

8th Annual LabCoP Meeting  
22 – 24 October 2025 Nairobi, Kenya

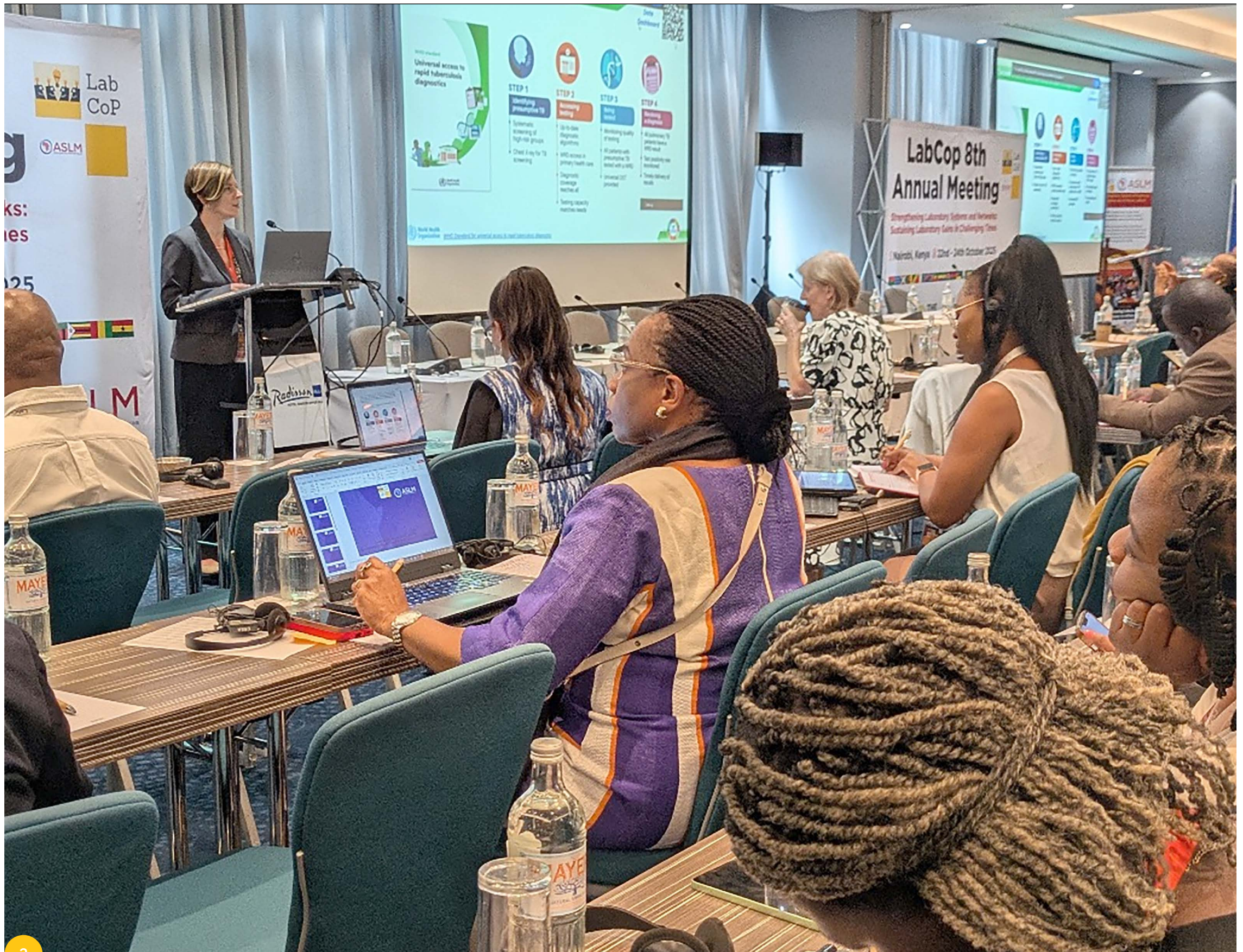


# Strengthening Laboratory Systems and Networks: Sustaining Laboratory Gains in Challenging Times



Meeting Report





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# 1. Background

The African Society for Laboratory Medicine (ASLM) Laboratory Systems Strengthening Community of Practice (LabCoP) is an initiative supporting knowledge ‘co-creation’ and exchange to strengthen laboratory systems and accelerate the scale-up of high-quality laboratory services of HIV, tuberculosis, and other essential diagnostics in Sub-Saharan Africa. LabCoP is funded by the Gates Foundation. Launched in 2017, LabCoP targets ministries of health (MOH)-designated multi-disciplinary teams from 24 countries. LabCoP works through a combination of webinars, WhatsApp moderated discussions, targeted interventions, translations of best practices into guidance, mentorship, and more, to identify and apply solutions to laboratory systems bottlenecks and challenges that prevent diagnostic tests from contributing to positive clinical and public health outcomes.

LabCoP work is articulated around regular standardized evaluations and assessments, allowing evidence-based identification of gaps across the diagnostic cascade, the prioritization of interventions, and the monitoring of progress. Every year, the results of those evaluations feed into actionable plans deliberately designed for successful implementation by linking them to existing or potential available funding streams from donors, primarily PEPFAR and the Global Fund, as well as domestic financing largely from governments.

Annual LabCoP meetings are a key milestone in the LabCoP strategy, providing an opportunity for country teams to learn from their peers, to be heard by stakeholders, and to be coached by subject matter experts during the

preparation of their laboratory system strengthening work plans. The annual meeting is also an opportunity to discuss emerging priority areas for investment with global and national laboratory stakeholders.

Over recent years, LabCoP has been instrumental in sustaining gains in HIV and TB laboratory services through peer learning, knowledge sharing, and coordinated action. However, global health financing is undergoing significant shifts, with funding uncertainties threatening to reverse progress made towards epidemic control. Many countries face budget shortfalls that could disrupt essential laboratory services, creating urgent need for collective strategizing and innovation. Thus, the theme of the 2025 meeting was Strengthening Laboratory Systems and Networks: Sustaining Laboratory Gains in Challenging Times, held from the 22nd - 24th October 2025 in Nairobi, Kenya.

## 2. Meeting Objectives

The LabCoP convened all 24 countries - the first time all countries attended in-person - to reflect on recent progress, share country experiences, and chart a practical, sustainable path forward for laboratory systems

strengthening, including for TB and HIV other essential services aligned with current country priorities of efficiency, sustainability and integration.

### The objectives of the meeting were:



Review the latest findings from 24 country HIV, TB, and laboratory service self-assessments and community-led monitoring.



Identify priority laboratory services to sustain gains in the face of funding challenges.



Share effective country-led mitigation strategies and innovations.



Develop actionable roadmaps for scaling up molecular TB diagnostics to meet WHO targets.



Strengthen partnerships and explore funding pathways for long-term laboratory sustainability.

## 3. Meeting Overview

The eighth annual LabCoP meeting had 151 physical attendees and 79 unique Zoom conference connections. Participants included global health experts, funders, collaborating partners, and country teams from all 24 LabCoP countries as well as Benin, Niger, Switzerland, United Kingdom, and United States. Forty-five percent (45%) of participants were Anglophone, 38% were Francophone, and 7% were Lusophone. All country teams were led by their ministry of health representative(s), with additional participants from implementing partners, funding agencies as well as panel discussions featuring country teams and civil society advocates. The meeting had eight sessions (Annex A), including plenary sessions for presentations from ASLM, collaborating partners, and funding agencies. Selected

countries also shared their implementation experience over the last 12 months. Additionally, each day had breakout sessions, during which countries were split into groups of 3-5 countries. In the groups, the countries reflected on the laboratory services most affected by recent funding cuts and how to mitigate these impacts (Day 1), developed a roadmap to increase WHO-recommended rapid diagnostic test (WRD) coverage (Day 2), and discussed ongoing initiatives and best practices that can be scaled to ensure continuity of services and sustainability (Day 3). The meeting provided an interactive platform for countries and donors/funders to review action plans, priorities, and challenges. Further, weaved into the discussions throughout the meeting were linking national priorities with future funding opportunities.



