

Partnerships Shaping the Future of Africa's Laboratory Workforce



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Editor-in-Chief's Note:

Welcome to the third edition of LabVoice.

In our previous issue, Strengthening Laboratory Systems in Africa, we explored how investments in laboratory systems, quality improvement, innovation, and preparedness are helping shape stronger and more resilient health systems across the continent. We are delighted to bring you the third issue of the Labvoice in which we turn our focus to one of the most powerful forces driving that progress: partnerships.

Across Africa, laboratory systems do not operate in isolation. Their success depends on a network of governments, development partners, technical experts, funders, professional associations, and private-sector collaborators working together toward a common goal. Time and again, these partnerships have proven that when expertise, resources, and shared commitment come together, they can accelerate progress, strengthen preparedness, and save lives.

The recent Ebola outbreaks in the Democratic Republic of Congo (DRC) and Uganda illustrate the importance of such partnerships. These emergencies underscored the critical importance of coordinated action and trusted partnerships. In this issue, we take you behind the scenes of that work. One of our featured articles highlights ASLM's role in outbreak response, demonstrating how the rapid activation of an internal Emergency Operations Centre (EOC), clear coordination mechanisms, and the development of standard operating procedures enabled swift, compliant, and effective action during a time of urgent need. It is a powerful reminder that preparedness is not built during a crisis—it is built through partnerships long before one begins.

You will discover stories that showcase how collaboration is advancing biosafety and biosecurity, strengthening workforce development, expanding accreditation programmes, supporting disease surveillance, and

creating opportunities for laboratory professionals across the continent. As Africa continues to strengthen its health security architecture, one lesson remains clear: sustainable progress is achieved when we work together. Partnerships transform ideas into action, challenges into opportunities, and ambition into impact.

We invite you to explore this edition and discover the collaborations, innovations, and success stories shaping the future of laboratory medicine in Africa. We hope these stories inspire new connections, fresh perspectives, and a deeper appreciation for the collective effort required to build resilient laboratory systems for generations to come.

So grab your cup of coffee or tea, settle in and enjoy the read.

Nelly Rwenji
Editor-in-Chief, LabVoice

CEO's Reflection

Nqobile Ndlovu



Africa's public health landscape continues to evolve, bringing with it new challenges that demand stronger collaboration, innovation, and investment in people and systems. Recent Ebola outbreaks in the Democratic Republic of Congo and Uganda have once again demonstrated the importance of collective action, with governments, regional institutions, and development partners coming together to support affected countries and strengthen preparedness efforts across the continent.

At ASLM, we recognize that diagnostics remain the first and most critical line of defence in any outbreak. Without timely and reliable testing, there can be no effective surveillance, case management, or public health response. Equally important, however, is the recognition that no single institution can address these challenges alone. Sustainable progress requires partnerships built on shared goals, mutual trust, and a commitment to strengthening health systems.

Across Africa, collaborative efforts are transforming how laboratory professionals are trained, supported, and connected. From advancing biosafety and biosecurity measures

to strengthening surveillance systems, accreditation, and quality standards, these partnerships are helping build a resilient laboratory workforce capable of responding to current and emerging health threats. In support of the Ebola Continental Preparedness and Response Plan—anchored on the principle of One Plan, One Budget, One Team and led by the Africa Centres for Disease Control and Prevention (Africa CDC)—ASLM has worked closely with partners to strengthen outbreak preparedness and response efforts. We are proud to partner with the European Union, whose support through the European Health Emergency Preparedness and Response Authority (EU-HERA) and the Partnership to Accelerate Mpx and Other Outbreaks Testing and Sequencing in Africa (PAMTA) initiative has enabled the deployment of critical Ebola diagnostic kits to support affected countries.

We also extend our sincere appreciation to the Government of Canada's Weapons Threat Reduction Program. Through its support to ASLM, Africa CDC will be able to accelerate surveillance activities and implement critical biosecurity measures under the Signature Initiative to Mitigate

Biological Threats in Africa (SIMBA). These investments are strengthening Africa's capacity to detect, prevent, and respond to biological threats before they escalate into larger public health emergencies. This timely support reflects a shared commitment to global health security and underscores the value of trusted partnerships. It is through these collaborations that ASLM can rapidly mobilize technical expertise and operational resources when lives and livelihoods are at stake. This quarter also marked another important milestone with the launch of the Advancing Regional Integrated Laboratory Capacity for Antimicrobial Resistance (AMR) Control (ARILAC), a four-year initiative implemented by ASLM, Africa CDC, and the European Union. The programme aims to strengthen laboratory systems and AMR surveillance capacity across the continent, reinforcing Africa's ability to address one of the most pressing public health threats of our time.

As we look ahead, our collective focus must remain on empowering laboratory professionals, strengthening systems, and ensuring that diagnostics remain at the centre of effective disease surveillance, outbreak response, and resilient health systems.

In this regard, the ASLM 2026 Biennial Conference holds particular significance. I invite you to join us in Cape Town, South Africa, from 8-11 December 2026 under the theme "Integrated Diagnostics for Health Security: Investing in Sustainable Impact." The conference will bring together laboratory professionals, clinicians, researchers, policymakers, public health leaders, development partners, industry stakeholders, and innovators from across Africa and around the world to share knowledge, strengthen partnerships, and shape the future of integrated diagnostics and health security. Together, we can build a healthier, safer, and more resilient Africa.

