oxford, and the University of Iowa, where I have sought to strengthen my skills in strategy and public leadership, all in preparation for my next career move.

Now, as a mentor myself, I pass on the lessons I’ve learned to my students. Their achievements are a direct result of intentional guidance, and I celebrate their success openly. I do not seek recognition for myself anymore; rather, I focus on helping my students thrive. Many have become professors around the world, and I continue to create opportunities for those still pursuing their dreams. My mentorship is about giving them the resources and experiences I never had, ensuring they are better prepared and more successful than I was. I make sure to showcase every achievement, no matter how small, because I want my students to be ready for the critique and feedback that will help them grow. I didn’t have that opportunity, but I’m determined to give them more than I ever received—three times as much. All of them are getting valuable opportunities, and it’s fulfilling to see them succeed. Many have gone on to become professors: Abimbola Oladayo is now a professor in Missouri, Carmen Buxo in Puerto Rico, Lord Gowans in Ghana, Mekonen Eshete in Addis Ababa and Thirona Naicker in



South Africa. Waheed Awotoye will soon complete his residency and start a craniofacial fellowship at Children’s Hospital of Los Angeles. Azeez Alade is at the NIH for his post-doc, and Emmanuel Aladenika and Mojisol Olujitan will graduate in 2026. I’m also working to help Emmanuel secure a residency in oral surgery, while negotiating for a residency in Periodontology for Mojisol. This is why I do what I do—seeing my students succeed is my ultimate goal.

*How do you link these findings from your research to clinical applications and how do they actually help improve healthcare outcomes. What are the challenges that you might have that you have overcome in making sure that your research findings impact the lives of patients and communities?*

Research is a patient-centered endeavor, and its impact on healthcare is a gradual process. It’s not an immediate transformation but rather a progressive journey. My role primarily focuses on discovery, which serves as the foundation for clinical translation. Clinical applications take time, but the key to successful outcomes is a strong discovery phase, which is where my current work lies.

As a dentist, I take a more immediate approach to clinical application by translating some of my findings directly into the clinic. For instance, I have access to the entire genome of each of my patients, and while my focus is on cleft lip and palate, I also search for incidental findings—such as the potential risk of breast cancer or cardiovascular diseases. In one of my studies involving nearly 800 individuals across 280 families, I found that 4.6% had actionable incidental findings, including a child with a hereditary risk for breast cancer. This discovery allows me to intervene early, guiding families toward preventative measures.

I’m also committed to meeting patients where they are, seeking their input on how they would like to use their results. Many expressed a desire to take the information to their religious leaders for guidance, so I’ve started training pastors and imams to help educate patients and encourage follow-up care. This initiative led to the realization that many caregivers of children with cleft conditions suffer from depression and anxiety, which they often don’t express. Partnering with other health experts, we developed a project called “Photovoice,” where caregivers captured images reflecting their struggles. This initiative has provided valuable insights and sparked the need for peer groups and support systems for these families.



From what we've learned, the next step is to address the stigma faced by families. We're developing a training model to educate family members on how to accept and advocate for children with cleft conditions. Additionally, we plan to train religious leaders to deliver sermons that help reduce stigma in their communities. These efforts take research beyond the lab, demonstrating how clinical and community engagement can drive meaningful change. My training in dental public health, epidemiology, coupled with my clinical and genetics expertise, is enabling me to apply my research in a way that truly benefits the communities we serve.

*We're in the age of Artificial Intelligence and Machine Learning, how have you been able to use that in genetics and genomics and outside AI and Machine Learning what do you foresee as the next significant breakthroughs in understanding and treating cranio-facial anomalies?*

Machine learning, we use that almost every day to predict the implication of a variant when we do simulation. If this variant is in this part of the protein, what will be the consequence? We can predict that it will cause damages, we can say probably damaging or possibly damaging. We're using AI to predict, based on the amino acid properties and the conservation of the nucleotide in that region, conservation means across species, evolution from the lowest animals to man. Is that nucleotide conserved? Is it present? If it's present that means nature wants it to do something that's why nature kept it across.

AI tools that can predict the effect before we do the experiment to confirm if it's the same now. We're in the lab and what we're trying to do is to be ahead of the experiment such that we're developing not only us, we're working with a group to develop AI tools that will predict what the lab experiment will show such that in resource limited setting, this would be useful.

*Professor, we've spoken extensively about your career. How do you maintain a work-life balance? Do you have any personal experiences or hobbies and do you have any sports that you do or sports that you watch?*

When it comes to work-life balance, I try to learn from others' experiences, particularly through reading biographies. One book that deeply influenced me is "Ride of a Lifetime" by Bob Iger, former CEO of Disney. I admired how he overcame challenges and evolved from a media figure to leading one of the world's biggest entertainment companies. I believe learning from others' mistakes, rather than making your own, can save you time and energy, which is why I read



extensively about people's journeys.

Another biography that inspired me was Jim Ovia's, which encouraged me to take the leap and invest in a family media company, Agbari Multimedia. Despite the company's setbacks, I learned not to wait for perfect conditions but to act, and over time, Agbari found its niche in movie production. I've even invested in films through Agbari, and currently, I'm one of the executive producers for a movie Uncle Tade Ogidi is leading. I've also written five scripts, two of which have been produced and are available on YouTube.

I've always loved storytelling, and in my free time, I continue to write. One project I'm particularly excited about is a comedy around paternity testing, using my background in DNA. Alongside my passion for writing, I've maintained a love for table tennis, playing two-hour sessions on Wednesdays and Fridays to stay fit. Growing up, I even organized table tennis competitions, charging an entry fee during the summer holidays—those memories still fuel my love for the sport today. I also enjoy hosting and attending parties. While my family tradition of birthday celebrations stretched into my teenage years, I stopped hosting parties for myself once I entered university. However, I still throw parties for my wife and children. When my wife turned 40, I surprised her with a party in London, a testament to how much I enjoy planning events that bring people together.

In terms of relaxation, I like to hang out with friends and dine out, especially at the Lagoon in Lagos, which I consider the best spot for seafood. I also stay consistent with my "Thankful Tuesday" tradition, which I started in 2019. It's an initiative where I post something I'm thankful for every Tuesday, and it has garnered a loyal following on social media. The consistency of this practice has taught me the importance of staying true to your commitments, even when life gets busy.

Finally, I'm close to the movie industry and actively involved in initiatives that promote health insurance for Nigerian filmmakers. Through my relationships in entertainment, banking, and even agriculture, I've expanded my interests into several sectors. My network of friends, who span various industries, has been invaluable in providing opportunities and ideas for new ventures, whether in agriculture, media, or energy. These friendships remind

me that the right connections can make all the difference in both personal and professional success.

