



APHPN NEWSLETTER

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From the President

Ending the Year on a High Note

As we close out the year, I am proud to reflect on the dedication, resilience, and collective impact of the APHPN community. The year 2025 brought both challenges and opportunities, and our members rose to the occasion—strengthening partnerships, advancing professional development, and continuing to advocate for excellence in public health practice. Together, we have shared knowledge, supported one another, and remained committed to serving our communities with integrity and purpose.

Our focus in the first quarter of 2026 is our conference to be hosted in Maiduguri, the capital of Borno State. This event promises to showcase the work of medical personnel in conflict situation and the best of public health programs in challenging times.

You will certainly want to be there physically and enjoy the hospitality of the good people of Borno State. It is the first conference under the current leadership and we are excited about the preparation and look forward to meet you all.

As we look ahead to the new year, let us carry forward the momentum we have built. Thank you for your continued engagement, leadership, and passion. On behalf of the APHPN, I wish you the best of 2026. and prosperity

Towards Innovation and the Common Good!

God bless you all.

Dr Terfa Kene

President, APHPN.



Newsletter Highlights

Update from the President - Pg 1

Update from the Secretariat - Pg 2

Public Health Spotlight - Pg 3-5(continued)

News in Brief -Pg 6

Lagos State Biennial Scientific Conference -Pg7

Healing Hands to transformative impact -Pg 8

Appointments & Promotions -Pg 9

Notable Public Health Days - Pg 10

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Kure Ibrahim Shekwonyadu - Member

Omosivie Maduka - Member

Caroline Momoh - Editorial Assistant

CONTACT US:

 <https://aphpn-ng.net/>

 aphpn.national@gmail.com

 +2347058621544

UPDATE FROM THE SECRETARIAT

Dr. Augustine Ajogwu

Strategic APHPN Engagements

On the 27th October, 2025, the Association of Public Health Physicians of Nigeria, ably led by Dr Terfa Kene paid a courtesy visit to the Clerk of the Senate of the National Assembly, Dr Emmanuel Odo, Ph.D, in his office at the National Assembly complex, Abuja. The visit was to congratulate him on his recent appointment as the Clerk of National Assembly and to discuss with him on issues concerning Public Health in Nigeria and the drive of current Exco to ensuring the revitalization of PHC through PHC Adoption.

It was an opportunity also to seek for the collaboration of APHPN with the National Assembly Management to support health committee of the National Assembly in order to reshape health bills that come to it. The clerk, in his response, was glad for the visit and promised to engage with APHPN going forward in matters of health and in particular, health bills that come to the floor of the Senate of the National Assembly.

The Association of Public Health Physicians of Nigeria wishes to thank the Minister of Health and Social Welfare for the support in revitalizing PHCs in Nigeria through the PHC Adoption.



The Coordinating Minister of Health, Prof. Ali Pate, APHPN President Dr Terfa Kene and the Delegation at the Federal Ministry of Health Abuja



Dr Emmanuel Odo PHD, Clerk of the NASS with APHPN delegate led by the APHPN President Dr Terfa Kene.

APHPN Assets Acquisition

Similarly, in the quest of the Association Public Health Physicians of Nigeria to acquire assets for the Association for the benefit of its members, the APHPN President, Dr. Terfa Kene met with the Managing Director of Federal Mortgage Bank who advised that APHPN should register a cooperative society through which members can contribute and own a property anywhere in the country. To drive the engagement forward, a developer, Solap Signatures, who registered with FMBN has been identified. On the 10/07/25, the developer took the President and the secretary general to estate land in Karshi area of Abuja. The land is situated in a virgin serene environment and marvelous estate plan. The APHPN cooperative society has been registered and the expression of interest form is out. The first 50 persons to contribute will be allocated their plot and development of the estate will commence.

Similarly, as part of Nationwide engagement and dialogue to improve primary health care and adoption of primary health care in the country, on the 10th November, 2025, the Association of Public Health Physicians of Nigeria (APHPN), participated in the 6th Annual Legislative summit on Health and Nigeria Environmental summit, the summit took place in Transcorp Hilton, Abuja.

The theme of this year's summit was "Powering Legislative strengthening for Nigeria's Health System Climate Resilience, Energy and Sustainability".

The goal of the summit was to fast-track policies, investment and innovations that will build climate smart, energy resilient and sustainable financed health system in Nigeria, anchored on Legislative accountability.

The APHPN president, Dr Terfa Kene was one of the panelists which centered on ensuring sustainable energy in the PHCs in Nigeria.