Building Africa's Biosafety Workforce - From Training to Transformation

“We must move beyond numbers and demonstrate real impact.”

Nelly Rwenji & Nuru Ngailo
ASLM

Across Africa, a quiet transformation is underway in laboratories, training rooms, and regional centers of excellence. What was once a fragmented landscape of short-term trainings is steadily evolving into a structured, competency-based professional pathway, one that is shaping not just individual careers, but the continent's readiness to respond to biological threats.

At the center of this transformation is the Regional Training and Certification Program for Biosafety and Biosecurity Professionals (RTCP-BBP), an Africa CDC-led initiative implemented in collaboration with the African Society for Laboratory Medicine (ASLM). Developed in response to long-standing gaps in standardized training, the program represents a shift toward a coordinated, standardized, and continent-wide approach to workforce development.

For years, assessments such as the Joint External Evaluation and the Global Health Security Index highlighted a consistent issue across African Union Member States: limited capacity in biosafety and biosecurity systems.

Despite the presence of skilled professionals, the absence of standardized, regionally recognized training frameworks made it difficult to build sustainable expertise. Training efforts were often isolated, inconsistent, and difficult to scale. The RTCP-BBP was designed to change that.

Built on four core specialization areas- biorisk management, biological waste management, biocontainment engineering, and biosafety cabinet certification- the program provides a structured pathway from foundational knowledge to advanced certification.

But more importantly, it embeds something often missing from technical programs: mentorship, accountability, and real-world application.



From classrooms to practice: Learning that translates

Nelly Rwenji & Nuru Ngailo,
ASLM



In March 2026 alone, three major regional trainings took place across the continent - in Accra, Dakar, and Dar es Salaam - each reflecting a different layer of the program's growing ecosystem.

In Accra, experts from 10 countries gathered not just to learn, but to step into a new role: Africa Region Subject Matter Experts (Af-RSMEs). These are not passive trainees- they are mentors, evaluators, and future trainers responsible for sustaining the program within their countries. As emphasized during the workshop, their role goes beyond delivering content. They are expected to guide candidates, support curriculum development, and ensure that training translates into measurable improvements in national biosafety systems. And that expectation comes with challenges.

Low progression rates from Level 1 to Level 2 certification have highlighted a critical issue: training alone is not enough. Without strong mentorship and structured follow-through, knowledge risks remaining theoretical.

Regional learning, continental impact

Further west, in Dakar, participants from Northern Africa convened for hands-on training in biorisk and biological waste management. The training, hosted at Institut Pasteur de Dakar, demonstrated how regional centers of excellence are filling immediate gaps while longer-term infrastructure is still being established to ensure sustainability. Rather than waiting for perfect systems, the program is adapting - leveraging existing institutions to ensure continuity and access. Meanwhile, in Dar es Salaam, a larger and more diverse cohort of 57 experts from across Central Africa and beyond came together for multiple Level 1 courses. Here, the emphasis was on practical skills: safe laboratory practices, risk mitigation, and waste management. But just as important as the technical content was the environment itself.

Participants learned alongside peers from different regions, exchanged experiences, and built networks that extend beyond the training room. These interactions are helping to create a shared professional identity,

one that transcends national and regional boundaries.

The missing link: mentorship as a force multiplier

If there is one theme that cuts across all these engagements, it is the growing recognition that mentorship is the backbone of the program. The RTCP-BBP is not designed as a one-off training model.

It is a progression system:

- Level 1 introduces foundational competencies
- Level 2 requires practical, in-country improvement projects
- Certification depends on demonstrated impact, not attendance

To move forward, candidates must work under the guidance of certified experts, complete real-world assignments, and submit portfolios for evaluation by the Examination and Certification Committee (ECC). This model transforms learning into practice and practice into measurable system strengthening. It also shifts responsibility.

Trainees are no longer just recipients

of knowledge; they are active contributors to improving biosafety systems within their institutions and subsequently transforming the continent.

Oversight, credibility, and the role of the ECC

While regional trainings build capacity on the ground, oversight at the continental level ensures that standards remain consistent.

The Annual Examination and Certification Committee (ECC) meeting in Addis Ababa in March 2026 brought together experts from across Africa to review progress, evaluate certification pathways, and strengthen quality assurance mechanisms. This is where the program’s credibility is safeguarded.

By reviewing portfolios, assessing candidate progression, and refining certification processes, the ECC ensures that the RTCP-BBP remains aligned with international best practices while still being rooted in Africa’s realities.

It is also where strategic questions are addressed:

- How do we improve progression rates?
- How do we ensure quality across regions?
- How do we demonstrate real impact at country level?

The answers to these questions will shape the future of the program—and, by extension, Africa’s biosafety workforce.

Beyond training: building a system

What is emerging is not just a training program, but an ecosystem.

- Regional Centres of Excellence provide infrastructure and delivery platforms
- Subject Matter Experts drive mentorship and sustainability
- Certification pathways ensure accountability and standards
- Continental oversight maintains quality and credibility

Together, these elements are creating a pipeline of professionals who are not only trained, but recognized,

connected, and deployable. And that matters.

In a continent facing increasingly complex public health threats, the ability to detect, prevent, and respond to biological risks depends on more than infrastructure—it depends on people.