*The first thing you mentioned about what you learned from being in UNILAG was working and succeeding within limitations. Currently, there are different sets of limitations that withhold students currently in Nigeria. What advice would you give to students currently in Nigeria to go further in life?*

Hard work doesn't kill—this is the first piece of advice I always give to students. You may think you're working too hard, but the truth is that it won't harm you. The second important thing is knowing what you want. When you have clarity about your goals, it helps you make decisions that align with your vision. For example, I knew early on I wanted to become a professor and an entrepreneur. I approached life with strategic planning, focusing on outcomes that mattered.

My entrepreneurial mindset came from my parents, both of whom were successful entrepreneurs. My mother's pepper mill business, which she started over four decades ago, taught me invaluable lessons about innovation and resilience. Despite skepticism from others, she redefined what a small business could achieve, setting up efficient systems that ensured sustainability. Today, her business not only thrives but also serves as a legacy of her forward-thinking approach.

The same principles apply to students today. Be willing to work hard, stay focused on your goals, and embrace failure as a learning opportunity. Whether you're pursuing a career in clinical dentistry, research, or any field, remember to seek knowledge from others—read, watch, and listen to their experiences. Platforms like TED Talks, where people share personal stories and lessons, can be incredibly inspiring. Ultimately, success is about persistence, learning, and staying strategic.

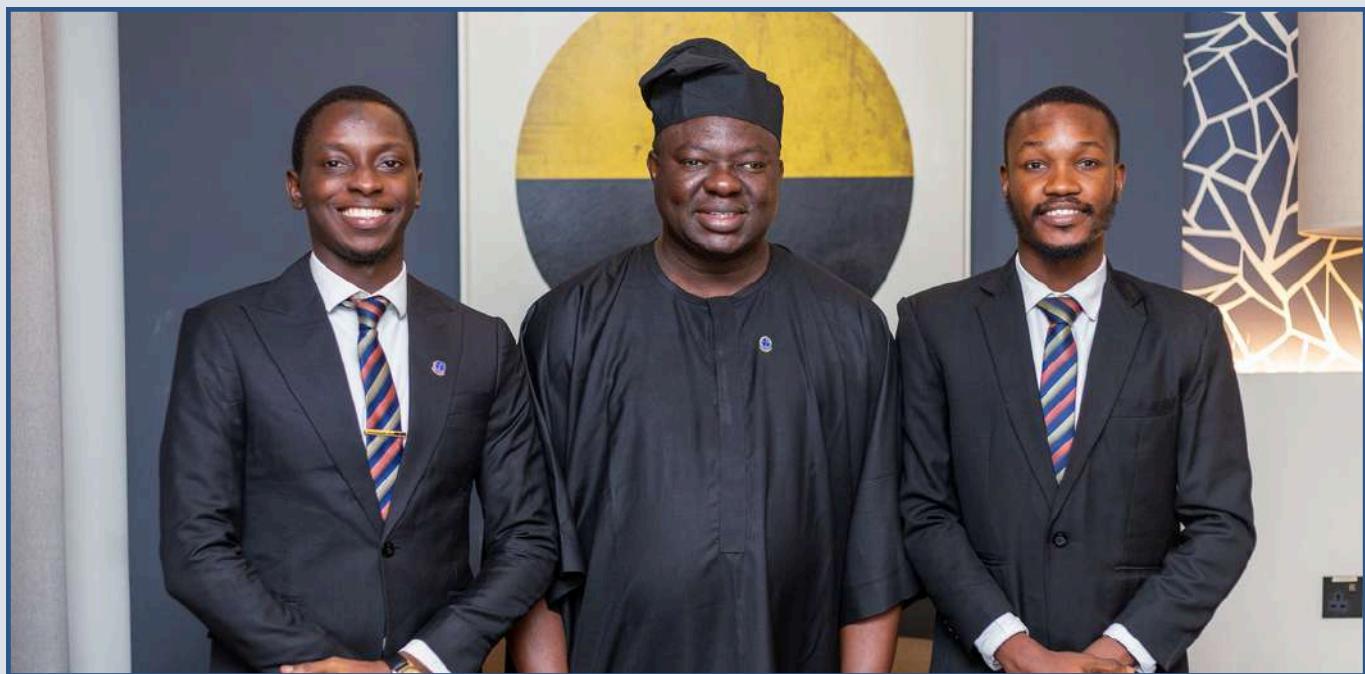
*In your career and your life, you are currently blazing trails which fits into the theme of this year's edition of MediPhil, Kaizen, describing and celebrating excellence. How do you see it and how does it translate into what you put into your professional life and private life?*

When I think about Kaizen, the principles of consistency, ethics, and value creation come to mind. To me, excellence is about doing meaningful, fulfilling work that attracts respect and delivers consistent value. It's not just about reaching the top but staying there by holding onto the principles that got you there in the first place. For me, this means constantly redefining myself, seeking new challenges, and equipping myself with the tools and knowledge to succeed, whether that's through leadership training, certifications, or even considering a law degree to enhance my advocacy work.

Consistency and continuous improvement are central to my philosophy. I believe in creating value because value attracts opportunities. In my experience, failures are inevitable, but they serve as stepping stones for growth. I've faced significant setbacks, like losing a 100-million-naira fish farm, but those moments taught me resilience and the importance of recalibrating for the future. This mindset of persistence and adaptability is what fuels my career and personal development.

For anyone striving for excellence, my advice is simple: know what you want, stay consistent, and focus on creating value. Compare yourself only to who you were yesterday, commit your efforts to a higher purpose, and trust the process. Failures will come, but they are opportunities to learn and grow. Keep improving every day, stay open to opportunities, and never stop investing in yourself and others.

*Now we've come to the end of the interview. Thank you very much, sir. KB KB.*



# PANI

*Psych Aid Network Initiative*

Are you or someone you know struggling with mental health challenges? You are not alone, PANI is here to help!



## OUR VISION

We foresee a future where people experiencing mental health difficulties have access to the appropriate support, care and treatment.

## OUR MISSION

Supporting people to overcome the barriers to getting care and treatment for their mental health needs and the community health implications

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# COMMITTEE ON PHILANTHROPIC ACTIVITIES

(COPA 2024 REPORT)



*"You look at things you enjoy in your life, but much more important is what you can do to make the world a better place" - Paul Allen*

Over the past year, the KB Klub has demonstrated unwavering dedication to service and community impact through a series of transformative initiatives. From addressing critical health concerns and promoting mental wellness to fostering inclusivity and meaningful connections, the Klub's efforts have directly improved lives and strengthened communities.

