PREVENTING AND CONTROLLING THE NEXT PANDEMIC: The Role of the Laboratory

4TH INTERNATIONAL CONFERENCE programme

10 – 13 DECEMBER 2018
TRANSCORP HILTON
Abuja, Nigeria
At Roche Diagnostics we are committed to improving quality of life and survival of all patients, no matter who they are or where they live. Through public private partnerships, training initiatives and investment in the latest innovations, we believe Roche Diagnostics can make a positive, sustainable and cost-effective contribution to a healthier world.
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You are invited to attend the ASLM2018 Awards Ceremony

**WHEN:** Thursday, 13 December 2018, 15:30
**WHERE:** Congress Hall, Hilton Transcorp, Abuja, Nigeria

The biennial ASLM Awards Ceremony recognizes individuals and laboratories committed to strengthening laboratory medicine in Africa.

The ASLM2018 Awards Ceremony will be held in the Hilton Transcorp Congress Hall on Thursday afternoon, 13 December, to publicly honour the winners of five categories:

- **Best Laboratory Champion Clinician Award**
  Promotes and recognises an exceptional clinician in the field of public health whose work has had a profound impact on and/or benefit to laboratory medicine in Africa.

- **Practice in Laboratory Medicine Award**
  Promotes and recognises a sustained laboratory improvement/best practice leading to tangible and replicable outcomes for enhanced quality in laboratory systems and patient care.

- **ASLM Certificate of Recognition for Laboratory Accreditation**
  Recognises African government laboratories that have become accredited or re-accredited between 6 October 2016 and 5 October 2018.

- **ASLM2018 Outbreak Hero Award**
  Recognises an exceptional individual whose outstanding contributions and leadership have contributed to prevent and control an infectious outbreak.

- **The Lifetime Achievement Award**
  Recognises an exceptional individual whose outstanding contributions and leadership to laboratory medicine have made a positive impact on public health.

Join us!
Dear Distinguished Guests and Colleagues,

On behalf of the Nigerian people and the National Ministry of Health, I proudly welcome you to Abuja, Nigeria where the fourth international conference of the African Society for Laboratory Medicine (ASLM2018) is holding from 10-13 December 2018. In light of recent outbreaks and pandemics that have plagued Africa particularly Western Africa, it seems appropriate that West Africa hosts this year’s conference and that the theme is aptly - “Preventing and Controlling the Next Pandemic: the role of the laboratory”.

Historically, Nigerians have attended the ASLM conferences in great numbers. We value the role that laboratory sciences and ASLM’s have played in improving laboratory medicine; and subsequently the health and economy of Africa. The ASLM being a pan African society has improved the overall health status in Africa by promoting the value of medical laboratories and laboratory networks in Africa within all sectors including: Ministries of Health, Education, and Science Technology, National Public Health Institutes, Universities and other Tertiary Institutions, the Private Sector, and National Laboratory Professional Associations.

ASLM since its inception in 2011 has acted as the premiere professional body that represents laboratory practitioners and stakeholders in Africa. Through its various initiatives and partnerships, we have seen a continental push to ensure quality-assured diagnostics and clinical care that meet international standards. ASLM has successfully raised the importance and visibility of the laboratory as an essential component of all health systems and economy in Africa.

Here in Nigeria, the most populous country on the continent with a population of approximately 197+ million, we are concerned with preventing and controlling the next pandemic. We warmly welcome you all – healthcare workers, scientists, policymakers, dignitaries, philanthropists, private sector, industry, funders and so many others - who will convene in Abuja over the four days of ASLM2018 to discuss ways to optimize disease detection and response in Africa.

With best regards,

Professor Isaac Adewole
Minister of Health, Nigeria
Dear Colleagues,

We are pleased to welcome you to ASLM2018 in West Africa! In light of ongoing epidemics of global concern in Africa and globally, we welcome all of you – laboratorians, clinicians, healthcare workers, philanthropists, dignitaries, private sector representatives, funders, and others – to exchange information on all of our efforts to prevent and control pandemics. ASLM is the pan African society that promotes the role of the laboratory as a key component of health systems and surveillance in Africa.

ASLM will continue to improve clinical and public health outcomes in Africa by enhancing professional laboratory practice, science and networks via various strategic pillars:

- Strengthening **lab networks** and systems to support the delivery of clinical and public health functions.
- Strengthening the **laboratory workforce** in Africa.
- Improving the **quality of laboratory services** towards accreditation based on national, regional and international standards.
- Promoting and supporting harmonized national and regional **regulatory systems** for diagnostic products, technologies and services.
- Strengthening **communication** platforms, advocacy, partnerships and collaboration among laboratory stakeholders in Africa.

We thank you for participating in this fourth ASLM conference! We are looking forward to engaging with you to learn how your initiatives are contributing to elevate laboratory medicine in Africa. We are excited to brainstorm about ways to improve collaboration towards obtaining universal health coverage and the International Health Regulations.

Welcome to ASLM2018!

**Nqobile Ndlovu**  
Acting CEO, African Society for Laboratory Medicine
Dear ASLM2018 Participants,

We are honoured to welcome you to the fourth international conference of the African Society for Laboratory Medicine (ASLM2018). We are proud to welcome you to West Africa!

Annually, Africa suffers from epidemic-prone diseases such as cholera, meningitis, influenza, and viral haemorrhagic fevers. These epidemics account for numerous deaths and negatively impact the economic and societal growth of Africa. Due to recent outbreaks and pandemics such as the Ebola Virus Disease in West Africa and Central Republic of Congo, Lassa Fever in Nigeria, Rift Valley Fever in Uganda, the role of the laboratory has gained in visibility and importance globally. This year, we are emphasizing the role of the laboratory in disease detection and response to pandemics. Disease prevention and control efforts are optimal where there are thriving health systems that include quality-assured laboratory diagnostics and laboratory-based surveillance, anchored on a reliable real time data network and management system.

ASLM is the professional laboratory society that biennially convenes thousands of laboratory scientists, clinicians, healthcare workers, economists, technological company representatives, funders, dignitaries and other stakeholders to present and learn about ways to elevate laboratory medicine in Africa. A key to long term success is through synergizing partnerships, and the conference offers a great venue for potential partners to meet and network. Attendees from all sectors come from across the continent and globe and will exchange information via seminars, plenaries, special sessions, symposia, roundtables, and oral and poster presentations over six days.

We invite the delegates of ASLM2018 to share their best practices, innovations and research findings. An epidemic somewhere can be an epidemic everywhere, and the most efficient way to stop its spread is through early detection made possible by integrated and robust laboratory networks. Let us come together to accelerate the momentum towards achieving internationally recognized laboratory practice in Africa and beyond for an economically viable Africa.

We look forward to seeing you in Abuja, where we will have the opportunity to expand upon existing collaborations and build the partnerships that will help us address the next pandemic! With sincere regards,

With sincere regards,

Professor Alash’le Abimiku and Professor Souleymane Mboup
Co-chairs, African Society for Laboratory Medicine 2018 Conference
Our HIV solutions enable actionable decisions to be made that have a powerful impact on people, governments, and society. With a leading set of solutions for screening, monitoring, management and connectivity – from the lab to the point of care, Abbott is providing crucial tools to healthcare providers, especially in resource-limited settings.

HIV DIAGNOSTIC CARE FOR EVERY LIFE

“The m-PIMA™ HIV-1/2 Detect test is now commercially available in select countries. This product is not available in the US. © 2018 Abbott. All rights reserved. All trademarks referenced are trademarks of either the Abbott group of companies or their respective owners. Any photo displayed is for illustrative purposes only. Any person depicted in such photo is a model. 120004580-01 10/18
ASLM2018 Conference Committees

**ASLM2018 CONFERENCE CHAIRS**

**Alash'le Abimiku**  
Institute of Human Virology, Nigeria  
University of Maryland, United States

**Souleymane Mboup**  
Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation, Sénégal

**Executive Committee**

**Alash'le Abimiku**  
Institute of Human Virology, Nigeria  
University of Maryland, United States

**Souleymane Mboup**  
Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation, Sénégal

**Ndlovu Nqobile**  
African Society for Laboratory Medicine, Zimbabwe

**Debi Boeras**  
Global Health Impact Group, United States

**Ralph Timperi**  
Association of Public Health Laboratories, United States

**Planning Committee**

**Debi Boeras**  
Global Health Impact Group, United States

**Ndlovu Nqobile**  
African Society for Laboratory Medicine, Zimbabwe

**Pascale Ondoa**  
African Society for Laboratory Medicine, the Netherlands

**Mah-Séré Keita**  
African Society for Laboratory Medicine, Mali

**Anafi Mataka**  
African Society for Laboratory Medicine, Zimbabwe

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Institute of Human Virology, Nigeria

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African Society for Laboratory Medicine, United States

**Nicaiise Ndemb**  
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**Angie Stuivenberg**  
Global Health Impact Group, United States

**Bethanie Rammer**  
African Society for Laboratory Medicine, United States

**Laura Broyles**  
Global Health Impact Group, United States

**Myriam Formica**  
African Society for Laboratory Medicine, Ethiopia

**Ruth Girma**  
African Society for Laboratory Medicine, Ethiopia

**Rediet Argaw**  
African Society for Laboratory Medicine, Ethiopia

**Fitsum Abebe**  
African Society for Laboratory Medicine, Ethiopia

**Koudedia Konate**  
African Society for Laboratory Medicine, Mali

**Yann Elimbi**  
African Society for Laboratory Medicine, Cameroon

**Jenny Josiah**  
Roche, South Africa

**Francesca Desquesnes**  
Abbott, United Kingdom

**SCIENTIFIC COMMITTEE CO-CHAIRS**

**John Nkengasong**  
Africa Centres for Disease Control and Prevention, Ethiopia

**Pascale Ondoa**  
African Society for Laboratory Medicine, the Netherlands

**Scientific Committee Members**

**Alash'le Abimiku**  
Institute of Human Virology, Nigeria  
University of Maryland, United States

**Souleymane Mboup**  
Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation, Sénégal

**Rosanna Peeling**  
London School of Hygiene and Tropical Medicine, United Kingdom

**Iruka Okeke**  
University of Ibadan, Nigeria

**Mah-Séré Keita**  
African Society for Laboratory Medicine, Mali

**Debi Boeras**  
Global Health Impact Group, United States

**Anafi Mataka**  
African Society for Laboratory Medicine, Zimbabwe

**Bethanie Rammer**  
African Society for Laboratory Medicine, United States

**Katy Yao**  
US Centers for Disease Control and Prevention, United States

**Nicaiise Ndemb**  
Institute of Human Virology, Nigeria

**Heather Alexander**  
US Centers for Disease Control and Prevention, United States

**Mackenzie Hurston**  
US Centers for Disease Control and Prevention, United States

**Tom Kenyon**  
Project Hope, United States

**Oni Idigbe**  
Africa Centres for Disease Control and Prevention, Nigeria

**Philip Onyebuoh**  
Africa Centres for Disease Control and Prevention, Ethiopia

**Oyewale Tomori**  
African Society for Laboratory Medicine, Nigeria

**François-Xavier Babin**  
Fondation Merieux, France

**Igho Otutukun**  
Emory University, United States
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Institute of Human Virology, Nigeria
University of Maryland, United States

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Institut Pasteur de Dakar, Senegal

Anthony Emeribe
University of Calabar, Nigeria;
Medical Laboratory Science Council of Nigeria

Fausta Mosha
World Health Organization, Zimbabwe

Jane Y. Carter
African Medical and Research Foundation (AMREF), Kenya

Oyewale Tomori, PH. D, DVM
University of Ibadan, Nigeria

Philip Onyebujoh
Africa Centres for Disease Control and Prevention, Ethiopia

Ralph Timperi
Association of Public Health Laboratories (APHL), United States

Renuka Gadde
Becton, Dickinson and Company (BD), United States

Rosanna Peeling
London School of Hygiene and Tropical Medicine, United Kingdom;
International Diagnostics Centre, United Kingdom

Trevor Peter
Clinton Health Access Initiative (CHAI), Botswana

John Nkengasong (Ex-Officio)
Africa Centres for Disease Control and Prevention, Ethiopia

Bradley Hersh (Ex-Officio)
Stroger Hospital of Cook Country, United States;
BH Global Consulting, United States
General Conference Information

PARTICIPATING IN ASLM2018

Registration Times
Registration and check-in will be in the Congress Hall of the Transcorp Hilton Hotel on the mezzanine level.

- Sunday, 9 December 14:00 – 20:00
- Monday, 10 December 07:00 – 20:00
- Tuesday, 11 December 07:00 – 20:00
- Wednesday, 12 December 07:00 – 20:00
- Thursday, 13 December 07:00 – 12:00

Certificate of Attendance
A certificate of attendance will be available electronically for individuals who complete the ASLM2018 post-conference survey. Please check your email post after the conference for the link to the survey.

Badges
Badges must be worn at all times during the official meetings. Lost badges may be replaced at the registration desk. Please bring your ID for verification.

Attire
Conference attire is business casual for all days.

Meals
Please check with your hotel to confirm if breakfast is included in your room rate. Lunch and morning/afternoon tea breaks will be available for purchase in the Hilton Hotel. In addition, the Opening Reception (Monday, December 9 from 16:00-17:30) will offer a light fare, there are lunch time seminars available throughout the conference, and ASLM and ISN Products Nigeria Ltd. are offering some afternoon tea breaks on select days.

The Hilton Hotel offers eight restaurants and bars.

- **Bukka Restaurant** – on the lobby level is open daily for breakfast, lunch and dinner and offers Nigerian and Continental buffet
- **Zuma Grill** – on the lobby level is open Monday to Friday for dinner only featuring a la carte Nigerian and Mediterranean fine dining.
- **Oriental Restaurant** – on the mezzanine level (01 floor) is open daily for dinner only and features pan-Asian cuisine
- **Pastry Corner** – on the lobby level is open daily and features light meals and pastries
- **Fulani Restaurant** – located poolside and is open daily for lunch and dinner offering sandwiches, seafood and burgers
- **Suya Lounge** – located poolside and is open daily for lunch and dinner offering Nigerian suya (skewered meats) and pizzas
- **Piano Lounge** – on the lobby level is open daily and offers pastries and bar snacks. During the conference, sandwiches will be offered for lunch.
- **Lobby Bar** – on the lobby level is open daily and offers bar snacks. During the conference, sandwiches will be offered for lunch.

Transportation
There will be complimentary shuttle buses from ASLM2018-affiliated hotels. Check at the ASLM help desk in your hotel for departure times to and from the Hilton Hotel.

Additionally, taxis are plentiful around Abuja and Uber is also available.

Parking
The Hilton Hotel offers on site self-park and valet parking to visitors.

Money
The local currency is the Nigerian Naira (NGN). ATMs and banks are available throughout Abuja, as well as in the Hilton Hotel. Please be aware of your surroundings when using an ATM machine.

Please remember to notify your credit card issuer that you will be travelling to Nigeria.

Speaker Ready Room Details
All speaker presentations should be submitted to the Speaker Ready Room located in the Lagos Room. You will need to upload your presentation one day prior to your presentation. Please do not plan to take your presentation directly to your presentation room.

The Speaker Ready Room hours are as follows:

- **Sunday, 8 December** 08:00 – 20:00
- **Monday, 9 December** 08:00 – 20:00
- **Tuesday, 10 December** 08:00 – 20:00
- **Wednesday, 11 December** 08:00 – 20:00
- **Thursday, 12 December** 08:00 – 12:00
First Aid
If you are in need of first aid, a medical clinic is available in the Hilton Hotel. If you need emergency care, two hospitals are located nearby.

>> Maitama General Hospital
61 Aguiyi Ironsi Street
Maitama
+234 708 648 0761

>> Dr. Hassan’s Hospital (private hospital)
No. 5 Iller Crescent
Off Katsina-Ala Street
Maitama
+234 806 016 4004

Internet Access
Complimentary WiFi internet access will be available throughout the ASLM conference. To access the WiFi, connect to ASLM2018 WiFi provided by Abbott and enter the following password Abbott2018.

Simultaneous Translation
French translation will be available in the Congress Hall. Please secure your headset with a photo ID at the translation desk outside of the Congress Hall and please return the headset when leaving the hall.

Poster Session/Oral Poster Setup and Teardown Times
Posters and Oral Posters will displayed and presented in the poster marquee, located next to the exhibit area.

Posters should be no larger than 910mm high x 1150mm wide.

Poster presenters should hang their posters the morning of their presentation. Poster hours are 09:00 to 18:00. All posters must be taken down by 18:00.

Camera and Recording Notice
The use of camera and/or recorders is strictly prohibited during the oral and poster sessions. Limited use is allowed for the Exhibitors in their own booth area. Personal photography is allowed at social functions.

*Consent to Use of Photographic Images: Registration and attendance at, or participation in, ASLM2018 constitutes an agreement by the registrant to ASLM’s use and distribution (both now and in the future) of the registrant or attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.
Floor Plan – Room Locations

Function Room Layout
Lagos-Kogi-Osun Rooms

Congress Hall

Congress Hall (Mezzanine)
MINIMUM FOOTPRINT. MAXIMUM PRODUCTIVITY.
The new closed tube DxH 520 analyzer—because great things come in small packages

Small things can make a big difference. The low-volume DxH 520 hematology analyzer delivers high performance with a reduced footprint, fewer reagents and the smallest aspiration—17 µL—of any 5-part differential, closed tube system.

› Maximize laboratory productivity through robust data management tools, multiple-tube compatibility and zero daily maintenance

› Reduce overall operating costs by consuming half the power of similar systems, and eliminate disposal costs with formaldehyde- and cyanide-free reagents

› Deliver high-quality results with greater differential accuracy through a proprietary dynamic-gating method that improves flagging and reduces unnecessary slide reviews, while maintaining effective clinical sensitivity

Discover the difference the DxH 520 analyzer can make for low-volume laboratories.

Watch the video at www.beckmancoulter/DxH520
# Conference Agenda at a Glance

The detailed descriptions for all seminars can be found at www.aslm2018.org under the Conference Programme tab.

## SATURDAY, 8 DECEMBER 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>Full Day</td>
<td>Full Day Seminar 08:00 – 17:00 in CONGRESS HALL</td>
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<tr>
<td></td>
<td>SLIPTA/SLMTA Symposium 2018</td>
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<tr>
<td></td>
<td>Morning Seminar 08:00 – 12:00 in NIGER/ENUGU</td>
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<tr>
<td></td>
<td>Establishing and Optimizing NPHIs in Africa</td>
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## SUNDAY, 9 DECEMBER 2018

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>14:00 – 20:00</td>
<td>Registration in REGISTRATION FOYER</td>
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<tr>
<td>Full Day</td>
<td>Full Day Seminars 08:00 – 17:00 in CONGRESS HALL, NIGER/ENUGU</td>
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<tr>
<td></td>
<td>SLIPTA/SLMTA Symposium 2018</td>
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<tr>
<td></td>
<td>The ASLM Laboratory Community of Practice (LabCoP) Symposium</td>
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<tr>
<td></td>
<td>Morning Seminar 08:00 – 12:00 in BENUE/PLATEAU</td>
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<td></td>
<td>AJLM / PHE Manuscript Writing Workshop</td>
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<tr>
<td></td>
<td>Evening Seminar 17:30 – 19:00 in BENUE/PLATEAU</td>
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<tr>
<td></td>
<td>Laboratory Network Approach</td>
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## MONDAY, 10 DECEMBER 2018

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>07:00 – 20:00</td>
<td>Registration in REGISTRATION FOYER</td>
</tr>
<tr>
<td>Morning</td>
<td>Morning Seminars 08:00 – 12:00</td>
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<tr>
<td></td>
<td>NIGER/ENUGU: Role of Laboratory Systems: Lessons Learnt and Perspectives</td>
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<td></td>
<td>BENUE/PLATEAU: Development of Sustainable Laboratory Equipment</td>
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<td>KANO: WHO Workshop on Prequalification of In Vitro Diagnostics</td>
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<td>OSUN: Improving the Clinic-Laboratory Interface</td>
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<td>Opening of ASLM 2018</td>
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Sponsored by Abbott, Roche

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>14:00 – 16:00</td>
<td>Opening Ceremony in CONGRESS HALL</td>
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<tr>
<td>16:00 – 17:30</td>
<td>Opening Reception in CONGRESS HALL</td>
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<tr>
<td>18:30 – 21:00</td>
<td>ASLM/Unitaid/WHO High Level Dinner (Invitation Only) in KOGI</td>
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**TUESDAY, 11 DECEMBER 2018**

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<th>Time</th>
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<tbody>
<tr>
<td>07:00 – 20:00</td>
<td>Registration</td>
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<tr>
<td></td>
<td><strong>REGISTRATION FOYER</strong></td>
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<tr>
<td>07:00 – 08:30</td>
<td>Morning Seminars</td>
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<tr>
<td></td>
<td>Waste Management Strategies for HIV Viral Load and Early Infant Diagnosis</td>
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<tr>
<td>07:00 – 09:00</td>
<td>PLENARY 1 – Pandemic Threats</td>
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<tr>
<td></td>
<td>Health System Inequalities and Pandemics</td>
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<td>Costing the Response: Health Systems and Laboratories</td>
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<tr>
<td>10:30 – 17:00</td>
<td>Exhibit Halls Open</td>
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<tr>
<td>11:00 – 12:30</td>
<td>Oral Sessions</td>
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<tr>
<td></td>
<td>ORAL SESSION 1.1: Assessing the Burden of HIV, Tuberculosis and Malaria</td>
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<tr>
<td>12:00 – 13:30</td>
<td>Lunch on own</td>
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<tr>
<td>12:30 – 13:30</td>
<td>Lunch Seminars</td>
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<tr>
<td></td>
<td>Laboratory Systems REIMAGINED to Deliver Scale Up</td>
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<tr>
<td>13:30 – 15:00</td>
<td>Special Session</td>
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<tr>
<td></td>
<td>SPECIAL SESSION 1 – UHC and Health Systems Strengthening</td>
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<tr>
<td>14:30 – 16:00</td>
<td>Symposia</td>
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<tr>
<td></td>
<td>SYMPOSIUM 1 – Combatting Antimicrobial Resistance in Africa</td>
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<tr>
<td>14:30 – 16:00</td>
<td>Afternoon Seminar</td>
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<tr>
<td>17:00 – 18:30</td>
<td>Round Tables</td>
</tr>
<tr>
<td></td>
<td>ROUNDTABLE 1 - Leveraging and Sustaining Networks for Disease Response in Africa</td>
</tr>
<tr>
<td>17:00 – 20:00</td>
<td>Evening Seminars</td>
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<tr>
<td></td>
<td>Geospatial Digital Tools: Best Practices and Opportunities to Improve Quality and Coverage of Key Laboratory Services</td>
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### WEDNESDAY, 12 DECEMBER 2018

<table>
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<tr>
<th>Time</th>
<th>Activities</th>
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<tbody>
<tr>
<td>07:00 – 20:00</td>
<td>Registration</td>
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<tr>
<td>07:00 – 08:30</td>
<td><strong>Morning Seminar</strong></td>
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<tr>
<td><strong>NIGER/ENUGU</strong></td>
<td>Biosafety in Africa: What is the International Laboratory Branch (ILB) Working On?</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>PLENARY 2 – Laboratory Response</strong></td>
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<tr>
<td><strong>CONGRESS HALL</strong></td>
<td>Development and Testing of an Autonomous, Integrated Mobile Laboratory for Epidemic Rapid Response and Surveillance</td>
</tr>
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<td>Health Systems for Pandemic Response in the 21st Century</td>
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<tr>
<td>10:30 – 17:00</td>
<td>Exhibit Halls Open</td>
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<tr>
<td>11:00 – 12:30</td>
<td><strong>Oral Sessions</strong></td>
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<td><strong>NIGER/ENUGU</strong></td>
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<td><strong>BENUE/PLATEAU</strong></td>
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<td><strong>KOGI</strong></td>
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<td><strong>KANO</strong></td>
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<tr>
<td>12:00 – 13:30</td>
<td>Lunch on own</td>
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<tr>
<td>12:30 – 14:00</td>
<td><strong>Lunch Seminars</strong></td>
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<td><strong>NIGER/ENUGU</strong></td>
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<td><strong>FCT</strong></td>
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<tr>
<td>13:30 – 15:00</td>
<td><strong>Special Session</strong></td>
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<td><strong>CONGRESS HALL</strong></td>
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<tr>
<td><strong>SPECIAL SESSION 2 – Innovations: -iLEADs, -FIND</strong></td>
<td>Moderated by Souleymane Mboup, IRESSEF, and Wendy Stevens, NHLS</td>
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<tr>
<td>14:30 – 16:00</td>
<td><strong>Symposia</strong></td>
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<td><strong>NUE/PLATEAU</strong></td>
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<td>17:00 – 18:30</td>
<td><strong>Round Tables</strong></td>
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<td><strong>CONGRESS HALL</strong></td>
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<td>19:30 – 21:00</td>
<td><strong>Evening Seminars</strong></td>
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The detailed descriptions for all seminars can be found at www.aslm2018.org under the Conference Programme tab.
## THURSDAY, 13 DECEMBER 2018

### Registration
07:00 – 12:00
REGISTRATION FOYER

### Plenary
PLENARY 3 – Synergizing Partnerships
09:00 – 10:30
CONGRESS HALL

- Leveraging Public and Private Funds to Achieve UHC
  - John Simon, Global Fund
- Partnerships and Smart Investments for Global Health Security and International Health Regulations
  - Rebecca Martin, US CDC

### Oral Sessions
11:00 – 12:30
CONGRESS HALL
NIGER/ENUGU

- ORAL SESSION 3.1: The One-Health Approach
- ORAL SESSION 3.2: Partnerships and Collaborations for Universal Health Coverage and International Health Regulations

BENUE/PLATEAU

- ORAL SESSION 3.3: Science and Education to Prevent the Next Pandemic
- ORAL SESSION 3.4: The Last Mile to Achieving the UN 90-90-90 Targets

KOGI

- ORAL SESSION 3.5: Implementation and Harmonizing of Policies

KANO

### Poster Sessions
12:30 – 13:30
POSTER MARQUEE

Synergizing Partnerships

### Oral Poster Sessions
12:30 – 13:30
POSTER MARQUEE

- ORAL POSTERS 3.1: The One Health Approach
- ORAL POSTERS 3.2: Partnerships and Collaborations for Universal Health Coverage and International Health Regulations
- ORAL POSTERS 3.3: Science and Education to Prevent the Next Pandemic
- ORAL POSTERS 3.4: The Last Mile to Achieving the UNAIDS 90-90-90 Targets
- ORAL POSTERS 3.5: Implementing and Harmonizing Policies

### Lunch on own
12:30 – 13:30

### Symposia
13:30 – 15:00

- SYMPOSIUM 5: Laboratory Systems and Networks for One Health
- SYMPOSIUM 6: International Partnerships for UHC and Preparedness
- SYMPOSIUM 7: Partnering with the Private Sector: New Frontiers

### Closing Sessions
15:30 – 18:30

- Closing Session
  - CONGRESS HALL
- ASLM Awards Ceremony
  - CONGRESS HALL

The detailed descriptions for all seminars can be found at www.aslm2018.org under the Conference Programme tab.
Seminars

SPONSORS
African Society for Laboratory Medicine and the US Centers for Disease Control and Prevention

The SLIPTA and SLMTA Symposium
Launched in 2009, SLMTA is PEPFAR’s* flagship program for strengthening laboratory systems. It has been implemented in 52 countries and helped 81 laboratories attain accreditation to international standards. This 2-day event brings together laboratory quality improvement implementers and key stakeholders to celebrate successes, share lessons learned, and chart the way forward. The theme of the symposium is Sustainability: Make Quality Stick!