A shift in mindset

Perhaps the most important transformation is not technical, but cultural. As one leader noted during the Accra workshop, the focus must shift from counting how many people are trained to understanding what changes as a result. That shift from outputs to impact is what will determine the success of the RTCP-BBP.

Because ultimately, biosafety and biosecurity are not abstract concepts. They are lived realities in laboratories, hospitals, and communities.

And building a safer Africa requires more than knowledge. It requires a workforce that is skilled, supported, accountable, and impactful and a system that enables them to thrive.

ASLM Podcast Series



Partners Review Progress on Strengthening Disease Surveillance and Health Security Across Africa

Nelly Rwenji,
ASLM

Health and security partners from across Africa convened in April 2026 for the first progress review meeting of Phase II of the Health Security Partnership to Strengthen Disease Surveillance in Africa (HSPA), reaffirming their collective commitment to strengthening epidemic intelligence, biosecurity, and coordinated response systems across the continent.

The meeting brought together representatives from Ministries of Health and security sectors from Mali, Morocco, Namibia, Rwanda, South Africa, The Gambia, and Tunisia, alongside international and regional partners working to advance Africa's health security agenda.

Convened by the World Health Organization, Africa CDC and Robert Koch Institute, the meeting was supported by the Government of Canada's Weapons Threat Reduction Program and the Government of the United Kingdom. The initiative is aligned with the G7 Global Partnership and the Signature Initiative to Mitigate Biological Threats in Africa (SIMBA).

Participants reviewed progress made since the launch of HSPA Phase II in May 2025, highlighting significant achievements in strengthening national and regional disease surveillance systems. Countries reported expanded implementation of Integrated Disease Surveillance and Response (IDSR), stronger event-based surveillance and reporting systems, continued advances in genomic surveillance, and improved laboratory biorisk management practices. Delegates also noted the



growing adoption of the SIMBA platform, which is supporting coordination and alignment with other global partnership initiatives focused on mitigating biological threats and enhancing preparedness capacities. Throughout the two-day meeting, participants shared lessons learned from implementation, discussed persistent challenges, and identified practical actions needed to sustain momentum and further strengthen epidemic intelligence and biosecurity systems across the region.

Speakers emphasized that collaboration between health and security sectors remains critical for preventing, detecting, and responding to public health threats, particularly in an increasingly interconnected global environment where outbreaks can rapidly cross borders. The meeting concluded with partners reaffirming their commitment to advancing early detection systems, strengthening timely decision-making, and enhancing coordinated response mechanisms to build a more resilient health security architecture for Africa's future.

Quarter II Upcoming engagements

The following events/activities are planned for 2026 Q2

1. Official launching of the two (2) additional RCoEBBs in Central and Northern Africa
2. Conduct RTCP-BBP Level I Training:
 - Biocontainment Engineering at the RCoEBB for Eastern Africa;
 - Conduct pilot training of newly developed Laboratory Equipment Maintenance and Calibration course at the RCoEBB for Eastern Africa;
 - Advanced BWM at the RCoEBB for Eastern Africa;
 - Biocontainment Engineering at the RCoEBB for Central Africa;
 - Biocontainment Engineering at the RCoEBB for Northern Africa;
 - BWM at the RCoEBB for Western Africa;
3. Conduct a workshop titled: Advancing Biosafety and Biosecurity in Africa: Reflections on the 2021-2025 Strategy and Pathways for the 2026-2030 Strategy during the Global Health Security Conference (GHS2026)

ARILAC Project: Advancing Regional Laboratory Excellence

ARILAC Initiative Set to Strengthen Africa's Fight Against Antimicrobial Resistance

Nuru Ngailo,
ASLM



Antimicrobial resistance (AMR) is one of the fastest-growing threats to public health worldwide, making common infections harder and sometimes impossible to treat. Across Africa, limited access to quality microbiology testing means that many clinicians are forced to prescribe antibiotics without the laboratory evidence needed to guide treatment, contributing to the growing challenge of drug resistance.

To help address this gap, Africa CDC, the African Society for Laboratory Medicine (ASLM), and the European Union have launched the Advancing Regional Integrated Laboratory Capacity for AMR Control (ARILAC) initiative, a four-year programme designed to strengthen laboratory systems and AMR surveillance across the continent. Launched in Addis Ababa, Ethiopia, the initiative brings together

governments, laboratory experts, and development partners around a shared goal: ensuring countries have the laboratory capacity needed to detect, monitor, and respond to antimicrobial resistance before it becomes an even greater threat to health systems and communities.

The programme will support eight African Union Member States - Cameroon, Chad, Ethiopia, Gabon, Mozambique, Sierra Leone, Uganda, and Zimbabwe by strengthening microbiology laboratories, expanding AMR surveillance, and improving collaboration between human and animal health sectors through a One Health approach.

Recent assessments by Africa CDC and ASLM highlighted a critical challenge: only a small number of laboratories routinely perform bacteriological testing for priority AMR pathogens. As a result,

millions of people across the continent have limited access to the diagnostic services needed for accurate treatment and effective disease surveillance.

ARILAC aims to change that. Over the next four years, the initiative will support laboratories to improve quality management systems, modernise equipment, strengthen workforce skills, expand genomic surveillance, and improve the collection and use of laboratory data. The programme will also help countries build stronger laboratory networks and increase access to modern microbiology technologies capable of generating timely and reliable AMR data.