In the effort of the current leadership to push the narrative of PHC adoption, on the 17th Nov, 2025, history was made towards pushing the Adoption of PHCs in the Country. The President of Association of the APHPN, Dr Terfa Kene led a delegation to the Honorable Minister of Health in his Office in Abuja for a documentary on Prof Clara Ejembi's life in ABU, as one of her students, in preparation for her 70th birthday anniversary.

The Coordinating Minister of Health and Social Welfare, Prof Ali Pate after eulogizing Prof. Clara Ejembi and her work to humanity, in addition, graciously adopted ECWA COMPREHENSIVE HEALTH CENTRE KAGORO, KAURA LGA. The PHC will be refurbished with solar installation and upgrade of basic infrastructure in honour of Prof Clara Ejembi to mark the milestone in her life.



KARSHI ESTATE LAND

Capacity Building.

As part of capacity building of the Association of Public Health Physicians of Nigeria, the CME committee headed by the Vice President 1, Prof. Omosivie Maduka, organized yet another interesting and thought provoking APHPN seminar on 7th November, 2025 in collaboration with Cybersecurity Experts Association of Nigeria, titled "Cybersecurity and Data Protection in Public Health practice". Data protection is critical in healthcare facilities in order to continue to maintain trust and maintain patient safety. The seminar highlighted the importance of data protection in public health practice and health care institutions to continue to provide uninterrupted services to the community members and maintain confidentiality. About 150 members participated in the capacity building.

PUBLIC HEALTH SPOTLIGHT

ETHICS of AI Adoption and Deployment in Health Care: Progress, Challenges, and Next Steps

Dr. Obinna O Oleribe, MBBS, MBA, MPH, DrPH
College of Health, Human Services, and Nursing,
California State University, Dominguez Hills, Carson, CA,
United States



Dr. Obinna O Oleribe,

Introduction

The Artificial intelligence (AI), also referred to as augmented intelligence, currently plays multiple critical roles in public health and medical practice, the rapid implementation and profound impact of which were unforeseen just a few years ago [1-5]. The emergence of generative AI (GenAI) through the release of a popular large language model in late 2022 made AI readily accessible to the general population and brought transformational shifts in several sectors, including health care [6,7]. GenAI has changed how people interact with each other—how they communicate, exercise, work, do business, relate, and lead. As part of this societal seismic shift, GenAI is revolutionizing global health care systems.

Digital technology is fast becoming an integral part of public health and medical practices, providing validated tools for detecting, screening, diagnosing, caring for patients, and monitoring health-related parameters. GenAI has measurably improved patient care and enabled individuals to self-identify issues, thereby leading to better management of their health and well-being [8]. According to a 2025 survey of senior health care leaders, 95% of respondents believed that GenAI will transform the industry, with 85% of health care providers and 83% of “payer leaders” stating that it will “reshape clinical decision-making within three to five years” [9]. In total, 54% of all respondents reported that they were already seeing a meaningful return on investment in their organization after the first year of GenAI adoption.

The introduction of GenAI into public health and medical ecosystems offers enormous opportunities for training, research, patient care, and resource management [10]. Nevertheless, the potential benefits of AI are accompanied by profound ethical considerations and substantial implementation challenges. In this viewpoint, we contend that the effective adoption of AI within health care contexts is contingent upon systematically addressing these concerns.

Current Gaps in GenAI in Health Care and Mitigation Strategies

AI is expected to improve health care outcomes by facilitating early diagnosis, reducing the medical administrative burden, aiding drug development, personalizing medical and oncological management, and monitoring health care parameters on an individual basis, thereby allowing clinicians to spend more time with their patients [27]. Although the integration of AI into health care has the potential to transform the industry, it also raises ethical, regulatory, and safety concerns [28]. AI can rapidly analyze large and complex datasets; extract tailored recommendations; support decision-making; and improve the efficiency of many tasks that involve processing data, text, or images [29].

As the operability of GenAI in public health and medicine advances, significant gaps remain. AI systems risk perpetuating or amplifying existing health disparities when trained on current available data, which are largely nonrepresentative and noninclusive in nature [30,31].

AI tools and resources also lack explainability and transparency, which undermines clinician trust and introduces legal and ethical issues in safety-critical care [32,33].

Current Trends in Health Care

GenAI is currently used as a powerful tool to provide diverse services to health care and public health providers. This includes the delivery of personalized services to patients and accurate information to health care leaders, enabling them to improve the quality of services, efficiency, and effectiveness of care and to combat the increasingly widespread online dissemination of health misinformation and disinformation (Table 1).

