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Acknowledgements

INTRODUCTION

There is no gainsaying the fact that like the other social sectors, the health sector in Ethiopia is beset by a number of constraining factors, living it in a difficult position when it comes to countering the massive health problems in the country. Living aside the many factors accounting for this sordid state of the health sector, the absence of an organized health laboratory system in the country could be taken as a central challenge in the improvement of health care services in the country.

Though this is known to be an age-old problem, no serious attention has so far been paid to fix this 'complex and unclear' laboratory organizational structure until very recently. As an agency engaged in multiple tasks aimed at helping improve problems in the Health sector in Ethiopia, the Ethiopia office of the US Centers for Disease Control and Prevention recently took the extraordinary step of initiating a national association of laboratories for Ethiopia in collaboration with the Ethiopian Health and Nutrition Institute.

Several workshops and training sessions have thus been held on the subject over the past one year to the end that relevant professionals were made to gain basic skills in Integrated Laboratory management, Quality Systems in laboratory work, Public Health Laboratory Networks as well as on Quality Laboratory diagnosis of major diseases like HIV, TB, OIs, STIs, malaria. The climax of this has been the issuance of a vision statement regarding the general status of laboratories in Ethiopia and a set of recommendations chief among which was the need for creating the Ethiopian Public Health Laboratories Association (EPHLA).

This was followed by the establishment of a five member steering committee entrusted with the task of laying out the preliminary set of activities that would help to create the EPHLA, chief among which was the drafting of the Association's constitution. Having drafted a 13-page draft constitution, the steering committee organized a two-day long workshop in which 45 professionals representing different health related institutions deliberated on the draft constitution and made key amendments. The founding members then endorsed the Amended Constitution and also formed a nine-member committee entrusted with the task of contacting the Federal ministry of Justice to facilitate the necessary arrangements for the formal establishment of the EPHLA.

Under circumstances where a country or an institution is engaged in the creation of a new venture, it is appropriate and indispensable for that body to count on the experiences of other institutions that have the desired facilities. A major part of the workshop thus was a presentation by an American expert on the experiences and contributions of the American Public Health Laboratories Association. The organizers at first sought experience sharing from within Africa, but none could be found, making this endeavour even the first initiative at an association of laboratories for the whole of Africa.

This brief proceeding thus presents a brief account of the presentations and discussions that took place during the conference. It is divided in to two major sections the first one dealing with a summary of the presentations, and discussions that were held during both days. The second part carries the slide presentations, taken full and verbatim, by both the APHLA and the two groups of participants that deliberated on the draft constitution and suggested the amendments. Both the draft and the Amended Constitutions have also been attached as appendices.

Opening Session

March 28, 2005

The opening session was moderated by the Master of the ceremony, Dr. Dawit Wolday of the Ethio-Netherlands AIDS Research Institute and Chairperson of the steering committee for the establishment of the Ethiopian Public Health Laboratories Association (APHLA). Dr. Dawit Wolday gave a brief introduction on the general status of health laboratories in Ethiopia and the merit of establishing the APHLA. He then invited Dr. Yayeyirad Kitaw, a member of the Executive Committee of the Ethiopian Public Health Association (EPHA) to make opening remarks. (It was originally planned that the president of EPHA, Dr. Damen Haile Mariam would make the opening remarks, but Dr. Damen could not be Available due to other commitments of equal importance.)

The Following is an impromptu remark made by Dr. Yayehyirad Kitaw.

Dear Participants and Organizers of the Workshop,
Ladies and Gentlemen,
Good Morning

This conference for establishing the EPHLA marks a very important day for Ethiopia and the Ethiopian public Health Association is very proud to play a part in the process.

I am sure that this Association is going to be a milestone in terms of developing and sustaining the quality of laboratories in Ethiopia. As a matter of fact, the EPHLA is going to be an association of laboratories and from EPHA's point of view, it will be of huge importance both for health laboratories operating under the government and those laboratory facilities owned by members of the private sector, and the latter could also play an important role in the process.

I am also if the Conviction that individuals, especially highly skilled professionals in the health sector should also play an important role in the establishment process of the Ethiopian Public Health Laboratories Association. EPHA too, is currently playing a catalytic role in the whole endeavour.

The whole task of initiating this new association for Ethiopia has been spearheaded by CDC-Ethiopia, as it was based on the request made by CDC-Ethiopia to the Ethiopian Public Health Association that the process was initiated in the first place. The CDC deserves praise for this important initiative and I hope it will continue its invaluable support in the future too.

Having said this I wish you the best of lucks for an outcome of great importance for generations to come.

Thank You

Following this, The Director of the Ethiopian Health and Nutrition Institute, Dr Tsehayesh Messele, delivered a key note address to the participants of the establishment conference.

Dear invited guests and professionals
Organizers of this workshop
Ladies and Gentlemen
Good Morning

It is a great pleasure and honor for me to address this distinguished group of professionals who are gathered here to deliberate on an important issue. As you know in Ethiopia about 80% of the causes of morbidity and mortality are preventable and curable through primary health care. Laboratory service is an essential component of the health care. Diagnostic support for the investigation of epidemics and surveillance of endemic diseases cannot be successful without adequate and organized laboratory facilities and trained human resource. The historical background and development of health laboratory services in Ethiopia is very much closely linked with the establishment in 1951 of the first health research institute in the country then called Institute Pasteur Ethiopia later called CLRI, then NRIH and currently called EHNRI. The institute has greatly influenced the scope of health laboratory services in the country among other things by establishing different laboratory disciplines, by introducing laboratory tests and technologies, training of laboratory personnel pioneering the use of QA and QC in laboratory practice supporting the MOH in matters related to the health laboratory organization and management. The organization of public health laboratories is usually intimately associated with the general health service infrastructure which comprises health post, health center, district hospitals, zonal hospitals and specialized referral hospitals. Nowadays there are many laboratories in the private health sector, which are also playing an important role in clinical laboratory diagnostic service. According to MOH publication in 2002/2003 there are 1328 health service laboratories (451 in health centers, 119 in different levels of hospitals, 747 different levels of private clinics, 10 are regional public health referral laboratories and one national reference laboratory) in Ethiopia where the public health laboratory system is weak, the expected core functions of public health laboratories like disease prevention control and surveillance, reference and reliable diagnostic testing, food safety, laboratory improvement and regulation, public health research are great challenges. Few studies carried out recently to assess the status of public health laboratories indicated that most laboratories suffer from inadequate quantity and quality of instruments, reagents and supplies as well as inappropriate laboratory physical infrastructure.

With the advancement of technology and newly emerging infectious diseases the laboratory service needs continuous improvement to accommodate these new developments. The Ethiopian Health and Nutrition Research Institute as a National center of excellence technical arm of MOH has established HIV testing laboratories in different parts of the country, is training laboratory personnel this ranges from clinical

chemistry, hematology tests, TB lab diagnosis and HIV/ testing to specialized tests like CD4 count, VL and DNA-PCR, is a center for National quality assurance program, evaluate/validate HIV testing kits and testing algorithm, conducts operational research. In collaboration with partners like CDC, ASCP, APhL, EHNRI is currently strengthening its QA unit for sustained support of laboratories in the country. The institute is also coordinating a technical body, which is working to produce a document on laboratory policy hopefully leading to laboratory networking in the country. Just two week ago EHNRI trainee more that 90 lab professionals form all the over the country on lab quality system including SOP preparation. There are also trainings going on starting last week for more than 160 laboratory professionals represented from all the regions on clinical chemistry, hedmatology,CD4 count and TB diagnosis. Currently there are many initiatives working to move the laboratory agenda.

Although there are encouraging activities, which are started, many challenges still remain. Some of these challenges include.

- The incomplete quality assurance program
- The absence of laboratory network
- The difficulty in Procurement, evaluation and distribution of kits and dreagents
- The absence of refresher training system of r lab professionals
- The poor organization of laboratory information system
- The lack of laboratory accreditation system
- In general the lack of national laboratory policy

I hope this meeting will result on establishment of a strong association so that we move the laboratory agenda forward together. I also hope that the association, which is going to be established, will work to harmonize efforts throughout the country and will be a platform for the development of a strong public health laboratory system in Ethiopia.