Importantly, ARILAC goes beyond infrastructure investments. The initiative places strong emphasis on sustainability, encouraging countries to integrate project-supported activities into national health plans and budgets to ensure gains continue long after the programme concludes.

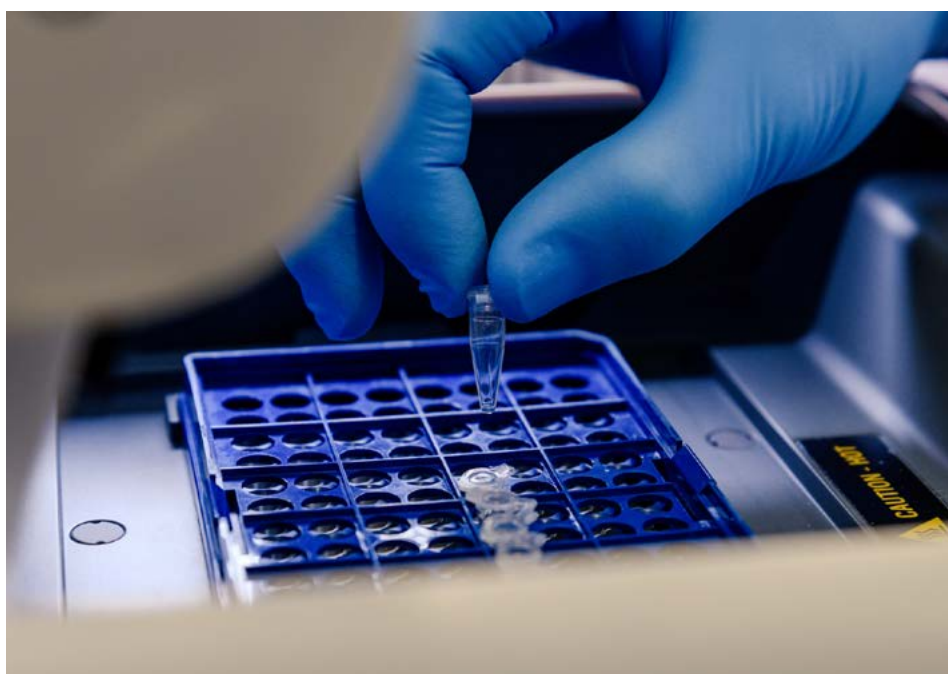
As antimicrobial resistance continues to threaten progress in healthcare, initiatives such as ARILAC are helping build the laboratory foundations needed for timely diagnosis, evidence-based treatment, and stronger disease surveillance. By investing in laboratory systems today, Africa is strengthening its ability to respond not only to AMR, but also to future public health threats.

Strengthening Africa's Laboratory Response to Outbreaks: From Emergency Deployment to Genomic Surveillance

Sylvester Z. Moyo and Edwin Shumba,
ASLM

The 2026 Ebola disease outbreak in the Democratic Republic of Congo and Uganda, caused by the Bundibugyo virus and declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO) and a Public Health Emergency of Continental Security (PHECS) by Africa Centres for Disease Control and Prevention (Africa CDC) in May 2026, is a stark reminder that Africa's ability to detect, characterise, and respond to high-consequence pathogens depends on the strength of its laboratory systems. Over the past decade, the African Society for Laboratory Medicine (ASLM) and Africa CDC have worked to build that foundation, from deploying diagnostic materials during active outbreaks to establishing continent-wide genomic sequencing infrastructure that enables faster, smarter public health responses.

In collaboration with Africa CDC, ASLM has made direct operational contributions to Ebola preparedness and response on the continent. In October 2025, under the EU-funded PAMTA project, ASLM coordinated the freight and distribution of diagnostic materials and laboratory consumables to six provinces in the DRC in direct support of the country's Ebola outbreak response, helping to decentralise testing capacity at a critical moment in the epidemic. This deployment reflected a broader pattern of emergency responsiveness under PAMTA, which has demonstrated ASLM's ability to pivot procurement and logistics rapidly in response to concurrent outbreaks — including



the deployment of RT-PCR test kits to Ethiopia during the 2025 Marburg outbreak, enabling 1,920 tests, and the procurement of Mpox diagnostic kits for Madagascar (enabling up to 5,000 tests) and Comoros (enabling up to 2,000 tests). This flexibility is a hallmark of the partnership between ASLM and Africa CDC, where laboratory systems strengthening investments also serve as outbreak response infrastructure. With over 600 confirmed Ebola cases across the DRC and Uganda as of June 2026, the ongoing Bundibugyo virus outbreak underscores the continued need for rapid diagnostic deployment, specimen referral, and laboratory workforce readiness — all areas where these joint investments are making a tangible difference.

In 2019, only seven African countries could conduct even basic genomic sequencing in their

public health laboratories. Today, 46 countries have that capacity — a transformation driven by the Africa Pathogen Genomics Initiative (PGI), a flagship partnership between Africa CDC, ASLM, and a coalition of global partners. This expansion has been underpinned by laboratory upgrades at over 20 National Public Health Institutes (NPHIs), workforce training through the Pathogen Genomics and Bioinformatics Fellowship Programme (three tracks including wet-lab NGS, bioinformatics, and epidemiological genomics), and ongoing technical assistance.