1. Common applications of artificial intelligence (AI) in public health and clinical medicine.

Application area	Role of AI	Current or expected benefits
Use risk prediction and preventive care [11-13]	Predicts future susceptibility to many diseases using health records, lifestyle factors, and other data sources (eg, Delphi-2M and BlueDot).	Helps public health professionals plan. Has the potential to inform early interventions and long-term personalized risk estimates.
Diagnostics via imaging [6]	Supports automated detection of anomalies in medical imaging (x-ray, CT ^a , and MRI ^b) for tuberculosis, cancer, and other diagnoses.	Supports faster triage to reduce radiologist workload and ensures earlier detection with fewer missed cases.
Assisted devices and point-of-care tools [17,18]	Enables faster diagnosis by providing diagnostic insights in real time for cardiomyopathies and other abnormalities.	Supports faster diagnosis with potential use in nonhospitalist settings, freeing specialists' time and reducing delays.
Drug discovery and design [1]	Helps in identifying or designing new drug molecules, predicting toxicity, optimizing clinical trials, and repurposing existing drugs, thereby accelerating the drug development process.	Reduces time and cost of drug development compared to the traditional drug discovery process, potentially compressing decades into months and saving billions of dollars.
Remote monitoring [22,23]	Helps with continuous collection and analysis of physiological and behavioral data for chronic disease management and early detection of signs and symptoms (eg, wearables for PGHD ^c).	Supports early detection of complications, reduces hospitalizations, promotes better disease management, and provides more proactive care.
Personalized multimodal data for personalized medicine [3]	Combines genomics, imaging, and EHRs ^d to tailor treatments to patients' specific needs.	Allows more precise treatments with the potential to reduce adverse reactions and achieve better patient outcomes.
Prognosis and disease monitoring [24]	Provides tools and devices that help track disease progression to detect early disease symptoms.	Supports care in nonclinical settings to improve patients' quality of life through early detection and diagnosis.
Robotic surgery [23,25]	Uses GenAI ^e -based algorithms to improve precision and control during surgical procedures.	Improves the effectiveness and efficiency of surgical procedures by enhancing precision, reducing surgeon fatigue, and improving safety.
Health system efficiency and workflow optimization [3,26]	Automates administrative tasks, prioritization, and resource allocation.	Reduces delays in administrative tasks by improving allocation of resources, leading to cost savings and fewer preventable complications.

CT: computed tomography.
 MRI: magnetic resonance imaging.
 PGHD: personally generated health data.
 EHR: electronic health record.
 AI: generative artificial intelligence.

Data silos, poor data quality, and limited interoperability remain major technical and organizational barriers to AI integration and use across the health care sector [34]. Regulatory, governance, and evaluation frameworks for safe clinical deployment are often incomplete or inconsistent across jurisdictions. Furthermore, models can degrade in new settings (dataset shift), and routine monitoring and maintenance of deployed models are frequently inadequate [35-38]. Other challenges include environmental concerns, hallucinations, inconsistent outputs, and various forms of cultural insensitivities across models in health.

Table 2 summarizes some of the current gaps in AI adoption in health care.

How to address the gaps

To address these gaps, it is essential to be deliberate and proactive in the design, development, and deployment of new AI models by ensuring representative data, appropriate validation, transparency, and prospective clinical evaluation before deployment; implementing continuous monitoring for dataset shifts, retraining policies, and incident reporting after deployment; and encouraging stakeholders to invest in interoperable data infrastructure, clinician training, clear regulation, and system-level equity assessments. This underscores the ethical imperative to integrate ethics into all stages of AI design, development, training, and deployment.

Although AI has tremendous potential in public and clinical health care, there is an urgent need to mitigate these challenges to effectively harness these benefits for more effective and efficient health care delivery systems. Leaders and health care providers must address all or most of the issues identified in [Table 2](#). This is achievable, as there are documented steps for the design, development, and deployment of AI models that are largely free (or relatively free) of these challenges.

Maximizing AI Opportunities in Health Care

To maximize the opportunities that AI provides, health care leaders, public health specialists, and providers must work with biomedical engineers, computer scientists, and AI experts to develop interoperable data solutions, address biases, and ensure equity and fairness. In developing and deploying the next generation of health care AI tools, they must build transparency and ensure the development of explainable GenAI tools that enhance health care providers' trust in AI, thus improving its use and subsequent better patient-related decision-making

These modifications will promote responsible, appropriate, and ethical practices in health care. For example, GenAI-driven tools such as Woebot (Woebot Health) [54], AI-powered mental health chatbots [55], and wearable electrocardiogram (ECG) apps such as the Apple Watch (Apple Inc) ECG feature [56] demonstrate how AI is already transforming health care by improving accessibility, decision-making, and transparency in patient care and data delivery. AI-powered chatbots and virtual health assistants, such as Babylon Health (eMed), provide patients with 24/7 access to health care advice, symptom checks, and appointment scheduling [57]. Imagine what could happen if these tools were trained with inclusive datasets that greatly minimize or eliminate bias, improve generalizability, and are open to providers. Such unbiased tools will accelerate adoption and use, saving providers' time, enabling opportunity for better provider-patient interactions, and enhancing the accuracy of diagnosis and treatment, as well as the safety of hospital procedures.