Finally I would like thank EPHA/CDC and the organizers of this workshop for organizing this workshop with the objective of addressing one of the most important components of the health care system I also express may appreciation to institutions/organizations who sent representatives, the professionals who have come here to contribute to the valuable workshop

Thank you

First Presentation
Monday Morning, March 28, 2005
**The experience of the American Association of Public Health
Laboratories**

Introducing this session, which was presented by Dr. Richard Alexander of the APHL, Dr. Dawit Wolday noted that it would have been better if the newly formed EPHL were to gain experiences from laboratory associations from Africa. But since there exist none in this continent, it was found expedient to count on the experience of the APHL. He noted that the Ethiopian initiative could thus be taken as a new initiative for the whole of Africa. The following is a brief summary of the salient points raised by the presenter followed by a transcript of the points raised during the discussion forum. The full slide presentations that contain the detailed lists regarding, the program activities, Core Functions and strategies, as well as graphical illustrations used to explain these components have been presented full and verbatim on the presentations section of this document (page 23.)

The presenter Mr. Richard Alexander started by explaining that public health laboratories in the united states started in the early 1900s. However by the early 1920s, people in the United States have already started discussing common problems, goals and experiences related to the issue of public health, and initiated several measures aimed at setting standard operating procedures and ways of improving the general health infrastructure in the United States.

And by 1938, this initiative has already led to the establishment, for the first time, of the Association of Public Health Laboratories in the USA. The APHL thus is a U.S.-based private, non-profit and national membership association open to all laboratory professionals and operating on the basis of domestic and global objectives.

APHL has the vision to promote the role of public health laboratories in support of national and *global objectives*, and to promote policies and programs, which assure continuous improvement in the quality of laboratory practices. This is achieved by working in collaboration with its members and partners engaged in health related activities. Its members include U.S. states & territories, represented by state or territorial public health laboratory directors and senior laboratory staff, county, city environmental health and international laboratory directors as well as all individuals interested in public health and laboratory issues.

The organizational structure of the APHL consists of a Board that has executive committee members, followed by some 10 separate committees reporting to it. These

range from environmental health and global health to policy and planning and training and education committees. The APHL currently has 39 staff operating at an annual average budget of USD 5.0 million and a growing membership spurred by the Association's inclusive policy regarding all health professionals and individuals with interest in joining the organization.

The Association's principal program activities include advocacy and lobbying for appropriate health-related policies and interventions, maintaining national Laboratory partnerships, the gathering and distribution of relevant health related data and information, focus on environmental health and infectious diseases, arranging fellowships to help relevant professionals upgrade their skills and knowledge, helping in emergency preparedness & response activities in health crisis situations, providing national laboratory training network, and, in general contributing to the maintenance of global health.

In its Policy Development component, the APHL plays a role in the provision of scientific and managerial leadership in developing state and federal public health policy and also participates in the development of appropriate operational standards for all health-related laboratories. Training and education is also central to the activities of the APHL and aims at improving the scientific and technical skills of public health laboratory technicians. This is accomplished by providing short and long-term training to help scientists indulge in careers related to public health lab practices, ensuring the provision of continued education in management and leadership and participating in the training of international laboratory scientists.

Another important feature of APHL in activity list is the Partnerships and communication component which consists in developing state-wide partnerships between state, county, and city public health leaders, managed care, academia, and private industry, participating in state strategic policy planning and developmental meetings, as well as maintaining strong communications with state, county, and city health officers along with numerous other healthcare and public health professionals. This activity is connected with the association's contributions in emergency response situations as part of state and national disaster preparedness in cases like, terrorism response, fighting environmental hazards (chemical spills, asbestos), responding to natural disasters (floods, hurricanes), radiation releases, emergency food-borne outbreaks and infectious disease emergencies.

As an association with national and global objectives, the APHL contributes to global health programs by providing laboratory training & consultation services to facilities outside the US through the provision of scientific and managerial expertise and materials & products. It also consults with beneficiary countries in the development of national laboratory plans and assists in the implementation of set plans. It also collaborates with other partners like the CDC and WHO in the provision of core laboratory capacities to beneficiary countries/institutions.

Another critical area is public health related research the association undertakes which consists of evaluating and implementing new technologies and analytical methods in laboratory work, conducting research to improve laboratory testing services, conducting applied studies and undertaking research in areas of interest to the public health community.

The presenter then summarised the Core Functions of Public Health Laboratories in general as Disease Prevention, Control and Surveillance, Integrated Data Management Reference and Specialized Testing, Environmental Health and Protection, Food Safety, Lab Improvement, regulation and Policy Development, Emergency Response, Public Health Related Research, Training and Education, Partnerships and Communication.

The disease prevention, control and surveillance is a vital component in the Associations core functions and involves, in the main; providing accurate analytical results in a timely manner for the assessment and surveillance of infectious, communicable, genetic and chronic diseases, serving as a center of expertise for the detection and identification of biologic agents of importance in human diseases, and providing specialized tests for low-incidence, high-risk diseases such as tuberculosis, rabies, botulism and plagues.

Discussion

Dr. Dawit Wolday thanked the presenter from the APHLA and opened the floor for discussions. Accordingly a question was posed from one of the participants regarding the ways and mechanisms by which the APHLA responds to health problems arising in the country. The presenter said in response to this that APHLA has various ways of responding to emergency situations, chief among which is the strong networking and partnership it has established with many like minded agencies at all levels in the United States.

If the avian flue virus for example gets to California it is going to affect a few community of people at first. And there are already networks built with in the United States that agency will notify the county, the county will notify the state, and the state will notify the CDC. The center will then notify the other states while emergency actions are still being implemented in the affected state and community. This will help them to get prepared for the emergency by stockpiling medication, or other measures. The APHL is basically a consulting organization and it is brought in if, for example, the CDC wanted to know how to best contact the members to get the information out and spread it, or they might send information and material on the new emergency for distribution to the local laboratories. The APHL is not directly involved; the APHL is not a laboratory but rather an association of laboratories, but works in close contact with the CDC. He cited as an example that if a health crisis occurs in one region in Ethiopia, the regional authorities can contact the Ethiopian Health and Nutrition Research Institute (EHNRI), which can would in turn contact one of their partners like the CDC, which might then contact APHL or any other of their partner organizations. But before attempting to solve problems by

contacting external sources like the APHL one need to make sure that you have exhausted existing facilities and expertise internally in one's own country. But then at the final outset the EPHL is ready to help when the need arises.

In the same way, in the US there is a very nice network of public health systems from the city level, to the county level to state level, and to the federal level and there is very good communication and a lot of planning that goes on in any given time on health matters. For example, the United States is currently already prepared for the avian flu and testing is being done in US laboratories and the country is able to identify the avian flu should it show up anywhere. For example, screening is being done at airports and the like. The same thing happened last year with SARS and US labs very quickly learned about it and received training through the laboratory response network, which is a part of APHL.

Another participant also asked as to what differences existed between the missions and objectives of the APHL and other health professional associations in United States.

The presenter said that the APHL is specifically fine tuned to public health practice. When the APHL delivers training in public health it include an examination of quality strengths and assets. Other organizations like ASEP are involved in clinical laboratory activities and hospital laboratory testing and when they go out to give training to individuals or organizations, they too, deliver the same message- it is quality assurance that is the number one requirement in any laboratory and that good quality laboratory results lead to good medical practice. The quality assurance training that the APHL uses is very similar if not identical to what other associations are doing. The difference is the targets that the EPHL addresses vis a vis those of the other associations.

One participant also asked as to what qualification is required to become a member of the APHL and what benefits are available for members.