In November 2025, Africa CDC and ASLM launched the Africa Genomic Archive for Response and Insight (AGARI) platform, a secure, continent-wide system for sharing and analysing pathogen genomic data. AGARI enables

Member States to move from isolated sequencing to integrated, real-time genomic surveillance, which is a critical capability for outbreaks like the current Ebola epidemic, where rapid pathogen characterisation informs treatment protocols and vaccine development. Genomic data shared through AGARI and global databases enables real-time tracking of pathogen evolution, drug resistance, and transmission patterns — allowing public health authorities to tailor interventions with precision rather than relying on generic protocols.

During the launch Mr. Ngobile Ndlovu, CEO, ASLM emphasized that “The launch of these projects is pivotal in devising scalable and sustainable approaches for integrating molecular diagnostics and sequencing within Africa’s routine surveillance structures.”

African NPHIs and National Reference Laboratories (NRLs) now routinely conduct genome sequencing of priority pathogens, including Mpox, Lassa fever, Dengue, HIV, Vibrio

cholerae, Mycobacterium tuberculosis, and Plasmodium falciparum. This shift from COVID-19 emergency sequencing to multi-pathogen routine surveillance represented the maturation of Africa PGI into its second phase (Africa PGI 2.0), which focuses on building an optimised, resilient, and integrated molecular diagnostic and genomic surveillance ecosystem across the continent.

The 7-1-7 framework target calls for the detection of an outbreak within 7 days of emergence, notification to public health authorities within 1 day of detection, and initiation of a complete response within 7 days of notification. Genomic sequencing and strong laboratory referral systems are essential to meeting the first two milestones. With next-generation sequencing capacity now available in 46 African countries, pathogen identification that previously required referral to international laboratories can increasingly be done in-country — dramatically reducing turnaround times. Additionally, the Africa CDC

Laboratory Network Information Management System (NIMS), a platform supported by Africa CDC and ASLM, strengthens cross-border specimen referral and tracking, enabling specimens to move quickly to the nearest sequencing-capable laboratory.

The recent Ebola outbreak in the DRC and Uganda is a test of the systems that Africa CDC, ASLM, and their partners have spent years building. From diagnostic kit deployment to genome sequencing, the continent’s laboratory infrastructure is stronger than it has ever been — but sustained investment is essential.

ASLM remains committed to working with Africa CDC and Member States to ensure that every laboratory professional, every specimen referral pathway, and every sequencing platform is ready for the next outbreak.

<https://outbreak.aslm.org/>

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Laboratory Medicine: Beyond the Test Tube – Understanding the Real Scope of the Field

Mohammad Ismail,
ASLM Ambassador from Pakistan



Laboratory medicine is one of the most important yet frequently misunderstood fields in healthcare. Many people outside the profession believe that laboratory work simply involves performing tests on blood or urine and reporting results. In reality, the field is far more complex and intellectually demanding. Laboratory professionals play a critical role in disease detection, diagnosis, and patient management.

In different countries, this field is known by various names such as clinical laboratory science, medical laboratory technology, or clinical pathology. Regardless of the terminology, the responsibility remains the same: providing accurate laboratory data that clinicians rely on to make medical decisions. A significant proportion of clinical diagnoses and treatment plans depend on laboratory test results, which highlights the importance of this profession in modern healthcare. For those entering this field, it is important to understand that laboratory medicine is not only about operating instruments or performing procedures. A strong theoretical foundation is essential. Laboratory professionals must understand disease mechanisms, biological structures, and pathological changes in order to correctly analyze and

interpret laboratory findings. Identifying abnormal blood cells under a microscope, recognizing microbial growth patterns, or interpreting biochemical markers all require deep scientific knowledge.

Laboratory medicine is also highly interdisciplinary. Within a single laboratory setting, professionals may work across multiple specialized areas such as hematology, clinical chemistry, microbiology, histopathology, and molecular diagnostics. Each of these areas focuses on different aspects of disease investigation, from blood cell analysis to microbial identification and genetic testing. As a result, laboratory professionals must constantly integrate knowledge from several biomedical sciences. Working in this field requires accuracy, focus, and the ability to manage pressure. Laboratories often process large numbers of samples within limited time frames, and each specimen carries important clinical information. Professionals must maintain strict quality standards while handling blood, urine, tissue samples, and microbial cultures. Errors at any stage of testing can affect diagnosis and patient care, making precision and attention to detail essential skills. The challenges become even more significant in many low- and middle-income countries. In such settings, laboratory systems often face limited infrastructure, insufficient investment, outdated equipment, and shortages of trained professionals. These limitations can affect the reliability and efficiency of diagnostic services. When laboratory capacity is weak, the entire healthcare system may suffer because clinicians depend heavily on accurate laboratory data for proper patient management. Despite these challenges, laboratory medicine remains a highly rewarding

profession. Even though laboratory professionals often work behind the scenes, their contribution to healthcare is substantial. Accurate laboratory results support early disease detection, guide treatment decisions, and help monitor patient outcomes. For students and recent graduates interested in this field, awareness about its true nature is important. From the outside, laboratory work may appear simple or aesthetically appealing, often associated with wearing lab coats and working with advanced equipment. However, the reality is different. The profession requires dedication, strong scientific knowledge, and continuous learning.

