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## MEETING REPORT

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### **2022 Pacific Public Health Surveillance Network LabNet Meeting**

Novotel Hotel, Nadi, Fiji  
7–9 November 2022

**Co-Hosted  
by:  
Pacific Community (SPC)  
World Health Organization (WHO)**

**Report prepared by the Pacific Community, 2022**



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## Day 1: 7th November 2022

### ITEM 1: OPENING

#### Meeting participants and objectives

1. The 2022 Sub-Regional PPHSN LabNet meeting took place in Nadi, Fiji, at the Novotel Hotel on the 7–9th November 2022. The meeting was opened by the Chair of the PPHSN LabNet technical working group (TWG), Mr. Russell Cole (Laboratory Consultant & Quality Manager Pacific Pathology Training Centre, PPTC, New Zealand), and was attended by the following representatives.

**Core members:** Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Nauru, New Caledonia, Niue, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.

**Guest speakers:** Department of Foreign Affairs and Trade Australia (DFAT), University of Queensland (UQ), U.S. Centers for Disease Control (CDC), and WHO (Western Pacific Regional Office, Manila & Suva office)

**LabNet technical working group members:** New Zealand Institute of Environmental Science & Research (ESR), Fiji National University(FNU), Pacific Community (SPC), Pacific Islands Health Officers' Association (PIHOA), Pacific Pathology Training Centre (PPTC), National Reference Laboratory (NRL) and the World Health Organization (WHO).

**Secretariat:** SPC provided the PPHSN LabNet Secretariat and is the focal point for the PPHSN LabNet Technical working group.

2. **Primary objectives of the meeting:**
  - i. To provide reflections and updates and share lessons learned on Pacific Island Countries laboratory service management with a particular focus on laboratory management during the COVID-19 pandemic.
  - ii. To develop a regional strategy on how to improve laboratory services and manage future pandemics and /or public health emergencies to ensure health security in the region
  - iii. To provide updates on the implementation of other Pacific Public Health Surveillance Network (PPHSN) Labnet Laboratory strengthening activities.
  - iv. To share country-level priorities and opportunities that technical partners can leverage on for a coordinated and collaborative approach to human, animal, and environmental laboratory testing

## OPENING REMARKS

3. The **Chair of the LabNet Technical Working Group (LTWG), Mr Russell Cole** welcomed participants to Fiji and acknowledged the effort that was put in place by the organizers of the PPHSN LabNet meeting to bring the country's representatives together to the 2022 LabNet meeting.

## ITEM 2: KEYNOTE ADDRESS

3. **Dr Tamano Matsui (WHO Surveillance program officer, WPRO )** delivered the keynote address and commended the Pacific Public Health Surveillance Network for the 25 years of coordinating and supporting surveillance of public health priority diseases in the region of which LabNet has become an integral part of. PPHSN should continue to be strengthened to ensure health security in the region.

## ITEM 3: REGIONAL HEALTH ARCHITECTURE

4. The Director of the Public Health Division (PHD), SPC, Dr. Berlin Kafoa, gave a brief update on SPC's role as a principal scientific and technical organization in the Pacific region. SPC is accountable for serving our Blue Pacific region in progressing its four development goals ie.
  - I. All Pacific people benefit from sustainable development
  - II. All Pacific communities and cultures are empowered and resilient
  - III. All Pacific people reach their full potential and live long and healthy lives
  - IV. One SPC delivers integrated programs through streamlined services.

PHD focuses on development goal 3; *All Pacific people to reach their full potential and live long and healthy lives.*

The Pacific Regional architecture of the Health System consists of the Pacific Heads of Health (HOH) as the focal heads for approvals and endorsements of regional health activities and implementation by the Directors of Clinical Service (DCS) & Directors of Public Health (DPH). SPC also recognizes the support provided by the Pacific Heads of Nursing and Midwifery, Pacific Clinical services networks, PPHSN and supporting services and other regional health programs including those that are provided by the private sector.

## ITEM 4: PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK

5. Ms. Amy Simpson (Team Leader, Surveillance Preparedness & Response Program, SPC) discussed the voluntary network of countries and organizations dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the 22 Pacific Island countries and territories. PPHSN was created in 1996 with the objective to improve public health surveillance and response in the Pacific islands in a sustainable way.

After 25 years, the network had expanded further into capacity building for epidemiologists, laboratory staff, and surveillance staff. The **core members** of the PPHSN are the Departments and Ministries of Health of the Pacific Island countries and territories (PICTs) that serve as the **Governing Body** of PPHSN.

The **allied members** of the PPHSN comprise regional training institutions, agencies, laboratories, and other organizations or networks with an interest in public health surveillance in the region, who chose to be a PPHSN member. The allied members and PPHSN Coordinating Body serve the PPHSN, both of which are intended to function in perpetuity in the promotion of public health surveillance and response throughout the region.