The VIP talks and expert panels will present strategies and approaches to sustaining quality in resource-limited settings. Particular linkage will be drawn to supporting the third 90 of the UNAIDS 90-90-90 goals. ASLM will preview SLIPTA 2.0, which will be officially launched later in the conference. In this new phase, Ministries of Health will be empowered to conduct the audits with only the coordination, guidance and awarding of certificates being provided by ASLM.

Two world-renowned Quality Control experts – Sten Westgard (Westgard QC, United States) and Wayne Dimech (NRL, Australia) – will each present a 1.5 hour training workshop. Country teams will showcase their SLMTA spirit through song-and-dance performances representative of their unique cultures and languages. Come prepared to learn, network, and be entertained.

*PEPFAR: The US President’s Emergency Plan for AIDS Relief

PRESENTERS:
John Nkengasong, Africa Centres for Disease Control and Prevention
Renuka Gadde, Becton Dickinson
S. Lorna Madurai, Global Clinical and Viral Laboratories
Tosan Erhabor, Medical Laboratory Science Council of Nigeria
Sten Westgard, Westgard QC, Client Services and Technology

SPONSOR
Africa Centres for Disease Control and Prevention

Establishing and Optimizing NPHIs in Africa
Laboratory services are the cornerstone of health systems and, if well-integrated with surveillance systems, are essential to robust detection and response to public health threats. There has been enormous progress made in Africa to strengthen laboratory capacity to meet the needs of HIV, malaria, and tuberculosis programmes. Now, ASLM is supporting Africa CDC with taking the next steps to improve resilience to emerging threats as witnessed with the recent Ebola virus and Lassa Fever outbreaks in West and Central Africa.

This session seeks to bring together conference attendees to exchange ways to assist with the implementation of Africa CDC’s strategic priorities related to surveillance, information systems, and laboratory capacity, and discuss the implementation of National Public Health Institutes (NPHI) in the African member states.

The Africa CDC special session will address the following:

• Improving early detection through improvement of laboratory diagnostic capabilities of high priority pathogens including antimicrobial resistant bacteria, viruses, and parasites;
• Developing mechanisms for laboratory systems and networks to ensure referral of information, specimens, isolates, or other materials between public and private facilities at different tiers of the health system;
• Dissemination and implementation of quality assurance, surveillance, and information management systems; and
• Setting up and/or empowering NPHIs for timely and accurate laboratory and epidemic surveillance.

PRESENTERS:
Yenew Kebede, Africa CDC
Samba Diallo, Africa CDC
Marguerite Massinga Loembé, Africa CDC

SPONSORS:
African Society for Laboratory Medicine and the Bill and Melinda Gates Foundation

The ASLM Laboratory Community of Practice (LabCoP) Symposium

During the closure of the October 2018 face-to-face meeting in Kampala, Uganda, it was agreed that follow-up about the action planning for country teams was to be made during the ASLM2018 conference in Abuja Nigeria.

Owing to this, the ASLM LabCoP team is organizing this special ASLM2018 LabCoP session. The eleven LabCoP countries (Democratic Republic of the Congo, South Sudan, South Africa, Malawi, Zimbabwe, Zambia, Tanzania, Uganda, Kenya, Sierra Leone, Ethiopia) will participate to the workshop. The purpose is to assess the progress made by each country in finalizing their action planning process and securing funding for their action plans or integrating their action plans into their country operational plans (COP planning) or Global Fund programing or reprogramming cycles. The workshop will also foster South-to-South exchange of best practices and promote peer-to-peer technical assistance.

LabCoP will continue to develop its own systems and tools to ensure maximum engagement and interest. During the October workshop, participants completed a survey about their experience with LabCoP communication platforms and other program-associated activities. The feedback from this survey will be shared at the satellite meeting and will foster ongoing discussions about how best to serve the LabCoP community.

Finally, drafts of the ‘LabCoP cookbook’ recipes on Demand Creation, viral load test result utilization and other key cross-cutting issues of viral load scale up will be shared with the group for input.

Seminar Objectives

a) To assess progress in the development of country-specific action plans and their alignment with in-country funding frameworks, and
b) To exchange best practices and foster South-to-South learning.

PRESENTERS:
Charles Kiyaga, African Society for Laboratory Medicine
Wafa El-Sadr, ICAP at Columbia University
Georges Alemnji, Office of the Global AIDS Coordinator (OGAC)
Eileen Burke, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Heather Alexander, International Laboratory Branch of the US Centers for Disease Control and Prevention
Thandi Onami, Bill and Melinda Gates Foundation
Lara Vojnov, World Health Organization
Pascale Ondoa, African Society for Laboratory Medicine

DATE: Sunday, 9 December
TIME: 08:00 – 17:00
LOCATION: Niger/Enugu
SPONSORS:
African Journal of Laboratory Medicine (AJLM), Public Health England (PHE)

AJLM/PHE Manuscript Writing Workshop

The African Journal of Laboratory Medicine (AJLM), ASLM’s scholarly journal is hosting a half-day pre-conference workshop on manuscript writing. Participants will hear short talks by resource persons and will perform hands-on-activities to hone a manuscript of their own.

The workshop will prioritize early career scientists who are authoring, or looking to author, one of their first five manuscripts for publication. Intended participants must apply to the workshop after registering for ASLM2018.

Learning Outcomes

Participants that complete the workshop will:

• Be cognizant of the requirements for responsible conduct of research and ethical writing;
• Understand and avoid unintentional plagiarism, conflicts of interest and other writing misdemeanors;
• Understand how to outline a manuscript and use the outline to draft a narrative;
• Be able to outline and draft an abstract for a scientific paper;
• Be able to navigate journal peer review processes; and
• Have a sense of where to go for writing assistance and support.

SPEAKERS:
Ike Anya, London School of Hygiene & Tropical Medicine & EpiAfric
Marie Anne Chattaway, Public Health England
Iruka N Okeke, African Journal of Laboratory Medicine; Professor University of Ibadan

OTHER WRITING RESOURCE PERSONS:
Colin S. Brown, Public Health England
John Elston, Public Health England
El-shama Monu-Nwoko, African Journal of Laboratory Medicine
Erikson Ewomazino Odih, African Journal of Laboratory Medicine
Nicaise Ndembi, Institute for Human Virology Nigeria and African Journal of Laboratory Medicine
Clement Ndongmo, USAID Global Health Supply Chain Program - Procurement and Supply Management (GHSC-PSM)
Bethanie Rammer, African Journal of Laboratory Medicine
Diane Waku-Kouomou, US Centers for Disease Control and Prevention

DATE: Sunday, 9 December
TIME: 08:00 – 12:00
LOCATION: Benue/Plateau
SPONSOR:
The USAID Global Health Supply Chain Program—Procurement and Supply Management

Laboratory Network Approach

The laboratory network approach is a stepwise process that is based on a dynamic understanding of the functionality and supportive systems needed to support national laboratory networks. This includes defining national needs through quantification, working with key stakeholders to map and optimize laboratory networks, strategically supporting diagnostic expansion as needed through reagent rental (all-inclusive pricing), and monitoring vendor performance through standardized Key Performance Indicators (KPIs). This approach can lead to more cost efficiency, enhanced patient access to testing, increased data transparency, and improved vendor performance. The session will specifically highlight the process in Nigeria that involved a collaborative effort across all stakeholders.

PRESENTER:
Matthew Wattleworth, USAID Global Health Supply Chain Program

SPONSOR:
Fondation Mérieux

Role of Laboratory Systems: Lessons Learnt and Perspectives

Recent outbreaks have highlighted the need for diagnostics and the important role of laboratory systems. The growing issue of antimicrobial resistance and the fields of HIV and tuberculosis, in particular, also call for quality laboratories and a high-performance organisation of the laboratory system. The complexity of technologies and the increase of associated costs are also major constraints in this field.

In this context, several approaches and initiatives to strengthen laboratory systems, especially in West Africa, will be presented and discussed.

PRESENTERS:
François-Xavier Babin, Fondation Mérieux
Ignatius Baldeh, National Public Health Laboratory, The Gambia
Aicha Marceline Sarr, Fondation Mérieux, Senegal
Mandiou Diakite, Ministry of Health, Guinea
Abdelaye Keita, National Institute of Public Health Research, Mali
Saida Rasoanandrasana, Ministry of Health, Madagascar
Abdoul-Salam Ouedraogo, Teaching Hospital Souro Sanou, Burkina Faso
Jean Sakandé, Fondation Mérieux
Medical laboratories in resource-limited settings often face challenges in equipment management due to lack of funds, a shortage of properly trained biomedical engineers and laboratory personnel to maintain the equipment, and access to the required necessary tools. While laboratory equipment management is essential for providing quality diagnostic services and is a critical component for laboratory accreditation, historically little effort has been made towards building the human resource capacity within the Ministry of Health and facility settings to maintain this equipment. In countries where national policies require an equipment management system, maintenance provision often remains inadequate, yielding unreliable equipment operation. The result is ineffective use of scarce material and human resources and sub-optimal provision of healthcare services.

The American International Health Alliance (AIHA) and the Association of Public Health Laboratories (APHL) have each been working in partnership with Ministries of Health in multiple countries in sub-Saharan Africa to build the workforce capacity and systems to enable countries to strengthen their laboratory equipment management programs. With funding from United States President’s Emergency Plan for AIDS Relief (PEPFAR) through the US Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), AIHA and APHL have been taking a holistic approach to ensure that systems are in place for Ministries of Health to have sustainable laboratory equipment management programs and reduce reliance on outside service providers for their equipment management needs.

This seminar will highlight projects implemented in Kenya, Uganda, Zambia, Ethiopia and possibly other countries to address laboratory equipment management programs. With representation from CDC, the respective Ministries of Health and their national laboratory divisions, AIHA, APHL and other key stakeholders, the seminar will cover:

- The Ministry of Health need for building the capacity within their laboratory equipment management programs,
- Donor priorities towards strengthening national laboratory programs,
- Development in-service training programs on laboratory equipment,
- Establishment of ISO17025:2017 accredited laboratory equipment calibration centers,
- Locally-driven and trained national biosafety cabinet certification programs,
- Development of equipment management laboratory information management systems (LIMS),
- Site-level mentorship programs to ensure impact and sustainability, and
- The role of equipment management in the laboratory accreditation process.

The respective country Ministries of Health, AIHA, APHL and stakeholders are seeing the site-level impact of these programs. It is showing that countries have local capacity to implement sustainable laboratory equipment management programs and therefore shift reliance and resources from supporting outside service providers, to supporting their respective facilities. Through a locally-driven approach, laboratory equipment management programs can better ensure sustainability of investments and increase quality of diagnostics.

**PRESENTER:**

Wilson Nyegenye, Ministry of Health, Uganda, Central Public Health Laboratories
WHO Workshop on Prequalification of In Vitro Diagnostics (IVDs) for National Regulatory Authorities (NRAs)

Building on ongoing efforts in many low- and middle-income countries to establish reliable regulatory systems with a clear mandate and sufficient capacity to regulate in vitro diagnostics (IVDs), the WHO Prequalification of In Vitro Diagnostics (WHO PQDx) is proposing to conduct a workshop for NRAs in order to present the work conducted to ensure the quality, safety and performance of IVDs entering these markets. In the current regulatory landscape, the WHO prequalification assessment and its outcomes serve as a mark of quality for IVDs in markets outside of the scope of stringent regulatory authorities and is based on best international practice.

The prequalification assessment process includes three components:

- Review of a product dossier,
- Laboratory evaluation of performance and operational characteristics, and
- Manufacturing site(s) inspection.

Post-qualification activities undertaken by WHO PQDx include post-market surveillance and review of mandatory manufacturer notifications of changes to prequalified products and/or the manufacturer’s quality management system.

The outcomes of the prequalification process are used by WHO Member States, UN agencies and international procurement agencies to guide their procurement decisions.

The seminar will focus on stability studies for IVDs and will introduce assessment principles to regulators from EAC jurisdictions, based on international best practice.

PRESENTER:

Irena Prat, World Health Organization, Prequalification of In Vitro Diagnostics

SEAD Consulting

Improving the Clinic-Laboratory Interface – A Symposium Looking at How to Improve the Clinic-Laboratory Interface (CLI) in both Stable Epidemics and Explosive Outbreaks

An exciting opportunity to explore a systems approach to improving the clinic-laboratory interface (CLI)!

Learning objectives include:

1) A systems-level view of the CLI,
2) A policy view of continental CLI initiatives,
3) A view of improving the CLI in stable epidemics,
4) A view on setting up CLIs for outbreak control, and
5) Practical information on tools to improve the CLI.

PRESENTERS:

Tim Tucker, SEAD Consulting
John Nkengasong, Africa Centres for Disease Control and Prevention
Amanda Mohlala, SEAD Consulting
William Ampofo, Noguchi Memorial Institute
Waste Management Strategies for HIV Viral Load and Early Infant Diagnosis

Accurate, reliable, and timely HIV viral load (VL) and early infant diagnosis (EID) test results are essential for the treatment and management of HIV/AIDS. By 2020, more than 30 million HIV VL tests will be performed globally. HIV VL scale-up initiatives have resulted in growing waste management (WM) challenges in many laboratories and health facilities, especially those in low- and middle-income countries. These challenges include the lack of country specific WM regulations and guidelines, limited financial and human resources, lack of technological and infrastructural advancement, and a shortage of local WM technical expertise.

There is needed guidance on the correct methods for the disposal of solid and liquid waste generated from conventional VL testing platforms and methodologies, including point-of-care (POC) devices. For example, guanidinium thiocyanate is a corrosive compound used in nucleic acid extraction and found in VL waste, which requires specialized disposal. However, many countries are unable to adequately dispose of this compound due to the aforementioned challenges.

These challenges continue to pose significant threats to public health and the environment. This session will bring together key WM stakeholders, partners, and experts to discuss and exchange ideas on how best to manage this waste, while bringing awareness to this growing WM issue. More specifically, it will provide a forum to discuss sustainable waste management methods and technologies, country-specific WM challenges and barriers, and a way forward.

PRESENTER:

Thomas Stevens, International Laboratory Branch, US Centers for Disease Control and Prevention

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WHO Essential Diagnostics List

In 2018, the World Health Organization (WHO) established a Strategic Advisory Group of Experts on In Vitro Diagnostics (SAGE IVD) to act as an advisory body on matters of global policies and approaches related to in vitro diagnostic medical devices (IVDs). The first meeting of SAGE IVD was held in April 2018 to define the methods and the work of SAGE IVD, and to make recommendations on the development of a Model List of Essential In Vitro Diagnostics (EDL).

Like the established WHO Essential Medicines List (EML), the EDL is intended to provide evidence-based guidance, and set a reference for the development or update of national EDLs. Nationally adapted EMLs have been successful in raising awareness and political will, guiding procurement and regulation policies and facilitating access to affordable medicines, particularly in resource-limited settings, by prioritizing the most important medicines all countries need to make available to their populations. It is expected that national EDLs will provide the similar benefits and improve access to essential IVDs. It will also contribute towards health system strengthening and realizing universal health coverage.

The first edition of the WHO EDL was launched on 15 May 2018. It includes IVDs for specific infectious diseases (HIV, tuberculosis, malaria, hepatitis B and C, syphilis and human papillomavirus), as well as general laboratory tests.

Submissions for additional categories of IVDs to the second edition will be reviewed from 15 November 2018. The applications with the reviews will be posted on the WHO website for public consultation for 1 month. The SAGE IVD will then meet in March 2019 to consider the applications to add new categories of IVDs, to update the existing categories of IVDs, or to remove IVDs or indications. The second edition will be released in May 2019.

PRESENTER:

Anita Sands, World Health Organization
Laboratory Systems REIMAGINED to Deliver Scale Up

The demands on the laboratory have never been greater: increasing efficiency with current or fewer resources requires establishing appropriate infrastructure for specimen transportation and result reporting with minimal turn-around time.

The World Health Organization (WHO) recommends HIV-1 viral load (VL) testing as the preferred method for monitoring treatment success. Dried blood spot (DBS) based HIV-1 VL testing is known to facilitate specimen collection and transport, enable reaching the most vulnerable and at-risk populations, will enhance the accessibility and scalability of HIV-1 monitoring in remote areas, and support achieving 90-90-90 target goals by 2020. A threshold of 1000 copies/ml is recommended for monitoring success of treatment in patients on antiviral therapy.

Efforts for broadening access to HIV-1 VL monitoring by implementing DBS testing are ongoing in various countries. However, implementing new technologies or converting to improved protocols for previously established technologies bear challenges and require proper planning and adjustment of operational steps to local conditions, as well as surveillance of the process, while reducing costs and improving efficiencies are critical to the success of existing programs at the same time.

The main aim of this seminar is to provide insight into long-term experiences from the implementation process and key factors essential for successful roll-out of DBS testing for HIV-1 VL testing reported by the organizers of local projects in Kenya and Uganda, two countries that started building and improving program infrastructure for efficient high-quality centralized testing services over 8 years, enabling measurably better healthcare outcomes.

At the end of the session participants will understand the key elements required for organizing and managing efficient local HIV-1 VL testing programs.

PRESENTERS:

- **Clement Zeh**, International Laboratory Branch, US Centers for Disease Control and Prevention, United States
- **Charles Kiyaga**, National EID/VL/SCD Program, Uganda
- **Matilu Mwau**, Centre for Infectious and Parasitic Diseases Control Research, Kenya
SPONSOR:
East, Central and Southern Africa Health Community

Strengthening Cross-Border Diseases Surveillance through Cross-Border Zoning

Weak disease surveillance systems between countries require establishment of harmonized, consensus-based collaborations and implementation of cross-border surveillance approaches. The East Central and Southern Africa Health Community (ECSA-HC) through its World Bank supported projects, the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project and East African Public Health Laboratory Network (EAPHLN), established cross-border surveillance zones using a One Health approach.

Cross-border zones made up of one or more districts from either side of the border for each project country were identified based on length of the border, burden of the diseases, human and animal activities, presence of a health facility with laboratory and human population size. Cross-border committees were established for each zone representative of the One-Health approach whose roles include: conducting risk assessment, annual planning, resource mobilization and allocation, managing laboratory commodities, oversight of surveillance and response, and capacity building.

In this session the SATBHSS project seeks to:
- Share experiences and lessons learned on the use of cross-border zoning using a One Health approach and
- Discuss practical solutions to data sharing across countries for use in emergency preparedness and response.

PRESENTER:
Talkmore Maruta, East, Central and Southern Africa Health Community
Disease diagnosis in sub-Saharan Africa is highly challenging, especially in a context characterized by the lack of appropriate diagnostic tools and limited access to healthcare. This situation is further entangled by the co-circulation of multiple pathogens that cause general febrile illnesses such as Lassa, Ebola, Malaria, Dengue fever, and other vector-borne diseases. As a result, many patients do not receive adequate diagnosis and miss the opportunity to benefit from timely and appropriate treatment. At population level, many outbreaks are not detected in timely manner in Africa. Therefore, laboratory-based syndromic testing using new tools can both optimize clinical outcomes and enhance early disease warning, endemic disease monitoring, or help to accumulate proof of pathogens in circulation.

BioMérieux/Biofire® Filmarray® syndromic molecular testing panels offer one of the broadest coverage of the major disease groups such as respiratory infections, gastroenteritis, meningoencephalitis, blood stream infections and tropical fever. A typical panel offers a rapid (less than 60 min), broad scope (from 14 to 34 targets) and includes virus, bacteria, mycosis and markers of resistance. In addition, these panels detect pathogens not routinely detected by conventional methods. Finally, their role in detection of co-infections is significant.

During this symposium, three experts from the US and Africa who have worked in several low income settings will share their experience in using molecular multiplex testing in the field. In addition, they will highlight the importance of this near point-of-care molecular testing in diverse settings (from primary care to tertiary levels within the healthcare pyramid) which will ultimately reinforce disease detection in early warning and surveillance systems in Africa.

**Session Learning Objectives:**

- Explain the concept of multiplex molecular syndromic testing and why syndromic testing is a powerful tool for the diagnosis of infectious diseases.
- Familiarize on how the syndromic testing is going to be used in medical practice and early detection of outbreaks.
- Delineate how molecular syndromic testing optimizes patient care and saves healthcare costs.

**PRESENTER:**

Stephen Obaro, Division of Pediatric Infectious Diseases-University of Nebraska Medical Center

David Boulware, Division of Infectious Diseases and International Medicine, University of Minnesota

Christophe Peyrefitte, Institute Pasteur Dakar (Senegal)
SPONSOR:
Roche

Redefine the Reach of Reliable Testing…
with cobas® Plasma Separation Card

Agenda:
• 15 mins: High level introduction to the cobas® Plasma Separation Card (PSC) – global need, 90-90-90, how PSC could impact health initiatives;
• 15 mins: Country experience of pilot studies;
• 50 mins: Hands-on sessions, with the training videos and some practical interactions;
• 10 mins: High level summary.

Objectives:
• Introduce the cobas® PSC to a broad audience,
• Create the framework for national adoption of the PSC,
• Provide practical guidance on how to use the PSC,
• Discuss any practical challenges on using PSC,
• What are the steps to follow, to take up PSC, and
• Provide (if possible) any CPD or other professional points.

PRESENTERS:
Lynsey Isherwood, South Africa iLEAD, South Africa
Isaac Ssewanyana, Uganda – CPHL, Uganda
Tsakani Mhlongo, South Africa – NHLS, South Africa

SPONSOR:
Foundation for Innovative New Diagnostics (FIND) and Unitaid

The Role of the Laboratory in Preventing and Controlling Viral Epidemics and Viral Pandemics

Weak health systems in sub-Saharan Africa are putting patient lives in danger as we combat new global health threats, even while moving towards universal health coverage. Given the demand for patient-centered services and the number of recent disease outbreaks, review and action are needed to strengthen health systems and ensure a more comprehensive public health role of the laboratory network. This session will provide key concepts of decentralization and integration of viral hepatitis diagnostics and services, and lessons learned from capacity building and diagnostics development for outbreak diseases such as Lassa fever.