Strategically partnering with leading organizations and stakeholders, each project was meticulously designed to tackle pressing issues and deliver tangible results. Here are highlights of our year, showcasing the Klub's commitment to informed action and sustainable change;

1. Mental Health Awareness Campaign in collaboration with Psych Aid Initiative(PANI)
2. Valentine's Day Visit to Correctional Centre Children Home, Idi - Araba
3. An online sexual harassment campaign themed- Kick Against Sexual Harassment
4. A Walk For Pulmonary Hypertension(Walk4PH) in collaboration with the Cardiac Community
5. Children's Day With Sickle Cell Warriors And Bible Movers International Ministries 2.0
6. A Blood Donation Drive to commemorate World Blood Donor Day Celebration, In Partnership With The Lagos State University Teaching Hospital(LUTH)
7. A Blood Donation Drive to commemorate World Blood Donor Day Celebration In Partnership With The Lagos State Blood Transfusion Service (LSBTS)

8. Celebration of Fathers Day at the Dad Hero Conference in collaboration with Life After Abuse Foundation(LAAF)
9. Mental Health Webinar - The Struggle Within in collaboration with the University of Lagos and Psych Aid Network Initiative(PANI)
10. A Mental Health Summit themed - Harnessing "The Power Of Mental Health For Better You" in collaboration with Mentally Aware Nigeria Initiative(MANI)
11. A Medico-Dental Outreach at Odogbolu Ogun State in collaboration with the Oseni Foundation
12. Uniwellness Blood Donation Drive in collaboration with the International Association of Students in Economics and Business(AIESEC)
13. Mental Health Fun Fair themed - Good Vibes Loading, in collaboration with Mentally Aware Nigeria Initiative
14. The KB KLUB 55th annual philanthropic day project themed - Even Heroes Need Saving, an intervention which addressed prostate cancer and mental health challenges amongst military personnel and their families, through educational workshops, screenings, and counseling sessions, at Marda Barracks, Yaba.

## **KEY ACHIEVEMENTS**

1. Successful screening of 39 military men for prostate cancer, carried out by professionals from Lakeshore cancer centre, and sponsored by the Lagos state Ministry of Health, as well as Clearview Hospitals.
2. Enlightenment, screening and counseling of 79 beneficiaries, facilitated by professionals from the Mentally Aware Nigeria



Initiative (MANI), Federal Neuro-Psychiatry Hospital, Yaba and supported by the Psych Aid Network Initiative(PANI).

2. Successfully championing various campaigns on mental health, prostate cancer, pulmonary hypertension as well as sexual harassment, in collaboration with experts whilst utilizing various available channels such as radio, social media, webinars and physical materials, reaching over 5,000 individuals.
3. Maintaining our objective of promoting voluntary blood donation, through various donation drives in collaboration with LUTH, LSBTS and AIESEC, reinforcing the importance and need for voluntary blood donation in Nigeria.

The KB Klub has once again demonstrated its unwavering commitment to fostering community well-being through various health initiatives. Each project not only served its purpose of raising awareness but also strengthened our collective resolve to address critical issues such as mental health, prostate cancer, blood donation, and overall health advocacy.

This year has been a testament to the power of teamwork, dedication, and purpose. Through strategic partnerships with organizations like the Lagos State Ministry of Health, Lakeshore Cancer Center, and Mentally Aware Nigeria Initiative, amongst others, we were able to deliver tangible results and touch countless lives.

We extend our gratitude to our sponsors and collaborators for sharing in this goal of making a positive impact. Together, we completed 14 projects this year across Lagos State and Ogun State, which impacted various lives.



Looking ahead, the KB Klub remains committed to its mission of building healthier communities and addressing critical health challenges. With each event, we've set a new standard for excellence, leaving a legacy that future committees can build upon. It has been an honor to serve as chairman this year, and I am confident that the Klub will continue to make even greater strides in the years to come. KB KB!



**COVENANT ONYEGBULA**  
- Chairman, COPA



# RTD MAJOR GENERAL ABIMBOLA AMUSU



**COMMANDER, NIGERIAN ARMY MEDICAL CORPS [2015 – 2017]**

SPECIAL FEATURE



*Retired Major General Abimbola Amusu is a trailblazing leader whose distinguished career bridges military service, medical excellence, and transformative advocacy. A pioneer for women in the Nigerian Armed Forces, she became the second female officer to command the Nigerian Army Medical Corps (2015–2017), overseeing critical healthcare initiatives and setting a precedent for gender inclusivity in leadership.*

*Educated at Methodist Girls' High School and later attended medical school in Jos, her career spans high-stakes environments, including a groundbreaking deployment to Somalia as the sole female officer in her contingent, where she delivered vital medical care under challenging conditions. She earned a Master of Science in Hematology and an MBA, also became a fellow of the National Postgraduate Medical College. Even after retiring, she continued acquiring certifications, including becoming a fellow of the Society for Quality in Healthcare and completing a course in health leadership and management.*

*A champion of systemic progress, she spearheaded integrated laboratory systems under the Army AIDS Control Program, ensuring equitable access to advanced diagnostics, and co-chaired national efforts to standardize universal health coverage. Beyond her military service, she is the current president of the College of Nigerian Pathologists, and she is deeply involved in pathology nationwide. She co-chairs the National Laboratory Technical Working Group and remains active in her faculty, the Faculty of Pathology, at the college and continues to shape future professionals as an associate lecturer at Eko University of Medical Sciences.*

*Her relentless advocacy for gender equality reshaped military policies, opening doors for women in peacekeeping and specialized roles. Even in retirement, her dedication endures through medical consultations and mentorship, cementing her legacy as a visionary who redefined possibilities in medicine, military service, and societal equity.*

**1. Could you please share with us a bit about your early life, upbringing and what inspired you to pursue a career in medicine?**

I attended Army Children's School, now known as Command Children's School, in what was then AN Barracks, Yaba. That might explain some of my exposure to the military. From there, I proceeded to Methodist Girls' High School and later attended medical school in Jos. My enrollment in Army Children's School was almost inevitable because my mum was a foundation staff of the school. She was its first headteacher. Naturally, since I was of school age, I had to attend where she worked. I believe this early exposure to the military environment made me comfortable with it and made it

seem quite normal. While in university, there was a scheme that allowed people to apply to join the military. This wasn't limited to the army, both the Navy and the police had similar programs at the time. I had developed an interest in wearing a uniform, and I had two main career aspirations: to lecture in a university as a doctor or to join one of the services. So, I applied to the Navy, the Army, and the Police. The Army responded first, and I chose to join.

**2. What led you to choose medicine as your field of study? Were there any particular experiences or influences that certified your decision to become a doctor?**

I wouldn't say there was any specific event that influenced my decision to become a doctor. I think, as a child, certain careers naturally attract you. For me, being a doctor was something I always imagined while playing or being asked what I wanted to be when I grew up. Being good at science probably shaped my decision further. And, of course, my parents subtly encouraged me in that direction. Psychologically, I think they played a role in steering me toward medicine, and I eventually ended up in medical school.