The six key network of PPHSN were developed to address the evolving needs of the PICTs in the management and control of infectious diseases in the region:

- I. PacNet – for alert and communication, connecting over 1,200 health professionals to information and resources.
- II. LabNet – for verification and identification, through a three-tiered network of public health laboratories in the region.
- III. EpiNet – for preparedness and response, comprising a multi-disciplinary national outbreak response team that coordinates surveillance and response activities in the field.
- IV. PICNet – for infection prevention and control (IPC), through the development of regional IPC guidelines, training, and technical assistance to PICTs.
- V. Pacific Syndromic Surveillance System (PSSS) – for outbreak detection, which serves as an early warning tool for common outbreak-prone diseases. PSSS is both indicator and event-based surveillance which covers 7 syndromes from over 180 sites in 20 countries across the Pacific.
- VI. Strengthening Health Interventions in the Pacific (SHIP)/Data for decision-making (DDM) – the Pacific version of the Field Epidemiology Training Programme to build capacities in core epidemiological skills.

## ITEM 5: PPHSN /LABNET ARCHITECTURE

6. Dr Eka Buadromo (Team Leader, Laboratory Strengthening Program,SPC) discussed the key objective of PPHSN Laboratory network is to identify and confirm the PPHSN priority infectious diseases through the three-tier regional laboratory referral network.

Core Members of PPHSN LabNet comprises of heads of laboratory services in Pacific Island Countries. LabNet is supported by the LabNet Technical Working Group (TWG) which comprises of Partners (WHO, PPTC, PIHOA , FNU & SPC), representatives of L2 & L3 Reference Laboratories and representatives of member countries

The chair of the PPHSN Laboratory network is nominated by the PICTs. He/She should be a head of PICT Laboratory service. The chair of the PPHSN LabNet also chairs the LabNet TWG meetings. The Chair of LabNet provides activity reports to PPHSN, Pacific Directors of

Clinical Services, Pacific Directors of Public Health and Pacific Heads of Health.

LabNet is undergoing time of change. Covid-19 has highlighted the importance of strengthening clinical laboratory services. LabNet activities will no longer be limited to laboratory testing of PPHSN priority diseases but also include strengthening testing other diseases that become global and regional health priorities.

LabNet will continue to support the cross-cutting Laboratory strengthening activities such as Laboratory Quality Management System (LQMS) / Laboratory Standards Implementation and assessment, International Air Transport Association (IATA) and Shipping of Infectious Substances training (SIST) and shipper's certification.

## ITEM 6: PARTNER UPDATE

7. **Mr Asaeli Raikabakaba (Technical Officer, Essential Medicines & Health Technologies, WHO, Fiji)** mentioned the global and regional guidance as part of the 12<sup>th</sup> PHOH meeting endorsement on building sustainable systems and advancing Universal Health Coverage (UHC), partners are investing in strengthening laboratory systems to enhance quality laboratory services (both clinical & public health laboratories).

WHO has supported LabNet in various activities such as

- i. Compiling PICTs National Lab Framework -plan and policy.
- ii. Capacity Building – HR, training
- iii. Quality program – Infectious Substance Shipping Training (ISST) , assessment, benchmarking, quality assurance and biosafety
- iv. Technical support – maintain and sustain quality laboratory services (WGS & other clinical specimen referral coordination)

21. A summary of the WHO Laboratory assessment in the PICTs with the following findings was presented:

**i. Strengths:**

- Knowledgeable, multi-skilled, and enthusiastic workforce.
- Plan & policy implemented in some countries
- QMS & working towards accreditation ISO15189
- LIMS in place in some countries
- Expansion of molecular-based testing and introduction of new technologies
- Strong partnership with technical agencies and donor partners

**ii. Challenges**

- Plans, policies & guidelines/protocols need to be updated/reviewed
- HR shortage

- Infrastructure upgrade
- Under- utilization of diagnostics/no reagents
- Inventory management
- Equipment management
- OHS-related issues

22. The way forward to have sustainable Laboratory services in the Pacific is to have high level political commitment, proper coordination and management of laboratory support and resources, and strengthen the laboratory network at the national, regional, and global levels. In addition, monitoring and evaluation is important for the implementation of activities.

23. **Dr Vasiti Uliviti (Regional Laboratory Strengthening Coordinator, PIHOA)** elaborated on the objectives of the regional lab strengthening in the U.S Affiliated Pacific islands (USAPI) -**Then & Now** as outlined below:

- i. strengthening and support of public health testing of outbreak-prone disease and bioterrorism agents
- ii. Established USAPI relationships and lab network with Level 2 reference Labs (Guam Public Health, Hawaii State Laboratory, Diagnostic Lab Services, Honolulu, Hawaii , CDC Reference Labs for arboviruses (Puerto Rico, Fort Collins-Colorado, USA).
- iii. Enhance LQMS and further enhance lab preparedness and response to outbreaks /emergent situations
- iv. Strengthened lab management towards accreditation (SLMTA) and further enhancement of diagnostic microbiology capabilities including molecular methods of testing.
- v. Accreditation (ISO/CLIA international /CAP) of at least 1-2 labs in 1-2 years.