Students planning to pursue laboratory medicine should focus on building a solid theoretical background in areas such as microbiology, biochemistry, pathology, genetics, and physiology before entering practical laboratory work. A clear understanding of these concepts allows professionals to recognize abnormal findings and understand their clinical significance. Laboratory medicine should therefore be seen not just as a technical field but as a scientific discipline that integrates multiple areas of biomedical knowledge. It is a field that demands responsibility, analytical thinking, and resilience. For those who choose this profession, it offers the opportunity to contribute meaningfully to patient care and public health. Increasing awareness among students about both the opportunities and challenges of laboratory medicine is essential. When future professionals enter the field with realistic expectations and strong preparation, they are better equipped to uphold the quality and reliability that healthcare systems depend on.

Africa CDC Unveils New Biosafety and Biosecurity Strategy to Strengthen Health Security Across Africa

Africa Charts the Next Phase of Biosafety and Biosecurity Strengthening



Nuru Ngailo, ASLM

After five years of building continental networks, training specialists, and establishing regional structures, Africa is entering a new chapter in biosafety and biosecurity.

At the Global Health Security Conference (GHS 2026) in Kuala Lumpur, Africa CDC, in collaboration with ASLM, unveiled the 2026–2030 Biosafety and Biosecurity Initiative (BBI) Strategy, a five-year roadmap designed to strengthen national systems, expand workforce capacity, and improve preparedness for biological threats across the continent. The launch provided an opportunity to reflect on the progress achieved since the first continental strategy was introduced in 2021.

According to Zibuziso Masuku, Programme Lead for Biosafety and

Biosecurity at Africa CDC, the past five years have laid a strong foundation for future growth. Since 2022, more than 650 professionals have been trained and certified through the continental programme, while five regional Biosafety and Biosecurity Technical Working Groups and regional Centres of Excellence have been established to support countries in strengthening their capacities. **“The first phase was about building the foundation. The next phase is about scaling impact, strengthening national ownership, and ensuring sustainability,”** said Masuku.

The new strategy shifts the focus from building systems to ensuring they are fully integrated, sustainable, and country-owned.

It outlines seven priority areas, including governance and coordination, workforce development, laboratory systems, legal and regulatory frameworks, partnerships,

innovation, and sustainable financing. It also addresses emerging challenges such as cyber-biosecurity, artificial intelligence, and advances in biotechnology.

For ASLM, the ultimate goal extends beyond training programmes and institutional structures. **“Success is not just about how many people we train or how many centres we establish,”** said Dr. Talkmore Maruta, ASLM Director of Programmes. **“The real measure is whether countries are able to use these capacities to prevent, detect, and respond to biological threats.”**

A panel discussion featuring global and regional biosafety leaders reinforced a central message throughout the session: sustainable progress depends on stronger national ownership. While development partners have played a critical role in supporting biosafety and biosecurity efforts, speakers

emphasized that countries must increasingly invest in their own systems to ensure long-term resilience. ***“Preparedness is always less expensive than response,” noted Nathalie Charbonneau, Director of the Weapons Threat Reduction Program at Global Affairs Canada. “Investing in biosafety and biosecurity today helps countries avoid much greater costs tomorrow.”***

Panelists also highlighted the importance of strong governance structures, effective legislation, and national biosafety committees to support implementation and accountability.

Dr. Andrew Kibuuka, Chair of the East Africa Biosafety and Biosecurity Technical Working Group, underscored the value of involving practitioners in shaping solutions. ***“The people doing the work must be part of designing the solutions,” he said. “Technical working groups have succeeded because they bring together practitioners who understand the realities on the ground.”*** Echoing the need for strong governance, Dr. Anne-Mari Venter, Chair of the Southern Africa Biosafety and Biosecurity Technical Working Group, stressed that lasting progress requires more than technical expertise alone.

“Without appropriate legislation, governance structures and accountability mechanisms, it becomes difficult to sustain progress and secure long-term investment,” she said.

As Africa continues to face emerging infectious diseases, laboratory-associated risks, and other biological threats, the new strategy signals a shift from building regional momentum to strengthening national systems. The next five years will focus on ensuring that the capacities established across the continent translate into practical, sustainable actions that protect communities and strengthen health security for the future.



HPV DNA Testing in Africa: The Case for Truenat HPV-HR Plus

Alaine Umubyeyi, Market Access Lead, Africa and Middle East, Molbio Diagnostics

Megan Kelly,
ASLM



Cervical cancer is the fourth most common cancer in women globally. It caused 662,000 cases and 349,000 deaths in 2022, with 94% of deaths occurring in low- and middle-income countries. With 19 of the top 20 countries worldwide with the highest burden of cervical cancer being in Africa, the continent shoulders a disproportionately high burden of cases. What makes the data even more striking is that all these cases are completely preventable with vaccination and timely screening.

Cervical cancer is caused by human papillomavirus (HPV). While almost all sexually active people are infected with HPV over the course of their lives, the immune system clears the virus naturally in most cases. Persistent infection with a few specific strains of HPV can cause abnormal cells that may develop into cancer. This process typically takes anywhere between 10 to 20 years.

The disease, therefore, has a long pre-cancerous phase, and access to the right screening method at the right time can prevent the progression of infection into cancer.

Traditionally, cervical cancer screening has relied on pap smears and visual inspection with acetic acid. While both these methods have contributed meaningfully to cancer prevention in various parts of the world, HPV DNA-based testing offers a more accurate screening option. Additionally, it identifies risks earlier, even before cellular abnormalities are visible.