As far as qualification is concerned, the presenter said that it only requires that somebody is interested in public health laboratory practice and there is no specificity, i.e, no degree requirements, and one doesn't necessarily has to be a practicing laboratorian to belong to the association. But there are different levels of membership, if a person is the laboratory director of a local county public health laboratory facility, called the associate membership, he can have certain privileges, like chairing committees, and if one is the director of a state or territorial laboratory, one can also be a part of the Executive Council and one can thus vote on matters affecting the APHL. Anybody can join but the membership benefits are limited to how one qualifies as a member. For the ordinary member too, there are benefits to be gained. For example, if an individual in a community has by a health concern that he wanted addressed or revised by a higher body, he can talk to the organization and say, 'I in live this county and I don't like such and such,' and it would be addressed by a much larger organization and if it turns out that that it really is a problem. The organization can deal with the problem by talking personally with that specific individual. There are also training and educational benefits that member can

have access to. Members can also attend meetings, and benefit from the lots of specific scientific information that are exchanged during the meetings.

A participant also asked as to what benefits the APHL gains from being an inclusive organization, i.e, accepting everyone interested in health lab work as a member.

Responding to this the presenter said that a change was introduced in 1989, when a new executive director was hired for the APHLA who recognized that the reason that the APHL can't do much is because nobody knows what the APHL is because it is too small. The new executive said that the only way the APHL can make good impact is if it expands membership and the membership was expanded specifically to get the message out to more people. Thus, more people joined the organization giving it more power and voice.

A question was raised as to whether the APHL was mandated to close down laboratories and where does its budget come from.

Responding to this the presenter noted that every laboratory is expected to meet certain quality requirements and that a federal system of monitoring and accreditation exists for laboratories in the USA. The APHLA has a role in the accreditation process of laboratories but it is not a direct role and thus APHL doesn't have the mandate to close down laboratories. Money is secured from the different sources such as money budgeted from counties to execute public programs, from contracts with CDC for the provision of training and workshops as well as fee charged by the Associations diverse technical services with client organizations.

The next question was what kind of relationship existed between the APHLA and the American public health association.

He noted that these are two different organizations and members of one of them could also be members of the other one. Other than that, the two associations are not connected financially or otherwise.

One participant also wondered as to whether clinical labs and public health labs in the US work together.

The presenter noted in this connection that where clinical labs face difficulties the public health labs could intervene and help but the two facilities serve different groups and there are different directives as to what kind of work they undertake. However, this doesn't mean that there are no overlaps. Besides, it should be noted that clinical labs focus on the individual level while public health labs look at issues of public health importance.

Finally the participants asked as to what approach in membership, the inclusive or exclusive, the newly formed EPHL should adopt.

The presenter responded to this question by declaring that it would not be appropriate for him to dictate as to what the EPHL should adopt. The important this at this point, he said, is to carefully craft the visions, missions and objectives and directives of the association. And as these are dynamic provisions, they could be amended through time to adopt what the members feel is appropriate at any given time in its history.

Session II- EXPECTED OUTCOMES OF THE WORKSHOP

Presenter- Dr. Dawit Welday

The second session focussed on introducing details about how the conference will go about and the expected outcomes from the conference. Dr Dawit said that EPHLA draft Constitution was prepared by the steering committee members. The five member committee was delegated by the EPHA to prepare the preliminary details that could provide a general picture of what the new EPHLA should look like and do both from the technical/scientific point of view and the legal requirement stipulated by the Federal ministry of Justice for the establishment of professional associations in the country. Accordingly, the presenter noted that the conference will deliberate the provisions stipulated in a 13-page long draft Constitution prepared by the steering committee so that the conference will finally come up with a refined constitution that would be submitted to the MOJ for final approval.

Dr Dawit, who is also a member of the steering committee, explained the background with in which the process of establishing the EPHLA is being undertaken. He started his address by painting a grim picture of the structure and organization of laboratories in Ethiopia as they are found at present. He said that the lab structure in Ethiopia is currently ‘complex and unclear’ and needs extensive revision. The organizational structure existing at present puts the EHNRI at the top flanked parallel from the left and the right by the Quality Control arm of the Ministry of Health and the Drug Administration and Control Agency and extending to the bottom levels of university affiliated labs, regional hospital labs as well as private hospital and diagnostic laboratories.

At the top of the whole problem, he pointed out, is the virtual absence or weak link that exists between these different lab facilities at all levels and the EHNRI, which is supposed to be the national reference laboratory. This creates challenges in initiating a coordinated, speedy and effective response mechanism to counter emergency medical problems in the country. This is best illustrated by the experience of the American Public Health Laboratories Association, which, as presented previously, benefits from its well-

organized networking and partnership with different institutions at all levels in the US. Its interconnected system of operation, down from the county level to the CDC, helps it to deal effectively and timely with emergency medical problems in the US.

Speaking about the limitations that exist in the health system in Ethiopia Dr Dawit outlined the different challenges facing health laboratories in Ethiopia.

1. Practically no Public Health Lab System exists in Ethiopia
2. No national policy exists regarding health laboratories
3. No system exists for the establishment of a National Quality Laboratory System
4. No standardization (assays [SOPs], equip) exist
5. No accreditation system exists for laboratories.

He thus noted that without a strong and effective Public Health Laboratory System it would be impossible for any one country to be able to control and prevent diseases. This is also particularly relevant in the Ethiopian situation where more than 70% of diseases occurring are of infectious origin and accurate diagnosis is important for surveillance as well as individual diagnosis of infectious diseases. He thus emphasised that it is incumbent upon the participants of the conference and other advocacy groups to advise the government on ways of setting up a concrete organisational system for laboratories in Ethiopia.

Having spelled out the particular challenges and the immense tasks awaiting to be accomplished in this area, he also pointed out that opportunities, too, existed to enable the country deal with the issue in a successful manner. The CDC, which should take the credit for initiating work on the establishment of the EPHLA, has already taken a number of measures in collaboration with EHNRI, that eventually ended up convening this establishment conference. For example, EHNRI with partners, especially CDC, EPHA, FMOH, WHO & APHL (USA) has been working towards strengthening a National Public Health Laboratory System in Ethiopia. These include:

- An Integrated Laboratory Training Workshop was conducted in December 2003, in Bahir Dar
- Training in Quality Systems August 2004 was conducted at the Hilton Hotel
- A Public Health Laboratory Network training was also held September 2004, Nazareth
- Training on Quality Laboratory diagnosis of major diseases (HIV, TB, OIs, STIs, malaria) were conducted
- Training on Quality Laboratory System (the 12 components) conducted
- National and Regional Laboratory SWOT analysis undertaken

The three-day conference in Bahir Dar, in particular, also came out with a vision statement regarding the general status of laboratories in Ethiopia and ended up with a set of recommendations chief among which was the need for creating the Ethiopian Public Health Laboratories Association. The specific recommendations were:

- Strengthen Laboratory Services and establish a National Public Health Laboratory System in Ethiopia
- Formulate National Public Health Laboratory policy
- Establish a task force to take forward the recommendations (established 36 members and a 15 member TWG)
- Create an *Ethiopian Public Health Laboratory Association (EPHLA)* to foster the above

Taking such steps, he noted, would give various benefits to the EPHLA in particular and the country in general. These include:

- The creation of a coordinated National Public Health Laboratory System
- The setting up of national standardization of laboratory procedures and quality assurance methods leading to greater consistency of results
- Expanded training will be available to EPHLA members and to network participants regarding protocols, SOPs, best practices and emerging technologies
- The National Capacity of Public Health Labs will be enhance in the diagnosis, prevention and control of [infectious] diseases
- There will be a reduced duplication of activities
- Support for laboratories will be enhanced through increased collaboration

Dr. Dawit then outlined the expected out comes of the conference, which consist principally of examining the draft constitution, making useful amendments and recommendations and finally endorsing it.