Creating platforms that ensure high-quality, interoperable data can significantly enhance GenAI applications in health care.

This will facilitate seamless data integration across different systems. Currently, GenAI-powered wearable health monitoring devices such as Apple Watch (Apple Inc), Fitbit (Google Inc), and Garmin (Google Inc) include pedometers, blood oxygen sensors, pulse oximeters, and electrodermal activity sensors to monitor skin temperature and stress. These personally generated health data, when analyzed, can be used to predict potential health risks and encourage preventive measures. Most of these devices are stand-alone products. However, system interoperability can bridge the gap between real-time monitoring and clinical decision-making. For instance, the ECG feature of a smartwatch that leverages GenAI to detect heart health anomalies can enable remote patient monitoring and provide explainable alerts to both lay users and health care professionals. Such alerts will help the wearer and the physician make timely, informed decisions [58]

Table 2. Common gaps in artificial intelligence (AI) adoption in health care and possible mitigation strategies.

Gap in AI technologies	Clinical and public health implications	Mitigation strategies
Bias and fairness [30,31]	<ul style="list-style-type: none"> Unequal performance across race, sex, and socioeconomic groups may lead to harm and widened disparities. For example, pulse oximeters and some AI tools perform worse for individuals with darker skin tones, and biased AI models can reduce clinician accuracy. 	<ul style="list-style-type: none"> Use only diverse, inclusive, and representative datasets. Apply fairness-aware ML^a techniques (eg, reweighting and adversarial debiasing). Ensure routine equity audits during deployment.
Explainability and transparency [32,39]	<ul style="list-style-type: none"> "Black box" models are difficult to interpret, making legal and ethical accountability unclear. The lack of explainability and transparency has been linked to adoption failure. 	<ul style="list-style-type: none"> Develop interpretable models or integrate XAI^b methods. Implement regulatory requirements that make explainability in safety-critical systems a requirement. Co-design model explanations with clinicians and patients.
Data access, quality, and interoperability [34]	<ul style="list-style-type: none"> Poor data quality, fragmented EHRs^c, and governance issues reduce model utility and transferability. To date, many institutions are unwilling or unable to share data, while legacy systems and nonstandard formats impede seamless integration. 	<ul style="list-style-type: none"> Implement common data standards across systems. Establish secure health data-sharing frameworks protected from cyberattacks and misuse. Improve data curation pipelines and maintain audit trails.
Generalizability and reproducibility [36,40]	<ul style="list-style-type: none"> Models validated on narrow cohorts fail in new hospitals or populations, producing unsafe predictions (overfitting). When models move across sites, performance drops and reproducibility issues arise even in published models. 	<ul style="list-style-type: none"> Ensure multisite validation across demographics. Establish open-source benchmarks and reproducible pipelines. Implement stress testing for the dataset shift.
Regulation, governance, and evaluation standards [35,37]	<ul style="list-style-type: none"> Inadequate regulatory frameworks delay safe adoption or allow the use of poorly validated tools in practice, as there are no consistent premarket or postmarket standards. 	<ul style="list-style-type: none"> Update and operationalize AI-specific regulatory pathways. Require premarket validation and postmarket monitoring. Establish independent ethics boards to ensure objective oversight.
Continuous monitoring and model predictive maintenance [36,38]	<ul style="list-style-type: none"> As some deployed models degrade over time (drift) and clinical workflows change, continuous monitoring is necessary to detect safety issues early. 	<ul style="list-style-type: none"> Establish continuous monitoring pipelines for model drift. Implement active learning and regular model retraining. Operationalize clear sunset policies for unsafe models.
Evidence-based clinical evaluation [27,28]	<ul style="list-style-type: none"> A lack of prospective clinical trials or robust impact evaluations exists for most published models, as most studies were retrospective. 	<ul style="list-style-type: none"> Fund and conduct prospective clinical trials and RCTs^d. Apply implementation science frameworks. Report findings following approved AI and scientific guidelines.
Data privacy, security, and governance [35,41]	<ul style="list-style-type: none"> Consent models for secondary AI data use are unclear, and several large health datasets are at risk of breaches. 	<ul style="list-style-type: none"> Use privacy-preserving ML techniques. Implement strong cybersecurity frameworks in hospitals. Ensure transparent consent and governance systems.
Clinical workflow integration and usability [42]	<ul style="list-style-type: none"> Poorly integrated tools disrupt patient care, increase workload, and provide outputs that are not actionable. 	<ul style="list-style-type: none"> Adopt human-centered design approaches. Conduct pilot testing in real-world clinical workflows. Integrate workflow with EHR systems to reduce burden.