## 4. Session Summaries and Key Takeaways



## Session 1:



## Introduction and Opening Plenary: Current gaps in diagnostic networks from ASLM assessments and surveys

The opening plenary began with welcome remarks from ASLM’s CEO, Nqobile Ndlovu, Global Fund’s Grania Brigden, Gates Foundation’s Thandi Onami, and Esther Sigilai and Stephen Mlesha from the Ministry of Health in Kenya. Following the remarks were brief presentations from Francis Ocen, ASLM (Meeting objectives and expected outcomes), Collins Otieno, ASLM (The ASLM LabCoP: 2024-2025 achievements and updates), Jean Albert Di Maissou, MOH Cameroon (LabMap insights: highlighting the gaps in diagnosis), and Pragashnee Murugan, ITPC (Community-led monitoring for diagnostic and laboratory services: preliminary findings from Burkina Faso, Democratic Republic of Congo, and Sierra Leone).

### Session 1: Key Takeaways

- LabCoP is a flagship initiative and is recognized as a platform through which countries come together to co-create solutions and learn from each other. With funding cuts exposing the fragility of health systems and threatening to derail progress made it is a wakeup call for Africa to invest in infrastructure, systems and capabilities that can last.
- Now is the time for countries to take ownership of their programs, to do more with less, prioritize and commit to the critical elements that the network needs. Countries should now strengthen their autonomy, mobilize local resources to preserve services and form partnerships to ensure equitable health delivery. Resilience cannot be built by one country alone; therefore, delegates should use this meeting to learn from one another, identify priority lab services that must be safeguarded and leave the meeting renewed with purpose and determined in vision to turn today’s challenges into tomorrow’s opportunities.
- LabCoP initiatives have contributed to transforming change across the continent, from the flagship LabCoP assessments; regular webinars and ECHO sessions; recipes, guidance, and other publication documents; South-to-South collaboration; surveys on leadership, funding, and minimal package of diagnostics; and task sharing landscape analysis.



## The Laboratory Systems Strengthening Community of Practice (LabCoP)

### LabCoP Partners

- WHO
- Africa CDC
- WHO-AFRO
- CDC ILB
- Unitaid
- CHAI
- Global Fund
- ITPC
- PEPFAR
- MSF
- Designated by the MoH
- Central level
- Include:
  - Laboratory (at large)
  - Clinicians
  - Civil society
  - Implementing partners

**Gates Foundation**

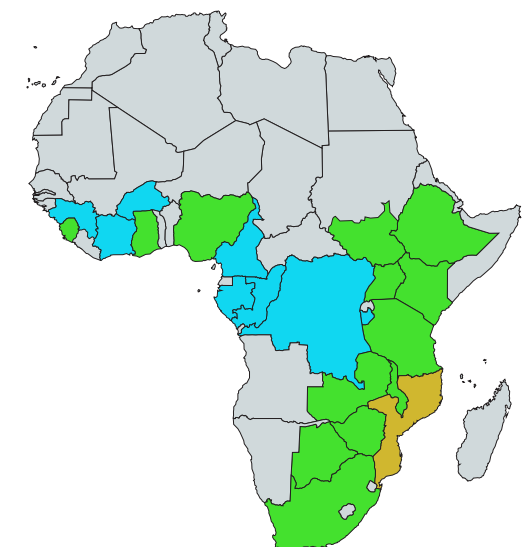


**Identify and share best practices for scaling up diagnostics (HIV viral load, TB and other diagnostics) and strengthening laboratory systems**

- The funding survey revealed that only 2 of 16 countries could manage beyond one year without supplemental funding - minimal engagement with Ministries of Finance was identified. Further, 65% of countries had not yet developed contingency plans to maintain laboratory

services. Gaps recognized during assessments and surveys can and have led to direct technical assistance in countries. Sub-optimal commodity supply and limited access to infant diagnosis and WRDs prevail.

**24 countries enrolled into LabCoP**



**LabCoP countries:**  
 ● Anglophone (14)  
 ● Francophone (8)  
 ● Lusophone (2)

## Improvement in Laboratory Systems underlying VI testing-Founder countries

Baseline assessment	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019
	Country 1	Country 2	Country 3	Country 4	Country 5	Country 6	Country 7	Country 8	Country 9	Country 10	Country 11
Deman Creation	Yellow	Yellow	Light Green	Red	Light Green	Green	Light Green	Green	Green	Green	Yellow
Specimen Collection and Processing	Light Green	Yellow	Green	Yellow	Yellow	Green	Yellow	Light Green	Light Green	Light Green	Red
Sample Transportation	Red	Light Green	Yellow	Red	Light Green	Green	Red	Light Green	Light Green	Yellow	Red
HIV CL Testing	Yellow	Light Green	Light Green	Yellow	Red	Green	Yellow	Green	Light Green	Light Green	Yellow
Waste Management and Biosafety	Yellow	Yellow	Red	Red	Yellow	Green	Red	Yellow	Light Green	Yellow	Yellow
Supply Chain Management and Equipment Maintenance	Yellow	Yellow	Yellow	Yellow	Yellow	Light Green	Light Green	Yellow	Light Green	Light Green	Yellow
Result Utilization	Yellow	Yellow	Light Green	Red	Yellow	Green	Light Green	Light Green	Light Green	Light Green	Yellow
Leadership and Management	Green	Yellow	Green	Yellow	Light Green	Green	Green	Light Green	Green	Green	Light Green
<b>2025 assessment</b>											
Demand Creation	Light Green	Green	Light Green	Green	Light Green	Green	Light Green	Green	Light Green	Green	Green
Specimen Collection and Processing	Light Green	Green	Light Green	Light Green	Light Green	Green	Yellow	Light Green	Light Green	Light Green	Light Green
Sample Transportatioon	Yellow	Light Green	Light Green	Light Green	Light Green	Green	Light Green	Light Green	Light Green	Light Green	Yellow
HIV VL Testing	Yellow	Green	Green	Light Green	Light Green	Green	Yellow	Yellow	Green	Yellow	Light Green
Waste Management	Yellow	Green	Light Green	Light Green	Green	Green	Yellow	Green	Green	Green	Yellow
Supply chain management and equipment maintenance	Yellow	Light Green	Yellow	Yellow	Light Green	Light Green	Yellow	Yellow	Green	Yellow	Yellow
Result Utilization	Light Green	Light Green	Light Green	Light Green	Green	Light Green	Yellow	Light Green	Yellow	Green	Light Green
Leadership and Management	Green	Green	Light Green	Green	Green	Light Green	Light Green	Green	Green	Green	Green

Absence of attribute

Foundational Level

Managerial Level

Absence Level

- Urgent investment is required to protect the gains in laboratory systems strengthening. It is essential to strengthen laboratory leadership and maintain momentum toward sustainable laboratory systems and improved diagnostic access. ASLM will soon develop costed modelling tradeoffs to inform country interventions as well as a practical guidance toolkit for scaling-up task sharing for POC testing. Further, ASLM is also working with civil society organizations to ensure that the services reach the people that need them and developing task shifting guidance to support increased access to diagnostics.
- Cameroon's journey in expanding laboratory mapping and capacity showcased practical strategies for scaling molecular diagnostics and geospatial monitoring while identifying key gaps to guide future investments and interventions. The pathway included several strategic steps: 1) funding and expansion; 2) sustainable data collection; 3) capacity building; 4) pilot and deployment.
- LabMap is being leveraged to provide insights to identify and address gaps in disease coverage, inform investment decisions and donor alignment, support evidence-based policy dialogue with partners and MOH, and strengthen integration of geospatial data into national surveillance and emergency preparedness frameworks.
- Community-Led Monitoring (CLM) plays a pivotal role in improving access to and quality of diagnostic and laboratory services. Through community-driven data collection and advocacy, countries are identifying service gaps, addressing systemic weaknesses, and pushing for sustainable, accountable health systems—particularly amid the impact of donor funding cuts.
- Findings from Burkina Faso, DRC, and Sierra Leone reveal persistent challenges in HIV testing, TB screening, early infant diagnosis (EID), CD4, and HIV viral load (VL) testing. Key barriers include stockouts, equipment failures, and limited access to self-testing and confirmatory services. These data highlight inequities in service availability, long turnaround times for results, and inconsistent follow-up for patients with advanced HIV disease.