Expected outcomes of the workshop

- **Deliberate on the draft constitution prepared by the S.C.**
- **Endorse the constitution**
- **Official formation of the EPHLA**
- **Election of the Executive Organ of the EPHLA**

Session Three- INTRODUCING THE DRAFT CONSTITUTION

Presenter Dr. Yohannes Mengistu

Dr. Yohannes of the CDC introduced the draft constitution to the conference participants and explained the various provisions of the draft constitution so that the participants can go about examining the document from an informed point of view. He started by giving the background under which the present worthy initiative is being accomplished. He noted that a dependable and accurate laboratory testing is a vital element in all successful intervention programs, like disease surveillance, treatment and prevention. This is, in turn, best assured by a laboratory quality system that incorporates all elements of laboratory practice. He also noted that several key issues that are being addressed including assessments, meetings and series of training and workshop recommendations on :

- Setting up Quality Assurance Programs
- Establishing/strengthening Public Health Laboratory System
- Forming a Public Health Laboratory Association that could play a major role in laboratory policy, Standards, and Public health laboratory systems.

He also expounded on the procedure by which the draft constitution was prepared, which involved:

- The draft constitution was prepared by a technical steering committee organized by EPHA
- The technical committee later conducted a series of meetings,
- It organized a two-day long meeting with others
- It worked with a consultant
- And finally organized the present conference

He then introduced the Contents of the draft Constitution which are organized in 4 sections, each section having various sub sections

- Section 1: General provision
- Section II: Compositions, duties and responsibilities of organs of the association
- Section III: Membership
- Section IV. Miscellaneous provisions

SECTION I

1. Name of the Association
2. Definitions of terms

3. Date of Establishment
4. Address of the Association
5. Vision -*“To assure the universal availability of quality healthcare laboratory practices and optimum laboratory capacity for health services across the nation”*
6. Mission-*“To support national planning, laboratory systems development, quality assurance programs, training and provide laboratory consultations”*
7. Objectives
 - To contribute to national disease control and prevention efforts through improved diagnostic, research, surveillance and other public health laboratory activities.
 - To strengthen the public health laboratory system and to improve quality of laboratory service.
 - To contribute on ensuring high standards of ethics among laboratory professionals.
 - To provide consultancy services in matters related to laboratory service and safety.
 - To contribute to capacity building efforts in the public health sector through targeted training, workshops, curriculum development and other similar academic programs for increased and improved capacity in the laboratory services
 - To contribute to improved networking of laboratories involved in provision of health care services by harmonizing of tasks, methods, standards and operational procedures.
 - To conduct relevant research, audit and monitoring of the public health laboratory system in the country and to give advice to the relevant institutions.
 - To network with laboratory professional associations inside and outside the country for the purpose of sharing experiences and lessons

8. Organs of the Association

- General assembly
- Executive organ
- Secretariat

SECTION II

9. Composition of the General assembly

All members of the association constitute the general Assembly.

10. Duties and Responsibilities of the general assembly

- Meet once in a year.

- Elect or remove executive officers
- Confirm honorary membership
- Amend the constitution
- Give final decision on membership dismissal.
- Hear, receive, adopt or reject the report of the executive organ
- Delegate its authority to other organs of the association, when the need arises.

11. Composition of the executive organ

The executive organ shall have the following organs:

President

Vice President

Secretary

Treasurer

Public relation officer

Two ordinary members

12. Duties and responsibilities of the executive organ

Direct the functions of the association

Appoint or dismiss the managing director of the secretariat (office)

Prepare agenda and implement the decisions

Prepare strategic plan, budget proposal and plan of action

Facilitate and provides the necessary support to journal and other publications of the association

Direct the financial matter of the association

Organize fund raising

Be responsible for all legal matters of the association

To meet once in a month or by the president call

To represent and communicate the association nationally and internationally.

To carry out any other activities assigned or delegated by the general assembly

13. Duties and Responsibilities of the President

To preside over all ordinary and extra ordinary meetings of the general assembly and the executive committee

To be responsible to implement the decisions of the general assembly and the executive organ.

To represent the association in its official dealings.

To call the meetings of the executive organ and the general assembly.

To sign all agreements and all internal and external correspondence

14. Duties and Responsibilities of the Vice President

To act on behalf of the president on his absence

15. Duties and Responsibilities of the secretary.

To keep records and minutes of the general assembly and the executive organ.

To be responsible for notifying members the meetings of the general assembly and the executive organ.

To be responsible for all internal correspondence of the Association.

To assume the responsibilities of the president and the vice president in their absence for a period not exceeding three months or until the general assembly makes

16. Treasurer

To be responsible for the supervising and management of finance and property of the association.

To supervise and review the preparation of the annual budget, financial record keeping, documentation and reporting.

To be accountable to the executive organ on all matters relating to finance.

To ensure the annual audit undertaking and submit audited statement of the association accounts

To submit financial report to the general assembly

17. Public relations officer

Be responsible for the dissemination of information

Be responsible for the regular publication and distribution of information.

Be responsible for the organization of fund raising and entertainment activities

18. Terms of service of the executive organ

A member of the executive organ shall serve only for one term (two years) however he/she may be elected for additional one term.

19. Secretariat

The association shall have a secretariat to run its day to day activities.

The secretariat shall have a general manager (director), officers, secretaries and other essential staff as may be necessary.

The secretariat shall be equipped with essential office facilities.

The secretariat is accountable and responsible to the executive organ.

The secretariat shall accomplish the duties and responsibilities assigned by the executive organ.

SECTION III

20. Membership

Institutional membership: MOH, DACA, National, Regional and sub regional laboratories; Teaching and research Institutes; Diagnostic laboratories

Individual members: Public health, medical, biomedical and laboratory science professional working on public health laboratory services

Associate members .

Institutions and/or individuals who could contribute to the advancement of public health laboratory services

•**Membership requirement:**
Registration, membership fees

•**Rights and obligation of membership:**

•**Loss of membership:**

•**Membership fees:**

Institutional members: Birr 250 per year

Individual members: Birr 100 per year

SECTION IV

21. Election

- All election shall be by secret ballot.
- All members of the association shall be eligible for any official position in the association.
- When a new election is to be undertaken, the incumbents shall resign.
- Upon the death, incapacitation or resignation of an executive organ member, the officer who has been assisting the deceased or the incapacitated officer shall take over the office.
- Associate members may attend general meetings but they do not vote or stand for elections.

22. Voting

- Voting shall be by secret ballot.
- The president shall preside over all voting except on the occasion where he/she is standing for election or when the issue to be voted upon involves him/her in person.
- All members of the executive organ except the president shall have voting privileges similar to those of the general members.
- A member has only one vote.
- The president shall have a casting vote when there is a tie.

23. Meeting

- The general assembly shall have one ordinary meeting every year
- Extraordinary meetings may be convened
- The executive organ shall have one ordinary meeting every month

- Venue of the meetings
- Notice of Meetings
- Quorum

24. Finance

The source of funding for the association shall be:

- **Membership Fees**
- **Donation**
- **Grant form philanthropic organizations**
- **Journal and other publications**
- **Consultation and others**

25. Finance Management

- The association shall have its own bank account.
- All withdrawals of funds shall be upon the signatures of any two of the following: The president, The Secretary, Treasurer
- The accounts shall be audited every year
- Financial year shall be Ethiopian Fiscal year
- The association shall have legal right to own and administer property
- Regular auditing shall be carried out every three months and report submitted to the executive organ

26. Dissolution of the association

- **The association may be dissolved by votes of a minimum of 75% of the general members**

27. Amendment of the Constitution

- **This constitution of the association may be amended by a two-third majorities of the general assembly**

28. Effective date

- **This constitution shall come into force upon ratification by the general assembly**

Summary

•To improve the quality clinical and public health laboratory services, and set standards, we should work together:

- ✓ Communication
- ✓ Coordination
- ✓ Collaboration

- The proposed Association, EPHLA , could therefore play a significant role!

Discussion

Several questions were forwarded by the participants following the presentations by the two steering committee members. A concern was first raised on the need to distinguish between public health and clinical laboratories.