Gap in AI technologies	Clinical and public health implications	Mitigation strategies
Workforce skills and trust [42,43]	<ul style="list-style-type: none"> Clinicians and the public currently lack adequate AI literacy, amplifying distrust. Inadequate training and limited AI competency impede responsible and appropriate use. 	<ul style="list-style-type: none"> Operationalize AI literacy programs for clinicians. Ensure transparent communication with patients. Clarify liability and responsibility guidelines.
Equity in public health contexts [29,30]	<ul style="list-style-type: none"> Current AI models may underrepresent populations considered marginalized and neglect social determinants of health, leading to misallocation of resources. 	<ul style="list-style-type: none"> Use diverse, inclusive, and representative datasets. Proactively include populations considered marginalized in model development and training. Ensure routine equity audits during deployment.
Conflicts of interest and transparency [27]	<ul style="list-style-type: none"> Vendor opacity, commercial incentives, and limited independent validation bias evidence and deployment decisions. 	<ul style="list-style-type: none"> Ensure commercial interests do not override patient and public safety. Ensure developers sign a conflict of interest declaration form.
Computational cost and environmental impact, including carbon footprint [44,46]	<ul style="list-style-type: none"> Training and operating large AI models consume substantial energy and water resources, contributing to climate change and straining sustainability goals in the health sector. 	<ul style="list-style-type: none"> Develop better energy-efficient architectures. Use carbon accounting and offsetting in model classification. Optimize hardware efficiency across models.
Hallucination with fabricated outputs [47-49]	<ul style="list-style-type: none"> AI systems may generate incorrect or entirely false but convincing outputs, posing patient safety risks if used for diagnosis, clinical advice, or health communication. 	<ul style="list-style-type: none"> Use RAG^e and grounding in trusted medical databases. Ensure use of human-in-the-loop verification. Build uncertainty estimation into outputs.
Inconsistent outputs (stochasticity and reproducibility) [50-52]	<ul style="list-style-type: none"> LLMs^f may produce different answers to the same query depending on prompt wording or repetition, undermining reliability in clinical decision making. 	<ul style="list-style-type: none"> Understand the limitations of AI in the patient care spectrum. Ensure use of human-in-the-loop verification. Ensure health care service providers such as physicians and nurses take full responsibility for patient safety regardless of the use of AI tools.
Cultural insensitivity and lack of contextual grounding [53]	<ul style="list-style-type: none"> AI models trained primarily on Western or English datasets may overlook cultural beliefs, practices, idioms, and health priorities of diverse populations, leading to alienation, mistrust, or unsafe advice. 	<ul style="list-style-type: none"> Include culturally diverse datasets and annotations. Partner with local communities to ensure context-aware AI design. Train multilingual and multicultural AI systems.

^aML: machine learning.

^bXAI: explainable artificial intelligence.

^cEHR: electronic health record.

^dRCT: randomized controlled trial.

^eRAG: retrieval-augmented generation.

^fLLM: large language model.

Ensuring tools are trained using representative datasets is essential to ensure that GenAI model outputs appropriately reflect the entire population. Standardizing data collection protocols can enable consistency to be achieved across sources. Developing tools that detect and measure levels of bias in AI models and incorporating fairness constraints during the development process may help reduce biases [59] making AI tools more user centered and integrated into health system workflows is essential to ensure a good user experience. Such tools will also be able to provide real-time monitoring and early warnings for health challenges, such as cardiac issues, thereby facilitating early professional evaluation and reducing morbidity and mortality [58,60]. In addition, updating and streamlining ethical guidelines and regulatory frameworks for AI in health care that prioritize data privacy, inclusivity, and transparency will facilitate appropriate, responsible, and equitable use of AI technology [56,57]. To achieve this, health leaders and biomedical engineers must collaborate with policymakers and other dominant stakeholders [61].

Moreover, early exposure of future health care professionals to GenAI at secondary and tertiary levels of education is critical to producing an AI-astute health workforce for primary, secondary, and tertiary care. Therefore, it is imperative to incorporate hands-on training and practical application sessions into both graduate and undergraduate curricula so that future health care professionals can work seamlessly with GenAI tools and datasets. Simulation exercises, case studies, and project-based learning are pedagogical approaches that can be tailored to enhance practical understanding. Fostering interdisciplinary collaboration through joint programs and projects will enhance stakeholders' awareness of the potential and limitations of GenAI technologies and thus identify their most appropriate use. Interdisciplinary knowledge sharing between health care professionals, data scientists, biomedical engineers, policymakers, and computer scientists can accelerate the discovery of more innovative, appropriate, user-friendly, inclusive, and applicable solutions [61,62].