24. Dr Vasiti also addressed the following challenges faced by the USAPI Labs :

- i. Shortage of trained and skilled technical lab staff
- ii. Need to develop or revisit USAPI lab preparedness and response plans
- iii. Need to enhance the development and implementation of lab biosafety plans
- iv. No cytology and histology services →No pathologists in most labs

25. **Dr Eka Buadromo (Team Leader, Laboratory Strengthening Program, SPC)** elaborated on the Laboratory Strengthening Activities delivered to countries

- i. LQMS -involves basic LQMS training, Stepwise Laboratory Quality Improvement Towards accreditation (SLIPTA), Quality Managers SLIPTA Audit training
- ii. AMR Surveillance Strengthening
- iii. IATA and Shipping of Infectious Substance Training – Sub-regional Training of trainers (Samoa, Tonga, Cook Island, Tuvalu, Kiribati, Nauru,

- Fiji, Vanuatu, Solomon Islands, Papua New Guinea) and the deliverance of SIST to countries.
- iv. Surveillance Specimen Shipment- SPC has a long-term arrangement with DHL courier service to transport specimens across border. DHL however has some limitation. Countries are encouraged to use the SPC sample referral arrangement with DHL, yet consider other operators in situations whereby DHL can-not provide services such as dry ice shipment.
  - v. Advisory- SPC provides Pacific Laboratory preparedness dialogue, advisories and guidance such as Covid-19 testing SOPs & testing algorithm, the Pacific Outbreak manual, and other Laboratory advisories (e.g Monkeypox specimen referral and Covid-19 Death Certification).
  - vi. Telepathology/histopathology reporting whereby Pacific Island pathologists share and discuss surgical pathology cases virtually and also face to face collegial case discussion whenever a pathologist gets into another country.
  - vii. Covid-19 testing support – SPC worked with development partners to support the establishment of RTPCR testing facilities in Cook Island, Kiribati, Vanuatu & Fiji -Labasa Hospital. Genexpert equipment were supplied to 18 countries at the beginning of COVID-19 pandemic and rapid antigen tests (RAT) to countries (Tonga, Samoa, Tuvalu, Solomon Islands, Nauru, Cook Island, Kiribati, Tokelau, Wallis & Futuna
  - viii. Emergency/Pandemic Deployment: Deployment of laboratory staff from SPC team to assist countries when there is significant surge in laboratory testing demands during outbreaks/pandemic.

26. **Dr Patrick Reading (Senior Virologist, WHO Collaborating Centre for Influenza, VIDRL)** described the 2 key organizations relevant to the PICs (Victorian Infectious Diseases Reference Laboratory (VIDRL) and Microbiological Diagnostic Unit (MDU)) which both hold state, national and international designations.

27. Dr Reading further described the roles of the key organizations:

- **VIDRL -Facilities at the Peter Doherty Institute for Infection and Immunity**
  - i. Outbreak investigations, surveillance, epidemiology, new technologies, training and applied research
  - ii. Reference collections, proficiency testing, and technical advice
  - iii. Building laboratory capability in the Indo-Pacific region
  - iv. WHO Collaborating Centres for influenza, viral hepatitis and *Mycobacterium* testing.
- **Microbiological Diagnostic Unit Public Health Laboratory:** MDU PHL is a leading Australian public health laboratory providing microbiology



services in emerging technologies including pathogen genomics for surveillance, outbreak response and global capacity building and training in various areas of testing and surveillance. Its key focus areas include:

- i. Invasive and vaccine-preventable diseases
- ii. Pathogen genomics
- iii. Bioinformatics and genomic epidemiology
- iv. Biothreat agents
- v. Outbreak response
- vi. Antimicrobial resistance
- vii. Surveillance and outbreak investigation
- viii. Food and waterborne diseases
- ix. Infection control
- x. Sexually transmitted infections