## Session 2: Strategies to maintain a package of laboratory services to sustain gains in global targets during challenging times

www.aslm.org

### Minimum Package for Sustainable Laboratory Systems

A Framework for Prioritizing Laboratory Systems Strengthening in the context of Reduced External Funding

Lab CoP ASLM AFRICAN SOCIETY FOR LABORATORY MEDICINE

### [Minimum Package for Sustainable Laboratory Systems](#)

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## Session 2:



Session two reviewed strategies to maintain a minimum package of laboratory services to sustain gains in global target during challenging times through an overview from Anafi Mataka, ASLM (Minimum package for laboratory services: what should be considered) and a country presentation from Judith Mzyece, MOH Zambia (Country experience in developing minimum package for laboratory services: What are the key considerations?).

### Session 2: Key Takeaways

- There is an urgent need for countries to adopt a Minimum Package for Laboratory Services—a structured, evidence-based framework to prioritize and sustain critical diagnostics amid reduced donor funding. Ensuring continuity of life-saving tests, strengthening supply chain resilience, and fostering country ownership are essential for sustaining health gains and achieving long-term diagnostic independence. A 2025 survey conducted between February and March 2025 noted that only two countries could sustain laboratory services beyond one year in the absence of additional funding.
- A clearly defined minimum package is vital to protect high-impact diagnostic services amid funding cuts. The framework helps leaders allocate limited resources efficiently, safeguard essential tests, and maintain continuity of care for high-burden diseases.
- Core areas for a sustainable minimum package of services includes diagnostic testing for priority diseases, basic equipment maintenance and repair, staff retention and human resources, quality control and assurance, specimen collection, storage and referral systems, procurement and supply chain, laboratory information systems, and biosafety and biosecurity.
- Zambia has been heavily dependent on external donor support (92% of HIV response financing), so they developed a MOH Sustainability Roadmap Vision 2030 and Beyond. The roadmap included a minimum package of care for sustainable (HIV) service delivery with key principles being sustainability, cost-effectiveness, equity, integration, inclusivity, person-centeredness, and contextual relevance. The national EDL was the backbone for the revision of laboratory testing minimum package of care.
- Clear criterion used to determine the minimum package of laboratory services in Zambia included the disease burden, cost-effectiveness, feasibility of implementation, equity, acceptability and community engagement, and social and economic impact.



## Session 2:



Session two had a panel discussion on ***Sustaining HIV/TB and laboratory services, what is needed and what should be prioritized?*** How do we sustain the gains? What is at risk? The ASLM CEO, Nqobile Ndlovu, was joined by Susan Nabadda (MOH Uganda), Joseph Bitilinyu-Bangoh (MOH Malawi), Charles Sawadogo (MOH Burkina Faso), Esther Sigilai (MOH Kenya), Thandi Onami (Gates Foundation), Obert Kachuwaire (Global Fund), Zibusiso Ndlovu (MSF), Patricia Hall-Eidson (WHO), Sydney Chanda (PFSCM), Sharonann Lynch (Diagnostics Equity Consortium), Jerop Limo (NEPHAK). Mr Ndlovu gave the context and background for the discussion and moderated it.

### Session 2: Panel Discussion Key Takeaways



- International donors were noted to be shifting toward transitional funding and reduced technical assistance, signaling a move toward greater national responsibility.

The discussion, therefore, emphasized the urgent need for countries to take full ownership of their laboratory systems to ensure long-term sustainability amid declining donor funding. In particular, Burkina Faso has decided to put 12% of its national budget towards health with the

laboratory directorate being part of the strategic reflection group.

- International donor participants underscored that life-saving diagnostic services must remain a top priority and that test results should directly inform patient care. Previous disease fragmentation has impacted overall health services, highlighting a clear opportunity to review and consider diagnostic integration as an efficient way to increase access to testing.
- Technical agencies noted that reviewing and reflecting on previous lessons can support better knowledge sharing and ensure that innovative solutions are implemented in more effective and cost-efficient mechanisms.
- Laboratory directors emphasized strengthening country-led systems in data management, supply chain, and human resources as essential for building resilience. The group also recognized the importance of addressing inefficiencies and fragmentation in traditional donor support

by promoting coordination, integration, and accountability to achieve truly sustainable, country-driven laboratory systems.

- Community representatives highlighted the critical need to prioritize task sharing, integration, and capacitation of primary health care before rationalizing what to cut and maintain. There are efficiencies and synergies that can first be gained within the current system. Ideally, this approach would protect more services to respond to the needs of the community.
- Together, the global community must advocate for governments to fully resource laboratory to ensure timely testing and access to tests.
- Three priorities were highlighted by all stakeholders: 1) country ownership; 2) strengthen supply chain and specimen transportation; and 3) advocate for domestic financing (i.e. at least 15% of national budgets; current allocations have been <4%).

## Session 3: Breakout Session I



In Session three, the 24 LabCoP countries were grouped into 3 groups of 7-9 countries. Each country shared their perspective on which areas of laboratory services were most affected by funding cuts, the plans to mitigate these impacts, and future country priorities.

### Session 3: Breakout Session Country Responses

1. Diagnostic priorities across countries varied, including sample transportation and delivery of results, diagnostic integration, commodity security, continued monitoring of laboratory logistics, service and maintenance of equipment, supply chain, and digital solutions for improve data management. Additionally, countries sought to address the expected impacts of the funding cuts and how they can develop solutions for a more sustainable country-owned approach. Mobilization of domestic resources, perhaps included through the private sector, and diversifying funding resources were priorities to do so.
2. Countries provided several approaches to balance centralization and decentralization of testing in light of the current funding landscape, but primarily noted that this could vary based on needs, geography, funding, etc. Centralization is likely to support a more cost-effective approach and/or should prioritize specialized testing, while decentralization provides better patient management services. Overall, countries noted that a mixed approach will likely be needed across settings.
3. Countries noted a variety of tests that should remain centralized, according to their nEDL: human papillomavirus testing (HPV), sequencing, complex molecular assays, culture, etc. These generally represent specialized tests. Further, quality control, including for biosafety and biosecurity, should be managed centrally. However, it was noted that this is likely to be contextual by country.
4. Several assays/diseases/conditions were prioritized for POC testing, including HIV (VL, EID), TB, malaria, hepatitis, STIs, and pregnancy tests. While some countries noted that this is likely to be contextual by country.
5. Countries considered outsourcing highly specialized tests (e.g., paternity tests), equipment service and maintenance, sample transportation, waste management to the private sector.
6. Countries noted that a national LIMS that integrates HIV (VL and EID) with TB monitoring would be a minimum viable starting point that countries should adapt. Additionally, LIMS should be interoperable



with clinical systems and results management in order to reduce duplication of existing data systems.

7. Ideally, countries can gradually absorb HR and recurrent costs into domestic budgets through increased (advocacy and) allocation of government resources to those items by including specific budget line items for such health services. A multi-transition plan

for a set of years would support clearer identification of funds along with provision of salary harmonization efforts.

8. Countries noted that national health insurance schemes or pooled procurement mechanisms will improve health seeking attitudes of the general population and support sustaining laboratory services.