CHAIRS:
Francesco Marinucci, Foundation for Innovative New Diagnostics
Pascale Ondoa, African Society for Laboratory Medicine

PRESENTERS:
Uhunmwangho Augustine, University of Abuja
Mtebe Majigo, Muhimbili University
Rosemary Audu, Nigerian Institute of Medical Research
Richard Ndjoum, Centre Pasteur, Cameroon
Anthony Ahumibe, Nigeria Centre for Disease Control

DATE: Tuesday, 11 December
TIME: 12:30 – 14:00
LOCATION: FCT

DATE: Tuesday, 11 December
TIME: 12:30 – 14:00
LOCATION: Kano
Use of Resources, Efficiencies and Mutual Benefit of Integrated Multi-Disease Testing in Optimised Laboratory Testing Networks

Optimising and efficiently utilising resources is key to effective laboratory services. Better placement of diagnostic instruments and efficient sample transport mechanisms have the effect of reduced turn-around times, better result utilisation and better outcomes. Use of polyvalent or multi-assay testing platforms that have the ability to conduct a number of different test types using a single device is identified as one way of increasing access to testing for viral load and early infant diagnosis testing to priority populations. While traditionally there is capability of testing for many diseases in conventional laboratories, integrated testing is also now available on point-of-care (POC) or near-POC devices such as the Cepheid GeneXpert, which can run assays related to HIV, tuberculosis, hepatitis, Ebola and human papilloma virus (HPV), among others. The continuously increasing fleet of diagnostic instruments in national diagnostics systems call for innovative ways of getting the most out of the capabilities of the instruments. This session aims to provide evidence and lessons learned to support setting up systems, adoption, scale-up of processes for the optimal use of resources, efficiencies, and mutual benefits of integrated multi-disease testing in the context of an optimised laboratory testing network.

The session will begin with case studies highlighting HIV, tuberculosis, hepatitis and HPV integrated testing across multiple countries, demonstrating the technical and operational feasibility of integrated testing on a single platform, how integration of decentralized POC/near-POC platforms can increase access to diagnostic services, and the potential financial savings to be generated through integration due to increased device utilization. The case studies will be followed by a panel discussion that aims to highlight the important ingredients for setting up systems and processes for the optimal use of resources and increased efficiencies in the context of ongoing laboratory network optimization exercises. Speakers from various regions and partner organizations across the continent will share pilot experiences and future plans for scaling-up integrated testing within laboratory networks. The session, co-organized by ASLM, CHAI, EGPAF, UNICEF; and Unitaid, will convene the laboratory medicine community, national HIV and tuberculosis diagnostics program managers, government officials / policy makers, funders and donors; implementing partners, non-governmental organizations, healthcare workers, manufacturers and diagnostic product suppliers.

CONTACT PERSON:

Anafi Mataka, African Society for Laboratory Medicine
SPONSORS:

**African Society for Laboratory Medicine and the Bill and Melinda Gates Foundation**

**Geospatial Digital Tools: Best Practices and Opportunities to Improve Quality and Coverage of Key Laboratory Services**

Knowing where laboratory capacity and services exist is a foundational piece of data to support equity, quality, and efficiency in healthcare. While this type of data is simple in nature, its availability and use have been limited by siloed efforts, limited accessibility, and technical capacity. InSTEDD, Fondation Mérieux, and Savics are leading an interactive session on laboratory mapping, focusing on two parts:

1. Experts will share recent experiences with collecting and managing data on laboratories across Africa. Further, innovators will share novel approaches for crowdsourcing and how to use GIS data to evaluate coverage, capacity, and opportunities to enhance a network of locations. The session will highlight common tools, such as DHIS2, Resource Map, Alics, and Planwise, but more importantly, will share best practices and lessons learned from partners.

2. Additionally, there will be an interactive group design-thinking exercise, where you can meet directly with GIS experts and other stakeholders with similar challenges, to discuss your projects, and explore opportunities for how to move forward and increase your impact.

We hope you can join us to explore current opportunities to better collect and integrate geospatial data into your program.

**PRESENTERS:**

- Scotts Teesdale, InSTEDD
- Xavier Morelle, SAVICS
- Nicolas Steenkeste, Fondation Mérieux

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**SPONSOR:**

**World Health Organization**

**Post-Market Surveillance for HIV Self-Testing**

The WHO’s Department of Essential Medicines and Health Products supports end-users, including HIV self-testers, to conduct post-market surveillance of in vitro diagnostics (IVDs).

Post-market surveillance of IVDs is the action of detecting, investigating, and acting on any issue related to the safety or quality of performance of an IVD after it has been placed on the market. Common complaints that should be reported for HIV IVDs for self-testing include:

- False-negative test results,
- False-positive test results,
- Invalid results (when neither a reactive or non-reactive result can be read), and
- Defective or missing reagents/consumables that mean the IVD cannot be used.

Complaints should be reported back to the location where the HIV self-test was distributed (e.g. pharmacy, health clinic). These complaints are then reported back to the IVD manufacturer for their investigation and corrective action, if needed.

**Who should attend?**

Testing providers (end-users, including HIV self-testers) and manufacturers of IVDs.

**What will you learn?**

- How to use WHO guidance on post-market surveillance of IVDs for HIV self-testing.
- How to report complaints for HIV IVDs used for self-testing.
SPONSOR:
World Health Organization

Update on WHO Prequalification

The WHO Prequalification of In Vitro Diagnostics (PQDx) aims at ensuring access to the commercially available IVDs through a comprehensive assessment of quality, safety, and performance. The process includes a review of the product dossier that supports manufacturers’ claims, an independent laboratory evaluation to verify performance and operational characteristics and an on-site inspection to assess the quality management system under which products are manufactured. The outcomes of the prequalification assessment provide a source of unbiased, scientifically sound evidence to assist countries that lack regulatory capacity in making procurement decisions for a continuously expanding range of analytes.

WHO will present an update on the WHO Prequalification of IVDs, including its newly implemented alternative performance evaluation mechanism and the work that has been performed to expand the laboratory network supporting its work, as well the different guidance documents that have been produced to assist manufacturers in meeting WHO requirements. WHO will also present the collaborative procedure to facilitate in-country registration of prequalified IVDs.

PRESENTER:
Irena Prat, World Health Organization, Prequalification of In Vitro Diagnostics

SPONSOR:
Sysmex

New Decentralized Molecular Hepatitis C Molecular Diagnosis & the Role of CD4 in the Management of HIV/AIDS Patients in the Current Dispensation

Hepatitis C virus (HCV) is a blood-borne virus that causes both acute and chronic infection. It is most commonly transmitted through sharing needles for injected drug use, inadequate sterilisation of medical equipment, transfusion of unscreened blood or blood products, and, less commonly, through sexual intercourse or mother-to-child transmission. It disproportionately affects vulnerable populations of people co-infected with HIV or tuberculosis and, if untreated, can progress to liver cirrhosis or cancer and cause significant morbidity and mortality. Approximately 150-180 million people are chronically infected with HCV worldwide, and it causes approximately 350,000 deaths each year. About 15–45% of infected persons spontaneously clear the virus within 6 months of infection without any treatment. The remaining 55–85% of persons will develop chronic HCV infection. Of those with chronic HCV infection, the risk of cirrhosis of the liver is between 15–30% within 20 years.

HCV infection is often asymptomatic, which means that a large percentage of those infected are unaware of their status. Current diagnostic algorithms are complex and expensive, many of the available tests used for HCV detection (primarily serological rapid diagnostic tests) are of poor or unknown quality. If screening for HCV infection using a serologic test, this must be followed by an HCV RNA test (either quantitative or qualitative) to confirm the presence of viraemia, and therefore chronic infection. Only patients with chronic infection will require treatment for HCV infection. HCV RNA tests are currently only available in centralised settings in low- and middle-income countries; as a result, less than 1% of infected people are aware of their disease in these regions. This seminar is targeted at introducing a new and innovative, hand-held molecular device for the diagnosis of HCV in the general population. The second part of the seminar is targeted at bringing to the fore the importance of using CD4 testing in the management of HIV/AIDS patients in the era of test-and-treat—an important component in the achievement of the 90-90-90 strategy for the eradication/control of HIV in the world. The Sysmex CD4 equipment, which has just acquired WHO-PQ, is in a strategic position to help ensure quality management to these patients. The seminar will afford professionals and participants of ASLM2018 to review the strategic role CD4 still plays in the management of HIV/AIDS patients.

PRESENTERS:
A.S. Akanmu, Department of Haematology and Blood Transfusion, Lagos University Teaching Hospital
G.K. Oyeleke, Department of Medicine, Gastroenterology/Hepatology, Lagos University Teaching Hospital
SPONSOR:
US Centers for Disease Control and Prevention

Biosafety in Africa: What is the International Laboratory Branch (ILB) Working On?

In this hour and a half session, the International Laboratory Branch (ILB) will introduce 3 new safety initiatives for the African environment. We will introduce and demonstrate our first 2-tier series of new safety familiarization trainings to address the underserved professional clinical and auxiliary clinical service population. Additionally, we will present progress on enhancing laboratory capacity, by discussing our third tier leadership training program geared to Africa’s biosafety professionals. Lastly, along the same lines for capacity enhancement, we will focus on the progress toward a sustainable Biosafety Cabinet Certification and Repair School to be located in Dar es Salaam at the Muhimbili University of Health and Allied Sciences (MUHAS).

PRESENTER:
David Bressler, US Centers for Disease Control and Prevention, International Laboratory Branch

SPONSOR:
Abbott

MOLECULAR FOR EVERYONE – Increasing Access to actionable EID and Viral Load Results While the Patient is Still There

UNAIDS calls for nothing less than the end of the AIDS epidemic by 2030. The ambitious 90-90-90 goals also call for rapidly scaling up diagnosis, treatment, and viral suppression, especially in vulnerable populations. Much has been achieved to reach these goals, and molecular platforms have become essential for diagnostics in both the first 90 for early infant diagnosis, and the third 90 for viral load monitoring.

For infants that acquire HIV, early infant diagnosis with accurate molecular testing can be the difference between life and death. Long turn-around times from specimen collection to result receipt at the clinic, and an even longer time for result returned to caregivers, contributes to high loss-to-follow-up and many test results are never received by the mother-baby pair. m-PIMA™ HIV-1/2 Detect provides access to testing and critical results while mother and child are still present, in time to treat during the 8-12 week window of opportunity.

Viral load monitoring is the cornerstone of the last 90 and is critical to ensure individual treatment response, effective use of costly second- and third-line antiretroviral medications, and minimal development and spread of resistance. Countries also face numerous challenges in scaling up HIV viral load testing. Abbott introduces m-PIMA™ HIV-1/2 VL, a new point-of-care viral load monitoring test on the m-PIMA™ platform designed to deliver a viral load result in less than 70 minutes to help overcome some of those challenges.

In this symposium, leading HIV experts provide practical information about their experience implementing the m-PIMA™ technology in clinical settings and the impact on their clinical decision making when actionable early infant diagnosis and viral load results can be delivered at the point of care, while the patient is still present.
SPONSOR: Hologic

THE PANTHER SYSTEM: Real Solutions for the Scale Up of HIV Viral Load Monitoring in Resource-Limited Settings

Join us for a discussion about how to incorporate simple, scalable and sustainable solutions into your laboratory!

PRESENTER:

Matilu Mwau, Kenya Medical Research Institute and Centre for Infectious and Parasitic Diseases Control Research

SPONSOR: bioMérieux

Global Point Prevalence Surveys (G-PPS): Accelerate the Implementation of Antimicrobial Stewardship in Africa

By using a highly tested, standardized approach, the Global Point Prevalence Survey (G-PPS) is aimed at improving skills in surveillance of healthcare-associated infections (HAIs) and antimicrobial use, and raising awareness among healthcare workers worldwide, particularly in Africa. For these purposes, the continued implementation of the G-PPS in African countries is crucial. The results of the hospital surveys help to: (i) create new local or national policies to reduce HAIs, (ii) create policies and procedures to reduce HAIs, (iii) improve proper use of antimicrobial drugs, (iv) bring evidence to support capacity strengthening of laboratories to improve diagnostic testing of HAIs.

Through invited presentations and discussions, experts from Africa will explore the role of G-PPS in accelerating the implementation of antimicrobial stewardship programs in their settings.

PRESENTERS:

Gunturu Revathi, Aga Khan University Hospital
Oyin Oduyebo, LUTH
Basma Mnif, University Hospital of Sfax

SPONSORS: Roche

Innovative Models of HealthCare Delivery Panel Discussion

This panel discussion will focus on 3 key, topical pillars:

- Universal Healthcare and Access,
- Health Systems Strengthening, and
- Quality at all levels.

Join us for an engaging and robust panel discussion on delivering healthcare for a new African paradigm!
Strengthening Sustainable Biorisk Management in Africa

This workshop will present strategies for strengthening biorisk management across laboratories in the African region. The workshop will be led by biorisk management professionals from the International Federation of Biosafety Association’s (IFBA) member Biosafety Associations in Mali, Nigeria, Cameroon and Ivory Coast who will share lessons learnt, discuss challenges and highlight opportunities to build sustainable laboratory biosafety and biosecurity capacity.

Participants will learn about strategies related to developing national biosafety and biosecurity policy frameworks and legislation, advancing sustainable biorisk management practices and procedures, and the certification of competency in biological risk management professionals. Participants will also discuss opportunities for partnerships across multiple institutions, organizations and countries that can help to propel and sustain biosafety and biosecurity across the West-African region.

The IFBA is collaborating with the African Society for Laboratory Medicine to enhance multi-sectoral collaboration and foster partnerships between its members, government ministries, and other stakeholders in the development and implementation of comprehensive national biosafety/biosecurity strategies. This includes the implementation of the Global Health Security Agenda’s Action Package 3, International Health Regulations, UN Security Council Resolution 1540, Biological Weapons Convention, and other health security initiatives.

Presenters:

Djibril Sangaré, Mali Association for Biosafety & Biosecurity
SPONSOR:
The International Consortium on Advanced HIV Disease

Saving Lives from Opportunistic Infections: Diagnostics for the Advanced HIV Package of Care

More than a third of people starting antiretroviral therapy have advanced HIV disease, and an increasing number of patients re-present to care at an advanced stage of HIV disease following disengagement from care. The leading causes of morbidity and mortality in these patients include tuberculosis, severe bacterial infections, cryptococcal meningitis, toxoplasmosis, and *Pneumocystis jirovecii* pneumonia. In 2017, WHO published guidelines for the management of advanced HIV disease in adults, adolescents, and children and recommended a package of care that includes opportunistic infection screening and prophylaxis, depending on age and CD4 cell count. Advanced HIV disease has been, until recently, largely neglected and remains a persistent problem, particularly in low- and middle-income countries.

This session will highlight the burden of advanced HIV disease in Africa along with the diagnostics services available to support the WHO Advanced Disease Package of Care and reduce and eventually eliminate mortality due to HIV-related infections.

At the end of the seminar, participants will:

- Understand the burden of advanced HIV disease in Africa and why the Advanced Disease Package of care is necessary to impact HIV-related morbidity and mortality;
- Learn about country successes, challenges, and lessons learned in implementation of the key diagnostic tests in the package of care, including:
  - How to implement point-of-care cryptococcal antigen (CrAg) screening in a resource limited setting (Malawi),
  - Experiences in training health workers to diagnose and treat cryptococcal meningitis (Nigeria),
  - Challenges to diagnosing TB disease in Nigeria, and
  - What is needed to expand access to advanced disease diagnostics in high-burden countries;
- Be up-to-date on the latest global efforts and proposals for expansion of the advanced HIV disease package.

SPEAKERS:

**Bernard Mvula,** Ministry of Health of Malawi  
**Rita Oladele,** Medical Mycology Society of Nigeria  
**Dan Onwujekwe,** Nigerian Institute of Medical Research (NIMR)  
**Wale Ajose,** UNITAID  
**Sani Aliyu,** National Agency for the Control of AIDS (NACA), Nigeria  
**Lara Vojnov,** Hepatitis and HIV Department, World Health Organization  
**Nqobile Ndlovu,** African Society for Laboratory Medicine  
**Charles Kiyaga,** African Society for Laboratory Medicine  
**Tom Chiller,** Mycotic Diseases Branch, US Centers for Disease Control and Prevention  
**Heather Alexander,** International Laboratory Branch, US Centers for Disease Control and Prevention
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Invited Speakers:
- Michael Makanga, European and Developing Countries Clinical Trials Partnership, South Africa
- Stefano Bertuzzi, American Society for Microbiology, United States

Special Guests:
- Rachel O'Shea, Abbott, United States
- Duncan Mackay, Roche, South Africa
- Alash'le Abimiku, Institute of Human Virology Nigeria, Nigeria
- Souleymane Mboup, Institut de Recherche en Santé de Surveillance Epidémiologique et de Formation, Sénégal

Keynote Address

John Nkengasong, Africa Centres for Disease Control and Prevention, Ethiopia

Dr. John Nkengasong is the Director of the Africa Centers for Disease Control and Prevention. Previously, he served as the acting Deputy Principal Director of the Center for Global Health and Chief of the International Laboratory Branch, Division of Global HIV and TB at the US Centers for Disease Control and Prevention (CDC) and held posts at the WHO, the Institute of Tropical Medicine in Belgium, and the US CDC Abidjan, Ivory Coast office. He has received numerous awards and is a recipient of the Knight of Honour Medal from the Government of Cote d’Ivoire, where was knighted in 2017 as an Officer of the Lion by President of Senegal, H.E. Macky Sall, for significant contributions to public health. He holds master’s degrees from the Institute of Tropical Medicine in Belgium and University of Brussels School of Medicine, as well as a doctorate degree from the University of Brussels.
Tuesday, 11 December 2018

PLENARY 1
PANDEMIC THREATS

DATE: Tuesday, 11 December
TIME: 09:00 – 10:30
LOCATION: Congress Hall
SESSION CO-CHAIRS: Chewu Luo, Chief of HIV/AIDS, Programme Division, UNICEF, United States
Stanley Okolo, Director-General, West African Health Organisation, Nigeria

SPEAKERS
Ibrahima-Socé Fall, Regional Emergencies Director, WHO/AFRO, Congo-Brazzaville

Health System Inequalities and Pandemics

Doctor Ibrahima Socé Fall is the Regional Emergencies Director for WHO in the African Region. He is a prominent Global Health leader. He has played a critical role in the design and implementation of the reform of WHO’s work in Emergencies. Since 2015, the team he is leading has responded to over 400 disease outbreaks including highly dangerous pathogens. His vision on evidence-based preparedness has led to the first regional epidemics risk analysis and mapping in Africa and the rapid implementation of Joint External Evaluation of the IHR (2005) core capacities for the development of national plan on health security. Dr Fall was formally WHO Representative in Mali before being appointed by the UN Secretary General as Ebola Crisis Manager and Head of UNMEER mission in Mali in November 2014 when Ebola reached the capital city Bamako. He was trained as a military physician and has over 25 years’ experience in medical practice and Public Health.
Chikwe Ihekweazu, Chief Executive Officer, Nigeria Centre for Disease Control, Nigeria

The Next Pandemic: What, When, Where?

Dr. Chikwe Ihekweazu is the Chief Executive Officer of the Nigeria Centre for Disease Control and was until recently the Acting Director of the Regional Centre for Disease Control for West Africa. Dr Ihekweazu trained as an infectious disease epidemiologist and has over 20 years’ experience working in senior public health and leadership positions in several National Public Health Institutes, including the South African National Institute for Communicable Diseases, the UK’s Health Protection Agency, and Germany’s Robert Koch Institute. Dr Ihekweazu has led several short-term engagements for WHO, mainly in response to major infectious disease outbreaks around the world. Dr Ihekweazu is on the boards of several non-governmental organization and is a TED Fellow and co-founder TEDxEuston. He holds degrees from the College of Medicine, University of Nigeria and from Heinrich-Heine University, Dusseldorf, Germany.

Olumide Okunola, Senior Health Specialist, IFC, World Bank, MIGA – Investment Climate – Health in Africa Initiative (HiA)

Costing the Response: Health Systems and Laboratories

Olumide Okunola is the Program Lead for the Nigeria program of the Health in Africa Initiative (HiA) and Senior Health Specialist at the International Finance Corporation of the World Bank Group. He leads the work on private sector participation in health systems and has been involved in the conceptualization, design and implementation of several pro-poor risk pooling schemes in Nigeria; he is also involved in reforms to rethink and redesign the way primary healthcare services are financed and delivered in developing countries. Olumide undertook graduate studies at the London School of Economics/LSHTM and University of Oxford -Said Business School where he earned Master’s degrees in Health Policy, Planning & Financing and Major Programme Management (MPM) respectively. He also graduated with an MBA from the Said Business School at the University of Oxford. He brings to healthcare an uncommon combination of skills in healthcare as a practitioner and expertise in management of complex projects.
# ORAL SESSION 1: TRACK 1: PANDEMIC THREATS

**DATE:** Tuesday, 11 December  
**TIME:** 11:00 – 12:30

## ORAL SESSION 1.1: Assessing the Burden of HIV, Tuberculosis and Malaria  
**Tuesday, 11 December**  
**Congress Hall**

<table>
<thead>
<tr>
<th>Time</th>
<th>Paper ID</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>11:00</td>
<td>OA-1.1-001</td>
<td>HIV and Its Co-infection with HBV among Pregnant Women in Ethiopia and its Implication for Preventing Vertical Transmission: A Systematic Review and Meta-Analysis</td>
<td>D. G. Debebe</td>
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<td>11:45</td>
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<td>OA-1.1-004</td>
<td>Virological Suppression Among HIV Infected Adolescents and Youths Receiving ART in the National Teaching and Referral Hospital in Kenya</td>
</tr>
<tr>
<td>12:05</td>
<td>OA-1.1-006</td>
<td>A Retrospective Prevalence Survey Of Transmitted HIV-1 Resistance in a Cohort of Treatment Naïve Patients in DREAM Malawi Program</td>
<td>R. Luhanga</td>
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<td>12:15</td>
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## ORAL SESSION 1.2: Assessing the Burden of Emerging Communicable and Non-Communicable Diseases  
**Tuesday, 11 December**  
**Niger/Enugu**

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<th>Time</th>
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<tr>
<td>11:00</td>
<td>OA-1.2-007</td>
<td>The Burden of Undiagnosed Diabetes Mellitus in Adult African Population: A Systematic Review and Meta-Analysis</td>
<td>D. A. Gebretensae, Y.A. Gebretensae</td>
</tr>
<tr>
<td>11:20</td>
<td>OA-1.2-009</td>
<td>The Population Dynamics of Haemoglobins F, A2 and S in the Context of the Haemoglobinopathies HbS and +thalassaemia among Kenyan Children 3-12 Months of Age</td>
<td>W. A. Macharia</td>
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<td>11:45</td>
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<td>OA-1.2-010</td>
<td>Prevalence of Colonizing Enterococci Species in Puerpural Mothers and Their Newborn in a Tertiary Hospital in North Central Nigeria</td>
</tr>
<tr>
<td>12:05</td>
<td>OA-1.2-012</td>
<td>Kingdom of Eswatini(Swaziland) Measles Outbreak, the Untold Story-Laboratory Perspective 2009-2010</td>
<td>N. B. Phungwayo</td>
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## ORAL SESSION 1.3: The Role of Laboratory for Understanding, Treating and Preventing Disease  
**Tuesday, 11 December**  
**Benue/Plateau**

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<tbody>
<tr>
<td>11:00</td>
<td>OA-1.3-013</td>
<td>Comparison of HB e Ag Status and Hepatitis B Viral Load DNA in Chronic Hepatitis B Patients in Uganda</td>
<td>V. I. Kasone</td>
</tr>
<tr>
<td>11:10</td>
<td>OA-1.3-014</td>
<td>Safety and Immunogenicity of a Heterologous Prime-Boost Ebola Virus Vaccine Regimen – ChAd3-EBO-Z Followed by MVA-EBO-Z in Healthy Adults in Senegal: EBL06 Clinical Trial</td>
<td>D. Wade, B. P. Ndoye, G. Bowyer, K. Ewer, T. N. Dieye, N. Venkatraman, A. Hill, S. Mboup</td>
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<td>11:45</td>
<td>OA-1.3-016</td>
<td>Immunogenicity of Leishmania Candidate Vaccine in Peripheral Blood Mononuclear Cells of Previously Treated Visceral Leishmaniasis Patients</td>
<td>G. D. Mihiretie</td>
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<td>11:00 – 11:10</td>
<td>OA-1.4-019</td>
<td>Prevalence and Drug Susceptibility Pattern of Group B Streptococci (GBS) Among Pregnant Women Attending Antenatal Care (ANC) in Nekemte Referral Hospital (NRH), Nekemte, Ethiopia</td>
<td>H. M. Mengist</td>
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<td>11:10 – 11:20</td>
<td>OA-1.4-020</td>
<td>Laboratory-Based Surveillance of Bacteraemia and Antimicrobial Resistance at Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, 2017-2018</td>
<td>A. A. Amupitan, A. T. Adeyemo, A. Aboderin</td>
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<td>11:20 – 11:30</td>
<td>OA-1.4-021</td>
<td>Baseline Survey of Prescribers’ Knowledge and Attitudes Towards Antimicrobial Stewardship in a University Teaching Hospital</td>
<td>O. Y. Abini, H. C. Anyabolu, T. O. Obadare, A. Aboderin</td>
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<td>11:30 – 11:45</td>
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<td>11:45 – 11:55</td>
<td>OA-1.4-022</td>
<td>Relationship Between Antibiotic Sensitivity Testing and Antibiotic Prescribing Patterns in Children Under 10 Years Presenting with Diarrhea: Findings and Implications for Eswatini</td>
<td>S. Nhlanzwe, R. Ndungwani, J. Benjamin, S. Diamini</td>
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<tr>
<td>11:55 – 12:05</td>
<td>OA-1.4-023</td>
<td>Evaluation of the HIV-1 Drug Resistance Among Patient Initiating Antiretroviral Treatment with WHO Guideline in Mali</td>
<td>M. Arkietou</td>
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## ORAL POSTER SESSION 1
### TRACK 1: PANDEMIC THREATS