28. VIDRL and MDU are recognised as **WHO Collaborating Centres for Research & Reference on Influenza, Measles & Rubella Reference Lab, Regional Reference laboratory Enterovirus (Poliovirus) & VIDRL Virus Identification Laboratory**). The Two centres provide PCR & confirmatory testing, whole genome sequencing, and virus isolation on samples received from the PICTs that are eventually characterised for candidate vaccines.
29. Emphasis on **Doherty Institute – laboratory strengthening in the Pacific during the COVID-19 pandemic**
  - i. Implementation of molecular diagnostics (GeneXpert, RT-PCR)- Supporting infrastructure advice, procurement, training, and eventually the implementation of RTPCR testing in Tonga, Cook Islands, Kiribati, Solomon Islands and Vanuatu
  - ii. Validation of diagnostic tests
  - iii. Biosafety and quality advise
  - iv. Training and capacity building
  - v. Whole genome sequencing reference services
30. Doherty Institute will continue the ongoing support to the PICTs with VIDRL and MDU delivering their services, support through disease-specific programs, and providing general laboratory advice and support.
31. **Ms Shalini Singh (Lab manager, Fiji Centre for Disease Control)** elaborated on the core function of the National Public Health laboratory (NPHL is to support laboratory diagnosis and surveillance for Pacific Public Health Network (PPHSN) outbreak prone diseases such as Dengue Virus, Leptospirosis, Measles, Rubella, Chikungunya, Zika, Rotavirus, Influenza, Invasive Vaccine Preventable Disease and SARS-CoV-2 testing (March,2020) and very recently MPX, VZV, Enterovirus

32. Further laboratory developments were described such as the expansion of the Fiji CDC NPHL in Nadi which was supported by WHO and the ability to carry out RT-PCR Covid-19 and Influenza testing, recruitment of additional staff through partners and acquiring of additional equipment /supplies during Covid-19 pandemic. Fiji CDC NPHL is also building its WGS capability in partnership with WHO and the Doherty Institute.
33. **Ms. Angela Brounts (Health Science manager, ESR, New Zealand)** described the roles of ESR on Surveillance of :
- i. Disease monitoring- Population monitoring based on disease notifications, testing and surveys, combined with additional health indicators to monitor trends and inform risks and effectiveness of interventions.
  - ii. Environment- Environmental health indicators including water quality, climate change indicators, human health indicators in the environment eg. anti-microbial resistance
  - iii. WGS- Identification, treatment and tracking of pathogens and variants that affect the health of people, animals and the environment.
  - iv. Wastewater-based Epidemiology- Broad population-based monitoring tool ideally suited to early detection and frequent monitoring of the presence of either drugs or infectious diseases in a population.
  - v. Web & Social Data Mining - Mining web and social data sources for early indication of outbreaks and disease
34. Ms Angela Brounts confirmed ESR's ongoing support and readiness to assist PICTs in areas such as:
- i. WGS for
    - Outbreak investigations
    - Antimicrobial resistance genetics
    - COVID variants testing
  - ii. Emerging Disease Response – Zika, SARS-CoV-2, Monkeypox
  - iii. Laboratory training on Leptospira, Legionella, PCR & WGS
  - iv. Data Sharing
35. **Dr. Myrielle Dupont (Institute Pasteur of New Caledonia)** defined the major roles of the laboratory in delivering:
- i. applied research on leptospirosis, antimicrobial resistance, arbovirus, vector borne diseases, bioactivities of natural substance
  - ii. continuing education and training
  - iii. Regional networks
  - iv. Public health response as a level 2 PPHSN Lab to respond to international health regulation (IHR) issues, outbreak investigations and provide regional leptospira, arboviral and entomology support in collaboration with partners

36. Dr Dupont further elaborated on IPNCs support for leptospirosis One health approach training to strengthen the skills of scientists and biologists in the human and animal sectors. This training will encompass qPCR implementation including serotyping and microscopic agglutination test (MAT) serology . Furthermore, support is also provided for arbovirus confirmation and capacity building of Vanuatu Lab officers to be undertaken at IPNC in 1<sup>st</sup> semester of 2023.
37. IPNC with partners continues to provide support to PPHSN Labnet as reference lab for referral of samples for PPHSN priority vector-borne diseases.
38. **Mr. Sebastian Bardury (Medical Biologist, Institut Louis Marlade, French Polynesia)** presented on the current Level 2 laboratory supporting multiple research labs on natural substance, hygiene /environment /water testing, marine biotoxins, cytopathology Lab, entomology, virology and Diagnostic Medical Lab
39. The geographical location of ILM and limited access by air affects shipment of referred specimens, it is therefore more cost-effective to send dried blood spot (DBS) samples for arboviral & Leptospira testing to allow ILM's active participation in Lab based surveillance of the PPHSN priority diseases.  
ILM will in future strengthen its WGS surveillance to support PPHSN and to work toward Lab accreditation.
40. New equipment were introduced to the Diagnostic Lab during the Covid-19 pandemic and ILM has a dedicated team of lab technicians and biologists catering for COVID-19 testing.