Clarifying on this matter, the steering committee members expressed the view that public health labs need to encompass all types of health laboratories, be they diagnostic, hospital or regional laboratories. One other participant also pointed on the need to look in to how the newly formed APHLA can be ‘married’ with the existing laboratories in the country. Responding to this the members noted that the lab system in the country is already very weak, despite the fact that lots of skilled laboratory technicians and medical professionals exist in the country. There is the need to exploit this potential by bringing together resources and technical expertise in the field from laboratories at all levels in the country, be they governmental, private hospitals and diagnostic laboratories or regional health facilities as well as with like minded institutions elsewhere. It was mentioned that conference was convened to explore these issues and bring about a highly organized and dedicated group of professionals that would eventually help to strengthen overall lab services in Ethiopia. What is needed is an association that can bring these resources and professionals together for a common goal, which is the strengthening of laboratory services in the health sector in Ethiopia.

One participant also brought about the issue of the Ethiopian Medical Laboratory Technicians Association (EMELTA) and wondered as to whether members of EMELTA could also me members of the soon to be formed EPHLA. He also pointed out on the need for setting a clear boundary between the missions and visions of the two Associations so that they do not overlap.

Regarding membership it was explained that any member of the EMELTA or other similar association could apply and become a member of the EPHLA. The expansion of membership in the association, regardless of whether they are involved in any other organization, can only help to strengthen the EPHLA and doesn’t hurt it in any way. The EPHLA should thus open its doors for membership from pathologists, clinicians, public health laboratory technicians etc, regardless of their membership status in other associations to maintain strength and be able to achieve its objectives.

Concerning fear about overlapping missions and visions between the EPHLA and EMELTA, it was stressed that as long as both are working for the same ultimate goal—the improvement of health services in the country— there is no problem with having

similar missions and vision. The missions and visions could even be replicated in other organizations if it is discovered that they are very important in achieving the ultimate target.

Session Three

Summary of Group presentations and Discussions

After the introduction of the draft constitution, the participants were divided into two large groups to deliberate on the provisions of the constitution and suggest amendments for discussion. The groups worked the whole afternoon of the first day of the conference and presented their findings next morning. The session was moderated by Dr. Abreham Asnake. The following is a summary of the presentations and the ensuing discussions held on the draft constitution.

The most controversial article of the draft constitution that sparked intense deliberation between both the groups and in the subsequent panel discussion was the naming of the association, which is put in the draft as “The Ethiopian public Health Laboratories Association.”

After weighing three options; which included keeping the name EPHLA & making the definition of PHL as inclusive as possible in the constitution. The second option was *having two associations for clinical & public health lab services* (which the group found not feasible at this time, and the third option was to rename the EPHLA to make it as an inclusive association. After discussion, Group one members opted for the first choice, i.e. *to keep the name EPHL as suggested in the draft and provide a broader definition that highlights particularly the clinical aspect*. Group two also at first considered it fair to rename it the ‘Ethiopian Health Laboratory association’ in the hope that it could reflect both the clinical and public health aspects, but a majority of the group later voted to keep the name EPHLA as presented in the draft, leaving the rest of the decision for the panel discussion.

The arguments presented from the participants on the issue of the naming of the Association could be divided into two major categories. One view emphasised that the clinical aspect should be clearly put on the name of the association because, for one thing, the bulk of health related laboratory activity in the country is being undertaken in clinical laboratories. Living out the clinical aspect from the name may undermine the otherwise dominant clinical work that health labs undertake on a daily basis. One participant also wondered as to the possibility of the word “Public” being confused with ownership by the government and thus leaving out the participation of laboratories owned privately. This last argument, however, was seen as an unlikely phenomenon that may arise merely out of confusion with the English language.

The second and most important argument, however, was to take the name EPHLA as suggested in the draft constitution and to provide a broad definition of what the EPHLA stands for to compensate for any ambiguity that might arise about the inclusion of clinical aspects of laboratory work. It was pointed out by way of illustration that the Ethiopian Ministry of Health was named as just the Ministry of Public Health decades back when it was established. The EPHLA too, can make amendments and improvements either in its name or other technical matters included in its constitution as it grows through time, just as the ministry of Public health has evolved in to the present MOH. Another participant also argued that since the name should reflect the broader objective that it stands for, i.e, the improvement of public health status and services in the country, the name EPHLA is very appropriate.

The moderator, Dr. Abraham Asnake, thus announced the unanimous decision that the ***name EPHLA should be kept as it is and a standard definition of what it means and does will be explained in the amended. Constitution.***

To suit the above consensus it was agreed by the conference to include Group one's suggestion that the definition of Public Health Laboratory as described in article 2.4 of the draft constitution be extended to include the phrase; - PHL-means *a laboratory engaged in activities related to public health, clinical and other health related laboratory services.*

Both the groups also suggested amendments on the vision of EPHLA as stipulated in the draft constitution with group one suggesting a grammatical rearrangement of the article as the sentence is a bit too long to easily understand and thus had to be broken in to two or three sentences. Group two on its part suggested the fear that the vision of EPHLA and EMLTA are overlapping but after detailed discussion the group participants found that there is no any overlapping vision and mission between the two organizations. But this issue was discussed in the introductory part to this conference and a consensus was already reached that even if the visions and missions of the two institutions overlapped there was no problem as everybody in the field was working towards one goal, i.e, the improvement the health status in the country.

Minor amendments were also suggested by both the groups on the objectives of the association group 1 suggesting the inclusion of the phrase *Public Health* in article 7.3 so that EPHLA's objective will be broadly *to promote or support* (this was changed from the phrase *to contribute* by group 2 members) to ensure the existence of high standards of ethics among *public health laboratory professionals*. The group also amended article 7.4 as: to conduct relevant research, audit & monitoring of the public health laboratory system in the country & to give advice to the relevant institution *when asked or mandated by authorized body*. The group also suggested that the networking that EPHLA is expected to make should be with laboratory professional associations inside & outside the country and not just to any professional association as suggested in the draft.

Discussions were also made regarding the Organs of the Constitution as mentioned in Article 8 of the draft and a number of suggestions were forwarded from both the presenters and the participants. But it was finally agreed that this should be modified in line with the general guidelines stipulated by the Ministry of Justice on the establishment of professional associations.

On article 11 of the draft, Group 1 suggested that the composition of the executive organ/ Board of directors should be evaluated according to law and regarding the terms of the executive organ/Board, the group recommended that there has to be an overlap of the new & outgoing board members *for one year*.

Concerning Article 20 of the draft, which considers the important issue of membership, a number of amendments were made by the two groups and were accepted through discussion. These include:

- a.) Considering the broad objective of the association in addressing the massive health problems of the country, it is necessary to scrap the minimum of 1st degree in the areas of public health presented as a mandatory requirement for membership in EPHLA and that *all professionals including diploma holders in the field should be encouraged for membership and accepted*. What is more important in this regard is that most lab work in the country is run by diploma level professionals. Thus there is no point in excluding the thousands of lab technicians that have diploma level education, as they could even play a leadership role.
- b.) Associate membership should be allowed for any institution or individual organization with interest in public health,
- c.) The rights and obligation of members as put in the draft has to be clearly stated to avoid confusions arising from issues like the rights of institutions or associations to vote & be voted vs. the risk of losing delegated individuals (replacement issues),
- d.) The 100 birr membership fee suggested in the draft is very high considering the living standards of most lab technicians and thus needs to be reduced to 50 birr per annum. The experience of EPHA was mentioned in this context whereby it was mentioned that membership fee for the association in the early years of its establishment stood at 20 birr per annum but that it has now grown to 50 birr.

The issue of institutional membership was also a subject of considerable discussion, but it was finally decided that there is a need to *consult legal advisors* on how to go about it and is thus still pending.

On the issue of elections, the conference also accepted group one's suggestion that *election shall be by casting votes and not through a secret ballot* as suggested in the draft. (Check from tape) Furthermore, it was suggested that article 21 should hold a full account of the procedure by which board members are nominated for the Association. Group one further pointed out that the dissolution of the association (Article 26), and the

resulting *financial & property disbursement issues should be made based on the country's legal provisions*. In this connection, the guideline issued by the ministry of Justice shows that, based on a majority of two thirds of members of the Association, the Association's property, upon dissolution, will be given to another Association that has a similar mission with EPHLA.