**3. Over the course of your military career, what have been some of the significant personal sacrifices you've made in service to Nigeria and how do you balance the demands of medicine and military duty, as it can be very bulky and tedious?**

During my career, I often explained that I had the privilege of practicing two amazing professions (medicine and the military) and finding fulfillment in both. I don't know if I would have enjoyed medicine as much outside the military or if I would have enjoyed the military as much without medicine. Both professions gave me a sense of purpose, and I strongly believe that if you don't enjoy what you're doing, it's hard to persevere. I always advise people to choose a career they genuinely love. Even when challenges arise, they will seem temporary if you're passionate about your work. One of the first major challenges I faced was serving in Somalia as a young officer. Somalia remains a very unstable region, with no proper structure, even now. Being the only female military officer in our contingent was a unique and challenging experience. Practicing medicine in such a difficult

environment was a significant test. Not only was I treating patients, but I also had to carry my rifle at all times. In the army, your weapon is of utmost importance, you cannot lose it, have it stolen, or misplace even a single bullet. Balancing the demands of medical work while maintaining military discipline was very stressful. Although the experience was tough, it proved rewarding. I received commendations for my work, which opened many doors in my career. Of course, there were other challenging times, particularly in serving in difficult areas within Nigeria, where conditions for soldiers can be very demanding. Sometimes, people don't realize the hardships soldiers endure. When frustrations arise, they are often a result of these challenging conditions.

**4. Did you serve in any other country apart from Somalia?**

No, I only served in Somalia and Nigeria.

**5. Since retiring from active duty, have you continued to contribute to medical and military communities? What has been your focus in this new chapter of life?**

Yes, I've continued contributing significantly to both the medical and military communities. With my experience, the military still calls on me occasionally for talks, advice, or opinions, so I remain involved. On the medical front, I'm probably doing even more now since I have more time to dedicate to it. I'm fortunate to be fulfilling my early dream of teaching as an associate lecturer at Eko University of Medical Sciences. Additionally, I am the current president of the College of Nigerian Pathologists, so I am deeply involved in pathology nationwide. I co-chair the National Laboratory Technical Working Group and remain active in my faculty, the Faculty of Pathology at the college. As a hematologist, I still see patients, including some in military hospitals on a pro bono basis, as well as others through consultations at various hospitals. The medical field offers countless opportunities, even after retirement, so there's always meaningful work to do, leaving little room for boredom.

**6. As a military officer, how did you balance your residency in medicine while being a consultant hematologist with military responsibilities?**

That's one of the great things about the military—it encourages you to develop yourself. After joining the army, I earned a Master of Science in Hematology and an MBA. I became a fellow of the National Postgraduate Medical College. Even after retiring, I continued acquiring certifications, including becoming a fellow of the Society for Quality in Healthcare and completing a course in health leadership and management. The military provides opportunities for education if you're willing to take them. For example, when I pursued my residency, I was granted a five-year study leave, which is standard practice. During that period, from 1995 to 2000, I completed my residency at Lagos University Teaching Hospital (LUTH).



**7. What advice would you give to medical students aspiring to join the military? What should they consider before making a decision? And how can they best prepare for the unique challenges of becoming a doctor or a soldier?**

My advice to them would be to be patient. Many people are drawn to the military by its allure, perhaps the uniforms, the stability, or the opportunities, but they often don't realize it takes time to fully appreciate the benefits of a military career. The army is a great place for a stable career. However, it may take a while before you truly begin to enjoy it. You also need to be open-minded about military life. Some people hesitate, thinking the military will stifle their independence or restrict their ability to speak freely. But the truth is, the army values discipline and professionalism. You can express yourself, but in a constructive and respectful manner. The military offers opportunities for career growth as long as you don't commit any severe infractions. For me, it was a fulfilling 35-year career, people worry about frequent postings but I see it as an opportunity, working in different places and meeting new people can be refreshing. For instance, after completing primary and secondary school in Lagos, I went to Mubi in Adamawa State. At that time, there were no bridges, and we had to travel by ferry. It was a new environment and culture, but I formed some of the best friendships of my life there. Young people considering the military should give it a chance and stay committed. It may seem tough in the first few years, but with time (10 to 15 years) you'll realize the opportunities it provides. Not everyone needs to "Japa", I encourage young people to stay and make a difference.

**8. Looking back at your illustrious career, what are you most proud of? How would you like to be remembered for your service to the medical field and the armed forces?**

In the armed forces, I hope I've been a good example for women. The military has always had fewer females than males, but I ensured that I supported, mentored, and fought for fair opportunities for women in the army. Some of my efforts led to policy changes that made things better for women. For example, when I was sent on a mission to Somalia, it was unusual for a woman to be deployed there. The conditions were challenging, there wasn't even accommodation for females, so I shared a dormitory with the men for the first few weeks. However, these experiences paved the way for more women to take on such roles. Today, the UN ensures that females make up a significant percentage of peacekeeping contingents. Similarly, I was sometimes the first woman selected for certain military courses. I knew that if I didn't perform well, other women might not get the opportunity, so I worked hard to set a good precedence. These contributions, I believe, have helped make the military more inclusive for women. In medicine, I am particularly proud of my work in shaping policies. As the coordinator of the Army AIDS Control Program when PEPFAR (President's Emergency Plan for AIDS Relief) was introduced, I advocated for integrated lab systems. At the time, donor-funded programs would often set up standalone labs for specific illnesses like HIV, while existing hospital labs remained underfunded. I insisted that these programs support existing hospital labs instead of creating separate facilities. This approach allowed all patients, regardless of their condition, to benefit from advanced equipment and ensured better integration of healthcare services. This principle of integration was something I continued to push for when I became co-chair of the National Laboratory Technical Working Group in 2017. Today, the Federal Ministry of Health is finally adopting integrated labs as a standard, which I see as a step toward achieving universal health coverage. As a pathologist, I continue to influence future generations of doctors, ensuring they are well-equipped to make meaningful contributions to medicine.

*Thank you for sharing your story with us ma.*



# A Tribute to Late Life Kbite Major (Dr.) Adewoye

P K A S I N N O S T E A S E



*"There is no path too perilous, no task too great when driven by the fire of purpose and the light of compassion." - Major (Dr) Babajide Adewoye*

Heroes are not born; they are forged in the fires of persistence, resilience, and the pursuit of self-improvement. The Japanese philosophy of Kaizen embodies this principle—continuous improvement, both in one's personal journey and in the impact they have on the world around them. In every era, there emerge individuals whose lives epitomize this ideal, individuals who quietly and selflessly strive for excellence, leaving behind legacies that inspire others long after they are gone.

Major (Dr.) Adewoye, a Life KBite, Doctor, and a Major in the Nigerian Army, was one such hero. His life, exemplified the ethos of Kaizen. He lived a life dedicated to service, improvement, and above all, the well-being of others, constantly embodying the heroism this edition of MEDIPHIL celebrates.