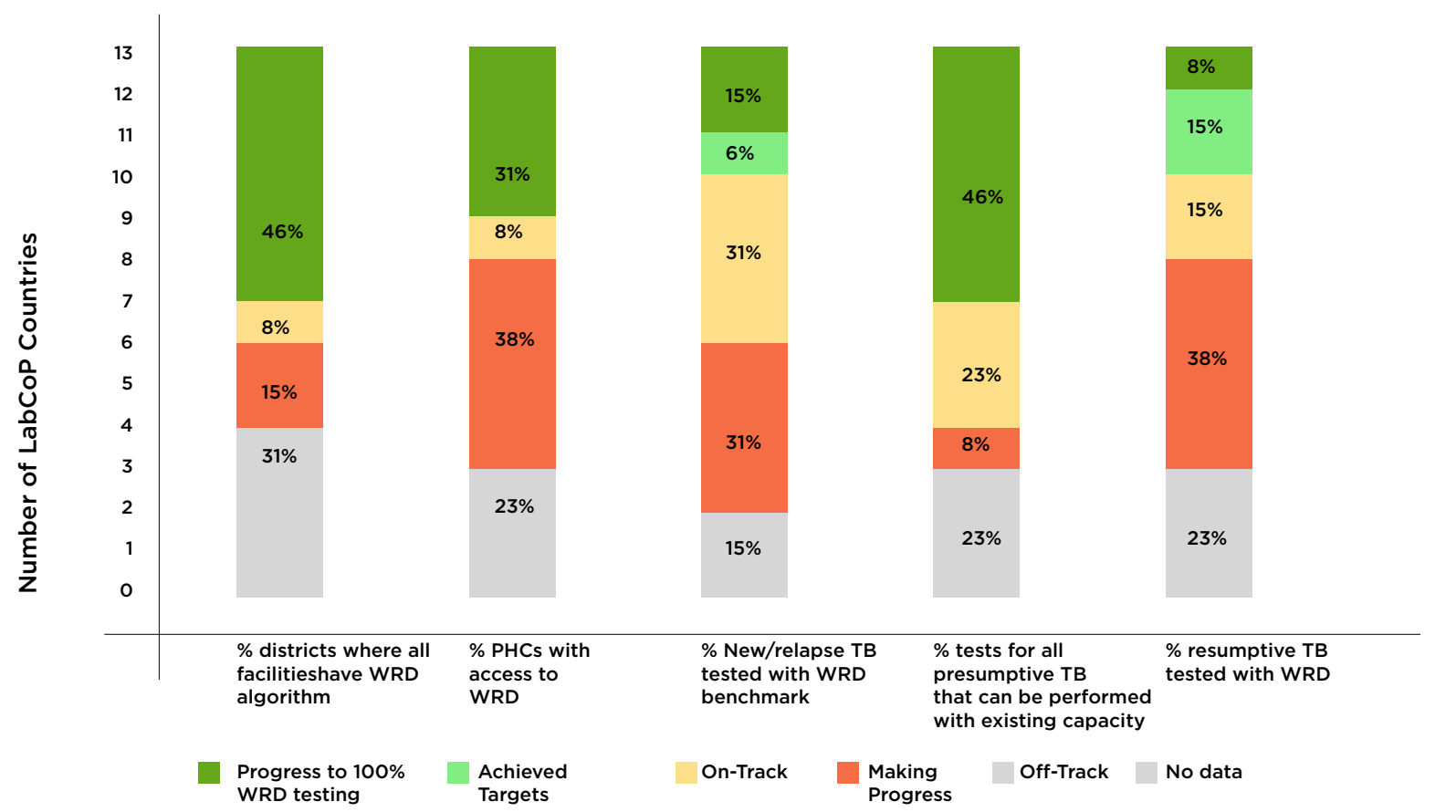


On the second day of the LabCoP annual meeting, the TB Symposium brought together national program managers, laboratory directors, donors, technical partners, and representatives from communities and the civil society. The objective was to renew focus on increasing access to WHO-recommended rapid TB diagnostics (WRDs) across Africa, particularly given current funding constraints. The presentations addressed the current landscape of TB diagnostics, upcoming guideline updates, challenges hindering universal access to WRDs, and the TB diagnostics pipeline with an emphasis on near point-of-care (nPOC) and swab-based testing.

## Session 4: Progress and action towards universal access to WRDs



Session four focused on barriers hindering progress and strategies to reach universal access to WRDs including the potential that molecular diagnostics could play in supporting countries to accelerate universal access. Presentations were provided by Patricia Hall-Eidson, WHO (Policy advances towards achieving universal access to TB testing), Lucy Mupfumi, ASLM (Are we there yet? Tracking progress, identifying gaps and accelerating action towards universal access to WRDs), Melanie Kitongo, Global Fund (Estimating the need for WRDs and peripheral testing), and Monde Muyoyeta, CIDRZ (Update on the near point of care diagnostics pipeline).



Where data was reported to the WHO access gaps evident

Figure show benchmarks 3,4,5,6,8 2023 data



## Session 4: Key Takeaways

- In 2023, 48% of notified TB cases were tested with a WRD and less than 50% of DR-TB cases were diagnosed, representing missed opportunities for early and accurate diagnosis. Benchmark data received for 2024 from 18 African countries shows improvement in the TB diagnostic cascade e.g., 100% access to WRDs at PHC and 70% of notified TB tested with a WRD (up from 70% and 66% respectively in 2023).
- ASLM developed a TB-WRD scorecard aligned to the LabNet Assessment tools and the WHO Diagnostic Standard. In 19 (of 24) countries, >80% of PHCs have access to WRDs and yet only 7 countries indicate that >90% of notified cases were tested with a WRD.
- Additionally, there are gaps in access to DST (only 10 countries indicated >90% of patients have access to Rif) as well as identification of presumptive TB (in 12 countries <50% of HHC, PLHIV or other high-risk group are screened).
- In 2023, only half of the estimated 10 million (10M) tests needed to reach universal WRD coverage were conducted in the 10 African countries, representing a cumulative shortfall of 40M tests over 4 years.
- Global Fund has estimated that providing 700 nPOC devices across the 10 countries would cost ~\$3M USD and have selected 13 early adopter countries (9 in Africa) to accelerate access and generate operational insights.
- The R2D2 network conducted a multi-country evaluation of Molbio Ultima and Pluslife MTB assays and showed that for both, the performance of tongue swabs was superior to smear microscopy and comparable to Xpert Ultra. Both platforms are portable, battery-operated and have results within 40 minutes for Molbio and <35 minutes for Pluslife. The hands-on time is slightly lower on Pluslife, at 2 minutes compared to ~5 minutes on Molbio.

## Session 5:



## Accelerating access to rapid tuberculosis diagnosis and DST

Session 5 sought to understand how to accelerate access to rapid tuberculosis diagnosis and DST. A panel discussion explored country-specific challenges and strategies for expanding access to WRDs, identified gaps highlighted during the LabCoP annual assessments, and examined priority activities slated for inclusion in the GC8 funding cycle proposals. Presentations were provided by Marguerite Massinga-Loembe, Matahari Global (Setting the stage for the introduction of TB diagnostics in Africa: Results of a critical pathway analysis), Jeremie Piton, Unitaid (Unitaid investments to increase access to molecular diagnostics), and Sharonann Lynch, DEC (Bridging the gap: National roadmaps for accelerating WRD coverage).

### Session 5: Key Takeaways

- A critical pathway analysis was executed to understand context-specific enablers and barriers to implementation and uptake of new TB diagnostics in Africa (Ethiopia, Gabon, Kenya, South Africa and Nigeria) and South and South-East Asia region. The project mapped key steps from regulatory approval (global and national) up to integration into national TB programs and how each step in the pathway influences the other, as well as the timelines for each step.
- Across countries, the pathway looks similar: WHO PQ/recommendation is a pre-requisite, followed by registration, market authorization, importation, and uptake into TB policy and implementation. In most countries validation/verification/evaluation/usability studies are needed prior to adoption into policy and/or registration. A key finding of the analysis was the need to harmonize regulatory approvals across Africa as this would reduce the time to approval from 6-9 months to <45 days.
- Unitaid TB investments have three focus areas: treatment for children and MDR-TB, testing, prevention, treatment and adherence, and accelerated access to diagnostics. Unitaid has just launched a \$25M USD call for applications to improve access to diagnostics through the adoption of tools and approaches that drive integration.
- Strong political commitment is needed to reach universal access to WRDs, and civil society is there to help mobilize governments and donors to double the number of TB tests in five years to ensure all people with TB are tested with a WRD. Guiding principles for action include country ownership, evidence-based priorities, equity and access (leaving no-one behind), integration of services and accountability.
- Key steps for national roadmaps include identification of needs, mapping the diagnostic landscape and major challenges, priority setting, optimizing algorithms, phased implementation and M&E.