ENDORSEMENT OF THE CONSTITUTION

Having thus discussed and refined the contents of the draft constitution upon general consensus, the participants of the conference unanimously endorsed the full contents of the Amended Constitution with the exception of the issue of institutional membership which, as discussed previously, would be referred to legal advisors. Following this move, one of the steering committee members, Ato Yohannes proceeded to outline the legal procedures that are required to process the registration of the EPHLA at the Ministry of Justice and thus finalizing the formal Establishment of the Ethiopian Public Health Laboratories Association.

According to Ato yohannes, the first task was to elect a five-member committee of 'establishing members' of the association, who would contact the MOJ, present their CV and or other related credentials qualifying them for membership and receive a Certificate from the MOJ witnessing the formal establishment of the Association. It was thus incumbent upon the participants (founding members) to elect the select group that would contact the MOJ and process the application. After deliberating on this issue, the conference agreed that the all the steering committee members that drafted the constitution plus another four members from the conference be elected to contact the MOJ. Their names are:

- EHNRI (Dr Dawit [chair], Dr Almaz)**
- EPHA (Dr Frehiwot [secretary],)**
- AHRI (Dr Abraham)**
- CDC (Dr Yohannes)**
- Private sector (Ato Tamrat)**
- EMLTA (did not attend)**

CLOSING REMARKS

Having thus endorsed the amended constitution and putting the mechanisms in place for processing the formal establishment of the Ethiopian Public Health Laboratories Association, the conference wound up by a vote of thanks from Dr. Yayehyirad Kitaw, a member of the Executive committee of the Ethiopian public Health Association and a

Closing Remark by Dr. Tadesse Wuhib, the Director of the Ethiopia office of the US Centers for disease Control and Prevention.

Vote of Thanks

As with the remarks he made with opening session Dr. Yayehyirad emphasised that the work done so far to lay the groundwork for the establishment of the EPHLA and the results gained from during the conference represented a milestone in the development of laboratories in Ethiopia in general and the association in particular.

For the first time, he declared, an association of associations is being established adding that the Ethiopian public Health association is proud to be associated with the move towards the foundation of the EPHLA. He also noted that the establishment and strengthening of laboratories in general and public health laboratories in particular is important for the improvement of the general health situation in the country.

He noted that the road has just begun and great tasks lay ahead to complete the process. He also thanked the nine people that have been selected to handle the processing of the establishment of the EPHLA by contacting the Ministry of Justice and securing its licence, for the work they have already accomplished. He also thanked the EPHA-CDC Project and the steering committee members for their invaluable contributions in the process.

He also acknowledged that participants of the conference for their meaningful comments and recommendations that helped to successfully amend the draft constitution and devise proper ways of moving forward with the formation of the EPHLA.

He also gave great credit for CDC-Ethiopia as the idea of establishing an association of health laboratories for Ethiopia originally came from CDC-Ethiopia. He wound up his remarks by wishing the best for the EPHLA and by thanking the CDC-Ethiopia in the name of the Ethiopian public Health association.

DR. TADESSE WUHIB

Director, US Centers for Disease Control and Prevention (CDC)- Ethiopia

Closing Remarks at the Establishment of the Ethiopian Public Health Laboratories
Association (EPHLA)

Distinguished participants!
Ladies and Gentlemen!

It is my great pleasure to be here amongst you at this closing ceremony on the Establishment of the Ethiopian Public Health Laboratories Association (EPHLA). It is indeed a great day –a day that many have been working towards for years.

And thus I wish to begin by thanking all who have persisted and worked tirelessly to make this vision of establishing this Association a reality:

- The steering committee members: Dr. Dawit, Dr. Abraham, Dr. Frehiwot, Dr. Almaz, Dr. Mahid and Dr. Yohannes- who need to be commended.
- Staff of the Ethiopian Public Health Association. Nurturing and developing the EPHLA by taking it under its wings demonstrates EPHA's demonstrating its commitment for the development of Public Health in Ethiopia.
- Staff of EHNRI
- Staff of the American Public Health Laboratories
- Staff of CDC- Ethiopian & Atlanta

I also wanted to thank you all the participants for taking the time out from your busy schedule to share your knowledge and experiences-providing valuable inputs-for this realization.

CDC appreciates being a part of this part of this partnership-because I know we are effective and shall overcome any obstacles when we are working together putting our minds together for the betterment of the health of the Ethiopian people.

As one of the foremost challenges of our time- and also of Ethiopia, HIV/AIDS is driving the health agenda and guiding funding. All of us who support the fight against this terrible scourge are encouraged of the increased global commitments as exhibited in resource allocations including that of the World Bank, the president Bush's Emergency Plan for AIDS Relief, Global Fund, and WHO/UNAIDS's 3 by 5 initiatives. If all goes well, Ethiopia is bound to receive over a billion US dollars for HIV/AIDS in the coming 5 years from these sources.

It is up to us all here how we use these funds-how we choose to use these resources

And how we will use these resources not only determines the course of the AIDS epidemic in Ethiopia but also health in general. One such avenue to which the government has also ascribed to in the new HIE/AIDS strategy is strengthening the public health system. Others in the development of the laboratory arena with the provision of equipments and supplies, training, standardization, infrastructure development; and quality assurance programs and now to the establishment of this Association

There continue to be many issues that need to be addressed for the establishment of a functional, effective, and quality public health laboratory system including; establishment

of laboratory networks, national laboratory policy, laboratory information systems, nationwide system of quality assurance program, standards on laboratory safety, solid and liquid waste disposal practices and laboratory equipment maintenance to mention a few.

Thus, much is expected from this Association in the areas of providing overall leadership to the development of the quality public health laboratory system, policy, service provision, communication, and capacity development. I am truly pleased that these are all captured in the Association's Constitution.

As it works to establish itself and through these issues, CDC along with its partners, want to assure you our continuing support.

Allow me to end by wishing the association a prosperous and productive years ahead and I thank you all for your attention.

PART II

Slide Presentations

Association of Public Health Laboratories

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Washington DC, 20036
Tel: 1-202-822-5227
Fax: 1-202-887-5098
Web: www.aphl.org

What is APHL?

- Association of Public Health Laboratories
- U.S. Based Private, Non-profit
- National, with domestic and global objectives
- Membership Organization

APHL Vision:

“A Healthier World Through Quality Laboratory Practice”

Mission

• The mission of APHL is to promote the role of public health laboratories in support of national and global objectives, and to promote policies and programs which assure continuous improvement in the quality of laboratory practices.

• APHL works collaboratively with its members and partners to reach common goals in pursuit of this mission.

APHL is...

• A membership organization:

• **U.S. States & Territories, represented by State or Territorial Public Health Laboratory Director and senior laboratory staff**

• **County, City Environmental Health and International Laboratory Directors**

• **Individuals interested in public health and laboratory issues**

Organizational Structure

• Board

- ◆Executive Committee
- Committees
- ◆Environmental Health
- ◆Newborn Screening and Genetics in Public Health
- ◆Global Health
- ◆Infectious Diseases
- ◆Leadership
- ◆Management and Information Systems
- ◆Membership
- ◆Policy and Planning
- ◆Training and Education
- ◆Nominating Committee

APHL Began as ASTPHLD

- Began in 1952
- Laboratory Directors Invited to CDC to Help with Thyphus Epidemic
- Decided to Form Association
- Met annually in Atlanta
- Socio-scientific
- Volunteer--No staff

ASTPHLD

- Awarded Cooperative Agreement from CDC in 1989
- Instant staff
- Multi-million dollar budget
- Coordinated training throughout U.S. using regionalized approach

APHL Today

- 39 staff
- Average USD 5.0 million budget
- Growing membership
- Inclusive not exclusive

APHL Program Activities

- Advocacy
- National Laboratory Partnerships
- Data & Information
- Environmental Health
- Fellowships
- Emergency Preparedness & Response
- National Laboratory Training Network