In the medical field, Major Adewoye was a remarkable figure. He committed himself to the health and survival of countless individuals, from hospital wards to military battlefields. His role as a doctor, particularly in the Nigerian Army, was no ordinary one. Working under the weight of military operations, he provided critical care in some of the most challenging environments imaginable, always seeking to improve the conditions around him. His colleagues recall him as a figure of calm under pressure, a doctor who brought comfort to the injured and hope to those in need.

But Major Adewoye's heroism did not end in the clinic or the battlefield. Outside of his military service, he was a beloved friend, classmate, brother, father, and husband to everyone who had the privilege of knowing him. He ensured that he lit up every room with his warmth, generosity, and sincere concern for others. Through his charitable efforts, Major Adewoye touched countless lives, proving that the essence of a hero lies in both grand deeds and everyday kindness.

In celebrating the life of Major Adewoye, we are reminded of what it truly means to be a hero. He may no longer be with us, but his legacy of heroism will endure.

Rest in peace, Sinno Stease!!

# YOUR POWER TO GIFT LIFE: Stories From Our Heroes

On November 17, 2023, the KB Klub launched "Your Power to Gift Life," a groundbreaking blood donation drive aimed at increasing awareness and inspiring participation in voluntary blood donation. Over 400 individuals donated blood on the day—a number that translates to 1200 lives saved.

Meet some of these everyday heroes as they share their inspiring stories and motivations behind this lifesaving act.

## What made you donate at the YPTGL Blood Drive?

Ogbuagu Ebubechukwu Bobby-Joel, 21 years old

Basically, it was because of its publicity. I didn't really know much about blood donating then, so their infographics were so relatable it naturally piqued my interest. It was a student-driven initiative upholding the blood drive event and of course I wanted to do my part as a youth driving towards the kind of change that'd promote the posterity of the community we live in. Yeah, I was in that era. LOL! Also, it provided an opportunity to know your blood group and genotype if you didn't know those before.

## Did you have any misconceptions about blood donation prior to YPTGL? If yes, tell us what misconceptions?

Chuka-Ebene Chidubem Michel, 22 years old

Yes, I thought blood donation was a very painful procedure but it actually wasn't.

## What was your blood donation experience like at YPTGL?

Oluwafolakunmi Ilori, 19 years old

It was more than I thought. I was so shocked when I saw the amount of people there. I thought a few of us would show up but little did I know. It was so orderly. Oh and the souvenirs were a plus. I actually wasn't expecting to get anything and if it was written on the flier then I missed it.

## How does it feel knowing your blood donation will save lives?

Akande Ridwanullah Ayomide, 19 years old

It makes me feel good and accomplished. Although I might not meet the person, the smile it puts on the face of their family when they recover is enough joy for me.



### How did your friends and family react to your decision to donate blood?

*Tamilore Adepele Bakare, 21 years old*



My friends know how passionate I am about blood donations. My parents were supportive and understanding about my blood donation, likely due to my dad's own experience as a regular donor. However, my aunts and uncles were initially skeptical. They expressed concerns about my weight, among other things. But I remained determined and committed to my cause. Now, I have inspired some of my cousins to join me in donating blood and saving lives.

### How did the blood donation experience change your perspective on healthcare and giving back to the community?

*Echinitolajesu Duroinu, 21 years old*

The blood donation experience deepened my appreciation for healthcare by helping me to see the critical role of donors in saving lives, especially in emergency situations. It gives a sense of responsibility and gratitude, as you realize how simple acts can have life-changing impacts for others.



### Would you encourage others to donate and why?

*Ojelabi Hannah Oyintola, 21 years old*



Yes, because we all need to play our part to save more lives.

### How does donating blood fit into your values or personal philosophy?

*Babatola Faidat, 23 years old*

One of my all time philosophies is to believe that giving is an expression of love and compassion. It is not just about material gifts, but also about sharing time, knowledge, and kindness. True giving comes from the heart and seeks to make a positive impact on others' lives. I strive to give without expecting anything in return, knowing that the act itself enriches my soul and fosters a sense of community.



### Will you donate blood again and why?

*Pofajimi Irene, 22 years old*



Yes, because I want to continue to save lives!



# NIGERIAN LEGAL TITANS

By Oritse Ruth

Pride.

*The one thing a law student is never ever ashamed to be accused of. Why? Because it's true. The pride on the shoulders' of the average law student is darker than the black on our signature fit. We have good reasons to be proud - have you seen the lineup in this profession?!*

Hello, I'm Ruth Oritse. A proud law student of the University of Lagos, I'll be introducing you to some of the legal titans who built up the legacy many of us have sworn to uphold. Most of these names you might have heard, but the question is do you know what makes them so great?

## MEET OUR TITANS:

### 1. Gani Fawehinmi — The People's Lawyer

First on our list is the popular people's lawyer. Initially this Titan wanted to be a journalist, but family pressure pushed him into law. Imagine the gem the legal world would have lost! After Gani graduated, unlike many people today, this man did not let his grades define him. He was a highly sought-after lawyer but refused to represent corrupt politicians in their cases.

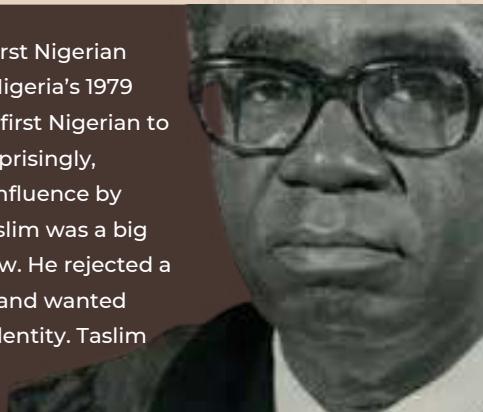
He also turned down a national award in 2008, he is the founder of our beloved Nigerian Weekly Law Report (NWLR) which he founded when he noticed legal judgements were not being well documented and reportedly had an FBI file!

Perhaps Gani's most awe-worthy moment was when he created a scene in 1965 in the UK at his own call to bar! He made a public speech condemning colonial influence on Nigeria's legal system in the middle of the ceremony! No doubt this Titan was passionate for excellence. Our Gen-Z Gani might just be you!

### 2. Taslim Olawale Elias — The Law Architect

Titan Taslim had many amazing feats, and a few lines would never do justice to all of them. An African on the ICJ is expected but Taslim took it up a notch and became the first African President of the ICJ! You may also think that Taslim was a brainy genius but nope! He self taught himself law before going abroad to bag a degree. Imagine learning Law of Contract and other beast courses on your own! (Exhales).

This Titan also wrote the first Nigerian Legal textbooks, shaped Nigeria's 1979 Constitution, and was the first Nigerian to earn a PhD in law! Not surprisingly, regardless of the foreign influence by virtue of his education, Taslim was a big advocate for customary law. He rejected a colonial-era legal system, and wanted Nigeria to own her legal identity. Taslim to the world! Cheers!