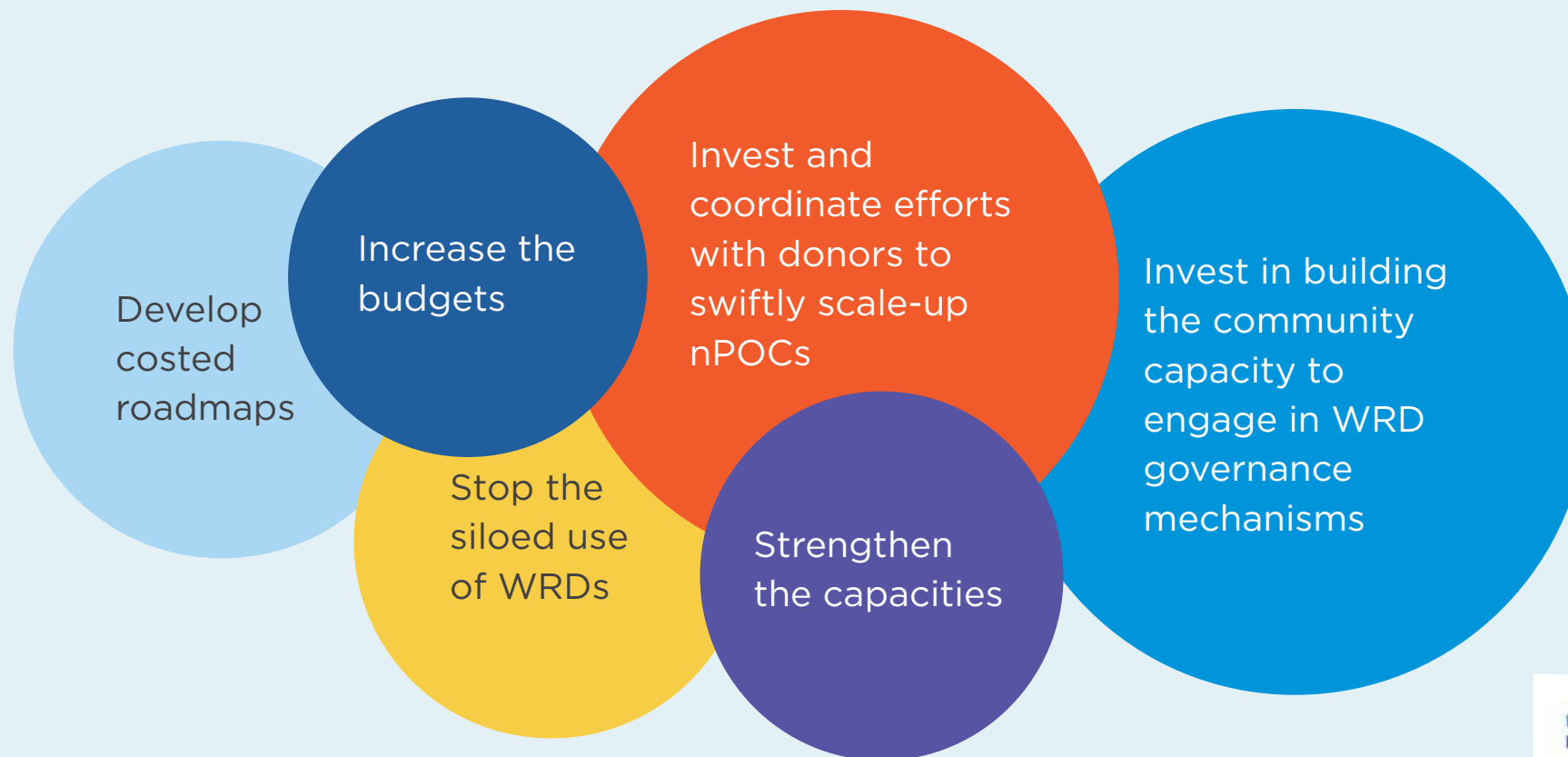
# Call to action: Bring WRD testing closer to where people live

Call to action for governments to bring rapid molecular testing closer to affected communities was read out by civil society organizations attending the meeting

## We call upon countries

- a. with high rates of HIV and TB to commit to 100% of outpatient facilities having molecular tests that provide same day diagnosis and treatment within 5 years
- b. (all) to have 100% facility coverage using a combination of nPOC or sample transport roles for a 24 hour turn around time for results within 5 years
- c. to commit to 100% of TB diagnoses to be with a WRD by 2027, in line with UNHLM targets
- d. to double the number of people tested for TB within 5 years

In order to meet these goals, we call upon countries to:



A high-level panel was comprised of Sawodogo Tinnoga Leon (MOH Burkina Faso), Darrel Ornelle Elion (MOH Republic of Congo), Nellie Njambi Mukiri (MOH Kenya), Muvwimi Wilfred Mweemba (MOH Zambia), and Clara Nyapokoto (MOH Eswatini).



This panel discussion focused on accelerating the path towards universal access to rapid tuberculosis diagnosis and DST, what's missing and what must we do now.

### Session 5: Panel Discussion Key Takeaways

- Three key insights were identified:
  1. Country initiatives to reach universal access to WRDs, including adoption of WRD-based algorithms, integrated sample transportation and diagnostic integration, strengthened data connectivity to facilitate return of results, and plans to introduce nPOCs.
  2. Engagement with the community, civil society, and private sector to increase access to WRDs, including collaboration with the private sector to support sample referral, community-driven awareness of WRDs to increase demand, and civil society and private sector roles in trainings.
  3. Key barriers remain to achieving universal access to WRDs, including insecurities due to war, funding, reagent procurement, equipment maintenance, and power interruptions.
- The panel emphasized the importance of involving a broad range of stakeholders including clinicians, regulatory authorities, and affected communities to increase demand and awareness of TB diagnostics. Additionally, engagement with the private sector, politicians, and ministries of finance was highlighted as essential for mobilizing domestic funding allocations to support TB programs. There was strong optimism regarding the potential for new tools to improve access to diagnostics, emphasized the need to optimize what works learning from past experiences implementing TB molecular tools, and reinforced country-ownership of the TB response.



## Session 6:



## Breakout Session II

In Session six, the 24 LabCoP countries were grouped into 5 groups of 4-5 countries to discuss challenges in reaching universal access to WRDs, workplans developed following the annual LabCoP assessments, and roadmaps for the introduction of nPOCs.

### Session 6: Breakout Session Country Responses

- Which of the prioritized activities in the workplans have funding or can leverage existing projects and which activities will feed into the GC8 applications?

Prioritized activities noted to have funding or the ability to leverage existing projects included equipment maintenance, QMS/EQA, interoperable LIMS/data management, specimen transportation, training, waste management, and community screening/activities.

Activities for GC8 applications noted included equipment maintenance, QMS/EQA, LIMS/data management, integrated specimen transport, procurement of nPOCs and reagents, sequencing equipment and reagents, procurement of digital CXR units, supervision and monitoring activities, training of healthcare workers and biomedical engineers, and demand creation.

- What challenges can you foresee in implementing the workplans and what are the strategies to overcome them?

There were several gaps and linked solutions identified by countries, including:

- o Funding, including for training, QA, and logistics
  - o Political and state commitment, planning, stakeholder engagement
  - o Optimization of diagnostic networks
  - o Supply chain
  - o Specimen transport
  - o Underutilization of tests/equipment
  - o Data management
  - o Training of providers and communities
  - o Refine regulatory pathways
  - o Ensure data operability
- WHO is anticipated to issue policy guidance on nPOC tests in 2026:
    - o What key gaps need to be closed to ensure successful implementation of new WRDs?
    - o What are the potential use cases of nPOCs and how might these be incorporated into the diagnostic algorithm?

Identified gaps and challenges that require address for successful implementation of new WRDs include:

- o Reduction or lack of external funding (strategies: diversification of partners, relief administrative procedures, integration and pooling of activities)



- o Low mobilization of domestic funding (strategies: engagement with broad stakeholder base including high net worth individuals, ministry of finance, private sector)
- o Low commitment of state (strategies: engage civil society, policy makers, politicians, religious leaders and community to increase awareness)
- o Institutional and regulatory challenges (can delay implementation of nPOC as can take up to 6 months)
- o Supply chain and equipment maintenance (strategies: increase domestic co-pay, improve forecasting & quantification, maintain in-country buffer for parts replacement, train in-country biomedical engineers)
- o Fragmented or siloed systems especially for specimen transportation and data management (strategies: integration and harmonizing networks)
- o Staff attrition (strategies: task shifting, mapping out/analyzing HR needs)

The primary use case notes were either new sites without WRDs or microscopy sites or those more remote or with security challenges or vulnerable populations.

- What would the roadmap for implementation look like with suggested timelines (e.g., regulatory, customs, shipping, algorithm updates, training)

Countries outlined a roadmap for nPOC implementation:

- o Preparation (stakeholder engagement, planning, WHO recommendation and communication to countries)
- o National registration with local regulatory agencies
- o Procurement of equipment and reagents, customs waiver, shipping
- o National verification/evaluation/feasibility study
- o Update of algorithms and guidelines (after WHO recommendation)
- o Training (TOT, user)
- o Phased implementation/pilot deployment
- o Scale up and monitoring

A roundtable discussion concluded the TB symposium and included Immaculate Kathure (MOH Kenya), Moses Joloba (MOH Uganda), Wayne van Gemert (Stop TB Partnership), Chase Mertz (Gates Foundation), Olive Mumba (Global Fund), Mariam Toure (Unitaid), Cecil (MOH Benin).