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<th>DATE: Tuesday, 11 December</th>
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### ORAL POSTERS 1.1: Assessing the Burden of HIV, Tuberculosis and Malaria

### ORAL POSTERS 1.2: Assessing the Burden of Emerging Communicable and Non-Communicable Diseases
12:35 – 12:40 **OP-1.2-002** | Descriptive Analysis of 2017 Lassa Fever Cases in Nigeria  
O. A. Okoro

12:40 – 12:45 **OP-1.2-003** | Mass Campaigns for HIV, HBV (HBsAg) and HCV Screening by Multiplex Rapid Diagnostic Test in Sub-Saharan Africa Using Mobile Units  
G. Kalla, E. Voundi Voundi, R. Guiadem, F. Angwafo, L. Belec, F. Mbopi-Keou

12:45 – 12:50 **OP-1.2-004** | An Ongoing Rift Valley Fever Outbreak in Two Refugee Settlement Camp in Isingiro District, Western Uganda, July 2018  

### ORAL POSTERS 1.3: Laboratory for Understanding, Treating and Preventing Disease
12:50 – 12:55 **OP-1.3-005** | Latest Trick About H1N1 Influenza Vaccine Induced Autoimmunity and its Association with HLA-DQB1*0602 Genotype  
D. G. Debebe

### ORAL POSTERS 1.4: Combating Antimicrobial Resistance
12:55 – 13:00 **OP-1.4-006** | Sierra Leone Road to AMR Surveillance – Antibiotic Sensitivity Trend  

C. Yang, F. Jean Louis, N. segaren, O. Desinor, R. Beard, F. Kesner, J. Buteau, B. J. Marston, J. Doncœur, M. Charles

13:05 – 13:10 **OP-1.4-008** | Dispersin (aap), Transcriptional Activator (aggR) and aat Genes Are Not Restricted to Enteropathogenic Escherichia coli  
E. Q. Nwoko, O. C. Akinlabi, G. Dougan, A. Adepoju, I. N. Okeke

13:10 – 13:15 **OP-1.4-009** | Prevalence of Mutations of the PFDHFR / PFDHPS Genes in Isolates Collected in Senegal, Tanzania and Comoros  
C. K. Diedhiou, A. D. Ahoudi, N. Papa Mze, A. K. Bei, S. Mboup

### ORAL POSTERS 1.5: Laboratory Networks and Systems for Outbreak Response
S. Kidane, R. Kakkar, E. Toure, I. Pinto, R. Timperi

13:20 – 13:25 **OP-1.5-011** | Implementation of Laboratory-Based Surveillance for Antimicrobial Resistance in Burkina Faso  

13:25 – 13:30 **OP-1.5-012** | The Ebola Virus Disease Outbreak in West Africa in 2014–2015: The Experience of the Nigerian Unit of the European Mobile Laboratory Consortium  
D. I. Adomeh
POSTER SESSION 1
TRACK 1: PANDEMIC THREATS

POSTER NUMBERS:

>> PS-1.1 Assessing the burden of HIV, tuberculosis and malaria

>> PS-1.2 Assessing the burden of emerging communicable and non-communicable diseases

>> PS-1.3 Laboratory for understanding, treating and preventing disease

>> PS-1.4 Combatting antimicrobial resistance

>> PS-1.5 Laboratory networks and systems for outbreak response

Please refer to the Poster Directory in the back of the Conference Programme for poster numbers and titles.

Complete poster information can be viewed in the online Abstract Book at www.aslm2018.org
Special Session 1

UHC AND HEALTH SYSTEMS STRENGTHENING

DATE: Tuesday, 11 December
TIME: 13:30 – 15:00
LOCATION: Congress Hall

SESSION OVERVIEW:

The future of healthcare in Africa is public and private. Thus, Africa’s journey to Universal Health Coverage (UHC) will not succeed without substantial private sector participation, innovation, and effective public-private partnership approaches. There are opportunities galore for the private sector to play a transformative role in all three of the pillars of UHC – expanding ACCESS, improving QUALITY and reducing the IMPOVERISHING effects of out-of-pocket expenditure. Good laboratory practices and services are essential to evidence-based medicine, and by extension, QUALITY of care. Access to good laboratory services will determine the pace and extent to which UHC will be obtained in Africa. It will also play a significant role in reducing wastage and the cost of care.

Indeed, the private sector is already a dominant player in the provision of clinical laboratory services on the continent, often of variable quality. In many countries, the first encounter with laboratory services will be a privately run small enterprise and not big public one at a district hospital. Partnering with the private sector and ensuring the quality of healthcare in general and laboratory services in particular, are imperative to achieve UHC.

This session will review the status of laboratory services in both anglophone and francophone Africa, exploring the role of the private sector, potential areas for PPPs, challenges, and investment opportunities to achieve UHC. Possible strategies to ensure the sustainable implementation of quality healthcare under economic pressure will be discussed.

MODERATORS:

Khama Rogo, Lead Health Sector Specialist, World Bank Group, United States

Khama Rogo is Lead Health Sector Specialist with the World Bank and Head of the World Bank Group’s Health in Africa Initiative. He is a Professor in Obstetrics and Gynecology and a prominent advocate and global authority on reproductive health issues. He is a visiting professor at several universities and author of over 100 papers and book chapters. He served on the Gender Advisory Panel of WHO, the Advisory Committee of the David and Lucile Packard Foundation, and the board of the Center for African Family Studies. He is currently on the board of INTRAHEALTH, among other responsibilities.

Sten Westgard, Director of Client Services and Technology, Westgard QC, United States

Sten Westgard is the Director of Client Services and Technology for Westgard Quality Control. He is also an adjunct faculty member of the Mayo Clinic School of Health Sciences in Rochester, Minnesota; an adjunct faculty member of the University of Alexandria, Egypt; an adjunct visiting faculty member of Manipal University in Mangalore, India; and an honorary visiting professor in 2017 at Jiao Tong University, Shanghai. For more than 20 years, he has managed the Westgard website, course portal, and blog, creating and administering online training, as well as editing and writing hundreds of reports, essays, and applications on quality control, method validation, Six Sigma Risk Management and other laboratory management topics. He has edited and contributed to numerous books on quality and has co-edited two special issues of Clinics in Laboratory Medicine, as well as a special forthcoming issue of Biochemica Medica. He holds a master’s degree in computer science from Pace University.
PANELISTS:

**Everlyne Macharia**, Member, Kenya Medical Laboratory Technologists and Technicians Board and Chairman, Quality Assurance Committee; Head Diagnostic Services Coordinator, Nyandarua County Health Office (Laboratory and Radiological Services), Ministry of Health, Kenya

**The Kenya Medical Technicians and Technologists Board Strategy in Achieving UHC Through Public Private Partnership**

Everlyne Macharia is the County Diagnostics Coordinator for Nyandarua County in Kenya, where she coordinates medical laboratory services in public, private and faith-based health laboratories. Macharia is a registered Medical Laboratory Technologist by the Kenya Medical Technicians and Technologists Board (KMLTTB). She is a board member of KMLTTB, chairs the Quality Assurance Committee, and is a member of a technical working group developing guidelines on healthcare costs in Kenya for purposes of achieving universal health coverage. Macharia holds a Bachelor of Science in Medical Laboratory Sciences from the University of Mt. Kenya, a Diploma in Medical Laboratory Science from the Kenya Medical Training College, and a Certificate in Quality Laboratory Management for Tuberculosis in Universal Health Coverage from the Research Institute for Tuberculosis in Japan. She is currently pursuing her Master’s in Medical Laboratory Science Microbiology. Macharia was born on the slopes of Aberdare Mountain Ranges which forms the Eastern wall of the Great Rift Valley in Kenya.

**Chikwe Ihekweazu**, Chief Executive Officer, Nigeria Centre for Disease Control, Nigeria

**UHC and Health Security: Nigeria’s Experience in this Dual-Carriage Expressway**

Dr. Chikwe Ihekweazu is the Chief Executive Officer of the Nigeria Centre for Disease Control and was until recently the Acting Director of the Regional Centre for Disease Control for West Africa. Dr Ihekweazu trained as an infectious disease epidemiologist and has over 20 years’ experience working in senior public health and leadership positions in several National Public Health Institutes, including the South African National Institute for Communicable Diseases, the UK’s Health Protection Agency, and Germany’s Robert Koch Institute. Dr Ihekweazu has led several short-term engagements for WHO, mainly in response to major infectious disease outbreaks around the world. Dr Ihekweazu is on the boards of several non-governmental organization and is a TED Fellow and co-founder TEDxEuston. He holds degrees from the College of Medicine, University of Nigeria and from Heinrich-Heine University, Dusseldorf, Germany.

**Hon Dr. Isaac Adewole**, Federal Minister of Health, Nigeria

**Hon Joyce Muriku**, State Minister of Primary Healthcare, Uganda
SYMPOSIUM

COMBATTING ANTIMICROBIAL RESISTANCE IN AFRICA

SESSION OVERVIEW:

Antimicrobial resistance (AMR) threatens the effective prevention and treatment of a wide range of infections caused by bacteria, viruses, parasites and fungi, including those causing outbreaks. AMR poses a threat to global health, results in adverse health outcomes and economic loss due to longer duration of illnesses, additional tests and the need for more expensive drugs. AMR is a complex problem, driven by many interconnected factors such as the capacity of health systems to adequately identify the etiology of infection, conduct disease surveillance and take appropriate public health action; the regulation and monitoring of antimicrobial usage in human and animal health and in the environment; and the availability of new drugs active to control antimicrobial resistant pathogens.

Combatting AMR requires coordinated action, innovation and investment across all government sectors and society. Recently, the need to develop, implement and monitor national policies and strategies for the control of AMR has been highlighted in African countries. Governments are encouraged to align their strategies with the requirements of the WHO AMR global action plans, while a coordinated effort for AMR surveillance across the continent is being spearheaded by Africa CDC and other global partners.

Laboratory systems and networks are key to the control of AMR, as they support the reliable detection of pathogens, the identification of resistance mutation, and the monitoring of treatment efficacy. Laboratories also play a central role in disease surveillance and the generation of accurate data on AMR prevalence, distribution and trends over time.

This symposium seeks to:
1. Highlight the current knowledge gaps in AMR across the African continent,
2. Discuss some of the successes and challenges to AMR control policy and plan implementation,
3. Highlight the ongoing global strategy supporting coordinated evidence based intervention to address AMR at national and regional level, and
4. Provide an update on the diagnostic and M&E tools required to advance AMR control and prevention.

- **The Distribution of AMR Prevalence in Africa: An Overview and Root Cause Analysis of Knowledge Gaps**
  Collins Jaguga, ReACT Kenya, Kenya

- **The Situation of AMR and AMU in Egypt**
  Saly Wagdy, Ministry of Health and Population, Egypt

- **Tackling AMR in Africa: the Fleming Fund’s Strategy for AMR Capacity Building**
  Linda Oskam, DATOS, Netherlands

- **Advancing AMR Diagnostic, Surveillance and Control: What Tools Do We Need?**
  Amanda MacDonald, American Society for Microbiology, United States

CO-CONVENERS:

Frank Konings, Public Health Laboratories Unit, WHO-EMRO, Egypt

Dr. Frank Konings has extensive experience in the coordination of infectious disease laboratory programs. This includes preparedness planning and establishing or improving surveillance and response systems. Dr. Konings’ diverse international portfolio includes field work in Africa, Asia and the Middle East. He works closely with countries on International Health Regulations and health security. Dr. Konings previously worked on malaria and HIV in Cameroon and co-coordinated a Typhoid surveillance network in Africa. He started an EQA program for arbovirus diagnostics which is now a global WHO program. He currently manages the Public Health Laboratories unit of WHO/EMRO which covers laboratory strengthening for AMR.
Pascale Ondoa, Director of Science and New Initiatives, African Society for Laboratory Medicine, Netherlands

Dr Pascale Ondoa is the Director of Science and New Initiatives of the African Society for Laboratory Medicine (ASLM). She holds a medical degree from the University of Yaoundé, Cameroon, and a PhD in Biomedical Sciences (Virology) from the University of Antwerp. Dr Ondoa has worked in academic research at the Institute of Tropical Medicine of Antwerp from 2002 to 2009 focusing on immunology and virology studies of HIV and SIV infections of human and non-human primates and on the development of alternative tests to monitor HIV infection. Dr Ondoa is affiliated with the Amsterdam Institute for Global Health and Development, University of Amsterdam as an assistant professor. She worked at AIGHD from 2009 to 2016, on research and implementation aspects of various projects looking at HIV drug resistance in sub-Saharan Africa, exploring ways to mitigate barriers to laboratory test uptake. Since 2016, Dr Ondoa provides scientific leadership to the ASLM team and focuses on addressing gaps of the laboratory systems and networks in African countries.

SPEAKERS:

Collins Jaguga, ReACT Kenya, Kenya

Collins Jaguga is a health systems and public health pharmacist with seventeen years experience in pharmaceutical services in low-resource settings. He is currently a Project Manager at Action on Antibiotic Resistance (ReAct) Africa hosted by the Ecumenical Pharmaceutical Network (EPN) Nairobi, Kenya, and works to strengthen pharmaceutical services and systems in sub-Saharan Africa. He is involved in assisting countries to develop and implement national action plans on antimicrobial resistance (AMR) by offering technical assistance in the development of national frameworks for antimicrobial stewardship (AMS) and establishment of AMS and infection prevention and control programs in low-resource settings. He is currently coordinating an AMR research prioritization exercise for Africa. He holds bachelor’s and master’s degrees from Strathmore University, Kenya.

Saly Wagdy, Ministry of Health and Population, Egypt

Dr. Saly Mohamed Wagdy is a physician working in the Central Public Health Laboratory within the Ministry of Health and Population of Egypt. She is a consultant for clinical microbiology, specialist in infection prevention and control, specialist in laboratory quality management systems, specialist in applied epidemiology, and a graduate of the Field Epidemiology Training Program of Egypt. She is the laboratory focal point for the national bacterial surveillance systems, including the National AMR surveillance system. She is also the laboratory focal point for the national pneumonia and enteric fever surveillance systems and serves as the manager and focal point of PULSENET–Egypt. She contributed to establishing the AMR national action plan and will participate in the implementation of the AMR global action plan. Recently, Wagdy was named the head of the national laboratories monitoring and evaluation department, which aims to improve national laboratory capacities.

Linda Oskam, DATOS, Netherlands

Linda Oksam has 32 years’ laboratory experience, of which 26 years have been focused on the worldwide improvement of laboratory services. Linda has a strong interest in policy and planning, quality management, health systems management and public health. Her passion is the integration of laboratory services into the general health system, also from a One Health perspective. Linda is a senior advisor for laboratories, control programmes, non-governmental organizations, governments and international organizations on diagnostic laboratory services worldwide at all levels of the healthcare system. She is currently Director Laboratory Systems Strengthening at DATOS in The Netherlands. She holds a doctorate degree (PhD).

Amanda MacDonald, American Society for Microbiology, United States
SESSION OVERVIEW:

Uncontained infectious outbreaks can have devastating consequences on public health and durably affect the social, economic and political fabric of societies in low- and middle-income countries of Africa. Africa continues to report considerably high incidence and mortality rates for diseases such as cholera, meningitis, avian influenza, and viral haemorrhagic fevers.

Infectious agents causing outbreaks can be very different from each other and no outbreak is the same. Nonetheless, regardless of the aetiology or visibility of outbreaks, preparedness and response require integrated alert and response systems, clear governance and strong health system capacity for coordinated action. Equally important are technological innovations that can address current laboratory system gaps and reinforce the relevance, access, and cost-effectiveness of the diagnostic arsenal for the detection and monitoring of infectious agents causing outbreaks. Moreover, research conducted in-between epidemics can also contribute to improving interventions for the prevention and control of infectious outbreaks.

This session will aim at:

1. Presenting the key requirements, challenges and best practices of planning a response to epidemics at national and global level, and
2. Discuss the contribution of research results and technological innovation in outbreak preparedness and response.

• The Guinea National Strategy to Respond to Epidemics
  Bouna Yattassaye, Ministry of Health, Guinea

• The Cholera Roadmap
  Linda Haj Omar, World Health Organization, Switzerland

• The Contribution of Immunology Studies to Outbreak Response
  Phyllis Kanki, Harvard T.H. Chan School of Public Health, United States

• Outbreak Preparedness and Response - Sierra Leone Experiences
  Isatta Wurie, University of Sierra Leone, Sierra Leone

CO-CONVENERS:

Philip Onyebujoh, Africa Centres for Disease Control and Prevention, Ethiopia

Dr. Philip Onyebujoh, is the Senior Technical Advisor for Strategy and Policy to the Director of Africa Centres for Disease Control and Prevention (Africa CDC), a specialized institution of the Africa Union charged with the responsibility of managing and mitigating outbreaks and emergencies on the African continent. Prior to his appointment, Dr. Onyebujoh worked for WHO where he coordinated technical support for the HIV, TB and Hepatitis and laboratories for the WHO Regional Office for Africa, covering WHO’s 47 member states in the African region. His academic background is in internal medicine (MD), infectious diseases (M.Sc, FRCP, DTM&H) and clinical immunology of mycobacterial diseases (PhD).
Ibrahima-Socé Fall, WHO/AFRO, Congo-Brazzaville

Doctor Ibrahima Socé Fall is the Regional Emergencies Director for WHO in the African Region. He is a prominent Global Health leader. He has played a critical role in the design and implementation of the reform of WHO's work in Emergencies. Since 2015, the team he is leading has responded to over 400 disease outbreaks including highly dangerous pathogens. His vision on evidence-based preparedness has led to the first regional epidemics risk analysis and mapping in Africa and the rapid implementation of Joint External Evaluation of the IHR (2005) core capacities for the development of national plan on health security. Dr Fall was formally WHO Representative in Mali before being appointed by the UN Secretary General as Ebola Crisis Manager and Head of UNMEER mission in Mali in November 2014 when Ebola reached the capital city Bamako. He was trained as a military physician and has over 25 years' experience in medical practice and Public Health.

SPEAKERS:

Bouna Yattassaye, Ministry of Health, Guinea

Dr. Bouna Yattassaye, a national of Guinea, is the Associate Director General of the National Health Security Agency (NHSA) of Guinea. He is a dental surgeon who has managed several health projects with international organizations, has worked as a Medical Coordinator for a mining society, and is specialized in epidemiology through the field epidemiology training program. Since 2016 at the NHSA, he has contributed to the improvement of the post-Ebola Guinean health system, particularly in the strengthening of surveillance, management of epidemics and laboratory capacity. As such, Yattassaye helped to implement alert and rapid response teams, as well as to install the country-wide emergency operating center. Yattassaye takes part in numerous scientific forums and champions innovation.

Linda Haj Omar, World Health Organization, Switzerland

Phyllis Kanki, Harvard T.H. Chan School of Public Health, United States

Phyllis Kanki is a Professor of Immunology and Infectious Disease in the Department of Immunology and Infectious Diseases at the Harvard T.H. Chan School of Public Health. She has worked in West Africa for several decades with the discovery of SIV and HIV-2 and its unique pathobiology. Her research interests include the virology and molecular epidemiology of HIV in Africa along with implementation science work to improve HIV outcomes. Previously, she led the Harvard President’s Emergency Plan for AIDS Relief (PEPFAR) project, providing prevention, care and HIV antiretroviral therapy in Nigeria, Botswana, and Tanzania. She collaborates with the University of Jos in a clinical trial to evaluate point-of-care viral load testing to optimize patient outcomes. Her recent research has sought to characterize antibody and T cell immunity to emerging or re-emerging viral fever pathogens such as Ebola virus, Zika and Dengue virus in West Africa. She holds DVM and DSc degrees.

Isatta Wurie, University of Sierra Leone, Sierra Leone

Dr. Isatta Wurie is a Senior Lecturer and Acting Head of Department of Chemical Pathology at the College of Medicine and Allied Health Science, University of Sierra Leone. She has national and international experience in Public Health Laboratory Systems development, particularly in establishing quality assurance structures in the field of diagnostic medical laboratory and surveillance and infection outbreak responses including Bio-safety and Bio-security policy development. She provides lead technical support to the Sierra Leone and Nigerian laboratory services to build systems and translate policy into action through supporting CDC Cooperative Agreement with Association of Public health Laboratories (APHL) since 2009 to 2018. Wurie also supports laboratory diagnostic and systems development in other countries and for other organisations (West African Health Organisation; African Society for Laboratory Medicine) in Africa. She holds a PhD in Viral Epidemiology from the University of Portsmouth in collaboration with London School of Hygiene and Tropical Medicine, UK.
LEVERAGING AND SUSTAINING NETWORKS FOR DISEASE RESPONSE IN AFRICA

SESSION OVERVIEW:

An efficient national public health laboratory network (NPHLN) is required for the successful detection, characterization and tracing of disease transmission. An NPHLN that is well-integrated with surveillance systems is essential to robust detection and response to public health threats. While efforts have been made in this direction in Africa, more is required to ensure that well-linked laboratory and surveillance networks are established and/or sustained and sufficiently capacitated to respond to ongoing and emerging threats.

The NPHLN provides the data needed for the timely confirmation of suspected pathogens during outbreaks. The data allow for evidence-based investigations and development of appropriate control interventions. Efficient NPHLNs are capable of collecting, analysing, and reporting data towards public health action; establishing appropriate, accurate, timely and sustainable diagnostic practice; and linking public health diagnostics with national and regional surveillance systems. A functional NPHLN is composed of laboratories at each level of the pyramidal health system able to properly diagnose priority infectious diseases for public health decision making.

This session seeks to examine ways in which multiple stakeholders are networking laboratories and/or sustaining laboratory networks to enable better disease response in Africa.

- **Sample Referral and Transport Systems – Encouraging Access**
  Kameko Nichols, The Nichols Group

- **Safely Detecting the Next Threat: The Role of Laboratory Networks**
  Lucy Maryogo-Robinson, Association of Public Health Laboratories

- **Empowering a Mobile Laboratory to Accomplish Disease Surveillance and Routine Diagnostic Mission**
  Jean Ndjomou, MRIGlobal

- **Laboratory Network for Improved Disease Response in Cameroon**
  Judith Shang, US Centers for Disease Control and Prevention, Cameroon

CO-CONVENERS:

Merawi Aragaw, Medical Epidemiologist, Africa Centres for Disease Control and Prevention, Ethiopia

Merawi Aragaw is a medical epidemiologist at Africa Centres for Disease Control and Prevention (CDC), African Union. He works on emergency preparedness and response, including the development of Africa CDC’s rapid response surge capacities. He has led and participated in various outbreak investigations and responses, including Ebola virus disease, meningitis and cholera. Previously, he served as an advisor to the Federal Minister of Health of Ethiopia on public health emergency management and served as member of the Multinational Taskforce of the African Union for the Establishment of Africa CDC. He has dedicated his entire career to public service and scientific research with a special interest in infectious diseases and public health emergencies and has expertise in surveillance and disease intelligence, public health emergency management and emergency operation center and incident management systems. He holds a medical degree and master’s degree in public health with a concentration in field epidemiology.
Cholera surveillance and detection during outbreaks.

Judith Shang, the Laboratory Director for the CDC-Cameroon program. She received a Masters in Medical Microbiology at the London School of Hygiene and Tropical Medicine, UK, and a Doctorate in Medical Microbiology from the United Medical and Dental Schools of Guy’s and St Thomas’s Hospitals, London, UK. Currently, she coordinates CDC-Cameroon Laboratory activities for both DGHT and GHSA/DGHP programs. Under her leadership, PEPFAR has supported establishment of Laboratory QMS towards quality service delivery for HIV care and treatment and disease surveillance; operationalization of the National Public Health Laboratory and EQA Center; establishment of a National Strategic Plan for Laboratories and mentored three Ministry of Health laboratories to attain ISO 15189 Accreditation. Under DGHP, she supported laboratory strengthening for cholera diagnosis at central, regional and district levels, establishing a laboratory network within the NPHL for Cholera surveillance and detection during outbreaks.