Bridging Equity Gaps in AI Adoption and Use

The future of GenAI in health care is poised to be transformative, fundamentally altering the landscape of public health and clinical practice. Similar to wielding a hammer, GenAI in the hands of trained and experienced health care providers will augment, rather than replace, skilled and experienced operators. It is a force for positive change when appropriately developed, modeled, and used properly. Making GenAI available to all individuals, irrespective of ethnicity, race, gender, or socioeconomic status, will reduce inequity and improve health outcomes.

However, the current adoption and use of GenAI is not equitable across the health care industry, as large systems in high-income countries have unhindered access, while small organizations struggle to afford the tools they need most. Similarly, AI penetration in low- and middle-income countries remains limited due to inadequate infrastructure and insufficient financial resources. First-generation scholars and students from populations considered historically marginalized are also behind in AI adoption and use.

Health care systems adopting GenAI must prioritize people over profits to prevent inequity and its associated adverse outcomes, as the integration of advanced machine learning algorithms and big data analytics is not merely a trend but a paradigm shift that promises to enhance public health, improve clinical decision-making and patient experiences, and address systemic inefficiencies in resource allocation. To leverage these technological advances equitably and effectively, several key issues must be considered;

First, limited engagement by key stakeholders on how best to embed GenAI into health care provision poses a significant risk [63].

This challenge is exacerbated when medical, nursing, and allied professions are excluded from conversations that potentially impact health care services and professional practices. Establishing formal GenAI leadership roles will help ensure ethical and equitable use [5].

Second, as the success of GenAI in health care depends on acceptance by both patients and providers, transparent communication about the benefits and limitations of GenAI, as well as demonstrations of its value, is essential for building trust. Our recent studies have revealed that very few employees are aware of the process, cost, and implications of GenAI adoption in their organizations [67,68].

Third, to translate AI research into clinical practice across all populations, there is an urgent need for system-wide AI education, including a professional development component tailored to local contexts, with emphasis on underserved communities. Limited access to resources, including skilled and equipped AI trainers and the required infrastructure, hinders such on-the-job training. Therefore, there is a need to develop and popularize both accredited instructor-led and self-directed learning courses that provide introductory content on AI [69].

Conclusion

GenAI technologies have the potential to transform health care by improving public health practices, enhancing diagnostic accuracy, personalizing treatments, automating services, and increasing administrative efficiency. Future developments in GenAI should be guided by the need to address health care's most pressing AI-related challenges, especially environmental concerns, transparency and explainability, hallucinations, inclusiveness and inconsistencies, cost and clinical workflow integration, and safety and security of data (ETHICS). Similarly, AI regulation, governance, and clinical validation processes should be streamlined and strengthened to ensure the responsible and effective integration of AI in health care settings. Priority should also be given to establishing appropriate leadership and management structures and developing interoperability of data systems. By ensuring fairness, ethical practices, and appropriate educational and infrastructural initiatives, the global health community can strengthen the positive impact of GenAI, driving more efficient health care delivery systems and leading to improved patient outcomes.

This is an abridged version, the full article is available at the understated URL

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NEWS IN BRIEF

APHPN NATIONAL PRESIDENT VISITS RIVERS STATE

The Esteemed President of the Association of Public Health Physicians of Nigeria (APHPN), Dr Terfa Kene paid a working visit to Port Harcourt, Rivers State where he undertook several advocacy visits and visit to the Executive Secretary of the Rivers State Contributory Health Protection Programme (RIVCHPP), Dr Vetty Agala and participation in a consultative workshop for reviewing and updating the RIVCHPP Health Benefit Package.



APHPN President Dr. Terfa Kene and vice President 1 Prof. Omosivie Maduka in a group photograph with the Executive Director of RIVCHPP, Dr. Vetty Agala with other Public Health Physicians.

APHPN PRESIDENT DR TERFA KENE PAID A COURTESY VISIT TO THE HEAD OF SERVICE BAYELSA STATE



APHPN President Dr. Terfa Kene in a group photograph with Head of Service of Bayelsa State, Dr. Ebiye Wisdom Sawyer with members of APHPN Bayelsa State Branch

APHPN PRESIDENT AT THE TELEHEALTH CONFERENCE

On November 6th, 2025, the Nigeria Telehealth Conference took place at the AfriximBank African Trade Centre, Abuja, with the theme:

“Scaling Telehealth for Universal Health Coverage (UHC) in Nigeria: Pathway to Sustainability.”