## Session 6: Roundtable Discussion Key Takeaways

- Key enablers for successful adoption and scale-up of nPOCs were identified, including country readiness, clear site and product selection considerations, data-driven decision-making, and integration of devices and services (e.g., M&E tools, supply chain management systems, human resources, etc.).
  - A comprehensive set of stakeholders should be included in national discussions on access to TB diagnostics, including clinicians, private sector, regulatory, and financial management colleagues.
  - Civil society and community representatives should be included throughout the discussions to provide their voice and issues as well as quickly disseminate decisions and support demand generation and other key activities.
- Several support mechanisms are available to national TB programs from technical partners, including StopTB's TB-REACH initiative generating implementation research data on nPOC and GDF (Global Drug Facility) that is a pooled procurement mechanism for TB diagnostics and drugs.
  - Gates Foundation has been supporting product development of new TB diagnostics with a goal of bringing to market three new POC and three new screening tests for TB that are low cost, decentralizable, and easy to use as well as supporting data generation for the effective implementation of the tools.
  - Unitaid works with innovators up to early introduction in countries, ensuring those early engagements include access considerations, as well as TB innovations. Unitaid sees regional manufacturing for diagnostics as an urgent need.

### Key outcomes of the TB symposium



Renewed commitment by national TB programs and reference laboratories to strengthen TB diagnostic networks, close gaps and increase access to WRDs.



Resolve to engage multiple stakeholders including the private sector, politicians, civil society and communities to increase demand and financing for TB diagnostics.



A call to action from civil society for national governments to ensure WRDs are accessible nearer to where people with TB live.



Recognition of supranational reference laboratories as vital for strengthening laboratory capacity and diagnostic networks, particularly for small or low TB burden countries lacking major external support.



Acknowledgment of the significant role that ASLM, through LabCoP, fulfills in bringing together countries and key stakeholders to facilitate knowledge exchange, best practice sharing, and collaboratively develop strategies to improve operational efficiencies.

## Session 7: ASLM and other stakeholder initiatives addressing challenges from the country discussions



Session 7 provided a series of presentations of key stakeholder initiatives that address some of the country discussions. Presentations were provided by James Maragia/Jeremiah Ogoro, Kenya MOH (Sustaining integrated specimen referral: Kenya experience in engaging the private sector), Lara Vojnov, Solara Global Impact (Blueprint for leadership strengthening across Africa), Zee Ndlovu, MSF (Task sharing for POC diagnostic tests: review of national health policies and implementation landscape in 19 African countries), Sydney Chanda, PFSCM (Resilience in supply chains and innovations for service continuity and increased impact), Obert Kachuwaire, Global Fund (Global Fund Lab System Strengthening Approach), Thandi Onami, Gates Foundation (New Gates Foundation strategy).



[!\[\]\(77e670be72de63f664b9f3cf25895195\_img.jpg\) Status Report on Laboratory Leadership in Africa](#)

[!\[\]\(784bf2e4d7fa94d6a886b9dc39d8ea88\_img.jpg\) Blueprint: Laboratory Leaders of the Future APRIL 2025](#)



## Session 7: Key Takeaways

- Following a south-south learning experience in Zimbabwe, Kenya developed an integrated specimen referral network to increase coordination between primary health care facilities and remove the vertical referral mechanisms. Each of the 47 counties developed a framework for coordination that included detailed planning for routing and engagement with private sector and civil society. Workplans are in development.
- ASLM recently published a Status Report and Blueprint targeting laboratory leadership in Africa. Using a mixed methods research and information gathering iterative process, key findings focused on five primary needs, including structure, strategy, core competencies, professionalization and advocacy. Twenty-nine key actions were identified to address these needs with noted responsible parties and collaborative efforts to improve laboratory leadership with the expected outcome of sustainable access to diagnostics.
- Point-of-care testing is the most practical and scalable intervention to reach people at the primary healthcare level. MSF, ASLM, and Africa CDC reviewed uptake of task sharing across 19 of the 24 LabCoP countries. A key finding of this mixed method study is the lack of clear policies on task sharing. Where policies were available, these were fragmented and did not provide clarity on roles of lay counsellors/health workers. There is a real need for national policies that recognize the importance of these cadres to support point of care testing. A practical guidance framework or toolkit is being developed to assist countries to scale up task sharing and shifting to point-of-care testing.
- Procurement is challenging for programs primarily due to fragmented tenders, custom delays, and long lead times. PFSCM has developed a Global Access Hub to offer a single entry point to a curated catalog of ready-to-order, quality-assured diagnostics from supplier-defined Access Programs or with PFSCM-negotiated pricing. This reduces the risk, procurement, and administrative burdens from countries by providing one platform and service provided from procurement to delivery. Programs can procure through this Global Access Hub using domestic or donor funding.
- There has been a key strategic shift to the Global Fund's investment framework, with a greater emphasis on integrated people-centered services, programmatic and financial sustainability, equitable deployment of and access to innovations, data-driven decision-making, and an explicit recognition of the role of the Global Fund in pandemic preparedness and response. Investments in specimen referral and transport systems, laboratory information systems, and national laboratory governance structures have generated consistent demand throughout GC6, C19 and GC7. GC8 will focus on high-impact, cost-effective strategies and prioritize areas of greatest need across the disease programs. This reflects the RSSH investment approach focused on evidence-based prioritization, maturity assessments, partnerships & co-financing and integration for sustainability as well as a shift from disease-specific to

integrated laboratory systems, adapting priorities to national needs and context.

- The Gates Foundation will be doubling their giving to cover the global health funding gap. The Foundation's HIV strategy focuses on acceleration of HIV prevention, sustaining HIV gains, and promoting cost-effective strategies for linkage to HIV testing, treatment, and prevention services. Within this strategy, diagnostic priorities include expanding POC testing,

promoting self-testing and task sharing, engaging the private sector, and using epidemiology to prioritize diagnostic services by disease burden. This will mean a focus on sustainable programming to maintain HIV gains. The core message is that strategic choices made now will be critical to determining the future health of the next generation and achieving the goal of ending AIDS. As Bill Gates said, "we have a once in a generation opportunity to do something extraordinary".



## Session 8:



## Breakout Session III

In Session eight, the 24 LabCoP countries were grouped into 5 groups of 3-4 countries. Each country shared their perspective on best practices to ensure continuity of laboratory services and sustainability.





## Session 8: Breakout Session Country Responses

Groups provided several initiatives and best practices to ensure continuity of services and sustainability, including

- Mobilizing local finances
- Intensifying engagement with philanthropists and developing public-private partnerships with private laboratories playing a role, including with specimen transport
- Consideration of local manufacturing of IVDs
- Shifting maintenance of equipment to local vendors
- Developing integrated sample referral system using vehicles already available in the health system such as ambulances, vaccine bikes, and national postal services, with payment from the government
- Ensuring all program activities are included in the national annual work plan
- Shifting previously partner-supported staff to government systems.

Countries are coordinating investments and priorities at national and subnational levels by ensuring more integrated discussions were prioritized through technical working groups to develop mitigation and contingency plans, develop better coordinated, integrated plans, and integrated quantification of commodities and needs. Doing so is supporting co-financing for all laboratory activities and minimizing duplication of activities and resources. Further, mapping of partners and co-developing workplans were noted as key priorities. There are several accountability tools that can be considered, including LabMap, LabNet, JEE, SPA, and strategic plan reviews.

Global Fund continues to be prioritized to support specimen transportation, maternal child health services, and TB.

ASLM was noted to have a role in supporting countries to mobilize resources, advocate for both international and domestic resource increases as well as mobilizing new partners, training of leaders, developing and consolidating evidence on the impact of the stop-work orders, and validating national plans. The LabCoP peer-learning systems can support by enlightening national leadership and advocate for 15% budget allocations to healthcare sector (as per the 2001 Abuja Declaration) including laboratories.