Mah-Sere Keita, African Society for Laboratory Medicine, Mali

Mah-Séré Keita is a global health professional with 17+ years of research, patient care, project development and management experience. Over the course of her career, she has worked primarily on improving disease detection and response in low-resource settings. Keita is currently the Director of Global Health Security at the African Society for Laboratory Medicine (ASLM), and has previously held leadership positions at the Catholic Relief Services –Mali, American Society for Microbiology (ASM), and Association of Schools and Programs of Public Health (ASPHP). She holds a Master’s in Public Health (MPH) with a focus on infectious disease epidemiology and a Certificate in Health Finance and Management from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Science (BSc) in pre-medicine biology from Boston College.

Kameko Nichols, The Nichols Group, United States

Kameko Nichols is an independent consultant with significant technical expertise in the field of specimen referrals. She has spent the past 10 years assessing, designing, implementing and evaluating specimen referral networks sub-nationally and nationally across 16 countries in sub-Saharan Africa plus India. She has worked across various diseases, working toward integrated systems, where possible. Projects have included conducting specimen transportation network assessments and system design; participating in diagnostics network optimization exercises and formulating global guidelines and training modules for specimen collection, packaging and transportation. She is a consultant with ASLM on the Global Health Security Agenda (GHSA) to develop and strengthen the Sample Referral Networks in GHSA priority countries. This work began with a situational analysis across eight countries and has been furthest developed in Burkina Faso, where a pilot system was implemented with the national postal service. Currently scale-up and full integration across eight disease programs is being considered.

Lucy Maryogo-Robinson, Association of Public Health Laboratories, United States

Lucy Maryogo-Robinson serves as the Director of the Global Health Program at the Association of Public Health Laboratories (APHL). In her current role she serves as the principal investigator for the APHL Cooperative Agreements with the Division of Global HIV/AIDS and TB, as well as the Division of Global Health Protection at the Centers for Disease Control and Prevention. She is responsible for managing APHL’s President’s Emergency Plan for AIDS Relief (PEPFAR) and Global Health Security Agenda (GHSA) activities to support laboratory strengthening initiatives in over 20 countries in Africa, Eastern Europe and Asia. She works to implement PEPFAR and GHSA country operational plan objectives, including participating in laboratory assessments, coordinating national laboratory strategic planning initiatives, developing laboratory training and education programs, organizing complex technical assistance visits and implementing laboratory twinning initiatives. Lucy holds a master’s degree in public health / international health promotion from the George Washington University in Washington, DC.

Jean Ndjomou, MRIGlobal, United States

Dr. Jean Ndjomou is Principal Scientist at MRIGlobal where he is involved in global health surveillance and diagnostic. He has over 15 years of infectious diseases research experience. Before MRIGlobal, he was Research Associate Scientist at Yale University where he engineered a genetic system to demonstrate that viral helicase serves as motor protein for viral RNA encapsidation. Dr. Ndjomou conducted postgraduate works at the University of Pittsburgh and demonstrated that lymphoid tissues are major HIV reservoirs. At UW-Milwaukee, he researched antiviral drugs and discovered a molecule that inhibits hepatitis C virus (HCV) helicase activity and synergizes with viral protease inhibitors to inhibit virus replication. He holds a PhD degree in Microbiology/Virology from the University of Bonn, Germany where he characterized HCV isolates and discovered a unique pattern of high divergence of genotypes 1 and 4 in Cameroon. Dr. Ndjomou’s early career focused on HIV diagnostic and epidemiology in Central Africa.

Mah-Sere Keita, African Society for Laboratory Medicine, Mali

Mah-Séré Keita is a global health professional with 17+ years of research, patient care, project development and management experience. Over the course of her career, she has worked primarily on improving disease detection and response in low-resource settings. Keita is currently the Director of Global Health Security at the African Society for Laboratory Medicine (ASLM), and has previously held leadership positions at the Catholic Relief Services –Mali, American Society for Microbiology (ASM), and Association of Schools and Programs of Public Health (ASPHP). She holds a Master’s in Public Health (MPH) with a focus on infectious disease epidemiology and a Certificate in Health Finance and Management from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Science (BSc) in pre-medicine biology from Boston College.
ROUND TABLE 2
DISEASE INTELLIGENCE: INFORMING THE RESPONSE

SESSION OVERVIEW:

Disease intelligence refers to the analysis and interpretation of data that is relevant to infectious diseases and derived from formal and informal systems for the purpose of assessing risk and mitigating threats. Disease intelligence has taken on increasing importance as the volume and velocity of disease-related information has increased and as outbreaks have demonstrated their ability to rapidly destabilize societies and economies. Reports from traditional data systems, such as Integrated Disease Surveillance and Response or an astute district public health officer, can now be complemented with data from connected diagnostic systems, social media, internet search analysis, and event-based surveillance.

For the disease control specialist, these are both exciting and challenging times. What sources of data are now available? What sources of data will soon become available? How do I interpret this data? What are the factors that determine when I should notify the public and active emergency response team? This session will be free from PowerPoint and full of lively, provocative discussion about new advances in disease intelligence and how you can make sense of these advances to improve the health of your communities.

CO-CONVENERS:

Jay Varma, Senior Advisor, African Centres for Disease Control and Prevention, Ethiopia

Jay K. Varma, MD is the Senior Advisor to Africa CDC. He develops strategy and supports implementation of Africa CDC’s programs in surveillance, emergency preparedness and response, information systems, laboratory systems, and workforce development. After graduating magna cum laude with highest honors from Harvard, Dr. Varma completed medical school, internal medicine residency, and chief residency at the University of California, San Diego School of Medicine. From 2001-2017, he worked on infectious diseases prevention and control for US CDC with postings in Atlanta, Bangkok, Beijing, and New York City. Dr. Varma has authored over 120 scientific manuscripts, six essays, and one book.

Remi Adeseun, Country Manager (West Africa), IQVIA, Nigeria

Remi Adeseun is a Fellow of the Pharmaceutical Society of Nigeria and Nigeria Academy of Pharmacy. He is an alumnus of the Advanced Management Program of Lagos Business School. He is a member of the Nigeria National Essential Drug List and Formulary Review Committee, and a member of the Executive Committee of the Healthcare Federation of Nigeria (HFN). Adeseun served as a member of the Technical Working Groups on the National Health Policy and on the implementation of the National Health Act. He is a Trustee of the Pharmaceutical Society of Nigeria (PSN) Foundation, Nigerian Representatives of Overseas Pharmaceutical Manufacturers and Society for Family Health (SFH). He is a regular Conference Panel Moderator, Facilitator and Keynote Speaker at the highest levels of health and technology in Nigeria and beyond. He currently serves as Country Manager (West Africa) at IQVIA, a Global Information and Technology Services Provider to the Health Sector.
SPEAKERS:

Womi-Eteng Oboma Eteng, Incident Coordination Centre Nigeria CDC, Nigeria

Womi-Eteng Oboma Eteng is a Technical Assistant on Operations to the Director General of the Nigeria Centre for Disease Control (NCDC), where he provides broad technical support to departments often involving innovative solutions to routine responsibilities. He has been a pioneer team member to several NCDC programs—the NCDC strategic plan, digital transformation agenda, diseases guidelines, standard operating procedures and templates for numerous operations. On Emergency Preparedness and Response (EPR), he led the conceptualization, establishment and operationalisation of the NCDC Incident Coordination Centre. In its expansion phase, he currently serves as the lead content developer and trainer of the States emergency operating center project. He has been involved in several outbreak response activities, including the 2014 Ebola response in West Africa through African Union mission. Eteng holds a Masters in Geoinformatics with numerous short courses cutting across emergency management, public health, program monitoring and evaluation.

Elaine Nsoesie, Boston University, United States

Dr. Elaine Nsoesie is an Assistant Professor of Global Health at Boston University. She was previously an Assistant Professor of Global Health at the Institute for Health Metrics and Evaluation at the University of Washington. Her research is focused on the use of non-traditional data and technology for public health surveillance. She holds a doctorate degree in computational epidemiology from the Genetics, Bioinformatics and Computational Biology program at Virginia Tech, a master’s degree in Statistics and a bachelor’s degree in Mathematics. She was born and raised in Cameroon.

Yannick Kamga, Cameroon Ministry of Health, Cameroon

Yannick Kamga is a civil servant at the Department of Disease Control of Cameroon and in March 2018 was appointed as the focal point for Event-Based Surveillance (EBS) implementation. His role includes leading the national EBS coordination team to plan and implement EBS activities. Previously, he served as Acting Chief of the unit for control of epidemics and pandemics, and he is the point of contact for flu surveillance and pandemic preparedness. He has extensive experience in public health, working at the national level of the Cameroon Ministry of Health in providing IDSR, and is an expert in telemedicine. He is a former Public Health Emergency Management Fellow and holds a medical degree and a master’s degree in public health, as well as a certificate of advanced study in medical informatics from the faculty of medicine at the University of Geneva.
INVISIBLE THREAT:
THE NON-COMMUNICABLE DISEASES PERSPECTIVE

SESSION OVERVIEW:

Non-communicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors. The main types of NCDs are cardiovascular diseases, cancer, diabetes, chronic respiratory disease, haemoglobinopathies and renal disease and are collectively responsible for almost 70% of all deaths worldwide. NCD deaths represent the leading cause of mortality globally (70%). The evolution of lifestyles associated with the economic growth and environmental change in Africa, as well as the increase in life expectancy is accompanied by a rise in the prevalence of NCDs. WHO estimates that death from NCDs will increase 27% in the region and become the leading cause of ill health, disability and premature death, exceeding mortality due to communicable, maternal, perinatal, and nutritional diseases combined, by 2030. In addition, NCDs are common co-morbidities of many infectious diseases (e.g. HIV), compromising patient outcomes and the effectiveness of infectious disease control programs, if not appropriately identified and managed. Hence, the detection, screening, and treatment of NCDs are key to favorable patient and public health outcomes and to achieve universal health coverage.

Healthcare systems of Africa particularly focus on the diagnosis and treatment of infectious diseases, only slowly adapting to the evolving disease burden on the continent. The management and prevention of NCD are often an afterthought, with laboratory testing for NCDs being less accessible, resourced, and quality controlled than the testing for communicable diseases.

This session will discuss the current gaps in access to and quality of diagnostics for NCDs in the laboratories of Africa. Strategies to leverage the capacity built for the detection of infectious diseases and opportunities to implement control programs for the control of NCDs will be discussed.

• The Burden of Undiagnosed Diabetes Mellitus in Adult African Population: A Systematic Review and Meta-Analysis
  Daniel Gebretensae, University of Gondar, Ethiopia

• Diagnosing NCDs in Support of HIV Differentiated Care Models
  Wafaa El-Sadr, ICAP at Columbia University, United States

• The Clinical Utility of the Reticulocyte Hemoglobin Content for Screening Pregnant Women Iron Deficiency
  John Anetor, University of Ibadan, Nigeria

• Implementing a National Program for the Control of NCDs in Guinea
  Naby Balde, Guinea-Conakry University Hospital and International Diabetes Federation for the African Region, Guinea

CO-CONVENERS:

Anthony Emeribe, Medical Laboratory Science Council of Nigeria; University of Calabar, Nigeria

Dr. Anthony O. Emeribe is a Fellow of the Medical Laboratory Science Council of Nigeria, Professor of Haematology & Blood Transfusion Science at the College of Medical Sciences, University of Calabar, Honorary Chief Consultant with the University of Calabar Teaching Hospital, Registrar/Chief Executive of the Medical Laboratory Council of Nigeria (MLSCN), a Federal Government of Nigeria. Under his leadership, the MLSCN successfully instituted standards, processes and guidelines for continual quality improvement and accreditation of public and private medical laboratories in Nigeria. Previously, he was a Research Fellow at the University of Birmingham, UK and established the first Public Health In-Vitro Diagnostics Control Laboratory in Lagos that was commissioned by Mr. President, Dr Goodluck Ebele Jonathan in 2013. Emeribe is also a Foundation Board Member of the African Society of Laboratory Medicine (ASLM) and served as Co-Chair of the 3rd ASLM International Conference. He holds postgraduate degrees from the University of Ibadan and University of Calabar.
Alpha Diallo, Association of Public Health Laboratories, United States

Dr. Alpha Diallo is a retired Public Health Laboratory Director of Washington DC in the USA. He has over 30 years of laboratory experience. In 2015 during the Ebola West Africa outbreak, he served in the CDC team. He continued as the APHL Country Team Lead in Guinea-Conakry. He is a graduate of the University of California Berkeley with a Bachelors in Bacteriology, a Masters from UC San Francisco; and a PhD from Ahmadu Bello University Zaria where he also taught as a lecturer. He has been an advocate of strong laboratory systems and infrastructure in resource limited settings through the auspices of APHL during the past 15 years. Most of all, Diallo believes that laboratory policies and strategies of the Post-Ebola era in West Africa should be grounded in building sustainable and relevant public health laboratory systems in order support national health services and reduce morbidity and mortality. Building strong south-to-south institutional exchange programs will help achieve these goals.

SPEAKERS:

Daniel Gebretensae, University of Gondar, Ethiopia

Mr. Daniel Gebretensae is a Lecturer, Researcher, and Community Service Provider at the School of Biomedical and Laboratory Science, University of Gondar, Ethiopia. His research centers on chronic diseases mainly diabetes mellitus, chronic kidney disease and cardiovascular diseases. Recent publications include: Undiagnosed Diabetes Mellitus and Associated Factors among Psychiatric Patients Receiving Antipsychotic Drugs at The University of Gondar Hospital, Northwest Ethiopia; Chronic Kidney Disease and Associated Risk Factors Assessment among Diabetes Mellitus Patients at A Tertiary Hospital, Northwest Ethiopia; and Errors in the Total Testing Process in the Clinical Chemistry Laboratory at the University of Gondar Hospital, Northwest Ethiopia. Gebretensae has a Bachelor in Science (BSc) in Medical Laboratory Science and a Master in Science (MSc) in Clinical Chemistry from the University of Gondar, Ethiopia.

Wafaa El-Sadr, ICAP at Columbia University, United States

Dr. Wafaa El-Sadr is the Director of ICAP at Columbia University, a University Professor of Epidemiology and Medicine and Mathilde Krim-amfAR Professor of Global Health at Columbia’s Mailman School of Public Health and College of Physicians and Surgeons. Through ICAP at Columbia University, the Center she established more than a decade ago, large-scale programs have been established in sub-Saharan Africa and Asia that integrate research, education, training and practice. Dr. El-Sadr’s research interests are diverse, and include research on the prevention and treatment of HIV, tuberculosis, non-communicable diseases and maternal-child health, among others. She is focused on implementation science research as a means to taking discoveries to action, ensuring that populations around the world garner the benefits of scientific discoveries. Dr. El-Sadr was named a MacArthur fellow and is a member of the National Academy of Medicine. She holds a medical degree and two master’s degrees.

Nady Balde, Guinea National NCD Program, Guinea

John Anetor, University of Ibadan, Nigeria

Prof. John Anetor is a Chemical Pathologist and a Professor of Chemical Pathology and Toxicology at the University of Ibadan, and an Honorary Specialist Adviser in chemical pathology to the University College Hospital, Ibadan. His undergraduate education was in medical laboratory science. He holds a PhD in Chemical Pathology from the University of Ibadan. His post-doctoral training was at the Pathology Department, Osaka City University Medical School, Japan, where he worked on chemical carcinogenesis. Anetor is a Fellow of the Royal Society of Chemistry (FRSC) UK, member, Association of Clinical Biochemistry and Laboratory Medicine, UK, and that of Nigeria; Member, Society of Toxicology, USA, a European Registered Toxicologist (ERT), Fellow, Institute of Biomedical Science (FIBMS), UK, and Fellow, American College of Nutrition (FACN). His research focus is on clinical and environmental toxicology, embracing chemical carcinogenesis, immunotoxicology, and chemoprevention. He has special interest in amelioration and prevention of toxic states and other non-communicable disease through the molecular and metabolic activities of micronutrients. Anetor was a consultant to the Federal Ministry of Health on prevention and management of lead poisoning.
PLENARY 2
LABORATORY RESPONSE

DATE: Wednesday, 12 December
TIME: 09:00 – 10:30
LOCATION: Congress Hall
SESSION CO-CHAIRS: Amadou Sall, Director, Institut Pasteur de Dakar, Senegal
Tomori Oyewole, President, Nigerian Academy of Science, Nigeria

SPEAKERS

Trevor Peter, Lead Scientific Advisor, Clinton Health Access Initiative, Botswana

Laboratory Networks: The Response to the Next Pandemic

Dr. Trevor Peter was appointed as Board Chairman for the African Society for Laboratory Medicine in 2012. He is a leading proponent of the ASLM2020 Vision of “Improved Healthcare in Africa through Strengthened Laboratory Services”. Dr. Peter has spent over 20 years in research and global health and has a long history of working to improve healthcare in Africa and elsewhere. He worked initially in Zimbabwe from 1991-1999 on a regional research programme studying the epidemiology of infectious disease. In 2000, he joined the Harvard School of Public Health and became laboratory director of the Botswana-Harvard School of Public Health Partnership HIV Reference Laboratory. In 2005, Dr. Peter joined the Clinton Foundation as a Lead Scientific Advisor and now is the Senior Director, Diagnostics Services at the Clinton Health Access Initiative. Dr. Peter has spent 10 years advising public health programmes on laboratory strengthening and scale-up across 30 countries in Africa, Asia, Eastern Europe and the Caribbean. He has co-authored over 60 scientific publications in peer-reviewed journals. He holds a PhD from the University of Florida and a Master in Public Health from the Harvard School of Public Health.

Rudi Pauwels, Founder, Praesens Foundation, Belgium

Development and Testing of an Autonomous, Integrated Mobile Laboratory for Epidemic Rapid Response and Surveillance

Dr. Rudi Pauwels is a scientist-entrepreneur with a pharmaceutical/diagnostic and virology background. Driven to address current and future medical needs through disruptive innovation approaches, he is (co-)founder of several successful biotech companies for the past three decades. These companies and their products and solutions would mark the new era of a more personalized & high precision medicine. Together with his colleagues, they successfully developed several anti-HIV drugs (Prezista®, Intelence®, Edurant®) which are used by patients worldwide (Tibotec). In the late nineties, they also developed new diagnostic methods to assist physicians select the optimal anti-HIV treatment regimens for each patient (Virco). During the last decade – as founder and CEO of Biocartis – he focused on the development of new high quality molecular diagnostic solutions that can be used in closer space and time proximity of where patients and healthcare workers interact(Biocartis). Dr. Pauwels received several awards for excelling and inspiring in medical innovations and technologies. He holds a PhD in Pharmaceutical Sciences from the Katholieke Universiteit Leuven, Belgium.
Wafaa El-Sadr, Director of ICAP and Professor of Epidemiology and Medicine, Columbia University, United States

**Health Systems for Pandemic Response in the 21st Century**

Dr. Wafaa El-Sadr is the Director of ICAP at Columbia University, a University Professor of Epidemiology and Medicine and Mathilde Krim-amfAR Professor of Global Health at Columbia’s Mailman School of Public Health and College of Physicians and Surgeons. Through ICAP at Columbia University, the Center she established more than a decade ago, large-scale programs have been established in sub-Saharan Africa and Asia that integrate research, education, training and practice. Dr. El-Sadr’s research interests are diverse, and include research on the prevention and treatment of HIV, tuberculosis, non-communicable diseases and maternal-child health, among others. She is focused on implementation science research as a means to taking discoveries to action, ensuring that populations around the world garner the benefits of scientific discoveries. Dr. El-Sadr was named a MacArthur fellow and is a member of the National Academy of Medicine. She holds a medical degree and two master’s degrees.
ORAL SESSION 2
TRACK 2: LABORATORY RESPONSE

ORAL SESSION 2.1: Innovations to Achieve Universal Health Coverage and International Health Regulations

Wednesday, 12 December
Congress Hall

11:00 – 11:10 OA-2.1-001 | Application of Multiplex PCR for Direct Detection of Campylobacter Spps. and Salmonella Serovars in Children (0 – 5 years old) Diarrhoeic Stool
A. Nuhu

11:10 – 11:20 OA-2.1-002 | Universal Access to Pulmonary Tuberculosis Diagnostic Services Using Sputum Fixers in Mtwara, Tanzania
L. Malakbangu, M. Selemani, G. Tarimo, M. Kodj, J. Gamaliel, B. Msongole, M. Magang, M. Npeleka, E. Okechukwu

11:20 – 11:30 OA-2.1-003 | Optimizing Dried Tube Specimens for Xpert MTB/RIF Performance Evaluation Panels
K. DeGruy, Z. Rey, L. Westerman, P. Hall

11:30 – 11:45 Question & Answer

11:45 – 11:55 OA-2.1-004 | Investigating Serum Leptin and Ghrelin levels as Metabolic Syndrome Biomarkers in Adult African Zambians with Type 2 Diabetes Mellitus at the University Teaching Hospital, Lusaka, Zambia
C. E. Goma, T. Kaile, B. Kamanga

11:55 – 12:05 OA-2.1-005 | Use of Pre-ART Laboratory Screening to Identify Renal, Hepatic, and Hematological Abnormalities in Côte D’ivoire– Past, Present, and Future
P. Minchella

12:05 – 12:15 OA-2.1-006 | e-PT Application is a Vital Data Management Tool in the Dried Tube Specimen Proficiency Testing (DTS PT) Program
B. Nkrumah

12:15 – 12:30 Question & Answer

ORAL SESSION 2.2: Improving Diagnostics to Achieve Universal Health Coverage

and International Health Regulations

Wednesday, 12 December
Niger/Enugu

11:00 – 11:10 OA-2.2-007 | Improved Adherence to Early Infant Diagnosis Algorithm for HIV-Exposed Infants During Implementation of a Point-of-Care Early Infant Diagnosis Project in Kenya
C. O. Odhiambo

11:10 – 11:20 OA-2.2-008 | Integration of ChemBioTM DPP Syphilis Screen and Confirm Assay with Existing Technologies to Improve Clinical Diagnostics
E. M. Omendiri


11:30 – 11:45 Question & Answer

W. B. Belehu

11:55 – 12:05 OA-2.2-011 | Évaluation d’un Test de Dépistage Rapide Combiné le TRIPLEX (BIOSYNEX) pour L’amélioration du Diagnostic du VIH et des Hépatites Virales au Sénégal

12:05 – 12:15 OA-2.2-012 | Comparative Evaluation of Viral Load Testing Coverage and Viral Suppression among PLHIV on ART in Seven PHIA Countries
G. Alemenji

12:15 – 12:30 Question & Answer

ORAL SESSION 2.3: Improving Quality, Safety and Cost Effectiveness of Laboratory Systems

Wednesday, 12 December
Benue/Plateau

11:00 – 11:10 OA-2.3-013 | External Quality Assessment of Malaria Diagnosis and Human African Trypanosomiasis in the Democratic Republic of Congo: Lessons Learned and Perspectives
P. P. Mukadi-Kaningu

11:10 – 11:20 OA-2.3-014 | Certification and Appropriate Use of Biosafety Cabinet in Nigeria: The IHVN-CDC Foundation Experience

11:20 – 11:30 OA-2.3-015 | Strengthening Laboratory Management Toward Accreditation (SLMTA) in 23 Sub-Saharan African Countries: Progress and Lessons Learned
K. Yao

11:30 – 11:45 Question & Answer

11:45 – 11:55 OA-2.3-016 | LabBook, a Free LIS to Computerize Clinical Laboratories of Developing Countries
11:55 – 12:05  **OA-2.3-017**  | New Approaches to Procurement and Supply Chain Management for Scaling Up Viral Load Testing in Resource Limited Countries  

12:05 – 12:15  **OA-2.3-018**  | Implementing External Quality Assessment for Biochemistry in Low Resource Settings; the MSF Experience  
N. Kamau, N. Mutanyi, W. D. Kieviet

12:15 – 12:30  Question & Answer

### ORAL SESSION 2.4: Workforce Development

**Wednesday, 12 December**

**Kogi**

**11:00 – 11:10**  **OA-2.4-019**  | Continuing Professional Development Training Needs of Medical Laboratory Personnel in KEMRI-Wellcome Trust Research Laboratories, Kilifi, Kenya  
H. Gumba

**11:10 – 11:20**  **OA-2.4-020**  | Developing Local Capacity for Standard Laboratory Biosafety and Biosecurity Practices in Nigeria: Outcome of Baseline and Follow-up Assessments of Target BSL-2/-3 Laboratories  

**11:20 – 11:30**  **OA-2.4-021**  | An Unsuspected Case of Yellow Fever in a Tertiary Health Facility in Nigeria: A Gap in Healthcare Workers’ Knowledge of Yellow Fever Surveillance  