- Infectious Diseases
- Global Health

Advocacy

- Bioterrorism
- Food Safety
- EID Programs
- Biomonitoring
- Environmental Health Lab
- Newborn Screening

APHL-Policy Development

- Provide scientific and managerial leadership in developing state and federal public health policy

- Participate in development of standards for all health-related laboratories

APHL-Training and Education

- Improve scientific and technical skills of public health laboratorians
- Provide short and long-term training to prepare scientists for careers to public health lab practice
- Ensure continued education in management and leadership
- Participate in training of international laboratory scientists

Training and Education:

National Laboratory Training Network

- 7 field offices
- Lending library
- State training coordinators
- Public Health Series
- Overall, 85,000 have been trained by NLTN offices since its inception

APHL-Partnerships and Communication

- Develop state-wide partnerships between state, county, and city public health leaders, managed care, academia, and private industry
- Participate in state strategic policy planning and developmental meetings
- Maintain strong communications with state, county, and city health officers along with numerous other healthcare and public health professionals

APHL's Global Health Program

- Laboratory Training & Consultation
 - ◆Scientific & managerial
 - ◆Materials & products
- In consultation, developing national laboratory plans & assistance with implementation

- Collaboration & coordination with partners (e.g. CDC, WHO) to provide core laboratory capacity

Public Health Labs-Overview

- Provide services to support and strengthen public health programs, including disease control, epidemiology, environmental health, and maternal and child health
- Each laboratory is unique in its facilities, staffing, testing, equipment, organization and mandates

Public Health Laboratories

- 56 State & Territorial PHLs
- 85 Branch PHLs
- 6,000 employees across US
- \$350 million annual budget
- 20 million specimens received

1000 Local (County & City) PHLs

Core Functions of Public Health Laboratories

- Disease Prevention, Control and Surveillance
- Integrated Data Management
- Reference and Specialized Testing
- Environmental Health and Protection
- Food Safety
- Lab Improvement, Regulation and Policy Development
- Emergency Response
- Public Health Related Research
- Training and Education
- Partnerships and Communication

Disease Prevention, Control and Surveillance

- Provide accurate analytical results in a timely manner for the assessment and surveillance of infectious, communicable, genetic and chronic diseases.
- Serve as a center of expertise for the detection and identification of biologic agents of importance in human disease.
- Provide specialized tests for low-incidence, high-risk diseases such as tuberculosis, rabies, botulism and plague.
- Serve as focal point for the accumulation, blending and dissemination of scientific information in support of public health programs**
- Provide for a statewide disease reporting network**
- Linkage to national database systems**
- Public health analysis and policy decisions**
- Standardization of laboratory data formats**
- Serve as epidemiology resource**

Reference and Specialized Testing

- **Serve as state's primary reference laboratory to:**
 - ◆ confirm atypical lab tests results
 - ◆ test for, and aid in the diagnosis of unusual pathogens
 - ◆ provide toxicology testing
 - ◆ test epidemiologically-significant specimens
 - ◆ provide esoteric assays, otherwise unavailable

Environmental Health and Protection

- **Provide, or ensure, laboratory services that support:**
 - ◆ Safe drinking water
 - ◆ Water quality
 - ◆ Air quality
 - ◆ Radiation control
 - ◆ Lead surveillance and abatement
 - ◆ Occupational health
 - ◆ Environmental monitoring

Food Safety

- Test specimens from persons, food and beverages to identify causes and sources of foodborne illness
- Evaluate foods produced in state, milk and dairy products, and beverage products
- Detect foodborne outbreaks
- Evaluate bacterial, radioactive, pesticide, herbicide and drug contamination of foods

E. Coli O157:H7

- E. coli O157:H7 continues to be a pathogen found in the nation's food supply.
- Public Health laboratories were instrumental in first identifying this emerging pathogen and the Public Health laboratory still acts as a sentinel to detect outbreaks of this disease.

Laboratory Improvement and Regulation

- Leadership in laboratory regulation
- Coordinate and promote quality assurance programs
- Oversee licensure, certification and accreditation of labs
- Develop coordination of environmental laboratory oversight
- Serve as standard of excellence for local and private lab performance
- Provide analytical support of federal, state, and local regulations

Policy Development

- Provide scientific and managerial leadership in developing state and federal public health policy
- Participate in development of standards for all health-related laboratories

Emergency Response

- Provide lab support as part of state and national disaster preparedness plans for:
 - ◆ Terrorism response
 - ◆ Environmental hazards (Chemical spills, asbestos)
 - ◆ Natural disasters (floods, hurricanes)
 - ◆ Radiation releases
 - ◆ Emergency foodborne outbreaks
 - ◆ Infectious disease emergencies

Public Health Related Research

- Evaluate and implement new technologies and analytical methods
- Conduct research to improve laboratory testing
- Conduct applied studies
- Conduct research in areas of interest to the public health community

Molecular Epidemiology

New methods in molecular subtyping of isolates will significantly improve how Public Health Laboratories help epidemiologists detect disease clusters and outbreaks. Methods such as:

- pulsed field gel electrophoresis, (PFGE)
- molecular probes
- PCR
- high - performance liquid chromatography, (HPLC)
- restriction fragment length polymorphism (RFLP)

Training and Education

- Improve scientific and technical skills of public health laboratorians
- Provide short and long-term training to prepare scientists for careers in public health lab practice
- Ensure continued education in management and leadership
- Participate in training of international laboratory scientists

Training and Education:

Fellowships/Traineeships

- EID Fellowship Program
- Int'l Fellowship Program
- Envtl Health Fellowship
- Envtl Health Traineeship
- Viral and Rickettsial Traineeship

Partnerships and Communication

- Develop statewide partnerships between state, county, and city public health leaders, managed care, academia and private industry**
- Participate in state strategic policy planning and developmental meetings**
- Maintain strong communications with state, county and city health officers, state epidemiologists, STD and TB directors, MCH directors, environmental program directors, legislators, state health budget personnel, other lab management staff and state leadership**

Ethiopian Public Health Laboratory Association Formation Workshop

March 28-29, 2005 Dr. Dawit Welday

Summary

•Without a strong and effective Public Health Laboratory System in a given country, it would be impossible to control and prevent diseases

•This is particularly relevant in our situation where >70% of diseases are of infectious origin...accurate diagnosis is important for surveillance as well as individual diagnosis of infectious diseases

Laboratory Structure Organization in Ethiopia

Challenges

- Practically no Public Health Lab System in Ethiopia
- No policy
- No system for National Quality Laboratory System
- No standardization (assays [SOPs], equip)
- No accreditation system

Opportunities

•Cognizant of the above, EHNRI with partners, especially CDC, EPHA, FMOH, WHO & APHL (USA) has been working towards strengthening National Public Health Laboratory System in Ethiopia

Milestones...1

•December 2003, Bahir Dar, Integrated Laboratory Training Workshop

•August 2004, Hilton, Training in Quality Systems

•September 2004, Nazareth, Public Health Laboratory Network

Milestones...2

•Training on Quality Laboratory diagnosis of major diseases (HIV, TB, OIs, STIs, malaria) were conducted

•Training on Quality Laboratory System (the 12 components) conducted

•National and Regional Laboratory SWOT analysis undertaken

Recommendations

•Strengthen Laboratory Services and develop a National Public Health Laboratory System in Ethiopia

•Formulate National Public Health Laboratory policy

•Establishing a Task Force to take forward the recommendations (established 36 members and a 15 member TWG)

•Create an Ethiopian Public Health Laboratory Association (EPHLA) to foster the above

Activities towards establishing EPHLA...1

•EPHLA establishing Steering Committee

–EHNRI (Dr Dawit [chair], Dr Almaz)

–EPHA (Dr Frehiwot [secretary],)

–AHRI (Dr Abraham)

–CDC (Dr Yohannes)

–Private sector (Ato Tamrat)

–EMLTA (did not attend)

Activities towards establishing EPHLA...2

•EPHLA S.C. did review the existing situation in Ethiopia

•Draft constitution prepared

Benefits envisioned by EPHLA

•A coordinated National Public Health Laboratory System

•National standardization of laboratory procedures and quality assurance methods leading to greater consistency of results

•Expanded training available to EPHLA members and to Network participants regarding protocols, SOPs, best practices and emerging technologies

•Enhanced National Capacity of Public Health Labs in the diagnosis, prevention and control of [infectious] diseases

•Reduced duplication of activities

•Enhanced support of laboratories through increased collaboration

Mission, Vision & Guiding Principles of EPHLA

- The *mission* is to support and advocate for leadership in Public Health Lab functions through the development of proactive Association of Public Health Laboratories to protect the health of Ethiopians
- The *vision* is to become an action-oriented National association providing value-added advice and services in support of the broader Public Health System
- The *guiding principles* are: leadership, stewardship, partnership, integrated management, value of public health and best practice

Expected outcomes of the workshop

- Deliberate on the draft constitution prepared by the S.C.