## 5. Closing Plenary

In the closing plenary, Dr Talkmore Maruta (ASLM) recognized the contributions and participation of country teams in LabCoP sessions and new LabCoP members, appreciating that all 24 country teams were able to attend in-person for the first time. It was recognized that this year South Sudan established a Laboratory Directorate with the Director being the LabCoP focal person, Mr Gregory Wani. Additionally, ASLM appreciates the former laboratory director, Prof Mandiou Diakite, of Guinea who has now been promoted to Permanent Secretary in Guinea.

Laboratories are the backbone of public health systems – they are essential not optimal and central to health security. However, they require strong leadership, coordinated partnership, domestic investments, leveraging networks, and building systems that can withstand shocks. Reflecting on existing systems, resetting priorities, and developing country-driven plans will lead to more sustainable, integrated health systems. Through country ownership, thoughtful co-financing, and data-driven approaches for smarter planning and investments, laboratory systems and directorates can institutionalize the gains in a sustainable manner.

Remarks from all colleagues noted the existing funding challenges across all countries. However, many also recognized that this presented a unique opportunity for countries to reset plans that clearly reflect country needs and can be adapted quickly as required. It is now time for science to prevail and countries to move forward to build healthier and more resilient health and laboratory systems for Africa.

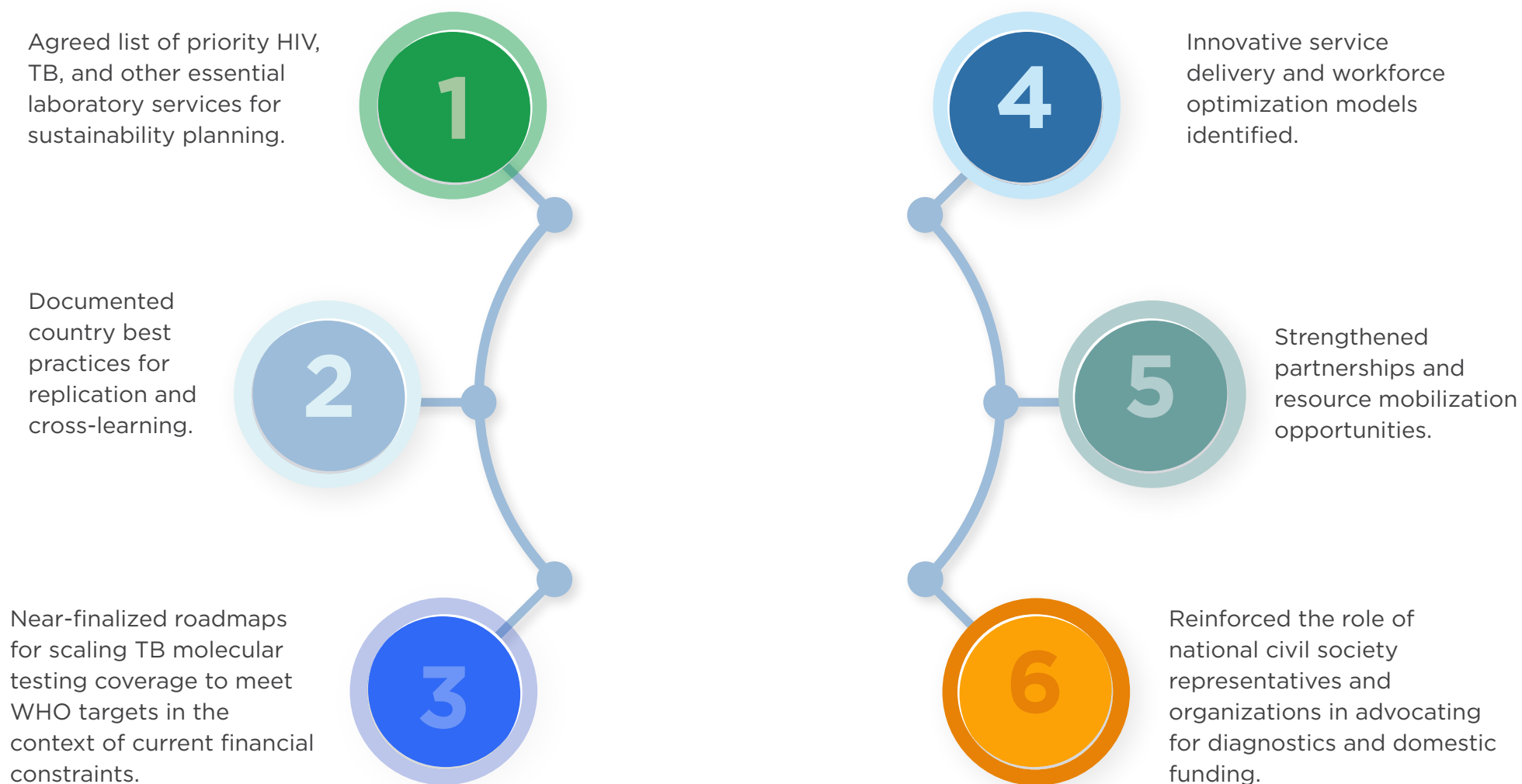
Diagnostics are a right, not a privilege. Integrated, people-centered laboratory systems are necessary and necessary now. Africa is ready to lead this transition.

### Key takeaways for this 8th LabCoP meeting include:

1	2	3	4	5	
Country ownership is essential for sustainability; domestic investment is a national obligation	Integrated systems protect the gains and support health security	Data must guide decisions, while accountability must drive our progress.	Decentralization must accelerate to reach underserved populations and communities and bring testing closer to patients	Partnership must maximize value through alignment and innovation	ASLM strongly appreciates and recognizes the long-term support for LabCoP from partners, both in action and ambition, Global Fund and Gates Foundation.  In closing, ASLM and partners reiterated the value of LabCoP and the community's collective achievements in scaling up diagnostic testing and strengthening Africa's laboratory systems and diagnostic networks. They emphasized that LabCoP will advance these achievements and looks forward to a fruitful 2026.

## 6. Outcomes

By the end of the meeting, through plenary presentations, Q&A sessions, panel discussions, and country group deliberations, the following outcomes were achieved:



## 7. Way Forward

Every test must lead to care, every patient must be reached, no community must be left behind.

ASLM, country teams, and global stakeholders identified a defined and deliberate way forward to building more resilient, data-driven, and sustainable laboratory systems. More immediate tasks and needs to building stronger laboratory systems include:

1. ASLM LabCoP and LabCoP country teams will develop and monitor the implementation of funded, integrated country work plans.
2. Country teams need to continue refining priorities and addressing other diseases, while emphasizing these priorities in upcoming funding proposals.
3. ASLM and partners need to continue investing in people through initiatives such as LabNetLead and supportive technical assistance.
4. ASLM is committed to intensifying advocacy for the laboratory through platforms such as the Lab Directors' Forum.
5. LabCoP will plan for and have dedicated sessions for engaging the private sector in subsequent meetings.
6. The time and method of delivery for future breakout sessions and follow-on plenary discussions will be restructured to allow for exhaustive experience-sharing.
7. Ongoing country considerations include:
  - a. Engage political leadership from president's offices to secure buy-in and support for healthcare sector, especially laboratories.
  - b. Continuously engage with various donors to secure support from different communities and private sector.
  - c. Implement integrated sample transportation, information management, inventory management, and supply chain systems and best practices.
  - d. Advocate for embedding laboratory activities within government-funded systems.

## 8. Acknowledgements

The ASLM gratefully acknowledges all 24 country teams as well as the global stakeholders who supported meeting planning and attended the meeting. Further, ASLM acknowledges the ASLM's HIV Awareness Ambassador, Moses' Supercharger' Nsubuga, for composing and producing LabCoP's 2022 theme song. Special thanks to the Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis, and Malaria for their financial contribution to the 2025 annual LabCoP meeting.