**11:30 – 11:45**  Question & Answer

**11:45 – 11:55**  **OA-2.4-022**  | Proficiency of laboratory and Non-Laboratory Personnel to Perform Point-of-Care Early Infant Diagnosis. Lessons From Eight Sub-Saharan Countries  
J. Lemaire, V. Andoseh, P. Fassinou, C. Otieno, M. Mokone, M. Sabonete, T. Masuku, A. Chadambuka, J. Cohn

**11:55 – 12:05**  **OA-2.4-023**  | Assessment of Knowledge, Practices Regarding Biomedical Waste Management in Health Care Workers in Hospitals in Eastern Uganda  
S. A. Okui

**12:05 – 12:15**  **OA-2.4-024**  | Improved Laboratory Compliance to Quality Standards in Cambodian Laboratories Through On-Site Trainings  
K. S. Ong, S. Sek, S. Song, N. Ndefru, P. Sadate-Ngatchou, L. Perrone

**12:15 – 12:30**  Question & Answer

### ORAL SESSION 2.5: Strengthening the Laboratory-Clinic Interface

**Wednesday, 12 December**

**Kano**

**11:00 – 11:10**  **OA-2.5-025**  | Reducing Results Turnaround Time Using Remote Sample Logging Approach for Effective Patient Management – AMPATHPlus Care Laboratory Experience  
S. L. Kadima, T. Ngugi, C. C. Chege, S. Kimaiyo, J. Batuka

**11:10 – 11:20**  **OA-2.5-026**  | Improving Laboratory Information Management for a Stronger Clinical–Laboratory Interface: Successful Implementation of TBLIS® in Tuberculosis Laboratories in Africa  

**11:20 – 11:30**  **OA-2.5-027**  | Improved Viral Load Results Utilization for Non-suppressed Patient Management: A Uganda CQI Experience  
M. Zziwa

**11:30 – 11:45**  Question & Answer

**11:45 – 11:55**  **OA-2.5-028**  | Enhancing the Laboratory-Clinical Interface to Identify Reporting and Program Gaps to Achieve the Third “90” in Kenya  
D. Kimani, K. Masamaro, J. Mwangi, E. Ngugi, F. L. Basiyi

**11:55 – 12:05**  **OA-2.5-029**  | Utility of GeneXpert MTB/RIF-diagnosed Rifampicin Resistant Tuberculosis Alerts for Linkage to Care in Gauteng, South Africa, 2017  
J. N. Ebonwu, P. Mutevedzi, N. Ismail

**12:05 – 12:15**  **OA-2.5-030**  | LARC Quality Improvement Collaborative in Eswatini Yields Improved Tracking and Follow-up for HIV Patients with High Viral Load  
S. Dlamini, S. Kuhlase, B. C. McKinney

**12:15 – 12:30**  Question & Answer
### Oral Poster Session 2

**Track 2: Laboratory Response**

#### Oral Posters 2.1: Innovations to Achieve Universal Health Coverage and International Health Regulations

- **12:30 – 12:35** OP-2.1-001 | Potential for Data Mining from Networked LIMS for Disease Surveillance  

- **12:35 – 12:40** OP-2.1-002 | Mapping Laboratory Capacity and Networks: A Simple Approach to Collect, Manage, and Plan Laboratory Networks with Geospatial Data  
  S. Teesdale, A. Esthete, P. Ondoa

#### Oral Posters 2.2: Improving Diagnostics to Achieve Universal Health Coverage and International Health Regulations

- **12:40 – 12:45** OP-2.2-003 | Performance and Usability of a Blood-based Rapid HIV Self Test in a Low HIV Prevalent Population With No Previous Self Testing Experience  
  H. Loemba, L. M. Boumba, L. S. Linguissi

- **12:45 – 12:50** OP-2.2-004 | Serological False Reactivity – Implications for HIV Testing Algorithms  
  A. Sands, W. Urassa, A. Van Den Heuvel, K. Fransen, I. Prat

#### Oral Posters 2.3: Improving Quality, Safety and Cost Effectiveness of Laboratory Systems

  H. Oundo

- **12:55 – 13:00** OP-2.3-006 | Implementation of a Sustainable National Biosafety Cabinet Certification Program in Kenya  

- **13:00 – 13:05** OP-2.3-007 | Site Implementation through Monitoring (SIMS) HIV Proficiency Testing (PT) Scores Improved Following Implementation of the HIV-Rapid Test Continuous Quality Improvement (RTCQI) in Facilities Supported by the President Emergency Plan For AIDS Relief (PEPFAR) in South Africa  
  M. Makhanya, A. Adelekan, L. Berrie, L. Letcher, J. Dawson, J. Honwani

- **13:05 – 13:10** OP-2.3-008 | Effectiveness of Using a Mixed Approach of On-Site Mentoring and Tele-Mentoring for Improving Laboratory Management Systems: Lessons from Cambodia  
  N. Ndefru, K. S. Ong, S. Sek, S. Song, P. Sadate-Ngatchou, L. Perrone

#### Oral Posters 2.4: Workforce Development

- **13:10 – 13:15** OP-2.4-009 | Survey on Challenges Facing Transporters Submitting Samples to the National HIV Reference Laboratory (NHRL), Nairobi, Kenya for Testing  
  H. K. Barsigan

- **13:15 – 13:20** OP-2.4-010 | Factors Affecting Training Effectiveness of African Centre for Integrated Laboratory Training (ACILT)  

- **13:20 – 13:25** OP-2.4-011 | Give Us This Day Our Daily Mentors: The Experience Of Onsite Quality Management Mentorship Towards Accreditation At The University Teaching Hospital, Lusaka, Zambia  
  M. Mubanga, C. Miyanda, J. Lungu, P. Okuku, H. Mantina

#### Oral Posters 2.5: Strengthening the Laboratory-Clinic Interface

- **13:25 – 13:30** OP-2.5-012 | Integration of the HIV-Rapid Test Continuous Quality Improvement Program into the Clinic-Lab Interface Programs in Healthcare Facilities Supported by the United States President’s Emergency Plan for AIDS Relief (PEPFAR) in South Africa  
  M. Makhanya, D. Mhlongo, R. Molale, K. Diallo, A. Adelekan, L. Berrie, M. Kalou, J. Dawson, J. Honwani

- **13:30 – 13:35** OP-2.5-013 | Establishing a System for HIV High Viral Load result Flagging and Monitoring HIV Suppression Rates  
  S. Osawe, I. Mamman, F. Obishakin, S. Wilson-Dindam, J. Kwari, S. Peters, A. Abimbiko
POSTER SESSION 2
TRACK 2: LABORATORY RESPONSE

POSTER NUMBERS:

>> PS-2.1 Innovations to achieve Universal Health Coverage and International Health Regulations

>> PS-2.2 Improving diagnostics to achieve Universal Health Coverage and International Health Regulations

>> PS-2.3a Improving quality, safety and cost effectiveness of laboratory systems

>> PS-2.4 Workforce development

>> PS-2.5 Strengthening the laboratory-clinic interface

DATE: Wednesday, 12 December
TIME: 12:30 – 13:30
LOCATION: Poster Marquee

Please refer to the Poster Directory in the back of the Conference Programme for poster numbers and titles.

Complete poster information can be viewed in the online Abstract Book at www.aslm2018.org
Special Session 2

INNOVATIONS IN LABORATORY ENGINEERED ACCELERATED DIAGNOSTICS (ILEAD), FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS (FIND)

DATE: Wednesday, 12 December
TIME: 13:30 – 15:00
LOCATION: Congress Hall

SESSION OVERVIEW:

Global health is essential to sustained economic and social development and poverty reduction. Increased access to health service of high quality is crucial for maintaining and improving health. To achieve such goals and targets of UNAIDS 95/95/95 and End TB strategies, the role of the laboratory will be essential. Recent outbreaks such as those of Ebola in West Africa in 2015, and more recently in the Democratic Republic of Congo highlighted the urgent need to develop effective tools to diagnose the causative agent of outbreaks early at community level, limit their spread, and prevent future pandemics. Innovations are needed to provide the flexible and adaptable diagnostic tools and strategies that can be used in low-resource settings and the particular cultural and socio-economic contexts of Africa.

Implementing healthcare innovation for a significant impact on patient, public, and global health outcomes, and under economic pressures, requires concerted and well-informed action. A pan-African approach to innovation is essential to identify the technology advances that can improve access to quality-assured diagnostics and laboratory services that lead to better patient healthcare.

This session focused on “Innovations” will convene policy makers, implementers, and experts to discuss: (i) how to develop and promote a culture of innovation in Africa, (ii) the need of innovations in laboratory and laboratory-clinic interface to increase access to health services, (iii) how innovations could improve laboratory capacity and health systems towards preventing and controlling future pandemics.

MODERATORS:

Souleymane Mboup, Founder, Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation, Sénégal

Professor Mboup is a Senegalese scientist and a former colonel in the Senegalese Armed Forces. He is the founder and Executive Director of the Institute for Health Research Epidemiological Surveillance and Training (RESSEF), which envisions becoming a Pan-African Center of Excellence in health research, disease surveillance, training, system strengthening and capacity building programs. He has more than 35 years of experience dedicated to HIV-related research and lectures across the world. Owing to his passion for collaborative research, he co-discovered the HIV-2 virus. For many years, he contributed to reducing HIV prevalence to one of the lowest in Africa and helped develop the tools and knowledge essential to turning the tide on this terrible disease. He was honored by the French National Academy of Pharmacy and received the EDCTP Pascoal MOCUMBI prize, among others. He has authored more than 400 articles and publications, as well as 18 books.
Wendy Stevens, Department Head, University of the Witwatersrand and National Health Laboratory Service, South Africa

Professor Wendy Stevens is a global leader in HIV and TB-related laboratory medicine. She is Head of the Department of Molecular Medicine and Haematology at the University of the Witwatersrand in South Africa and heads up the National Priority Programme within the National Health Laboratory Service, which is the largest pathology service provider in South Africa, servicing 80% of the population in the public sector. Professor Stevens helped establish the first HIV PCR laboratory in the NHLS and formed the National Priority Program to implement WHO-endorsed TB diagnostic testing. She is a strong supporter of laboratory upliftment across Africa and has developed training courses for Good Laboratory Practice, Good Clinical Laboratory Practice, CD4, and viral load testing. Her programmes and experience have been shared beyond South Africa’s borders to benefit laboratories in countries such as Kenya, Rwanda, Tanzania and Uganda. Professor Stevens has been an advisor to PEPFAR, the CDC, the Clinton Foundation and the Gates Foundation.

PANELISTS:

Dougbeh Christopher Nyan, Chief Executive and Scientific Officer (CESO), Shufflex Biomed, United States

Innovation in Africa: Promoting Ingenuity and Addressing Challenges

Dr. Dougbeh Christopher Nyan is a Liberian medical doctor, research scientist, inventor, and social activist with expertise in infectious disease diagnostics and research and currently serves as Chief Executive and Officer of Shufflex Biomed. He worked as a scientist at the US National Institutes of Health and the US Food and Drug Administration. He holds a US Patent for a Rapid Multiplex Pathogen Diagnostic Test (The Nyan-Test), which detects and simultaneously identifies multiple infectious in 10–40 minutes, and was recently recognized as one of Top 50 Innovations by the African Innovation Summit in Kigali, Rwanda. He is the winner of the 2017 African Innovation Award Special Prize for Social Impact. Dr. Nyan is a member of the International Society for Infectious Diseases and the European Society of Clinical Microbiology and Infectious Diseases. He holds a degree in human-medicine from the Medizinische Fakultät (Charité) der Humboldt-Universität zu Berlin in Germany.

Souleymane Mboup, Founder, Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation, Sénégal

iLEAD – Innovations in Laboratory Engineered Accelerated Diagnostics – a New Programme Designed to Incubate Innovations within the Laboratory Value Chain

Professor Mboup is a Senegalese scientist and a former colonel in the Senegalese Armed Forces. He is the founder and Executive Director of the Institute for Health Research Epidemiological Surveillance and Training (IRESSEF), which envisions becoming a Pan-African Center of Excellence in health research, disease surveillance, training, system strengthening and capacity building programs. He has more than 35 years of experience dedicated to HIV-related research and lectures across the world. Owing to his passion for collaborative research, he co-discovered the HIV-2 virus. For many years, he contributed to reducing HIV prevalence to one of the lowest in Africa and helped develop the tools and knowledge essential to turning the tide on this terrible disease. He was honored by the French National Academy of Pharmacy and received the EDCTP Pascoal MOCUMBI prize, among others. He has authored more than 400 articles and publications, as well as 18 books.
Sridhar Ramanathan, President & CTO, HealthCubed India Private Limited, India

**HealthCubed: Simplified Comprehensive Diagnostics for Better Diagnosis**

As President and CTO of HealthCubed from 2017, Sridhar drives the vision of the company to ideate, create and develop solutions that can address the health needs of 4 Billion of the world population. These solutions are a marriage of technology and process which would enable easy adaptation. Prior to HealthCubed, Sridhar served as the Site Director of the Bangalore Development Centre of the Beckman Coulter Life Sciences and ReaMetrix. He worked on the development and commercializing of a proprietary Dried Reagent Technology launching over 20 products for the research and IVD markets. ReaMetrix launched the first dried reagent for CD4/CD3 enumeration.

Sridhar is a Ph.D in Chemistry from the University of Kentucky, Lexington, USA and a Bachelors in Instrumentation Engineering from the Birla Institute of Technology and Science, Pilani, India.

Kumbirai Chigudu, IT Technical Specialist, Wits Health Consortium, South Africa

**eLABS: Digital Health Interventions Strengthens the Clinical-Laboratory Interface for HIV-VL Programmes**

Kumbirai Chigudu is an IT Technical Specialist with vast experience in the health sector. His skill set enables him to participate effectively in the designing and implementing of innovative IT solutions to strengthen the laboratory value chain in various countries according to their needs. He brings a strong scientific background augmented with a plethora of knowledge and experience in IT Systems, IT Service Management, IT Infrastructure and IT Governance. His previous work and current engagements has seen the successful implementation of various systems at a national scale. This includes the implementation of a centralised national Laboratory Information System (LIS) interfaced with a variety of testing platforms and integrated with various third party systems. Also phenomenal is his participation in the design, development, implementation, support and maintenance of a cutting edge sample tracking and tracing viral load mobile application (eLABS) equipped with an order entry and electronic result delivery capability. Kumbirai has 12 years’ experience in the health sector of which 9 years was dedicated to designing, development, deployment and supporting of IT health systems. In 2014 he was nominated National IT Service Management finalist of the year.

Devy Emperador, Scientific Officer, FIND, Switzerland

**How Innovations Assist in Outbreak Responses**

Devy Emperador is a Scientific Officer in the Emerging Threats Programme at FIND, supporting diagnostic development for pandemic- and epidemic-prone diseases. With over 7 years of experience in private and public institutions, and a focus on global health and infectious diseases research, she believes that fostering partnerships and relying on local knowledge improves health outcomes. Her previous work includes conducting quality control microbiology for product release of coronary-specific medical devices, assessing rotavirus vaccine effectiveness with partners in Bangladesh and Zambia, coordinating the development of a novel rotavirus vaccine in the United States, supporting field laboratory logistics and health systems strengthening activities during the 2014-2016 Ebola outbreak in Sierra Leone, and managing HIV clinical trials in Uganda. Devy holds a bachelor’s degree in biochemistry/molecular biology from Dickinson College and a master’s degree in Public Health with a concentration in infectious diseases and vaccinology from the University of California, Berkeley School of Public Health.
SYMPOSIUM 3
QUALITY MANAGEMENT SYSTEM: OWNING THE RESPONSE

SESSION OVERVIEW:

In 2011, the World Health Organization Regional Office for Africa (WHO/AFRO), along with other major stakeholders, launched the Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA). Since then, it has become a flagship program. While the programme has seen many successes, by end of 2017, the African Society for Laboratory Medicine (ASLM), as the implementer of the SLIPTA program in Africa, had audited only a little over 300 laboratories in 19 African countries and trained and certified over 160 ASLM SLIPTA auditors on the continent. Although the exact number of medical laboratories in Africa is not known, there is still a huge gap in coverage and there is an urgent need for a rapid scale-up of the SLIPTA programme. The SLIPTA programme, like most programs supported by the US President’s Emergency Plan for AIDS Relief, (PEPFAR), was rolled out largely in sub-Saharan Africa, while other regions still remain underserved like West and Central Africa. Private sector laboratories and faith-based or non-governmental organization have remained behind as the programme’s initial reach was to public health laboratories. In addition, there still remains inadequate coverage within countries and this is compounded by in-country limited capacity to conduct SLIPTA audits.

Goal of the session:

This session will seek to advocate for an approach (SLIPTA) that will increase coverage, capacity and country ownership of the SLIPTA program to all regions of the African continent. SLIPTA will also allow expanding to non-governmental based laboratories, countries out of the WHO/AFRO region, and other innovations.

Key messages:

- SLIPTA should be a country-owned program that is housed and driven by Ministry of Health departments utilizing the resources available,
- SLIPTA should be institutionalized within Ministries of Health and become part of national quality assurance programs,
- SLIPTA will use the locally trained and ASLM-certified auditors to reduce the cost of the SLIPTA program,
- More SLIPTA collaborating regional and in-country partners and institutions should be engaged to support rapid expansion and scale-up of SLIPTA, and
- SLIPTA’s funding base should be diversified through collaboration with many partners.

- **Setting the Stage: Laboratory Quality Programs in Africa**
  Anthony Emeribe, University of Calabar, Nigeria

- **SLIPTA Program Accomplishments**
  Teferi Mekonen, African Society for Laboratory Medicine, Ethiopia

- **East Africa: Laboratory Quality Programs**
  Talkmore Maruta, ECSA-HC, Tanzania

- **Advancing the SLIPTA Programme**
  Fausta Mosha, WHO/AFRO, Zimbabwe

- **Closing Statements**
  Heather Alexander, US Centers for Disease Control and Prevention, United States
CO-CONVENERS:

Nqobile Ndlovu, African Society for Laboratory Medicine, Zimbabwe

Nqobile Ndlovu currently serves as the acting Chief Executive Officer for the African Society for Laboratory Medicine, where he previously served as a Program Director and Interim Team Lead. He is a public health professional with over 10 years of experience managing regional laboratory strengthening programs in resource-limited areas. He has spearheaded laboratory quality improvement programs in Africa and the Caribbean region. Before joining ASLM, he served as Laboratory Project Coordinator for the African Field Epidemiology Network in Kampala, Uganda, where he implemented laboratory strengthening programmes. He also served as Assistant Field Coordinator for the Masters in Public Health training programme at the University of Zimbabwe. He holds a master’s degree in public health from the University of Zimbabwe.

Sheick Oumar Coulibaly, World Health Organization-AFRO, Congo-Brazzaville

Dr. Sheick Oumar Coulibaly is a medical laboratory specialist and the technical officer for diagnostics standards and regulations, and laboratory systems at the World Health Organization (WHO) Regional Office for Africa (AFRO). He is the focal point for SLIPTA and the WHO/AFRO-NICD EQA programmes. He has extensive experience as a health district medical officer, clinical researcher on malaria and parasitic diseases, associate professor of parasitology and mycology and head of the clinical laboratory department of the Burkina Faso national public health laboratory, which has provided him with an integrated vision of the laboratory system’s contribution to national public health care, a cornerstone of universal health coverage. He holds several degrees, including medical and doctorate degrees (MD, DEA, PhD).

SPEAKERS:

Anthony Emeribe, Medical Laboratory Science Council of Nigeria; University of Calabar, Nigeria

Dr. Anthony O. Emeribe is a Fellow of the Medical Laboratory Science Council of Nigeria, Professor of Haematology & Blood Transfusion Science at the College of Medical Sciences, University of Calabar, Honorary Chief Consultant with the University of Calabar Teaching Hospital, Registrar/Chief Executive of the Medical Laboratory Council of Nigeria (MLSCN), a Federal Government of Nigeria. Under his leadership, the MLSCN successfully instituted standards, processes and guidelines for continual quality improvement and accreditation of public and private medical laboratories in Nigeria. Previously, he was a Research Fellow at the University of Birmingham, UK and established the first Public Health In-Vitro Diagnostics Control Laboratory in Lagos that was commissioned by Mr. President, Dr Goodluck Ebele Jonathan in 2013. Emeribe is also a Foundation Board Member of the African Society of Laboratory Medicine (ASLM) and served as Co-Chair of the 3rd ASLM International Conference. He holds postgraduate degrees from the University of Ibadan and University of Calabar.

Teferi Mekonen, African Society for Laboratory Medicine, Ethiopia

Teferi Mekonen is a Program Manager for the African Society for Laboratory Medicine and serves as SLIPTA Coordinator, Secretariat for GLI-Africa, and GHSA-Focal Point. Previously, he served as the director of the Laboratory Strengthening Program at International Clinical Laboratories, a Laboratory Project Coordinator at the US Centers for Disease Control and Prevention-Ethiopia, and an Instructor of Laboratory Management Courses at the School of Medical Laboratory Science – Addis Ababa University. He has been working for nearly 20 years in the field of medical laboratory sciences. He is very passionate about quality management systems and currently facilitates SLIPTA auditor training and helps to implement laboratory quality management systems, good laboratory practice, and ISO 9001/15189/17025 at various levels in more than 20 African countries. He has mentored and supported more than 10 laboratories to achieve ISO accreditation. He holds master’s degrees in microbiology and public health.
**Talkmore Maruta**, ECSA-HC, Tanzania

Dr. Talkmore Maruta is a Public Health Medical Laboratory Scientist with a BSc(Hons) Degree in Medical Laboratory Sciences, Masters and PhD in Public Health. He has regional and international experience in laboratory system strengthening having worked with renowned institutions like CHAI, FIND, ASLM and ECSA-HC and with over 20 Ministries of Health in Africa and beyond. As a QMS expert he has developed trainings implemented regionally, is a member of the WHO/AFRO SLIPTA Expert group, SLMTA governance body and a reviewer for the AJLM and PLOS. Currently, he is involved in strengthening diseases surveillance, emergency preparedness and response to events of public health importance in the East and Southern Africa. He received a “Distinguished Leadership” award at ASLM 2012 Conference in recognition of his work.

**Fausta Mosha**, WHO/AFRO, Zimbabwe

Dr. Fausta Mosha is a medical microbiologist and epidemiologist at the World Health Organization Regional Office for Africa. She is also the Director for the National Health Laboratory Quality Assurance and Training Center for the Ministry of Health Community Development, Gender, Elderly and Children in Tanzania. Previously, she coordinated laboratory-based trainings and was a Resident Advisor for the Tanzania Field Epidemiology and Laboratory Training Programme. She was a Principal Investigator for an international co-operative agreement between the US Centers for Disease Control and Prevention and the African Field Epidemiology Network and managed the East African Public Health Laboratory Networking Project in Tanzania. She serves on the boards of various organizations. She holds a medical degree from the University of Dar es Salaam, master’s degrees from the University of Leuven in Belgium and from Jomo Kenyatta University in Kenya, and a doctorate from the University of Leuven, Belgium.

**Heather Alexander**, US Centers for Disease Control and Prevention, United States
SESSION OVERVIEW:
Emerging and re-emerging pathogens (e.g., Ebola virus) continue to exacerbate the global threat of infectious diseases. In addition to the threat to public health, there is also the threat posed by the deliberate release or harmful use of highly dangerous pathogens. The 2014 Ebola crisis in West Africa has revealed critical gaps in laboratory systems, particularly in their ability to safely and securely handle highly dangerous pathogens and the hazardous waste that is produced by testing.

The main gaps include: (i) inappropriate laboratory facility infrastructure; (ii) poor operation and maintenance of biocontainment equipment; (iii) inappropriate hazardous waste management; (iv) lack of adequate training programs; and (v) lack of regulations.

As a consequence, there has recently been increasing attention for enhancing biosafety and biosecurity, which are key pillars of international health security. Many regional and international organizations are working through various initiatives and programs to address the gaps.

The main goal of this symposium is to offer a platform for biorisk management stakeholders to share success stories of innovation, knowledge, and experiences and build partnerships and collaborations.