**Discussions :**

41. The participants noted the following :
  - a) Validation of SARS-CoV-2 using Genexpert test in the PICTs was conducted through collaboration between VIDRL/Doherty institute and SPC in the earlier phase of Covid-19 pandemic.
  - b) ISO accreditation is an expensive activity, however with basic LQMS Pacific Island labs may continue with SLIPTA standard assessment and only target ISO/international accreditation of certain prioritized surveillance tests.

## **ITEM 7: COUNTRY UPDATES & MAJOR LESSONS LEARNT FROM COVID-19 PANDEMIC**

42. Dr. Virisila Ciri, Mr Tebuka Toatu and Dr Rogiemar Macalinao moderated this session which included 13 presentations from.

**Countries:** Fiji, Papua New Guinea, Vanuatu, Solomon Islands, Cook Island, Samoa, Tonga Niue, Tuvalu, Nauru, Kiribati, Guam Public Health Lab, Private Lab (Zens Medical Lab)

43. Summarised below are the common challenges that Pacific Island countries lab services faced during COVID-pandemic, lessons learnt and suggested ways forward:
  - a. **Challenges:**
    - Staff shortages

- Lack of Lab information system and the burden posed by manual system
  - Stockouts of laboratory supplies inclusive of personal protective equipment.
  - Cessation of other laboratory tests and related laboratory training
  - Lack of laboratory preparedness for outbreak and mental stress
  - Limited testing capacity and inadequate laboratory space
  - Blood shortage in clinical labs due cessation of blood drives.
  - Border closure that affects specimen referral and courier services reluctance to accept COVID-19 specimens.
- b. Lessons Learnt:**
- Preparedness and response planning are crucial
  - The need for innovativeness
  - Introduction of new technology and work processes during outbreaks and pandemic
  - Multi-skilling of staff is a necessity in small PIC laboratory with limited manpower
  - Importance of communication and information sharing within the labs, between countries and with supporting partners.
  - Monitoring tool software used on daily basis can provide real-time status of testing and stock counts.
- c. Way Forward**
- Review of Countries National Laboratory Policies with inclusion of new processes that are required to support surge capacities during pandemic and large outbreaks
  - Maximise the use of RT-PCR testing facilities by introduction of molecular tests for other infectious diseases.
  - Develop and share a regional database of qualified laboratory personnel in the Pacific that can be recruited to work in PICs in times of emergency needs
  - All labs in the Pacific to have a robust Lab Information System that will reduce manual data entering.
  - Strengthen Laboratory Quality Management System and develop a Standard for Pacific Island countries health laboratories. Standardize Clinical and Public health Labs
  - Development partners support to public and private laboratories during the pandemic are vital and should continue into the future.

**Discussions :**

44. The Participants noted the following :

- a) Continuous support from partners to country needs
- b) Sustaining RT-PCR testing by countries to include cancer markers.
- c) WGS is not encouraged in countries that just implement RT-PCR testing for less than 10 years
- d) Acknowledgement of Cepheid for assisting the countries via zoom to rectify problems with the Genexpert machine
- e) Private Laboratories provide assistance to countries during COVID-19 and other health surveillance therefore they are to be included in the regional laboratory strengthening program and capacity building.

## Day 2: 8th November 2022

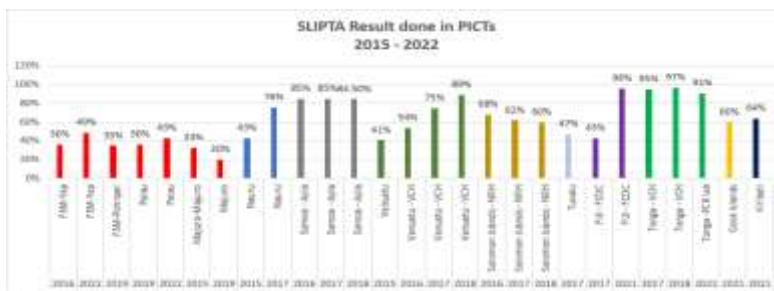
### ITEM 8: LABNET ACTIVITIES -LABORATORY IMPROVEMENT

45. Mr. Russell Cole presented on the 2021 PPTC External Quality Assurance Programme and performance is summarised in the table below:

**Table 1 : Summary of EQA**

Program 2021	Average %Score	Average % Participation	Best performance	Lowest Performance
Anatomical Pathology	79%	75%	Samoa	LBJ ( American Samoa)
Biochemistry	87%	76%	Tabubil,( PNG)	Health Plus (Fiji)
Blood Bank	87%	68%	LBJ, American Samoa	Tabubil,( PNG)
Haematology	56%	63%	Lautoka (Fiji)	Wallis & Futuna
Microbiology	81%	78%	Tabubil,( PNG)	Kilu'ufi Hospital (SI)
Molecular COVID-19	100%	77%	Majority got 100%	VCH (Vanuatu)
Serology	95%	82%	Vanuatu & Health Masters Pathology (Fiji)	Prince Ngu Hospital (Tonga)

46. Dr.Eka Buadromo presented on the LQMS Strengthening and PICTs Laboratory standard. The Asia Pacific Strategy for Emerging Diseases (APSED) provided a common framework for action in the Asia Pacific region for strengthening the core capacities required under the IHR. The countries are to ensure fundamental laboratory functions are in place to carry their roles to diagnose and report priority diseases, data usage for surveillance and risk assessment, the applicability of new diagnostic technologies, EQA participation, and having a laboratory network system that support timely testing of PPHSN priority diseases.
47. Dr Buadromo elaborated on the results of the SLIPTA/ISO standard assessment conducted for PICTs by PPTC, PIHOA and SPC.