Organized by Mobihealth International in collaboration with the Federal Ministry of Health and Social Welfare (FMOH), the event brought together key stakeholders from government, development partners, and the health sector to advance Nigeria’s telehealth agenda. APHPN President, Dr. Terfa Kene, participated as a speaker in Panel 3 – Service Delivery, Access & Adoption.



APHPN President Dr. Terfa Kene in a group photograph with the CEO OF Mobil Health International Dr. Funmi Adewara and Dr. Ronke

CELEBRATING A PUBLIC HEALTH ICON PROF. CLARA EJEMBI

Prof. Clara Ejembi celebrated her 70th Birthday and retirement from Ahmadu Bello University, Zaria, on 18th December 2025.

Professor Clara Ladi Ejembi stands as one of Nigeria’s most accomplished public health physicians, educators, and system builders—a woman whose life’s work has quietly but profoundly shaped the health and well-being of communities, institutions, and the nation at large.

Prof CL Ejembi’s life’s work endures—in people, in systems, and in the quiet victories of public health. APHPN rejoices with you on this great milestone accomplishment, and we wish you long life, good health, prosperity, and greater impact.

Congratulations Ma



Prof Clara Ladi Ejembi cutting her 70th birthday cake



Prof. CL Ejembi with APHPN President Dr Terfa Kene, Deputy Governors of Kaduna State, HE Dr. Hadiza Balarabe, and APHPN members during the 70th Birthday celebration in Zaria



Celebrating Success with Prof. Andrew Obi (APHPN Chairman, Edo State) on the occasion of his promotion to the rank of Professor of Public Health and Community Medicine in the University of Benin at the special Thanksgiving at St. Albert Catholic Church, UNIBEN (30/11/25). Lt.-Rt.: Dr Nyemike Awunor (VP-2 APHPN representing the National President), the celebrant and Dr Obiageli Okwara (APHPN Edo) 🌸

APHPN LAGOS STATE CONFERENCE

The 7th Biennial Scientific Conference of AHPN Lagos Chapter gathered public health leaders, government officials, practitioners, academics and private sector partners to examine the theme “Global Health Under Threat: Advancing Sustainable Financing and Workforce Capacity for Equitable Healthcare Delivery in the Global South.” Discussions highlighted weaknesses in Nigeria’s health financing, workforce, digital infrastructure, system coordination, and governance.

The conference presented forward-looking recommendations aimed at improving sustainable financing, digital health integration, workforce capacity, community trust, and evidence-based policymaking. Stakeholders reinforced the central role of public health physicians and the need for greater recognition and employment across institutions.

PHOTO GALLERY





Dr. Zainab Kwaru Muhammad-Idris (MBBS, FWACP, AFMCPH, MPH, PGDPPA, ADSM, FIMC, CMC, Cert. Gender & Devt; Fellow IPPHL, FellowLEDA-NN)

National President, Medical Women's Association of Nigeria (MWAN)

In Nigeria, the health and nutrition of mothers, newborns, children, and adolescents remain both a mirror of our national development and a measure of our collective conscience. Despite notable progress, preventable maternal deaths, newborn losses, childhood malnutrition, and adolescent health challenges continue to threaten the well-being of families and communities. Within this complex landscape, the Medical Women's Association of Nigeria (MWAN) has emerged as a steadfast force - bridging clinical expertise with advocacy, compassion with action, and evidence with community realities. Founded on the principles of service, equity, and professionalism, MWAN has consistently positioned women physicians and dentists at the forefront of efforts to improve maternal, newborn, child, and adolescent health and nutrition (MNCAHN). Our work reflects a deep understanding that health outcomes are shaped not only in hospitals and clinics but also in homes, schools, marketplaces, policy chambers, and, indeed, any other public and private institution. At the core of MWAN's contribution is its strong clinical and public health leadership. Across Nigeria, medical women provide skilled care during pregnancy, childbirth, and the postnatal period, helping to reduce maternal and newborn morbidity and mortality. From antenatal counseling and safe delivery practices to newborn care and adolescent-friendly health services, MWAN members translate knowledge into lifesaving action every day. Yet, MWAN's impact extends far beyond individual patient encounters.