Objectives of the symposium:
1. Provide the participants with an updated overview on a laboratory biorisk management framework,
2. Discuss sustainable and cost-effective approaches to laboratory facility infrastructure improvement and biocontainment engineering equipment, and

- **Laboratory Biorisk Management Framework:** Reconsidering the Traditional Biosafety Paradigm  
  *Christina Scheel*, US Centers for Disease Control and Prevention, United States

- **The Cooperative Biological Engagement Program (CBEP) in Africa**  
  *Jarrad Marles*, US Defense Threat Reduction Agency, DTRA, United States

- **Sustainable Laboratories for High-Consequence Pathogens in Africa**  
  *Benjamin Wakefield*, Centre on Global Health Security, United Kingdom

- **Costing Waste Management on Conventional OPEN Platform VL in Burundi**  
  *Nadia Yakhelef*, Solthis, France

CO-CONVENERS:

*Linda Oskam*, DATOS, Netherlands

Linda Oskam has 32 years’ laboratory experience, of which 26 years have been focused on the worldwide improvement of laboratory services. Linda has a strong interest in policy and planning, quality management, health systems management and public health. Her passion is the integration of laboratory services into the general health system, also from a One Health perspective. Linda is a senior advisor for laboratories, control programmes, non-governmental organizations, governments and international organizations on diagnostic laboratory services worldwide at all levels of the healthcare system. She is currently Director Laboratory Systems Strengthening at DATOS in The Netherlands. She holds a doctorate degree (PhD).
Abdoulaye Nikiema, African Society for Laboratory Medicine, Burkina Faso

Dr. Abdoulaye Nikiéma is a Global Health Security Program Manager and Biosafety-Biosecurity specialist at the African Society for Laboratory Medicine (ASLM) where he is currently leading the ASLM Biosafety and Biosecurity Resource Center initiative. He previously served as the Director of the National Laboratory Services and the West-African Laboratory Network project coordinator in Burkina Faso. He has more than fifteen years of experience in clinical and public health laboratory, *in vitro* diagnostics and quality management systems. He holds a professional doctoral degree in pharmacy, a specialist diploma in laboratory medicine and a master’s degree in microbiology from the University of Ouagadougou.

SPEAKERS:

Christina Scheel, Laboratory Biorisk Management Framework: Reconsidering The Traditional Biosafety Paradigm

Dr. Christina Scheel is the Executive Manager, Laboratory Safety & Quality, Center for Global Health (CGH), US Centers for Diseases Control and Prevention (CDC). She holds a PhD in Cellular Biology from the University of Georgia and has served as a public health scientist at US CDC since 2001. Dr. Scheel began her US CDC career at the laboratory bench as a research scientist working to develop clinical laboratory assays to detect human infections with helminth parasites, and from 2006-2015 to detect fungal infections, developing several test methods to detect disseminated histoplasmosis, and refining MALDI-TOF methods to identify Candida spp. and other invasive fungi (2006-2015). Throughout her career at US CDC, Dr. Scheel has served as a laboratory safety officer, eventually leading the safety committee for the Office of Infectious Diseases. More recently, Scheel has overseen biosafety and quality of international laboratory operations, and works to develop collaborations and public-private partnerships to bring low-cost, innovative laboratory tools to international public health laboratories.


Jarrad Marles, PhD, is a Science Manager with the Biological Threat Reduction Program (BTRP). BTRP is a United States Department of Defense - Defense Threat Reduction Agency program, which strives to address risks to the global community posed by natural or manmade disease outbreaks. Dr. Marles has been with BTRP for five years. Currently, Marles leads BTRP scientific engagement efforts with partner countries of Africa. Previously, he completed the National Biosafety and Biocontainment Training Program at the US National Institutes of Health, which seeks to develop scientists as leaders and experts in the unique biosafety and biosecurity challenges encountered by researchers working in high and maximum containment laboratories with high consequence pathogens. Marles received a PhD in Microbiology and Immunology from Dartmouth College, where he studied virulence factors of *Vibrio cholerae*. He holds a BS in Biology with a specialization in Microbiology from the University of Akron (Ohio).

Benjamin Wakefield, Centre on Global Health Security; Chatham House, London

Benjamin Wakefield is a Research Consultant at the Centre on Global Health Security at Chatham House, the Royal Institute of International Affairs. His research is primarily focused on biological security, with two projects in Africa: “Sustainable Laboratories for High Consequence Pathogens in Africa” and “Strengthening Urban Resilience and Preparedness to Biological Threats”, and another focused on the Biological Weapons Convention. He is also involved in work on civil-military relations in public health emergencies and more broadly, the public health effects of conflict. He has a political science background and holds an MSc Security Studies from the Department of Political Science, School of Public Policy at University College, London, as well as a BA (Hons) in International Relations from Loughborough University and a Diploma of International Studies from the University of Technology, Sydney. Wakefield is also an Associate Member of the Global Violence Prevention special interest group at the Faculty of Public Health, UK.

Nadia Yakhelef, Solthis, France

Nadia Yakhelef is a Doctor in health economics and has a diploma in epidemiology. She joined Solthis in 2016 and works more specifically on the medico-economic evaluations of viral load tests. Previously, a health economist and epidemiologist for *Médecins Sans Frontières* (MSF), Yakhelef has conducted economic evaluations of several tuberculosis screening techniques for HIV/AIDS patients, but has also set up a surveillance system of the yellow fever epidemic in Katanga province in the Democratic Republic of Congo. Yakhelef was also a health economist at the World Health Organization in Geneva, where she was in charge of the support and supervision of 7 French-speaking African countries in the planning of their human resources for health.
SESSION OVERVIEW:

Access to collections of well-characterized biological specimens linked to phenotypic and environmental information, is key to the development and evaluation of quality diagnostics and to conduct meaningful research on the cause of communicable and non-communicable diseases. However, such access and data are currently not so common in Africa. For instance, many opportunities for studying pathogenicity, immunogenicity and transmissibility of the Ebola virus to inform improved diagnostics and disease prevention and treatment, have been lost during and immediately after the epidemic in 2015, due to the lack of procedures and systems to collect and manage biological specimen at national, regional and international level.

Several initiatives for bio-banking are ongoing on the continent with various challenges concerning governance, ethical-regulatory and technical aspects. In Africa, projects such as H3Africa and B3Africa have resulted in new and promising advances in bio-banking infrastructure and the creation of bio-banking networks.

This session will present examples highlighting successes and challenges in implementing bio-banks in Africa and key issues around regulation, governance, and sustainability will be discussed.

How can Africa ensure sustainable bio-banks that serve the continent and address issues such as ownership and access? What governance frameworks are needed that include privacy and confidentiality requirements and ensure principles of fairness and equity between high and low-income countries? What are best practices for sharing specimens that will provide immediate access of well-characterized specimens?

CO-CONVENER:

Debrah Boeras, The Global Health Impact Group, United States

Dr. Debi Boeras is a diagnostics expert with more than 15 years of experience in global health. Debi is the Founder and CEO of the Global Health Impact Group and routinely works with ASLM, WHO, the London School of Hygiene and Tropical Medicine (LSHTM)/International Diagnostic Centre (IDC) and others to improve diagnostic testing in low- and middle-income countries. Boeras previously worked at the International Laboratory Branch at the U.S. Centers for Disease Control and Prevention (CDC) as the lead for molecular diagnostics and continues these efforts alongside partners to ensure the introduction of accessible quality diagnostics will impact patient care.
ROUND TABLE 5

ROLE OF NATIONAL PUBLIC HEALTH INSTITUTES IN PANDEMIC RESPONSE

SESSION OVERVIEW:

Under the International Health Regulations, 2005 the World Health Organization assisted countries to develop National Action Plans for Health Security (NAPHS) to respond to health emergencies in a coordinated manner. The Joint External Evaluation tool was implemented by countries as a roadmap that, by way of acknowledging, coordinating and building collaboration between different areas of national health security, as well as by defining the roles and responsibilities of national stakeholders, would result in a comprehensive NAPHS. The need for NAPHS was borne out of historic experiences before, during, and after disease outbreaks. The purpose of the NAPHS is to ensure that countries are able to prioritise and respond to disease emergencies by leveraging expertise and resources from all sectors. The establishment of in-country National Public Health Institutes (NPHI) was identified as a key resource to easily facilitate and coordinate emergency response operations. Under the auspices of the International Association of National Public Health Institutes, the Africa network was established in 2014 to facilitate coordination, interaction, and cooperation among NPHIs in Africa. In most countries in Africa, integrated NPHIs are still in their infancy, and many countries still leverage the strength of national laboratories or disease specific institutes to address disease emergencies.

Moderated discussion with the following participants:

Yenew Kebede, Africa Centres for Disease Control and Prevention, Ethiopia
Zabulon Yoti, WHO/AFRO, Congo
John B. Dogba, Public Health Institute, Liberia
Oni Idigbe, Africa Centres for Disease Control and Prevention, Nigeria

CO-CONVENERS:

Chikwe Ihekweazu, Nigeria Centre for Disease Control, Nigeria

Dr. Chikwe Ihekweazu is the Chief Executive Officer of the Nigeria Centre for Disease Control and was until recently the Acting Director of the Regional Centre for Disease Control for West Africa. Dr Ihekweazu trained as an infectious disease epidemiologist and has over 20 years’ experience working in senior public health and leadership positions in several National Public Health Institutes, including the South African National Institute for Communicable Diseases, the UK’s Health Protection Agency, and Germany’s Robert Koch Institute. Dr Ihekweazu has led several short-term engagements for WHO, mainly in response to major infectious disease outbreaks around the world. Dr Ihekweazu is on the boards of several non-governmental organization and is a TED Fellow and co-founder TEDxEuston. He holds degrees from the College of Medicine, University of Nigeria and from Heinrich-Heine University, Dusseldorf, Germany.

Florette Treurniche, National Institute for Communicable Diseases, South Africa
ROUND TABLE | WEDNESDAY, 12 DECEMBER 2018

SPEAKERS:

Yenew Kebede, Africa Centres for Disease Control and Prevention, Ethiopia

Dr. Yenew Kebede (MD, MPH, MSc) is Head of the Division of Laboratory Systems at the Africa Centres for Disease Control and Prevention (CDC). He is a Medical Microbiologist and public health expert with over 16 years of clinical, teaching, laboratory science, research, capacity building, and program design and management experience. Before joining Africa CDC, he worked for more than 12 years as a Technical Officer and later as Branch Chief for Laboratory at the United States Centers for Disease Control and Prevention, Ethiopia (US CDC-Ethiopia) where he provided strategic leadership for one of US CDC’s most successful laboratory systems development programs through the support of the President’s Emergency Plan for AIDS Relief (PEPFAR). This was a fundamental laboratory infrastructure development program that established Ethiopia’s national laboratory network with the construction of the national reference laboratory and six state-of-the-art regional reference laboratories. Kebede has a Medical Doctorate degree from Gondar College of Medical Sciences, a Masters in Medical Microbiology from Addis Ababa University, and a Masters in Public Health from University of Gondar.

Zabulon Yoti, World Health Organization, Switzerland

Dr. Zabulon Yoti is a public health veteran with over 20 years’ experience in clinical and public health practice. He is best known for his leadership in coordinating public health response to disease outbreaks, natural and man-made disasters. Dr Yoti has provided direct field support to several African countries in responding to disease outbreaks. Yoti, from Uganda, works in the World Health Organization Emergencies (WHE) Programme in the African Regional Office (AFRO) based in Brazzaville, Congo. He is the Technical Coordinator for WHO AFRO WHE. From June 2014 to December 2015, Dr Yoti was re-assigned as part of WHO AFRO surge deployment for Ebola response in the West African Region with responsibility of providing technical leadership and coordination of the outbreak response. Yoti qualified as a Medical Doctor in Uganda in 1997. He holds a Master’s Degree in Public Health, a Post-Graduate Diploma in Tropical Medicine and Health (DTM&H) and a Certificate in Health Emergencies in Large Populations from the University of Pretoria, South Africa.

John B. Dogba, Public Health Institute, Liberia

John Bobo Dogba is currently the Director of the National Public Health Reference Laboratory in Liberia with the National Public Health Institute of Liberia. He is a PhD Candidate at the University of Ibadan in the Faculty of Veterinary Medicine/Department of Veterinary Public Health and Preventive Medicine. He is a part-time Lecturer at the University of Liberia in the Department of Biology. Dogba holds an honor diploma (cum laude) in Medical Laboratory Technology; a Bachelor of Science (magna cum laude) in Biology and Chemistry; and a Master’s of Public Health. His research work covers multi-drug resistant tuberculosis (TB), Lassa Fever, laboratory system strengthening, One Health and infectious diseases in Liberia. Currently, his research focuses on the evaluation of GeneXpert for integrated testing for infectious diseases: TB, Ebola, antimicrobial resistance surveillance, One Health and viral hemorrhagic fever monitoring in Liberia. He has several publications and has facilitated national and international trainings. He is a champion for One Health in Liberia.

Oni Idigbe, Africa Centres for Disease Control and Prevention, Nigeria

Professor Oni Idigbe obtained a Ph.D degree in Medical Microbiology from the University of Glasgow, Scotland in 1979 and joined the services of the National Institute of Medical Research in Lagos, Nigeria in 1980. Within his 38 years of service in the Institute, he had a very progressive, academic/research career, and rose to become the Director-General of the Institute, for two consecutive four-year terms from 2000 – 2008. Within this period, Professor Idigbe contributed significantly to the development of human and infrastructural capacities for health research and health care delivery in Nigeria, including the establishment of the National Reference laboratories for HIV/AIDS (ISO Accredited) and Tuberculosis (BSL3) in the country. Idigbe has served and is still serving on the Executive Boards and Scientific Review committees of several health related national and international organizations. He has contributed significantly to global public health knowledge and currently has over 135 scientific publications in peer-review journals.
ROUND TABLE 6
AFRICA REGIONAL LABORATORY NETWORKS:
PERSPECTIVE ON EMERGING DISEASE THREATS

SESSION OVERVIEW:

Background: The Regional Public Health Laboratory System (RPHLS) brings together national and regional reference laboratories to form a network, which are linked by shared goals of control, prevention, or elimination of diseases. A reference laboratory system provides a coordinated and essential laboratory services and enhances its role of providing infection control with timely detection, signalling early warning of health risks, compiling data to solve outbreak investigations and contributing to prevention through disease or health risk surveillance. One of the key roles is to provide a leadership in promoting health and quality of life by preventing and controlling disease through timely disease detection and confirmation, emergency preparedness, and research findings to prevent or monitor mortality patterns resulting from interactions between people, animals, and their environment.

However, implementation of effective and functional regional laboratory networks needs to solve the following challenges: how to implement biosecurity and biosafety procedures within the network? What are the key factors that determine the establishment of national and regional sample transportation systems, including during outbreaks? How to implement harmonized regional laboratory data sharing platforms? How to ensure the sustainability of laboratory services?

Session objectives: The objective of the round table is to share experiences and present innovative strategies for strengthening regional laboratory capacity for early detection of emerging diseases. Each panel member will present briefly on experiences and lessons learned with respect to the thematic areas. The panel and audience will then embark on a discussion about best practices for improvement of regional laboratory capacity.

- **EDCTP Experience in Establishing Regional Research Networks**
  Moses Bockarie, European and Developing Countries Clinical Trials Partnership, South Africa

- **Regional Data Sharing Platforms**
  Ousmane Faye, Institut Pasteur de Dakar, Senegal

- **Establishment of Material Transfer Agreement: Challenges and Perspectives**
  Odile Missi Oukem, Fondation Merieux, Mali

- **Establishing the Regional Integrated Surveillance Laboratory Network (RISLNET)**
  Benjamin Djoudalbaye, Africa Centres for Disease Control and Prevention, Ethiopia

CO-CONVENERS:

Abdourahmane Sow, West African Health Organisation, Burkina Faso

- Abdourahmane Sow is a Senior Medical Epidemiologist in charge of epidemic control and public health laboratories at the West African Health Organisation (WAHO) which is based in Burkina Faso. He established the West African Reference Laboratory Network for national and regional reference laboratories for epidemic-prone diseases in the fifteen ECOWAS country members. He also serve as a GOARN expert for WHO and has been deployed for disease outbreak investigation, response and control in many West African countries. Previously, he was an assistant professor at the University of Dakar and researcher at the WHO Collaborating Center on arboviruses and hemorrhagic fever viruses at the Pasteur Institute in Dakar. He holds a doctorate degree from the University of Bordeaux (ISPED) and Universit of Dakar, where he iso a medical degree and master’s degrees.
Moses Bockarie, European and Developing Countries Clinical Trials Partnership, South Africa

Professor Moses John Bockarie is Director of International Cooperation (Africa) and Head of Africa Office at the European & Developing Countries Clinical Trials Partnership (EDCTP). Prior to joining EDCTP in 2016, Professor Bockarie was Professor of Tropical Health Sciences, and Director of the Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine (LSTM). He obtained his MSc and PhD from LSTM and worked in several countries in Africa and the Pacific region. In 2016, he was awarded the Mackay Medal, for outstanding work in tropical health, by the Royal Society of Tropical Medicine and Hygiene, in the United Kingdom.

SPEAKERS:

Ousmane Faye, Institut Pasteur de Dakar, Senegal

Dr. Ousmane Faye is a virologist-biologist and is the Head of the Virology Department at Institut Pasteur Dakar (IPD), which hosts four reference laboratories that work on arboviruses and haemorrhagic fever viruses, encephalitis viruses, enteroviruses and respiratory viruses. He obtained his PhD at Cheikh Anta Diop University (UCAD) and completed a systematic virology course at the Institut Pasteur, Paris. He has held various teaching/research positions in institutions such as UCAD, the Research and Development Institute (IRD) and IPD. Faye has participated in many multicenter research projects in Africa and has supported different countries during epidemics. He has vast professional experience in the virological and biomolecular diagnosis of the emerging viruses and in the fight against the vectors of arboviruses and many pathologies of public health concern. He was deployed for 2 years in Guinea and 6 months in Angola/DRC to supervise the diagnostic laboratories for Ebola and Yellow Fever that have been entrusted to the IPD. Faye has more than 95 scientific publications in international peer-reviewed journals.

Odile Missi Oukem, Fondation Mérieux, Mali

Odile Ouwe Missi Oukem-Boyer is a French senior scientist with Fondation Mérieux where she holds a position of country representative (Mali and Niger) and in 2018, also became the acting Director General at the Centre d’Infectiologie Charles Mérieux du Mali. In Niger, she was affiliated to the International Network of Pasteur Institutes. During the last 20 years spent in Africa, her career path has progressively evolved from primary researcher to deputy administrator, scientific director and director general in various African research centers in Gabon, Cameroon, Niger and Mali. She has built relationships with governments, policy-makers, and with many technical and financial partners involved in the health sector on the continent, including bilateral cooperation organizations. Her main research interests are tropical infectious diseases, clinical trials, bioinformatics and health research ethics. She holds a doctorate degree in life and health science from University of Lille, France.

Benjamin Djoudalbaye, Africa Centres for Disease Control and Prevention, Ethiopia

Dr. Benjamin Djoudalbaye, MD, MSc. MPH, is Head of Policy and Health Diplomacy at the Africa Centres for Disease Control and Prevention. Prior to that, he was for more than 8 years Senior Health Officer for HIV/AIDS, Tuberculosis, Malaria and other Infectious Diseases at the African Union Commission. He has a strong professional experience in strategic planning, administration, management and evaluation of policies, programs and public health, infectious diseases programmes and projects; capacity building and operational research in Africa. He has also a good knowledge of coordination mechanisms including multidisciplinary and multi-sectoral teams, partnership development, negotiation skills, advocacy and resource mobilization, multilateral and bilateral cooperation, public & private sector and civil society. Djoudalbaye is specialized in Infectious Diseases (University Claude Bernard Lyon 1), HIV/AIDS and Sexual Reproduction Health (University Denis Diderot Paris 7) and Epidemiology & Biostatistics (University Claude Bernard Lyon 1). He has worked for International SOS, Ministry of Health of Chad, and SOLTHIS.
Thursday, 13 December 2018

PLENARY 3
SYNERGIZING PARTNERSHIPS

DATE: Thursday, 13 December
TIME: 09:00 – 10:30
LOCATION: Congress Hall
SESSION CO-CHAIRS: Trevor Peter, Clinton Health Access Initiative, Botswana
Wafaa El-Sadr, Columbia University, United States

SPEAKERS

John Simon, Vice Chair of the Global Fund to Fight AIDS, Tuberculosis, and Malaria and Founder and Managing Partner, Total Impact Capital, United States

Leveraging Public and Private Funds to Achieve UHC

John A. Simon is a founder and Managing Partner of Total Impact Capital (TOTAL), an impact investing firm that works with partners to structure, market, and manage financing vehicles for high impact interventions. He is also the Vice Chair of the Global Fund to Fight AIDS, Tuberculosis, and Malaria and a Senior Advisor to the Medical Credit Fund, which provides debt financing to health enterprises in Africa. Previously, Ambassador Simon held a variety of posts in the US federal government, including the United States Ambassador to the African Union and Special Assistant to the President and Senior Director for Relief, Stabilization, and Development for the National Security Council (NSC) at the White House, the first to hold this post. At the NSC, Ambassador Simon oversaw the implementation of the President’s Emergency Plan for AIDS Relief and the President’s Malaria Initiative. He received his bachelor’s degree from Princeton University and a master’s degree in public policy from Harvard University.

Coumba Toure Kane, Scientific Director and Lead Molecular Biology, Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation, Senegal

N. Coumba Touré Kane is a Professor in Microbiology and Bacteriology Virology at Dakar University in Senegal. She is the Scientific Director and lead of the Molecular Biology platform at the Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation (IRESSEF) and the head of the Bacteriology-Virology Laboratory of Dalal Jamm University Teaching Hospital in Dakar. She is a member of the WHO Guidelines Development Groups on Diagnosis, Biological Monitoring and Implementation of Quality Control of HIV and Hepatitis B & C, is the General Secretary of the African Network of Practitioners Assisting the Care of People Living with HIV, and is Co-President of the Conference of Francophone Alliance on Health Actors against HIV and Hepatitis in Bordeaux, France. Her research interests include molecular epidemiology, physiopathology and drug resistance infectious pathogens and she is involved in many research projects on preventive and therapeutic strategies, bacterial resistance and virus-induced cancers. She holds doctorate and PharmD degrees.
Rebecca Martin, Director of the Center for Global Health, US Centers for Disease Control and Prevention, United States

Partnerships and Smart Investments for Global Health Security and International Health Regulations

Dr. Rebecca Martin serves as the Director of the Center for Global Health (CGH) at the Centers for Disease Control and Prevention (CDC). She has worked domestically and internationally in immunization, HIV, and health system strengthening and now leads CDC’s global efforts to protect and improve health worldwide through science, policy, partnership, and evidence-based public health action. Previously, she has worked in Kenya as an epidemiologist for an inter-country immunization program with the World Health Organization (WHO) African Regional Office, in Tanzania as Program Director for Strategic Information and Human Resources for Health with the CDC, and in Denmark as the Regional Advisor for Immunization with WHO European Regional Office. In these roles, Dr. Martin led studies to strengthen national capacity, supported improved immunization and surveillance systems, and provided evidence for the introduction of new vaccines. Dr. Martin holds a doctorate degree from the Johns Hopkins Bloomberg School of Public Health in international health.
## ORAL SESSION 3: SYNERGIZING PARTNERSHIPS

### ORAL SESSION 3.1: The One Health Approach

<table>
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<th>Title</th>
<th>Speaker(s)</th>
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<tr>
<td>11:00 – 11:10</td>
<td>OA-3.1-001</td>
<td>Contribution du laboratoire de Référence de L’institut National de Recherche en Santé Publique Dans la Détection Des Pathogènes Zoonotiques Associés à des Maladies Fébriles Aiguës au Mali</td>
<td>F. Sidibe</td>
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<td>11:45 – 11:55</td>
<td>OA-3.1-004</td>
<td>A One Health Approach to Addressing Gaps in Laboratory Leadership Training</td>
<td>J. E. Isadore, L. Maryogo-Robinson</td>
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<td>12:05 – 12:15</td>
<td>OA-3.1-006</td>
<td>Is Housing (Roofing) Quality Associated with Malaria Incidence? The Findings in Nchelenge, Luapula Province</td>
<td>J. Sikalima</td>
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### ORAL SESSION 3.2: Partnerships and Collaborations for Universal Health Coverage and International Health Regulations

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<td>11:00 – 11:10</td>
<td>OA-3.2-007</td>
<td>Strengthening Regional Capacity for Diagnostics Through Laboratory System Strengthening Using the WHO/AFRO Strengthening Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) Program</td>
<td>T. Maruta, M. Matu</td>
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<td>11:10 – 11:20</td>
<td>OA-3.2-008</td>
<td>Strengthening Cross-Border Laboratories is Critical for Controlling Trans-Boundary Transmission of Diseases in East Africa</td>
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<td>11:20 – 11:30</td>
<td>OA-3.2-009</td>
<td>Assuring Quality and Building Trust: Providing High Quality, Low Cost EQAS at Both Laboratory and Community Settings</td>
<td>L. M. Cabuang, D. Sahin, S. Land, W. Dimech</td>
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<td>11:55 – 12:05</td>
<td>OA-3.2-011</td>
<td>Strengthening Clinical Laboratory Services for Malaria Vaccine Trial Initiative in Bioko Island of Equatorial Guinea</td>
<td>E. L. Nyakarungu</td>
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<td>12:05 – 12:15</td>
<td>OA-3.2-012</td>
<td>Addressing the Challenges of Laboratory Monitoring of Hepatitis C Treatment in Cameroon</td>
<td>R. Njouom, O. Nyoe, C. Bilong, A. Boers, R. Coutinho, R. Nsailiimi, M. Biwode Sida, F. Essomba, F. Ondoa</td>
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### ORAL SESSION 3.3: Science and Education to Prevent the Next Pandemic