The SLIPTA assessment reports were discussed with countries' Ministries of Health and presented in the regional meetings (DCS and PPHSN).

48. Dr Vasiti Uliviti presented on the activities undertaken to Improve quality of lab services in the USAPI through the LQMS and Strengthening Laboratory Management Towards

**Accreditation (SLMTA) initiatives.** USAPI has 131 lab staff, 4 CLIA-regulated labs, and working on the 7 Non-regulated to become regulated. SLMTA is a training and mentoring program developed to achieve immediate, measurable improvement in laboratories in resource-limited settings and an approach to help labs progress towards accreditation by national or international standards.

49. The SLMTA tool is to assist USAPI Labs towards ISO accreditation through training and continuous SLIPTA assessment, monitoring, and re-audits. SLMTA has 3 modules (Improvement management, Resource management, and Process management) and each module takes 3 months to complete. Site visits are compulsory at the end of each module and take about 18 months to completely implement SLMPTA in the USAPI Labs. The endorsement by the jurisdictional health leadership is paramount as it confirms the commitment of the administration to the SLMTA initiative.

**Mr. Tebuka Toatu (PPHSN LabNet Coordinator, Laboratory Strengthening Program, SPC) presented on Antimicrobial Resistance (AMR) and Microbiology Strengthening.**

50. Mr. Toatu emphasized that AMR is a critical global threat and has an impact on low-income and middle-income countries due to increased infections, minimum laboratory surveillance infrastructure and fewer regulations governing antimicrobial use among humans and animals
51. To strengthen AMR surveillance in the PICTs, Laboratory scientists should follow and adhere to all quality-assured clinical microbiology procedures from the sampling, preparation of culture media and biochemicals to testing and identification of pathogens and reporting of results. Quality testing process is paramount in AMR surveillance and control.
52. Commitment and support for capacity building and provision of equipment and consumables from Hospital Administration in PICTs is crucial for combating AMR in the region.
53. Laboratories to have a dedicated and easy-to-use antibiogram database.
54. Collaboration with National Drug Therapeutic Committee and IPC Committee is recommended to achieve excellent monitoring of MROs in PICTs
55. Research on AMR in PICTs should be encouraged and supported by countries in the region and international partners.
56. **Ms. Talica Cabemaiwai (M&E Lab officer, Laboratory Strengthening Program, SPC)** gave an overview of **Specimen referral and Shipping of Infectious Substances Training (SIST)** in the

subregion. SPC with the support of partners had facilitated training in 10 countries in the Southern subregion and certified laboratory staff to send samples that are considered infectious (Category A and Category B) and other related hazardous materials via air in accordance with the IATA Dangerous goods regulations

57. Currently, there are 84 certified shippers in the sub-region and recertification of these shippers has to take place in 2023 and 2024. Furthermore, regional training of Trainers for will take place in 2023 and the certified trainers are required to deliver trainings in countries.

58. **Mr. Asaeli Raikabakaba presented on the Joint Incidence Management Team (JIMT) laboratory Working Group** which was formed in 2020 in collaboration with partners to support PICTs with guidance on COVID-19 laboratory testing and other work related to laboratory service.

59. JIMT provided oversight, coordination, technical advice and guidance to PICs on:

- i. the management of COVID-19 testing
- ii. the integration of SARS-CoV-2 into the national testing and surveillance systems
- iii. the continuation of diagnostic response strengthening to emerging diseases and public health threats, by ensuring accessibility and availability of appropriate, timely, adequate, and quality diagnostic testing to maintain a targeted public health response.
- iv. It is also a focal point for co-ordination on laboratory-related assistance, in conjunction with the logistics and partner pillars of the JIMT.

60. Identified challenges that JIMT had gone through were :

- i. Laboratory systems in PICs were not ready for public health emergency response (limited HR, infrastructure, capacity, supplies, funding)
- ii. The geography of the Pacific challenges specimen referral and supply distribution
- iii. Consumption and testing data is limited affecting decision making
- iv. Multistakeholder approach was appropriate to increase the laboratory response, however, coordination could be improved
- v. Regulatory approval/support for new technologies

61. Mr Asaeli Raikabakaba concluded that the way forward is for JIMT to strengthen key laboratory functions in PICTs to sustain quality services through support of partners.