Since 2021, WHO has recommended HPV DNA testing as the preferred screening method over visual inspection or cytology in view of these advantages. However, adoption of HPV DNA testing has remained limited because of high costs, laboratory infrastructure requirements, long turnaround times, and challenges in ensuring follow-up.

New evidence published in the [International Journal of Cancer](#) could help address some of the longstanding barriers to HPV DNA testing. The study marks the world's first formal validation of a reduced-valency HPV test. The findings are particularly relevant for Africa, given the epidemiology of cervical cancer in Africa.

The multi-centre study evaluated four Indian point-of-care HPV testing platforms using clinical validation criteria by the International Agency for Research on Cancer (IARC) for reduced-valency HPV assays. While traditionally HPV DNA testing has focused on 14 high-risk strains of HPV, reduced valency assays narrow their target to 7 or 8 strains that are responsible for more than 95% of cervical cancer cases.

Molbio's 8-valent Truenat HPV-HR Plus was the only test to meet the validation criteria, demonstrating

robust clinical performance and higher specificity.

Designed for decentralized settings, the test runs on Molbio's portable Truenat platform and delivers results in approximately one hour. Importantly, the platform has a significant footprint in African countries due to its ongoing use in infectious disease testing.

Why this matters to Africa

96% of cervical cancer cases worldwide are linked to eight high-risk HPV genotypes – types 16 and 18, which account for approximately 70% of all cases, as well as types 31, 33, 35, 45, 52, and 58.

Among these high-risk strains, HPV35 is associated with only 2% of invasive cervical cancers. But it has a disproportionately higher prevalence in sub-Saharan Africa, [with a recent study](#) estimating 22-30% prevalence among women with invasive cervical

cancer lesions in some countries. Truenat HPV-HR Plus is purpose-built to address this challenge, with HPV35 being one of the eight genotypes the test is capable of detecting.

In August 2020, the World Health Assembly adopted the [Global Strategy for Cervical Cancer Elimination](#).

The strategy highlights vaccination, screening, and treatment as the three key pillars for cervical cancer elimination. Specifically, it calls on countries to vaccinate 90% of girls by the age of 15, screen 70% of women by the age of 35, and again by the age of 45; and treat 90% of women with pre-cancer and invasive cancer.

In keeping with these commitments, African countries have made notable progress on HPV vaccination. According to the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), coverage for at least one dose of the HPV vaccine in

the WHO African Region jumped to 40% in 2023, up from just 28% the previous year.

However, a substantial population of adult women remain outside the ambit of vaccination programmes and, therefore, vulnerable to cervical cancer. Reaching this cohort through effective screening programmes will be essential if countries are to achieve WHO's cervical cancer elimination targets.

The availability of a point-of-care molecular HPV test will enable African countries to decentralize cervical cancer screening to the last mile and enable faster treatment initiation.

The presence of Truenat systems in the countries means they can do this without investing in additional infrastructure, making elimination not a distant dream but an achievable target.



96% of cervical cancer cases are linked to high-risk HPV genotypes

It's *preventable* when caught early

Truenat[®] HPV-HR Plus

Real-Time Duplex PCR Test for 8 High-Risk HPV Genotypes (16, 18, 31, 33, 35, 45, 52, 58).



ASLM Advances Towards ISO 9001:2015 Certification

Celebrating Our Stage 1 Audit Success and Strengthening Our Quality Journey

Joshua Mwangi,
ASLM

On 3 June 2026, the African Society for Laboratory Medicine (ASLM) achieved an important milestone in our quality journey – successfully passing the ISO 9001:2015 Stage 1 Certification Audit conducted by Bureau Veritas. This achievement represents much more than completing an audit milestone.

It validates the commitment, discipline, and collective effort invested across the Secretariat to strengthen our systems, enhance accountability, improve operational efficiency, and embed a culture of continuous improvement.

Our ISO journey began with a clear commitment from ASLM's Board and Executive Leadership: to ensure that the organization delivering impact across Africa operates with systems and standards that reflect global excellence.

Over the past months, teams across ASLM have worked together to transform this vision into reality.

We established a QMS implementation structure, appointed departmental QMS Champions, conducted awareness sessions, strengthened policies and procedures, documented key processes, developed SOPs and templates, enhanced document control, and improved workflows across Finance, HR, Procurement, Administration, ICT, Sub-Recipient Management, Business Development, and Programmes. We also trained internal auditors, completed internal quality audits, conducted Management Review processes, and implemented corrective actions – all with one objective: making quality not just something we document, but the way we work every day.



Passing Stage 1 confirms that ASLM has established the required foundation for ISO 9001:2015 certification. The audit assessed the design, documentation, governance structures, and readiness of our Quality Management System. It confirmed that we are on the right path – but it is also a reminder that our journey continues.

Our attention now shifts to the Stage 2 Certification Audit, where auditors will physically assess implementation at our offices in Ethiopia and South Africa. This next phase will focus not only on what we have documented, but how consistently we apply our processes.

As we prepare, our priorities are clear: demonstrating effective implementation of procedures, maintaining accurate records, strengthening document control, closing corrective actions, applying risk-based thinking, and showing evidence of continuous improvement across all departments.

On behalf of the QMS Team, we extend our sincere appreciation to ASLM's Board, Executive Leadership, QMS Champions, internal auditors, and every staff member who contributed to this achievement. Your commitment, patience, attention to detail, and willingness to improve made this milestone possible.