- Endorse the constitution

- Official formation of the EPHLA

- Election of the Executive Organ of the EPHLA

Acknowledgements

- EHNRI
- EPHA
- CDC-Ethiopia
- APHL
- Others

DISCUSSION ON EPHLA's DRAFT CONSTITUTION GROUP ONE

•Chairperson – Dr Abreham Asnake

•Secretary- Dr Bereket H

SECTION ONE- General Provision

1- Name

- Three options: - Keep the name EPHLA & make the definition of PHL as inclusive as possible
- Have two ass. for clinical & public health lab services....not feasible at this time
- Rename EPHLA as an inclusive ass.

2- Definitions

- 2.4. Public Health Laboratory-----means a laboratory engaged in activities related to public health, clinical and other health related laboratory services.

3- Establishment

4- Address of the Association

5- Vision of the association

- The sentence is too long to understand. So, it has to be broken in to 2 or 3 sentences.

6- Mission

Good enough

Concern from EMLTA representative:

? fear of having similar missions, objectives with EMLTA could lead to conflict of interest & mandates

? experiences of other societies shared by other group members

---only naming can't be shared

7- Objectives:

7.3 To contribute on ensuring high standards of ethics among public health laboratory professionals.

7.7 To conduct relevant research, audit & monitoring of the public health laboratory system in the country & to give advice to the relevant institution when asked or mandated by authorized body.

7.8 To network with laboratory professional associations inside & outside the country for the purpose of sharing experiences & lessons.

8- Organ of the association:

- Need to be updated with the new legislation of the Ministry of Justice to organize new associations.

General Assembly - Board of Directors---- (President, VP, members) + Auditor

GM/Secretariat----employee

Treasurer, PR, others

The establishing committee (≥ 5) has to go to The Justice Minister to facilitate the legal issues and call up on the general meeting to have board members elected

Section Two- Composition, Duties & Responsibilities of the Association

9- Composition of the General Assembly

10- Duties & Responsibilities of the General Assembly

11- Composition of the executive organ/ Board of directors---according to the law

12- Duties & responsibilities of the Board

13- Duties & responsibilities of the president

14- Duties & responsibilities of the vice president

15- Duties & responsibilities of the secretary

16- Duties & responsibilities of the treasurer

17- Duties & responsibilities of the PR officer

18- Terms of the executive organ/Board

There has to be overlap of the new & outgoing board members for one year, with the voting power reserved for the new board members, in order to share experiences.

20- Membership

20.1 Institutional membership- any institution/association which is engaged in public health laboratory activities. (No listing)

- Is it possible for a legal professional association to be a member of another association?

20.2 Individual membership

Individuals with a public health, medical, biomedical, laboratory sciences & related fields can be individual members. (Avoid 1st degree)

20.3 Associate membership

Eligibility after approval by board

20.4 Honorary membership

20.5 Life membership

20.6 Membership requirements

20.7 Rights & obligations of members

Rights of Inst/Ass. to vote & be voted vs the risk of losing delegated individuals
(replacement issues)

20.8 Loss of membership

20.9 Membership fee

All payments should be per year

* Student membership- any student in the field of health sciences

Section Four- Miscellaneous provisions

21- Election

21.1 Election shall be by casting votes not secret ballot

Not clear whether the whole nomination procedure has to be written in the constitution

21.3 for any new election, a nomination committee not a temporary chairperson has to be appointed

21.4 replacement of vacant position in the board member should be specified as from the board members

22- Voting

23- Meeting

24- Finance

25- Finance management

26- Dissolution the association

The financial & property dispersment should be based on the country's laws

27- Amendments of the constitution

28- Effective date

Group discussion on Constitution for EPHLA

Group two

Participants

- . Dr. Yenew Kebede Chairperson
- . Ato Lopiso Erosie Reporter
- . Ato Mengist Alebachew Member
- . Ato Negussu Gudeta “
- . Haimanot G/Zaber “
- . Dr. Tsehaynesh Messele “
- . Ato Tsegaye K/Mariam “
- . Ato Ibrahim Ali “
- . Dr. Yohannes Negesse “
- . Ato Moges Kassa “
- . Ato Hailu Meless “
- . Getachew H/Mariam “
- . Mr. Richard Alexander “
- . Ato Tamirat “
- . Dr. Yohannes Mengistu “

- **Name of the Association**

- Two options were raised for the name of the association
 - Ethiopian Health Laboratory Association- Justifications given were this name gives broader sense for the association to fill the gap both in clinical and public health laboratories
- EPHLA may be given a different connotation
 - Ethiopian Public Health Laboratory Association
- If it is named by EHLA, it will make (ambiguity) conflict of interest with EMLTA
- EPHLA should try to facilitate the establishment of more public health laboratories to have this name
- Finally voting was made
 - Six members voted for the first name (EHLA) and Eight members voted for the second name (EPHLA)
 - The naming issue is left open ended for the general discussion
 - The strengthening of additional public health laboratories should be homework for the association was recommended

5. Vision

- There was a fear that the vision of EPHLA and EMLTA are overlapping but after detail discussion the participant found that there is no any overlapping vision and mission
- Establishment of EPHLA should not be seen as a threat but it should be seen as an opportunity for EMLTA

- The two associations should work together to fill the identified gap in laboratory practices

Objectives

Minor amendment

- 7.1 . The association is not directly involved in mentioned activities (i.e *to contribute* should be rephrased as *to promote* or support)
- 7.4 and 7.6 were considered to be overlapping between the two association objectives, but these are more of advocacy works and therefore the two association can work together to achieve the common goal. (It was agreed to be the objectives of EPHLA too).
- In general, the group discussed that at this early stage it is difficult to demarcate between clinical and public health laboratory practices and therefore EPHLA should strengthen EMLTA in order to achieve the intended goal

8.Organs

- Some participants raised that the association should be controlled by board and there is new guideline in MOJ for establishment of the new association
- The group recommended to have legal consultation in this regard
- If the association is to be controlled by the board, there was suggestion that regions must be represented in the board

20. Membership

- The issue of having 1st degree for individual membership was discussed in depth
- Justification from steering committee members
- EPHLA is not going to be professional association
- The assumption is that 1st degree in respective fields is important for common understanding and these people can serve as mediators between the policy makers and the implementers
- EPHLA will encourage diploma holders in the field to be members of EMLTA

The other idea entertained was to make the association membership open for diploma holders working in the different levels of laboratories

- These people are contributing a lot in public health service
- It is difficult to achieve the goal with out their participation
- Finally the participants voted
- Degree holders and above ==11
- Diploma holders =====3

- The issue of having license for individual membership was raised and it was left for general discussion
- Having additional institutional membership like
 - Environmental protection agency, Environmental and hygiene dept of MOH, Radiation protection etc, was suggested and there a room to include them later in the association

Membership fee

- Individual membership fee is suggested to be reduced to Birr 50.
- Finally the meeting was adjourned at 4:40pm
- The group members can add comments or suggestion that were not written in this report