Recognizing that malnutrition underpins a significant proportion of maternal and child deaths, MWAN has placed nutrition at the heart of its MNCAHN agenda. Through community outreaches, school health programs, and facility-based interventions, the Association promotes optimal maternal nutrition, early initiation and exclusive breastfeeding, appropriate complementary feeding, and micronutrient supplementation. These efforts are particularly critical in vulnerable and underserved communities, where poverty, food insecurity, and harmful social norms intersect to worsen nutritional outcomes. MWAN's strength also lies in its role as a trusted advocate. Medical women leverage their credibility to influence policies and programs that prioritize women, children, and adolescents. Through engagement with government institutions, development partners, and civil society,

FROM HEALING HANDS TO TRANSFORMATIVE IMPACT: HOW MEDICAL WOMEN ARE ADVANCING MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH AND NUTRITION (MNCAHN) IN NIGERIA

Through engagement with government institutions, development partners, and civil society, MWAN consistently champions increased investment in primary healthcare, nutrition-sensitive interventions, adolescent health services, and gender-responsive policies. Whether advocating for improved access to skilled birth attendance or for the integration of nutrition across the life course, MWAN ensures that the voices of women and girls are not only heard but also acted upon. Equally important is MWAN's commitment to adolescent health—a critical yet often neglected stage of the life cycle. Understanding that today's adolescents are tomorrow's parents, MWAN promotes comprehensive health education, menstrual health management, early pregnancy prevention, and nutrition for growth and development. By working with schools, faith-based organizations, and community leaders, the Association helps create safe spaces where adolescents can access accurate information and supportive services without stigma. Capacity building and mentorship form another pillar of MWAN's contribution. By nurturing the next generation of female health leaders, MWAN strengthens Nigeria's health system from within. Training, mentorship, and leadership development initiatives empower young doctors to engage in research, programme implementation, and policy dialogue on MNCAHN issues. This intergenerational approach ensures sustainability and continuity of impact. What truly distinguishes MWAN, however, is its uniquely human approach to healthcare. Guided by empathy and the nurturing spirit of womanhood, medical women connect deeply with the communities they serve. They understand the social and cultural contexts influencing health behaviors and work patiently to build trust, dispel myths, and inspire positive change. In doing so, MWAN transforms healthcare from a technical service into a shared journey toward dignity, wellbeing, and hope.

As Nigeria strives to achieve universal health coverage and the Sustainable Development Goals, the MWAN's role has never been more critical. Advancing maternal, newborn, child, and adolescent health and nutrition requires not only policies and programmes, but passionate professionals who are willing to lead, advocate, and serve – and this is who and what we are! MWAN therefore remains committed to this mission—standing with women, nurturing children, empowering adolescents, and strengthening families. Through healing hands and visionary leadership, medical women continue to shape a healthier, more nourished, and more equitable future for Nigeria.

APPOINTMENTS, PROMOTIONS & RECOGNITIONS

APHPN celebrates its members who have risen to enviable heights of service to mankind.



Dr. Zara Wudiri
Promotion to the rank of a Associate Professor (Reader) by the Governing council of the University of Maiduguri, November 2025



Prof. Akin Osibogun received the award as Fellow of the Nigerian Medical Association (FNMA) on December 1st 2025. The highest honour of the Nigeria Medical Association (NMA). This prestigious recognition reflects Professor Osibogun's outstanding contributions, dedication and commitment to Medicine and Public health in Nigeria.



Prof. Sunday A. Aderibigbe
Appointment as Sub-committee Chairman of Adolescent Health and Development Technical Working Group by the Federal Ministry of Health (FMOH), Nigeria October 2025



Prof. Priscilla Utoo
Appointment as Deputy Vice Chancellor (Administration) by the Governing Council of the Rev. F. Moses Orshii Adasu University, Makurdi, Benue State, November 2025.



Prof. Ejembi was presented with the "Distinguished Mentor and Health Systems Development Award" at the Kaduna State Maternal Accountability Mechanism (KADMAM) Initiative award ceremony in collaboration with Kaduna State Ministry of Health and other Development Partners on 4th December 2025.



Prof. Akeem Bolarinwa
The Director of the Institute of Medical Research and Training (IMRAT) University of Ilorin was recognised and listed among Stanford/Elsevier top 2% leading global scientists, October 2025.



Prof. (Mrs) Bernadine Nsa Ekpenyong
Promotion to the rank of Professor in Public health Epidemiology by the governing council of the University of Calabar (UNICAL), December 2025



Prof Stephen Abah inaugurated on Friday Oct 10th 2025 at the APHPN Secretariat as the 2nd President of Society for Public Health Professionals of Nigeria (SPHPN) .



Dr. Rabi Ibrahim
Promotion to the rank of Associate Professor in Public health and Community Medicine by the governing council of the Gombe State University, November 2025



Dr. Zainab Kwaru Muhammad-Idris,
Induction as National President of the Medical Women Association of Nigeria (MWAN) on 3rd September 2025.

Global Public Health Dates of Significance: January - March 2026

CULLED FROM THE WORLD HEALTH ORGANIZATION AND UNITED NATIONS WEBSITES



International Childhood Cancer Day



On February 15th