# 9. Appendix A: Meeting Agenda

## AGENDA

Day 1- Wednesday, 22 October 2025

Time	Session	Facilitator/Presenters
<b>Session 1   Introduction and Opening Plenary: Current gaps in diagnostic networks from ASLM assessments and surveys</b> Talkmore Maruta (ASLM)		
8.00 - 8.30	Registration	ASLM
8.30 - 8.45	Opening remarks	Nqobile Ndlovu (ASLM) George Alemnji (PEPFAR) Grania Brigden (Global Fund) Thandi Onami (Gates Foundation) PS Mary Muthoni (Kenya MoH)
8.45 - 8.55	Meeting objectives and expected outcomes	Francis Ocen (ASLM)
8.55 - 9.15	The ASLM LabCoP: 2024-2025 achievements and updates	Collins Otieno (ASLM)
9.15 - 9.30	LabMap insights- highlighting the gaps in diagnosis	DI MAISSOU Jean Albert (Cameroon MoH)
9.30-10.00	Community - Led Monitoring for Diagnostic and Laboratory Services: Preliminary findings from Burkina Faso, Democratic Republic of Congo, and Sierra Leone	Pragashnee Murugan (ITPC)
10.00 - 10.15	Q&A	
10.15 - 11.00	Group photo and tea break	
<b>Session 2   Strategies to maintain a package of laboratory services to sustain gains in global targets during challenging times</b> Talkmore Maruta (ASLM)		
11.00 - 11.15	Minimum package for laboratory services: what should be considered	Anafi Mataka (ASLM)

Time	Session	Facilitator/Presenters
11.15 - 11.30	Country experience in developing minimum package for laboratory services: What are the key considerations?	Judith Mzyece (Zambia MoH)
11.30 - 11.40	Q&A	
11.40 - 12.50	Round table: Sustaining HIV/TB and laboratory services, what is needed and what should be prioritized? How do we sustain the gains? What is at risk? (Laboratory Directors, Donors, Technical Agencies, Civil Society Organizations)	Nqobile Ndlovu (ASLM)
12.50 - 13.00	Q&A	
13:00 - 14:00	<b>Lunch Break</b>	
<b>Session 3   Parallel Breakout session: Which areas of laboratory services are most affected by funding cut? What plans do you have to mitigate these impacts? What are the country priorities for 2025/2026?</b> Francis Ocen (ASLM)		
14.00 - 15.45	Parallel Breakout Groups I: <i>Building on existing challenges and opportunities to future plans</i> <b>Aim:</b> Reflection on the prepared logic framework (from the 2025 LabCoP in-country workshop) for addressing prioritized gaps. What are the priorities and how do they address the expected impacts of the funding cuts and lead to a more sustainable country-owned approach to delivering diagnostic services? <ul style="list-style-type: none"> <li>● <b>Group 1:</b> Congo, Burkina Faso, Gabon, Guinea, Sao Tome</li> <li>● <b>Group 2:</b> Cameroon, Cote d'Ivoire, Burundi, DRC</li> <li>● <b>Group 3:</b> Uganda, Zambia, Malawi, Sierra Leone, Botswana</li> <li>● <b>Group 4:</b> South Africa, Zimbabwe, South Sudan, Eswatini, Ghana</li> <li>● <b>Group 5:</b> Kenya, Nigeria, Tanzania, Ethiopia, Mozambique</li> </ul>	
15:45 - 16:45	Groups report back Session: 3 groups report (10 mins/group)	Lucy Mupfumi (ASLM)
16:45 - 17:00	Wrap up	Francis Ocen (ASLM)

**Day 2 - Thursday, 23 October 2025**

Time	Session	Facilitator/Presenters
<b>Session 4   Progress and action towards universal access to WRDs</b> Grania Brigden (Global Fund)		
8.00 - 8.30	Registration	ASLM
8.30 - 8.45	Policy advances towards achieving universal access to TB testing	Patricia Hall-Eidson (WHO)
8.45 - 9.05	Are we there yet? Tracking progress, identifying gaps and accelerating action towards universal access to WRDs	Lucy Mupfumi (ASLM)
9.05-9.15	Q&A	
9.15 - 9.30	Estimating the need for WRDs and peripheral testing	Melanie Kitongo (Global Fund)
9.30 - 9.45	Update on near point of care diagnostics pipeline	Monde Muyoyeta (CIDRZ)
9.45-10.00	Q&A	
10.00 - 10.30	<b>Tea break</b>	
<b>Session 5   Accelerating access to rapid tuberculosis diagnosis and DST</b> Lucy Mupfumi (ASLM)		
10.30 - 11.30	Accelerating the path towards universal access to rapid tuberculosis diagnosis & DST: What's missing and what must we do now?	Country Panel Discussion
11.30 - 11.45	Setting the stage for the introduction of TB diagnostics in Africa: Results of a critical pathway analysis	Marguerite Massinga Loembé (Matahari Global)
11.45 - 12.00	Unitaid investments to increase access to molecular diagnostics	Jeremie Piton (Unitaid)
12.00 - 12.15	Bridging the gap: National roadmaps for accelerating WRD coverage	Sharonn Lynch (DEC)
12.15 - 12.45	Q&A	
12:45 - 13:45	<b>Lunch Break</b>	
<b>Session 6   Parallel Breakout session: Addressing challenges and developing a roadmap to increase WRD coverage. The aim of the session is to develop solutions that can feed into GC8 proposals.</b> Melanie Kitongo (Global Fund)		
14.00 - 15.45	<ul style="list-style-type: none"> <li>● <b>Group 1:</b> Congo, Burkina Faso, Gabon, Guinea, Sao Tome</li> <li>● <b>Group 2:</b> Cameroon, Cote d'Ivoire, Burundi, DRC</li> <li>● <b>Group 3:</b> Uganda, Zambia, Malawi, Sierra Leone, Botswana</li> <li>● <b>Group 4:</b> South Africa, Zimbabwe, South Sudan, Eswatini, Ghana</li> </ul>	

Time	Session	Facilitator/Presenters
	<b>Group 5:</b> Kenya, Nigeria, Tanzania, Ethiopia, Mozambique	
15:45 - 16:45	Round table discussion (Laboratory director, TB focal point, civil society, funders)	Grania Brigden (Global Fund)
16:45 - 17:00	Wrap up	Lucy Mupfumi (ASLM)

**Friday, 24 October 2025**

Time	Session	Facilitator/Presenters
<b>Session 7   ASLM and other stakeholder initiatives addressing challenges from the country discussions</b> Collins Otieno (ASLM)		
8.00 - 8.30	Registration	ASLM
8.30 - 8.45	Sustaining integrated specimen referral: Kenya experience in engaging the private sector	Esther Sigelei/Jeremiah Ogoro (Kenya MoH)
8.45 - 9.00	Blueprint for leadership strengthening across Africa	Lara Vojnov (Solara consultancy)
9.00 - 9.15	Policy and strategy in POC testing in Sub-Saharan Africa: challenges and opportunities for scaling up testing	Zee Ndlovu (MSF)
9.15 - 9.30	Implementing HIV services minimum package: Perspective from programs	Maureen Syowai (CQUIN-ICAP)
9.30 - 9.40	Q&A	
9.40 - 10.00	PEPFAR's new strategy	George Alemnji (PEPFAR)
10.00-10.15	Global Fund perspectives on laboratory systems strengthening in a changing landscape	Juliet Bryant (Global Fund)
10.15-10.30	New Gates Foundation strategy	Thandi Onami (Gates Foundation)
10.30 - 10.45	Q&A	
10.45 - 11.00	<b>Tea break</b>	
<b>Session 8   Parallel Breakout session: Building Resilient Laboratory Systems: What ongoing initiatives and best practices can be scaled to ensure continuity of services and sustainability?</b> Francis Ocen (ASLM)		
11.00 - 13.00	Group work <ul style="list-style-type: none"> <li>● <b>Aim:</b> link the priority identified from plenary and groups to ongoing initiatives, best practices and areas of funding from PEPFAR, Global Fund, MoH and other donors.</li> <li>● <b>Group 1:</b> Congo, Burkina Faso, Gabon, Guinea, Sao Tome</li> <li>● <b>Group 2:</b> Cameroon, Cote d'Ivoire, Burundi, DRC</li> </ul>	

Time	Session	Facilitator/Presenters
	<ul style="list-style-type: none"><li>● <b>Group 3:</b> Uganda, Zambia, Malawi, Sierra Leone, Botswana</li><li>● <b>Group 4:</b> South Africa, Zimbabwe, South Sudan, Eswatini, Ghana</li><li>● <b>Group 5:</b> Kenya, Nigeria, Tanzania, Ethiopia, Mozambique</li></ul>	
13.00 - 13.30	Groups report back Session: 3 groups report (10 mins/group)	Anafi Mataka (ASLM)
13.30 - 14.00	Wrap up and closing	Talkmore Maruta
14:00 -	<b>Lunch</b>	



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