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<td>11:00 – 11:10</td>
<td>OA-3.3-013</td>
<td>Community Health Screening and Education through Laboratory Science: Clinical Laboratory Science Student Service-Learning and Study Abroad Collaboration Opportunities</td>
<td>J. R. Ellis</td>
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<td>11:45 – 11:55</td>
<td>OA-3.3-016</td>
<td>Renforcement des Capacites des Agents de Laboratoire en Guinee Dans le Cadre du Projet Labnet</td>
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11:55 – 12:05 | **OA-3.3-017** | Implementation of the Competence-BASE Curriculum for Mid-Level Laboratory Technicians in Health Training Institutions
A. J. Nhabomba

12:05 – 12:15 | **OA-3.3-018** | Developing Competencies for Different Levels of Laboratory Workers in Low And Middle Income Countries: A Stepwise and Multi-Sectoral Approach
L. Oskam, P. A. Zwaaftingen, A. Abdelkarim, K. Osman

12:15 – 12:30 | Question & Answer

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**ORAL SESSION 3.4: The Last Mile to Achieving the UNAIDS 90-90-90 Targets**

Thursday, 13 December

**Kogi**

11:00 – 11:10 | **OA-3.4-019** | Surmounting Barriers to the 3rd ‘90’: How Inter-cadre Collaboration Improved Uptake of HIV Viral Load Results at Homa Bay Hospital, Kenya

11:10 – 11:20 | **OA-3.4-020** | Scaling up Early Infant Diagnosis (EID) Using Technical Assistance from ASLM, Sierra Leone’s Experience
Z. Koroma

11:20 – 11:30 | **OA-3.4-021** | Bridging the Gap Between Stakeholders at Strategic and Operational Level Between Implementing Partners to Improve Efficiency in VL and EID Commodity Quantification and Management in Cameroon

11:30 – 11:45 | Question & Answer

11:45 – 11:55 | **OA-3.4-022** | Integrated TB-HIV Testing on GeneXpert is Feasible, Enables Increased Device Utilization and Does Not Negatively Impact TB Services: Implementation Experience in Malawi and Zimbabwe
M. Wang, T. Maparo, J. Isaac, P. M. Mangwendeza, C. Mwase, R. Simbi, J. Kandulu, E. Saka, M. Rioja, J. A. Sacks

11:55 – 12:05 | **OA-3.4-023** | Cost per HIV-infected Infant Initiated on HIV Treatment: Conventional vs. Point-of-Care Early Infant Diagnosis (POC EID) Testing
A. P. McGovern, D. Darroch-Thompson, J. A. Sacks, P. Magliore, T. Peter, N. Doi

12:05 – 12:15 | **OA-3.4-024** | Development of a Clinical Trials Laboratory During an Epidemic
A. J. Nhabomba

12:15 – 12:30 | Question & Answer

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**ORAL SESSION 3.5: Implementing and Harmonizing Policies**

Thursday, 13 December

**Kano**

11:00 – 11:10 | **OA-3.5-025** | An Increase in the Number of Countries Permitting Lay Provider HIV Testing and Counselling Between 2015 and 2018: An Updated Policy Review of 48 Countries

11:10 – 11:20 | **OA-3.5-026** | Taking the Pulse of Policy: Laboratory Policy Availability and Implementation in Kenya
E. K. Ruttoh, J. Tome, J. Y. Carter

11:20 – 11:30 | **OA-3.5-027** | Country Implementation of WHO Recommendations on HIV Testing Strategies and Testing Algorithms
V. Forner, A. Sands, C. Figueroa, R. Baggsley, C. Quinn, C. Johnson, F. Jallow

11:30 – 11:45 | Question & Answer

11:45 – 11:55 | **OA-3.5-028** | Exploring the Adoption of Lean Principles In Medical Laboratory Industry
H. D. Isakk

11:55 – 12:05 | **OA-3.5-029** | A Successful Implementation of a National Laboratory Equipment Maintenance Program Through the Global Health Security Agenda (GSHA) Program: Experience of Senegal
M. D. Bao

12:05 – 12:15 | **OA-3.5-030** | WHO “Test and Start” Strategy and Programmatic Implications for TB-HIV in Nigeria: An Evaluation of Treatment Program in 27 Nigerian Military Hospitals

12:15 – 12:30 | Question & Answer
### ORAL POSTER SESSION 3

**TRACK 3: SYNERGIZING PARTNERSHIPS**

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**POSTER SESSION 3**

**TRACK 2: LABORATORY RESPONSE**

**POSTER NUMBERS:**

- **PS-2.3b** Improving quality, safety and cost effectiveness of laboratory systems

**DATE:** Thursday, 13 December  
**TIME:** 12:30 – 13:30  
**LOCATION:** Poster Marquee

**TRACK 3: SYNERGIZING PARTNERSHIPS**

**POSTER NUMBERS:**

- **PS-3.1.** The One Health approach
- **PS-3.2** Partnerships and collaborations for Universal Health Coverage and International Health Regulations
- **PS-3.3** Science and education to prevent the next pandemic
- **PS-3.4** The last mile to achieving the UNAIDS 90-90-90 targets
- **PS-3.5** Implementing and harmonizing policies

Please refer to the Poster Directory in the back of the Conference Programme for poster numbers and titles.

Complete poster information can be viewed in the online Abstract Book at www.aslm2018.org
**SYMPOSIUM 5**

**LABORATORY SYSTEMS AND NETWORKS FOR ONE HEALTH**

**SESSION OVERVIEW:**

One Health requires the collaboration of multiple disciplines, tracking disease, and health interventions across sectorial boundaries. One Health approaches are essential to contain zoonotic diseases, identify and manage reservoirs for human and animal disease, and protect wildlife and livestock. They also avoid duplication and synergize health policy and public health actions. This session will give an overview of One Health challenges and opportunities with a particular focus on laboratory systems. Participants will gain an understanding of the concept of One Health, how to optimally develop and operate laboratory systems, so that maximal benefits accrue to all stakeholders, and will also be introduced to outcomes from One Health laboratory initiatives. The session will provide examples of laboratory systems and networks for disease surveillance in humans and livestock, along with anthropomorphic factors that contribute to resistance. The session will also give an overview of laboratory systems for the neglected zoonotic disease cysticercosis that are part of a network covering Tanzania, Mozambique, and Zambia.

Tom Chiller, US Centers for Disease Control and Prevention, United States
- **A One Health Approach to Addressing Gaps in Laboratory Leadership Training**
  Ralph Timperi, Association of Public Health Laboratories, United States

- **One Health Surveillance through a Network of Laboratories in Madagascar: the RESAMAD Network**
  Saïda Rasoanandrasana, RESAMAD Network, Madagascar

- **The RESOLAB Network of FAO & OIE**
  Cristian De Battisti, Food and Agriculture Organization, Italy

**CO-CONVENERS:**

Iruka Okeke, University of Ibadan, Nigeria

Iruka N Okeke is a Professor at the University of Ibadan, Nigeria and a UK MRC/DFID-supported African Research Leader. She researches the molecular epidemiology, pathogenesis and drug resistance of enteric bacteria, and laboratory practice in Africa. She is a member of Nigeria’s Technical Working Group on Antimicrobial Resistance and is instituting genomic surveillance of antimicrobial resistance as part of a Global Health Research Unit. She is author of several scientific papers and chapters as well as the books *Divining Without Seeds: The case for strengthening laboratory medicine in Africa* (Cornell) and *Genetics: Genes, Genomes and Evolution* (Oxford). She is on the Wellcome Trust’s Surveillance and Epidemiology of Drug Resistant Infections Consortium (SEDRIC) advisory board and currently serves as a drug resistance consultant to the Nigeria Centre for Disease Control, WHO and other organizations. Iruka is a fellow of the Nigerian Academy of Science and is the Editor-in-Chief of ASLM’s scholarly journal, the *African Journal of Laboratory Medicine*.

Francois Xavier Babin, Fondation Merieux, France

François-Xavier Babin is Director of Diagnostics and Health Systems of Fondation Mérieux. He has previously held posts at Pasteur Institute of Cambodia, Hospices Civils de Lyon and the French Embassy in Afghanistan where he was in charge of the implementation of a development program of clinical laboratories. He joined Fondation Mérieux as the Regional Manager of Asia, then became the Director of International Development and since 2018, has been the Director of Diagnostics and Health systems. His main interest is the development of clinical laboratories in low- and middle-income countries, including infrastructure, techniques, management, sustainability and laboratory systems within larger health systems. He holds a Pharm. D. and conducted his thesis on the set up and empowerment of a biomedical research laboratory in a developing country.
SPEAKERS:

Tom Chiller, US Centers for Disease Control and Prevention, United States

Ralph Timperi, Association of Public Health Laboratories, United States

Saïda Rasoanandrasana, RESAMAD Network, Madagascar

Cristian De Battisti, Food and Agriculture Organization, Italy
Symposium 6
International Partnerships for UHC and Preparedness

Session Overview:

**Background:** Universal Health Coverage (UHC) and preparedness for outbreak response are critical to achieve the health-related Sustainable Development Goals (SDGs). UHC aims at providing quality health services to all individuals and communities without suffering financial hardship. Universal access to health services addressing the most important causes of disease and death is key not only to individual patient health, but also to the prompt identification and prevention of epidemics and outbreaks.

Reaching out to vulnerable populations and communities everywhere, and ensuring that epidemics are detected early requires optimal coverage, affordability, and reliability of essential laboratory diagnostics across entire national laboratory networks, and across borders. Advancing UHC and outbreak preparedness requires a robust interface between clinical and public health laboratories, the establishment of adequate national and regional coordination and partnerships, as well as relevant frameworks that can guide efforts towards the control and prevention of essential diseases.

**Objective:** This symposium will highlight the importance of governance, partnerships, and guidelines ensuring functional national and regional laboratory systems effectively support UHC and outbreak preparedness.

- **Outbreak Preparedness and Timely Response:**
  - **The Role of the Africa CDC Regional Collaborating Centre**
    - Marguerite Massinga Loembe, Africa Centres for Disease Control and Prevention, Gabon
  - **The Construction of an Inter-Country Laboratory Network:**
    - Challenges and Prospects of the RESAOLAB Program in West Africa
    - Gilles Adjane, Fondation Merieux, Togo
  - **The WHO Essential Diagnostics: a Tool to Support Universal Health Coverage**
    - Lee Schroeder, University of Michigan, United States
  - **Leveraging South-to-South Knowledge-Sharing to Strengthen Laboratory Systems: the Laboratory Systems Strengthening Community of Practice (LabCoP)**
    - Pascale Ondoa, African Society for Laboratory Medicine, Netherlands

Co-Conveners:

**Benjamin Djoudalbaye,** Africa Centres for Disease Control and Prevention, Ethiopia

Dr. Benjamin Djoudalbaye, MD, MSc, MPH, is Head of Policy and Health Diplomacy at the Africa Centres for Disease Control and Prevention. Prior to that, he was for more than 8 years Senior Health Officer for HIV/AIDS, Tuberculosis, Malaria and other Infectious Diseases at the African Union Commission. He has a strong professional experience in strategic planning, administration, management and evaluation of policies, programs and public health, infectious diseases programmes and projects; capacity building and operational research in Africa. He has also a good knowledge of coordination mechanisms including multidisciplinary and multi-sectoral teams, partnership development, negotiation skills, advocacy and resource mobilization, multilateral and bilateral cooperation, public & private sector and civil society. Djoudalbaye is specialized in Infectious Diseases (University Claude Bernard Lyon 1), HIV/AIDS and Sexual Reproduction Health (University Denis Diderot Paris 7) and Epidemiology & Biostatistics (University Claude Bernard Lyon 1). He has worked for International SOS, Ministry of Health of Chad, and SOLTHIS.
Amha Kebede, African Society for Laboratory Medicine, Ethiopia

Dr. Amha Kebede is a Project Director at the African Society for Laboratory Medicine and a public health professional with a biomedical sciences specialization and over 25 years of experience in public health research and leadership. He has hands-on experience in leading the National Public Health Institute in Ethiopia, coordination and direction of programs in capacity building and in establishing strategic partnerships nationally, regionally and internationally. He has published over 76 scientific articles in a reputable peer reviewed international and local journals. He has ample experience working with government and non-government organizations nationally and internationally, as well as funding agencies. He has served and is serving as board member of various international and national organizations.

SPEAKERS:

Marguerite Massinga Loembe, Africa Centres for Disease Control and Prevention, Gabon

Dr. Marguerite Massinga Loembe is affiliated with the Institute for Tropical Medicine at the University of Tubingen in Germany and the Centre de Recherche Médicales de Lambarénè (CERMEL) as Group Leader in charge of programmatic support and laboratory systems strengthening for improved infectious diseases control. She obtained a PhD in Microbiology at Laval University in Canada, and then worked in various countries across Western and Eastern Africa at the interface of clinical research and national healthcare systems reinforcement. She has extensive expertise in laboratory systems management for phase I to III clinical trials (CS microbiode, RTS,s Malaria Vaccine, Ebola VSV EBOV Vaccine) as well as laboratory capacity building and programmatic support. Loembe contributes to strategic laboratory documents development, as well as to WHO technical notes and guidelines on best practices for laboratory systems. She is a GLI core group member, a RLC laboratory consultant for programmatic management of drug resistant tuberculosis, and an ASLM/Africa CDC consultant for reinforcement of National Public Health Institutes.

Gilles Adjane, Fondation Merieux, Togo

Mr Gilles Adjane K. Koura was appointed Project Manager at Fondation Merieux in 2017 and is in charge of the Regional Disease Surveillance System Enhancement in West Africa (REDISSE) Project in Togo, Liberia and Sierra-Leone. He is also a lecturer in the second biggest university in Togo and has 15 years of experience in public health, focusing on quality improvement of health systems in developing countries. He has served as the Chief of RESAOLAB Project (West African Network of Medical Laboratories) and a reviewer for the African Journal of Laboratory Medicine (AJLM). Born in Togo, he trained at Rollins School of Public Health at Emory University in Atlanta, Georgia in the United States in public health policy and management and is a Hubert Humphrey Alumnus (2009-2010).

Lee Schroeder, University of Michigan, United States

Dr. Lee Schroeder is currently Assistant Professor at the University of Michigan where he is Director of Point-of-Care Testing and Associate Director of Chemical Pathology. His academic focus is at the interface of clinical informatics and health services research, using decision analytic approaches to model and improve the impact of laboratory medicine. This has included landscaping of laboratory capacity and quality in sub-Saharan African countries, development of an on-demand laboratory specimen courier network in Ghana based on the Uber business model, and advocating for creation of an Essential Diagnostics List to accompany the World Health Organization Essential Medicines List.

Pascale Ondoa, African Society for Laboratory Medicine, the Netherlands

Dr Pascale Ondoa is the Director of Science and New Initiatives at the African Society for Laboratory Medicine (ASLM) where she provides scientific leadership to the ASLM team and focuses on addressing gaps in the laboratory systems and networks of African countries. She is also affiliated with the Amsterdam Institute for Global Health and Development, University of Amsterdam, as an assistant professor. Previously, she worked in academic research at the Institute of Tropical Medicine of Antwerp, focusing on immunology and virology studies of HIV and SIV infections of human and non-human primates and on the development of alternative tests to monitor HIV infection. She has worked on research and implementation aspects of various projects looking at HIV drug resistance in sub-Saharan Africa and exploring ways to mitigate barriers to laboratory test uptake. She holds a medical degree from the University of Yaoundé, Cameroon, and a doctorate degree in biomedical sciences (virology) from the University of Antwerp.
PARTNERING WITH THE PRIVATE SECTOR: NEW FRONTIERS

SESSION OVERVIEW:

Evidenced by recent and ongoing public health outbreaks in Africa, the role of the laboratory is critical for the robust and timely detection and response to public health threats. Establishing and maintaining quality laboratory services is, however, costly, and the public sector alone in most African countries cannot assume all of these costs. As such, many efforts are underway to establish public-private partnerships (PPPs) for improving laboratory diagnosis and enabling access to laboratory tests. Also of note in many countries is the involvement of private laboratories as part of the public health response.

Greater collaboration between the public and private sectors is a good strategy for various reasons, including creating channels for private capital to flow into the health sector, leveraging from private sector solutions and expertise to help resolve public health issues, and enabling quality improvements via technology and operational management exchanges between the two sectors.

This session seeks to:

(1) Examine the existing landscape of PPPs for laboratory services,

(2) Discuss what challenges impede the further use of PPPs for laboratory services and recommendations for how these might be addressed, and

(3) Identify opportunities for new PPPs related to laboratory services in the region.

• Public-Private Partnership Yields Success: P.C.E.A Kikuyu’s Path to ISO 15189 Accreditation through the BD-PEPFAR Labs for Life Program
  Thomas Gachuki, Ministry of Public Health and Sanitation, Kenya

• The Wall Which Should be Flown over in Laboratory Logistics by using Unmanned Aerial Vehicle /UAV (Drone) to Accelerate UNAIDS 90-90-90 Target in Africa
  Noafumi Hashimoto, Bureau for International Health Cooperation, Japan

• Leveraging Private Sector Transportation/Logistics Services to Improve the National Integrated Specimen Referral Network in Nigeria
  Theophilus Faruna, USAID Global Health Supply Chain Program Procurement and Supply Management, Nigeria

• Example of Private Laboratory Engagement for Public Health Response—Ethiopia
  Dawit Moges, Sr Aklesia Memorial General Hospital and Hema Advanced Diagnostic Laboratory, Ethiopia

CO-CONVENERS:

Mah-Sere Keita, African Society for Laboratory Medicine, Mali

Mah-Séré Keita is a global health professional with 17+ years of research, patient care, project development and management experience. Over the course of her career, she has worked primarily on improving disease detection and response in low-resource settings. Keita is currently the Director of Global Health Security at the African Society for Laboratory Medicine (ASLM), and has previously held leadership positions at the Catholic Relief Services -Mali, American Society for Microbiology (ASM), and Association of Schools and Programs of Public Health (ASPPH). She holds a Master’s in Public Health (MPH) with a focus on infectious disease epidemiology and a Certificate in Health Finance and Management from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Science (BSc) in pre-medicine biology from Boston College.
Philip Onyebujoh, Africa Centres for Disease Control and Prevention, Ethiopia

Dr. Philip Onyebujoh, is the Senior Technical Advisor for Strategy and Policy to the Director of Africa Centres for Disease Control and Prevention (Africa CDC), a specialized institution of the Africa Union charged with the responsibility of managing and mitigating outbreaks and emergencies on the African continent. Prior to his appointment, Dr. Onyebujoh worked for WHO where he coordinated technical support for the HIV, TB and Hepatitis and laboratories for the WHO Regional Office for Africa, covering WHO’s 47 member states in the African region. His academic background is in internal medicine (MD), infectious diseases (M.Sc, FRCP, DTM&H) and clinical immunity of mycobacterial diseases (PhD).

SPEAKERS:

Thomas Gachuki, Ministry of Public Health and Sanitation, Kenya

Thomas Gachuki is a medical laboratory scientist with over 20 years of experience, most of it working as a quality management expert. He was the quality assurance manager leading the first SLMTA laboratory to be accredited in the world. Gachuki currently works as the Deputy Head of the National Public Health Laboratory (NPHL) in Kenya and doubles as the quality assurance manager. In this position he acts as the point of contact for the Labs for Life project (a PPP between BD/CDC and MOH). This successful project has seen one laboratory attain 15189 accreditation and several others performing well on the SLIPTA scoring and the successful establishment of a Centre of Excellence for Equipment calibration, Certification and training at the NPHL.

Naofumi Hashimoto, Bureau for International Health Cooperation, Japan

Naofumi Hashimoto is a medical laboratory technologist in the Division of Partnership Development, Department of Global Network and Partnership, Bureau of International Health Cooperation, National Center of Global Health and Medicine (NCGM) in Tokyo Japan. He plays multiple roles as a giver, connector, catalyst and ventriloquist in order to realize Universal Health Coverage and achieve Sustainable Development Goals in health-related sectors by combining new technologies or products or organizations. Before joining NCGM, he worked for over 12 years in the health sector in Africa as an expert with the Japan International Cooperation Agency (JICA) in Zambia and Zimbabwe, as a member of Médecins Sans Frontières in Uganda and with the Japan Overseas Cooperation Volunteers of JICA in Kenya and Malawi. He holds a degree in medical laboratory technology from Kitasato Junior College of Hygienic Science and a master’s degree in public health in developing countries from London School of Hygiene and Tropical Medicine.

Theophilus Faruna, USAID Global Health Supply Chain Program Procurement and Supply Management, Nigeria

Theophilus Faruna is a Senior Manager with USAID-Global Health Supply Chain Management-Procurement Supply Management (GHSC-PSM) under Chemonics. This project is a follow-on to the JSI/SCMS project in Nigeria where he worked for 4 years as Senior Laboratory Advisor. He is a medical laboratory scientist with over 20 years of experience, ten at the facility level and another ten working with development partners. His areas of concentration have been on laboratory system strengthening and supply chain management of healthcare commodities. Over the course of his career, he has continuously provided capacity building to facility- and national-level personnel. He is a registered member as Biomedical Scientist with Health Professions Council UK and a Fellow and Associate member of Medical Laboratory Science Council of Nigeria. He holds a master’s degree in operations and supply chain management from the University of Liverpool, UK.

Dawit Moges, Sr Aklesia Memorial General Hospital and Hema Advanced Diagnostic Laboratory, Ethiopia

Dawit (David) Moges, is the Chief Executive Officer and owner of Sr Aklesia Memorial General Hospital and Hema Advanced Diagnostic Laboratory, the first ISO 15189 accredited privately owned institution in Ethiopia. He is a board director of International Partnership for Reproductive Health, vice-president of the Addis ABEBA Private Health Facilities Employers' Association, President of the Ethiopian Employers Federation, Country Focal Person for Georgia State University, and Country Director at US Doctors for Africa, a humanitarian organization committed to increasing access to medical care for diseases and conditions affecting the people of Africa. He is also engaged in health research and medical outreach programs supported by international development partners and health insurance. Previously, he work as the general manager in a manufacturing industry, a health facility consultant and a lecturer at Addis ABEBA University. He holds two master’s degrees.
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Closing Session Chairs:

- Alash’le Abimiku
  ASLM2018 Conference Co-Chair

- Souleymane Mboup
  ASLM2018 Conference Co-Chair

Rapporteur Summaries:

  Pandemic Threats
  Laboratory Response
  Synergizing Partnerships

Closing Remarks:

- Alash’le Abimiku
  African Society for Laboratory Medicine, Chair, Board of Directors

- Nqobile Ndlovu
  Acting CEO, African Society for Laboratory Medicine
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- Boluwatife Aina, Institute of Human Virology, Nigeria

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<td>Preschool-aged Children in Chuahit, Dembia District, Northwest</td>
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<td>Ethiopia: Prevalence, Intensity of Infection and Associated Risk Factors</td>
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<td>Bacteria Flora of Some Vegetables Sold in Major Markets in Ado-Ekiti,</td>
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<td>Ticks (Acari: Ixodidae) Infesting Cattle in Selected Districts of</td>
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<td>Innovations and Medical Laboratory Practice in the Digital Economy</td>
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<td>Improved Upper Management Support for Sustainable Laboratory</td>
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<td>Improvement: Lodwar County Referral Hospital (LCRH), Kenya Experience</td>
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<td>BIOBANKING AND ME: A Speaking Book to Engage Communities on the Value</td>
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<td>Building Research Capacity for Infectious and Non-Infectious Diseases</td>
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<td>Surveillance Systems in Senegal</td>
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<td>Ministry of Health Led Development of a Sustainable Laboratory</td>
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<td>Equipment Management Program: the Kenyan Experience</td>
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<td>Developing a Sustainable National Laboratory Equipment Calibration</td>
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<td>Optimization of Laboratory and Sample Referral Networks: A critical</td>
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<td>Ownership and Sustainability of PEPFAR Investment</td>
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<td>Infection Prevention and Control in a Treatment Centre During a Lassa</td>
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<td>Fever Outbreak in Southeastern Nigeria - January, 2018</td>
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<td>Building Capacity for TB Data Analytics in Low- and Middle-Income</td>
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<td>Tele-Mentoring to Improve Laboratory Capacity to Detect AMR in Kenya</td>
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<td>The Role of the Private Health Sector for Tuberculosis Control in</td>
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<td>Accessibility of Early Infant Diagnostic Services by Under-5 Years</td>
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<td>and HIV Exposed Children in Muheza District, North-East Tanzania</td>
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<td>A Proactive Approach to Maximize Resources When Providing Technical</td>
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<td>Antiretroviral Therapy (ART) as a Public Health Strategy for the</td>
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<td>Prevention of Mother to Child Transmission (PMTCT) of HIV in Kenya</td>
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<td>Health Security Agenda (GHSA) Program to Support National Laboratory</td>
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