62. **Ms Kat Knope (Senior Health Advisor and Program Manager, DFAT, Indo-Pacific Centre for Health Security)** delivered an update on DFAT Regional Programs for Laboratory Strengthening. Ms Kat Knope emphasized on the focus area of the Indo-Pacific Centre for Health Security 2017-2022 ie. the Southeast Asia and the Pacific region and elaborated that the laboratory strengthening support is multi-faceted and multi-sectorial through strengthening of One Health approach.
63. Laboratory strengthening will remain a priority for the Indo-Pacific Centre for Health Security in the next phase. Funds have been secured for a five-year regional initiative on public health and health security commenced in 2022 to 2027 which will focus on the key achievements and lessons learned from the first phase of the initiative to invest in interventions that have worked well or show promising results, demonstrate value for money and address critical gaps in regional health security identified during the COVID-19 pandemic.

**Discussions :**

64. The Participants noted the following :
- a. DFAT is able to arrange for a demonstration of interphase of SENAITE (Lab information system) system with other available systems eg. Patients' information system, & radiology in countries that are interested as it was done in Samoa.
  - b. Countries discussed their priority areas ie. staff recruitment, lab information system, equipment and consumables procurement that most countries need to improve quality of laboratory service.

**ITEM 9: TESTING OF PPHSN PRIORITY DISEASES**

Dr. Rodger Maraka moderated this session which included five presentations.

65. **Ms. Amber Gibson (Health Scientist for the Centers for Disease Control & Prevention, IRR & Dr. Raydel Anderson, Microbiologist & IRR Focal Point for Measles & Rubella) had a joint presentation on CDC International Reagent Resource service;** reagent distribution program since 2008. IRR manufactures, distributes and performs quality control (QC), for influenza molecular testing reagents together with some other viral and bacterial pathogens. IRR supported the 2009 H1N1, 2015 Zika and 2020 COVID-19 emergency responses with their supply and quality system.
66. 18 PIC laboratories have been registered with IRR, 4 of which requested access within the last 2 months. Reagent request and access is done online through an established account and the quantity of supply is tailored to each lab, based on their role in infectious disease surveillance and/or their research relationship with CDC.
67. Dr Raydel Anderson elaborated that all reagent types are not available to all laboratories. Laboratories are given access through specific programs eg. supplies of measles/rubella reagents



to countries is based on the needs that are discussed and confirmed with WHO Regional Lab Coordinator (Dr. Roger Evans).

68. **Dr Roger Evans (Regional Laboratory Coordinator for Measles/ Rubella, WHO Western Pacific Regional Officer, Manila presented on Measles testing in the PICTs** with 5 WHO-accredited measles and rubella testing Laboratories within the Pacific Island region (Fiji, New Caledonia, French Polynesia, PNG and Guam )
69. Dr Roger stressed the need to have integrated surveillance system in which epidemiological surveillance, laboratory results, and data management system are integrated to provide quality information important in eliminating vaccine-preventable diseases (VPD). It is vital to have effective communication between all parties and the need to ensure the system is sustainable.
70. Dr Roger Evans recommended that the hub and spoke model consisting of sentinel sites and reference laboratories testing mechanism is the forward for vaccine-preventable disease diagnostics expansion in PICTs.
71. **Ms Talica Cabemaiwai (SPC) presented on the RT-PCR testing of PPHSN priority diseases and RT-PCR monitoring tool** with an emphasis on the objectives of having a monitoring tool to capture key performance indicators of Covid-19 testing and to provide a quick snapshot of available resources in the countries.
72. SPC supports in countries (Cook Island, Kiribati, Vanuatu, Solomon Islands, and possibly Fiji Labasa hospital) with primers and probes for infectious disease testing e.g. Leptospira, Dengue and hopefully WHO will assist in supplying GeneXpert multiplex cartridges for SARs-CoV-2, Influenza, and Respiratory Syncytial Virus (RSV).
73. **Dr. Genandrialine L. Peralta (Acting Team Coordinator ,Pacific Climate Change and Environment, Fiji)** presented on Issues with **Laboratory Waste and Waste Management** and indicates that **“overall safety is the concern of any clinical, research or school laboratory .”**
74. Dr Peralta elaborated that waste generated from laboratories should be controlled and managed by local authorities, however, laboratories have the responsibility to train staff, and other workers on proper waste segregation. She further discussed on storage of segregated hazardous waste in sealed labeled compatible containers. Laboratories should avoid accumulating more than 55 gallons or one quart of hazardous waste.
75. **Dr. Tamano Matsui Program Area Manager (Health Emergency Information and Risk Assessment, WHO)** gave a brief presentation on Emerging Molecular Pathogen Characterization Technologies(EMPaCT) Seven Step approach and described that genomic surveillance enables countries to **detect and characterize SARS-CoV-2 variants of concern and interest (VOC/VOI)** to guide the implementation of **public health and social measures**.