Stage 1 success gives us confidence.

Stage 2 requires renewed focus. Quality is not owned by one team – it belongs to all of us. Every process followed, every record maintained, every improvement made, and every service delivered contributes to the strength of ASLM.

ISO certification is not the destination; building a culture of excellence and continuous improvement is the true goal. Together, let us continue strengthening ASLM – one process, one improvement, and one quality action at a time.



ASLM | 2026

BIENNIAL CONFERENCE



Africa's premier conference for laboratory medicine and diagnostics is fast approaching, and we invite you to be part of the conversation shaping the future of health security on the continent.

The African Society for Laboratory Medicine (ASLM) will host the ASLM Conference 2026 from **08-11 December 2026 at the Cape Town International Convention Centre (CTICC), South Africa.**

Under the theme:

Integrated Diagnostics for Health Security: Investing in Sustainable Impact

ASLM 2026 will bring together laboratory professionals, scientists, policymakers, innovators, industry leaders, partners, and global health stakeholders from across Africa and beyond to exchange ideas, showcase innovations, and explore solutions that strengthen integrated diagnostic systems and advance health security.

Why Attend?

- 1 Engage in high-impact scientific and policy discussions
- 2 Discover the latest innovations in diagnostics and laboratory medicine
- 3 Connect with leading experts, partners, and industry stakeholders
- 4 Share best practices and transformative solutions
- 5 Contribute to strengthening Africa's health security agenda

Call for Abstracts Now Open

Researchers, laboratory professionals, and innovators are invited to share their work and contribute to the scientific programme.

You can submit your abstract today: <https://lnkd.in/eGu-YvzP>

Registration Now Open

ASLM members enjoy exclusive discounted registration rates.

Register today by using this link: <https://aslm2026.org/>

Whether you are advancing research, strengthening laboratory systems, shaping policy, or driving innovation, ASLM 2026 offers a unique platform to learn, collaborate, and help shape the future of laboratory medicine in Africa.

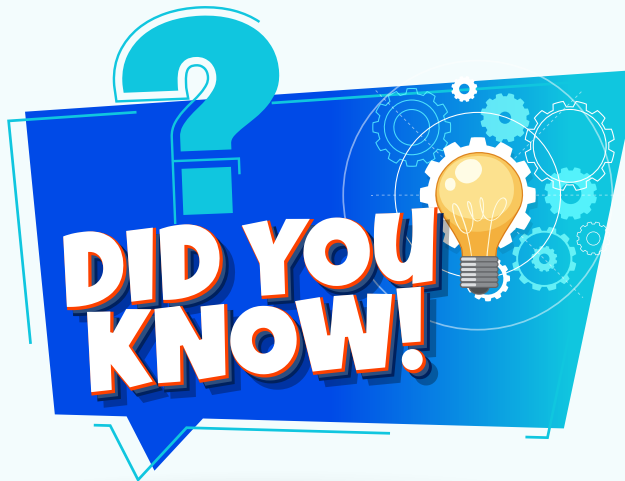
Register Now and Contribute to Driving Integrated Diagnostics for Health Security in Africa.

Last Issue's Quick Quiz Answer:

In our previous edition, we asked:
Which technology allows scientists to determine the complete genetic sequence of an organism's DNA or RNA?

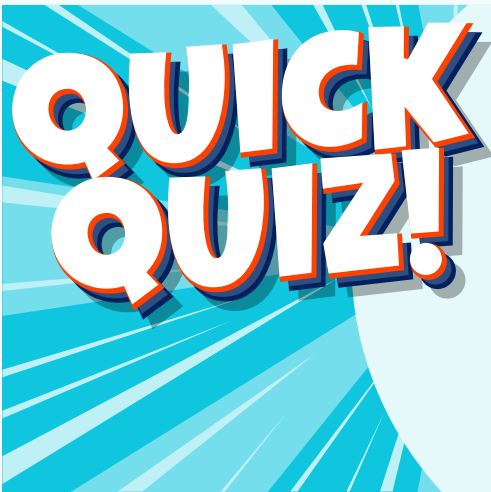
✔ **Answer:** Genomic Sequencing

Genomic sequencing has become an essential tool in modern laboratory medicine, enabling the identification of pathogens, monitoring of disease outbreaks, tracking of antimicrobial resistance patterns, and supporting evidence-based public health interventions. Across Africa, investments in genomic surveillance continue to strengthen preparedness and response capacities for emerging health threats.



Fun fact:

A single laboratory result can influence multiple healthcare decisions - from patient treatment and infection prevention measures to national surveillance and public health policy.



Which of the following best describes the One Health approach?

Which infectious disease was diagnosed using a 'sniff test' in early medical history?

- A. A strategy focused only on human health
- B. A framework that recognises the connection between human, animal, and environmental health
- C. A laboratory accreditation programme
- D. A disease surveillance software platform

Answer in the next



Auditor:
 "Is this procedure documented?"

Laboratory Officer:
 "I've been doing it that way for years."

Auditor:
 "That's not quite the same thing."

"Preparedness begins with people."

Thank you our readers

Thank you for continuing to amplify the voice of diagnostics with us. LabVoice is your platform to celebrate progress, spark dialogue, and strengthen Africa's diagnostic community.

Stay connected:

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