### **3. Aloma Mariam Mukhtar — Brains, Brawn, Beauty!**

There are women who shattered glass ceilings and those who cut the system with the broken glass pieces. Aloma was both! Not only was she the first female lawyer from Northern Nigeria - she also had an impeccable record while practicing as a lawyer with zero losses in court!

Justice Aloma Mariam was a key figure in Nigeria's Electoral Reforms and boldly

spearheaded judiciary clean-up in her time. No corruption escaped her, and as a proper lady, she crushed them under her heels.

Justice Aloma did something extraordinary in 2007 when the Supreme Court controversially upheld Umaru Yar'Adua's election.

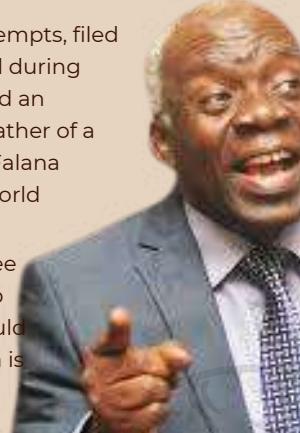
She was the only female Justice who dared to dissent and argued that the election was flawed.

Her presence at the top emboldened more women to pursue legal careers and advocate for gender equality in law. Hats Off to you, Justice Mukhtar!

### **4. Femi Falana (SAN) — The Man, The Voice**

If Falz asks you "Who's your Daddy?", unless you are the child of Taslim or Gani - it's a good option to just stay quiet. That is the son of The Great Femi Falana speaking! Right from his University days at Obafemi Awolowo University (OAU), Femi had been getting acquainted with jail for standing against injustice.

If he was not in jail for leading protests against military oppression, he was getting banned from travelling by military regimes.



### **5. Afe Babalola — The Lawyers' Lawyer**

Afe Babalola's story is nothing short of inspiring regardless of how many times it is recounted. The journey from the lowest class in society to the top is never a graceful one, but not only did Afe Babalola scale through this - he also went as far as establishing a world class institution!

Femi Falana faced several assassination attempts, filed over 100 cases against the government, and during Goodluck Jonathan's presidency, he rejected an Attorney General appointment! Being the father of a global star is an icing on the cake, as Femi Falana already made a huge impact on the legal world by himself.

We also give him credit for the culture of free legal services, as during his time, he took up countless pro bono cases of people who could not afford legal representation. Femi Falana is exactly who he thinks he is!

This Titan's achievements are numerous, and we do not call him The Lawyers' Lawyer for nothing! When you hear the name Aare Afe Babalola (SAN, CON), you think of an impeccable legal mind and an unshakable commitment to education. From being the advisor to numerous top personalities in the nation, to being vested with the envious title of SAN - Afe Babalola is the very definition of a legal juggernaut!

These legal titans make law and its invitation to mild insanity worth it! Not only have they built a legacy generations to come would still boast about - they have also unlocked what it truly means to be a lawyer: Making the most impact with society's greatest tool. One thing they all have in common is the intense dedication they put into their career paths and the courage that definitely did not appear overnight.

To every law student or any student reading this, just like these titans, it's up to you to break boundaries and leave a mark on the world! Your legacy starts now, and maybe someday someone would write so fondly about you too! I'll see you at the top. Stay lawyer-y!

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# LUCY EJIKE: THE POWERLIFTING POWERHOUSE

A hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles." - Christopher Reeve

Life is a journey riddled with obstacles—some within our control, others beyond it. Regardless of social status, age, gender, or race, challenges are a universal constant. Yet, what defines us is our ability to confront and overcome them, evolving into stronger versions of ourselves. Few stories embody this resilience more profoundly than that of Lucy Ejike, Nigeria's legendary Paralympic powerlifter.

Born on October 16, 1977, in Enugu, Lucy's life took an unexpected turn at the age of two when polio left her paralyzed and reliant on a wheelchair. Growing up in a time and place where resources for people with disabilities were scarce, she faced immense physical and emotional challenges. But Lucy's life changed during secondary school when she discovered para-powerlifting, a sport that would transform her world. Inspired by athletes with disabilities excelling in the sport, she sought out a gym, connected with a coach, and began her remarkable journey into the world of competitive powerlifting.

Para-powerlifting, the ultimate test of upper body strength, requires athletes to lift heavy weights while lying on their backs, relying solely on their arms. For Lucy, this sport became her battlefield and she emerged as one of its greatest warriors, helping Nigeria achieve global recognition as a powerlifting powerhouse.

Lucy's Paralympic debut came at the 2000 Sydney Games, where, despite juggling training with academic responsibilities, she won a silver medal in the 44kg weight class, lifting an impressive 102.5kg. This marked the beginning of an intense rivalry with Egypt's Fatma Omar, which would define an era of para-powerlifting. Determined to surpass her limits, Lucy devoted herself to rigorous training and at the 2004 Athens Paralympics, she claimed her first gold medal, breaking the world record twice with a lift of 127.5kg.

Her dominance continued at the 2008 Beijing Games, where she moved up to the 48kg class. Lucy shattered records again, lifting 125kg and later 130kg, earning another gold medal. Not one to rest on her laurels, she set her sights on new challenges, moving up yet another weight class for the 2012 London Paralympics. There, she faced her rival Omar in the 56kg division. Although she lifted an astounding 135kg, Lucy narrowly missed gold, taking silver behind Omar, who set a new world record of 142kg.

The stage was set for another epic showdown at the 2016 Rio Games. Representing Nigeria as the flagbearer and team captain, Lucy competed in the newly adjusted 61kg division. Determined to settle the score, she smashed the world record three times in one day, lifting 135kg, 138kg, and finally 142kg to clinch her third Paralympic gold medal. This feat not only solidified her place as a national hero but also as one of the greatest athletes in the history of the Paralympic Games.

Lucy's accolades extend beyond the Paralympics. She has earned gold at the 2017 World Championships in Mexico City, silver at the 2018 Commonwealth Games, and countless other honors. At the 2020 Tokyo Paralympic Games, she made history again, becoming the first Nigerian athlete across all sports to win six Paralympic medals, capping her career with a bronze in the 61kg division.

Lucy's motto—"God, determination, discipline, and hard work"—has guided her through a career that transcends sports. Her story is one of resilience, grit, and unwavering faith. From a little girl battling the limitations imposed by polio to a trailblazing icon of Nigerian sports, Lucy Ejike proves that obstacles, no matter how daunting, can be overcome with the right mindset and determination.

Lucy Ejike's legacy is not just in the medals she has won but in the countless lives she has inspired. Her journey serves as a testament to the power of perseverance and the boundless possibilities that come with hard work and self-belief. Lucy Ejike is more than a Paralympic legend; she is a symbol of hope, courage, and the indomitable Nigerian spirit. She is a National Hero.

By: Imane Oluwaseun  
khojeiman@gmail.com

# THE MAN I AM TODAY

## PARTING WORDS FROM OUR GRADUATING KBITES



ONYECHUKWU COVENANT

Looking back on my journey in the KB KLUB, I realize that beyond the lectures, examinations, and long study nights, this organization has been one of the most defining pillars of my undergraduate years. It has shaped not just my experiences, but the man I am today.

From my early days as a prospective member, eager yet unsure of my place, to leading as the Chairman of the Committee on Philanthropic Activities, every moment in the KLUB has been a lesson in leadership, resilience, and service. I have seen firsthand how a simple idea, fueled by passion and teamwork, can touch lives. Organizing outreaches, mobilizing resources, and working alongside some of the most dedicated minds have taught me that true impact is not measured in grand gestures but in consistent, meaningful action.

More than anything, the KLUB taught me the true value of togetherness and collective purpose. I have learned a lot about leadership and responsibility—not just in organizing events, but in being accountable to a cause greater than myself. It taught me to embrace challenges, to innovate in the face of limitations, and to always carry people along.

As I stand at the threshold of my final year, I leave with deep gratitude. To my fellow KBITES, past and present—you have been my family, my inspiration, and my greatest teachers. I do not take this opportunity for granted.

The man I am today is a product of these years, of the friendships, the challenges, the wins, and the lessons learned within this great brotherhood. KB KLUB has given me more than a title or a role—it has given me a lifelong purpose. And for that, I will always be grateful.

### KB KLUB: A BROTHERHOOD WHERE BOYS BECOME MEN

It all started in 2020 when a group of young men, dressed in sharp, clean suits, walked into my classroom and spoke briefly about the Klub. From the moment of my interview, I knew I was embarking on a life-transforming journey.

Over the past five years, the Klub has shaped my character, taught me the true essence of being a gentleman, and instilled in me a drive to always strive for more—both for myself and my community.

As I step into the next chapter of life, I do so as a strengthened and empowered man, ready to contribute, innovate, and create lasting change.

And finally, to my brothers—I am grateful for the moments we shared, the lessons we learned, and the bond we built. Here's to a lifelong brotherhood! KB KB !!



SALAMI AKOREDE



ODEKUNLE ALIMI

My journey has been marked by its share of challenges and setbacks. Yet, in retrospect, I've come to realize that these moments of uncertainty were, in fact, opportunities for growth.

Through perseverance and self-reflection, I've learned to trust my instincts and believe in my own potential. I've come to understand that personal growth often requires us to step outside our comfort zones, and that every experience – no

matter how difficult – holds value.

As I look back on my journey, I'm proud of the person I've become. While I'm still evolving, I'm grateful for the lessons I've learned and the experiences that have shaped me. My story is one of resilience, self-discovery, and growth – a journey that continues to unfold.

KB Klub has been more than just an experience—it has been a journey of transformation. Through its values of excellence, discipline, and camaraderie, I have grown into a refined young man, shaped by the wisdom of mentors and the strength of brotherhood.

The exposure and opportunities it has provided have expanded my vision beyond what I once thought possible, opening doors to new heights of achievement. KB Klub didn't just challenge me; it refined me, leaving an indelible mark on the man I am becoming.



AWADJE DANIEL

KB KB !!!

# LIFE KBITES

ABATAN OLAKUNLE	AKINLEMIBOLA K. (SNR) (LATE)	CHIAZOR THEOPHILUS
ABDULKAREEM KEHINDE	AKINLEMIBOLA MAKINDE	DABIRI KOLAWOLE
ABET TOLU	AKINLUYI SAM	DACOSTA
ACHIKEH VINCENT	AKINSANYA YINKA	DAMAZIO ADESEGUN.S
ADEBANJO TOLUWALASE	AKINSOLA B.A	DAVID MOSES
ADEDIRAN ADEWUNMI	AKINTUNJI AKINSEFUNMI	DAWODU MARCUS
ADEGBITE ADEBOLA	AKINTUNJI FUNMILAYO	DEJAYI A.
ADEGBOLA TUTU	AKINWANDE FOLUSO	DIYA ABEL O.
ADEGOKE OLUDOTUN	AKINWUNMI AKINGBOLAHAN	DUROJAIYE O.
ADEGOKE OLUFEMI (LATE)	AKINWUNTAN A.	EBAEYE
ADEKUNLE A.O	ALABI O.	EDEM CHARLES
ADENIRAN ADEBISI	ALASANYA	EDENZE KEENNETH
ADEOLA E.A	ALAUSA OLAYINKA	EGBUNAH UCHENNA PATRICK
ADEOSUN S.K	ALAUSA YEMI	EHIS
ADEPOJU IBRAHIM	ALI AYODEJI	EHUWA N.
ADEROJU PAUL	ALLAN FATAVI WILLIAMS	EKELEDO KELECHI
ADESHINA ENITAN	ALLI TOLUWANI	EKONG ERNEST (LATE)
ADESINA KAYODE	ALUKO O.D	EKPE-IKO HODOVAI
ADETOLA ABAYOMI	AMBALI OLATUNJI	EKWEM I.
ADETOLA OLADEJU	AMOLE NIYI (LATE)	ELEGBA ABAYOMI
ADEWOYE BABAJIDE (LATE)	ANAGOAMANZE J.	ELEGBEDE KUNLE
ADEYEMI DORO (LATE)	ANDRE JIDE	ELIAS ABDUS-SALAM
ADEYEYE EMMANUEL	ANIBABA TOYIN	EMEH NOEL
ADIMULA OLUDOTUN	APAMPA OLUSEGUN	EMEKA UZOKA
AFOLABI KASHIMAWO	ARAOYINBO IDOWU	EMMANUEL TAIWO
AGBIBE J.O	AROGUNDADE	ESIONYE SAMUEL
AGBOOLA A.O	AROGUNRE SAHEED	ETUK EDEM
AGBOOLA GBOLAHAN	ASHIMOLOWO BAYO	EZE ANTHONY
AIYEYEMI ABIMBOLA	ASHIRU OLADAPO	EZE CHUKWUDI
AJAYI AYO	AWOLOKUN LANRE	EZEANI HYKE
AJAYI F. KUNLE	AWONUSI OLAITAN	EZEANYA I
AJAYI OLUWATONI	AWOPEGBA OLAYINKA	FAJEMBOLA OLUWOLE
AJAYI TUNDE	AWOSIKA ATIMA	FAJEMISIN DOKUN
AJIBADE OLOKUN	AYAEBERE CHARLES	FASHINA ADEWALE
AJIBOLA ABIOLA	AZIE KINGSLEY	FETUGA B.L.A.
AJIMOSINMI BAYO	AZUIBUIKE CHUKWUEMEKA	FILANI OYEBANJI
AJIMSIMI E.F	BABABODE OLUYEMI	GBADAMOSI ADEFEMI
AJISEBUTU TAOFEEK	BABALOLA O.	GRAHAM DOUGLAS
AKANMU M.	BABATUNDE B.A.	GRAHAM KENETH
AKERELE	BALOGUN BAYO	HABEEB M.Y.
AKHINDENOR BAJETAN	BALOGUN OLUWA	HAKEEM SHITTU
AKIBO OLUDAYO	BELLO IDRIS	HASSAN ADEKUNLE
AKIN JIMOH	BODE JOHNSON	IBIDAPO-OBE TUNDE
AKINBO S.R.A	BUNMI DADA	IDEM E.
AKINDE	BUTALI AZEEZ	

IDIH JEHOIAKIM	OJIKUTU HAKEEM	OYENEYIN MOJEED
IDOWU G	OJU OMAMOGHO	OYENIYA M.
IDOWU P.O	OKE THEOPHILUS	OYENUGA OLUSOLA
IHEME U.A	OKETADE ENIOLA	PHILIPS OLUWAYOMI
ISIOYE GABRIEL	OKOJIE FELIX	POPOOLA FATAI
IWUCHUKWU IFEANYI	OKO-OJI AFEEZ	RAHMAN MUDASIRU A.
JIMOH	OKPALA PASCHAL	SALAKO
JINADU M.A	OKUDERO	SALAKO DOKUN
JOAQUIM BABABOSIPO	OKUN TAIWO	SALAKO M.O
JOHNSON BODE	OKUNBADEJO DEJI	SALAU OPEYEMI
KINDELE RAHMAN	OKUNUGA O.	SALAWU A.S
KOLADE	OKUSANYA OLUSOLA	SALIU SODIQ
KOMOLAFE A.J	OKWESA VICTOR	SANUSI
KOROYIN GODDY	OLADIJU O.	SARAGA
KUKU OLUWADAMILARE	OLADIPO A.	SHANIYI OLUSEYE
LABODE MORRIS	OLAIYA KAYODE	SHITTU KEHINDE
LAWAL QUDUS	OLAMIJULO AYO	SHOBANDE ADOYE
LAWSON L.A	OLANIYI AYOBAMI	SHOBIYE OLAYINKA PETER
LYKE ENEANYA	OLANIYI OLUWATOBI	SHOLANKE
MADUAKO CELESTINE	OLANREWAJU DAYO	SHOTE OLAITAN
MADUAKOIK	OLATUNJI OREOLUWA	SHOYINKA A.O
MADUEKWE E.U.R	OLAWUNMI	SHYLLON MIKE
MAIJEH O.P	OLEDINMA ALFRED	SIDO O.F.
MAJEKODUNMI GBENGA	OLOKUN A.	SITIMEHIN LADI
MANTE FRANCIS	OLOLADE JOAQUIM	SOLANA WINSTON
MEHUIN G. OMUDU	OLOTU FRANCIS LOLA	SULAIMON ABDULJAWAD
MOROUNDIYA DAVID	OLOWO MOYOSORE	TAIWOKUN
MUNIRUDEEN YUSUF	OLUSHOLA O.O	TERIBA TOKUNBO
MUSTAPHA AYODELE	OLUWADARE	UDEVBULU EHIS
NASSY RABESH	OLUWO S.	UDO AKPAN
NAT SALAKO	OLUYEMI BABABODE	UDONWA
NLERUM A.	OLUYIDE YEMI	UDONWA N.E.
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OBASHORO OLANREWAJU	ONI OLAKUNLE	
OGUCHI CHIKA	ONWUJEKIRE DAN	
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OGUNDEJI TOSIN	OROLU M	
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OGUNSANLU OLUGUNWA	OSINUBI ABIODUN	
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2002-2003	APAMPA OLUSEGUN	OLUYIDE P.A.	FILANI B.O.	OSIGWE U.	AJISEBUTU TAOFEK	OJO K.	AYOBAMINIYI
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2005-2006	ABATAN KUNLE	AMBALITUNJI	CHIAZOR THEOPHILLUS	AZUBUIKE EMEKA	OLEDINNA U.	OLATEIJADETOLA	
2006-2007	AYOBAMI NIYI	AZUBUIKE EMEKA	AKINWUNMIGBOLAHAN	Olateuadetola A	AWOPEGBA YINKA		
2007-2008	AKINWUNMIGBOLAHAN	AWOPEGBA YINKA	IBRAHIM ADEOLA	SHOBINYI H.O.	EKELEDE KELECHI		
2008-2009	AZUBUIKE EMEKA	AFOLABI K.M.	AFOLABI K.M.	IWUCHUKWU 1.C.	IBRAHIM ADEOLA	AYATI TUNDE	
2009-2010	AKINWUNMIGBOLAHAN	AFOLABI K.M.	AFOLABI K.M.	ADENIN ENITAN	OKOJIE FELIX	ADENINA ENITAN	
2010-2011	AFOLABI K.M.	EBGUNAH U.P.	EBGUNAH U.P.	NDUBUKA D.I.	DAMAZIO A.S.	MOWOWALE TEU	
2011-2012	NDUBUKA D.I.	ADEGBITE A.E.	ADEGBITE A.E.	ELEGBA A.A.	ABDULKAREEM K.H. LA	AJAYI O.O.	
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2013-2014	EBGUNAH U.P.	ELEGBA A.A.	AKANMUM M.M.	NWABUDIKE S.C.	AKINDURO O.M.	JOGEDENG BET.O.	
2014-2015	AKANMUM M.M.	OGEDENGBE T.O.	OGEDENGBE T.O.	INLERUM A.F.	GBADAMOSI A.D. 01	OLANIYI O.M.	SULAIMON A.O.
2015-2016	OGEDENGBE T.O.	SULAIMON A.O.	EZEKIEL H.	EZEKIEL H.	GBADAMOSI F.	OGUNDEJI O.	SHOTE O.B.
2016-2017	SHOTE OLAITAN	OJU OMAMOGHO	ADEYEYE EMMANUEL	OGUNDEJI TOSIN	NWADINGWE EMEKA	OGUNDEJI TOSIN	ACHIKE VINCENT
2017-2018	INWADINGWE EMEKA	AJYEYEMI ABIMBOLA	AJYEYEMI ABIMBOLA	ADEROJI PAUL	EKP EKO HODOVAI	ALUKO BUSAYO	SHANIYI OLUSEYE
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2019-2020	ALUKO OLUVABUSAYO	ADEROJI PAUL	SHANIYI OLUSEYE	BAKARE IFE	BAKARE IFE	ADEPOLIJUBRAHIM	OKETADE ENIOLA
2020-2021	ALUKO OLUVABUSAYO	AKINWANDE FOLUSO	EZE ANTHONY	OKPAPASCHAL	MADEHIN MUSTAPHA	MADEHIN MUSTAPHA	BELLO IDRIS
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