**Discussions :**

**The participants noted that :**

76. The Pacific laboratory service is seeing the paradigm shift in technology towards molecular testing. Laboratory staff, epidemiologist/surveillance staff and clinicians should utilize molecular

test results to optimize surveillance activities and ensure that the integrated surveillance of infectious diseases is effective and sustainable.

## ITEM 10: ONE HEALTH

Dr. Eka Buadromo moderated this session which included 5 presentations.

77. **Dr Simon Reid (Associate Professor of Global Disease Control, School of Public Health, University of Queensland) described** “One Health is a process to improve communication and collaboration between stakeholders dealing with issues at the human-animal-environment interface to achieve better integration of policies and activities”
78. Dr Reid elaborated on the Asia Pacific Strategy for Emerging Diseases (APSED) framework that states the need for coordination and networking of laboratories among sectors with public health roles ie. animal health, environmental, public health, food and water laboratories. The sectors are required to strengthen coordination and information sharing mechanism.
79. **Dr Roman Thibeaux (IPNC) presented on leptospirosis** : A One Health flagship disease which connects animals, humans and the environment. Leptospirosis is a bacterial disease of world significance with high burden of infection found in the Oceania region. There are eight pathogenic strains of *Leptospira* that are involved in animal and human. These strains /serovars are identified using Microagglutination test (MAT).
80. More than 90% of the infected human cases acquire the disease through environmental exposure, and this implies that the bacteria do persist in the environment. IPNC has future research on “understanding the environmental persistence of pathogenic *Leptospira* which will look into the role of soil as a birthplace of the genus *Leptospira*. Laboratory capacity building and One Health approach to testing and surveillance is key to better understanding and combating Leptospirosis.
81. IPNC has been providing capacity building to Laboratory staff in Fiji and Vanuatu to implement serological diagnosis of leptospirosis using MAT
82. **Dr Patrick Reading (VIDRL) presented on One Health -general issues and COMBAT AMR in the Pacific** and elaborated on the limitations such as:
  - i. lack of data due to limited research, microbiological testing and surveillance.
  - ii. poor quality of available data;
  - iii. inadequate access to resources
83. COMBAT-AMR program is funded by the DFAT Centre for Health Security to support training, mentorship, and capacity building of clinicians, pharmacists, scientists, veterinarians, and policymakers to improve surveillance and prevention, combating the threat of AMR.
84. **Mr Tebuka Toatu gave a brief presentation on Vanuatu One Health Approach** that included integration of animal and human health staff in a hospital microbiology training in Vila in July 2022. The animal health scientists were able to observe and conducted simple microbiology testing procedures, learnt the safety processes, infection prevention and control and laboratory waste management.

85. Mr Tebuka Toatu concluded that Animal health needs support in the development of the microbiology laboratory capabilities. Combining animal and human health testing under one roof will be difficult as the health and safety requirements of human and animal pathogens differ and minimizing cross contamination will be a challenge.
86. **Ms Kat Knope (DFAT) presented on Pacific Diagnostic Laboratory Network One Health Analysis** and stressed the fact that Covid-19 pandemic has highlighted the need to strengthen public health laboratory capacity and the value of regional networks that were established through PPHSN LabNet for; strengthening of quality testing and sharing of laboratory capabilities.
87. The analysis listed various existing Pacific Public Health & Diagnostic laboratory networks:
- i. LabNet (public health labs expanding to clinical) with SPC Focal point
  - ii. Pacific Islands Society for Pathology (PISP)
  - iii. WHO Vaccine Preventable Diseases Networks WPRO;
  - iv. Global Influenza Surveillance and Response System (GISRS);
  - v. WHO JIMT Lab Cell (2020 -2022);
  - vi. WHO Western Pacific Region Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network and the operational arm Asia-Pacific Genomics Network (APGN)
  - vii. Improving the Quality of Bacteriology Diagnostics for AMR (EQ Asia) (SE Asia Region and PNG).
88. The findings of this analysis also include a list of Challenges and threats :
- i. shortage of Pathologists and Scientists in the region,
  - ii. limited accessibility to recognised/formal training by some countries,
  - iii. lack of standardization of technology affecting test results,
  - iv. some of the laboratory programs are operating in silos as vertical programs

**Discussion :**

**89. The participants noted that:**

- i. New Zealand had a good example of effective One Health concept in which animal health labs assisted human health labs in performing human Covid-19 testing during the pandemic and vice versa during Mycoplasma bovis. Such collaboration improves laboratory testing capacity of laboratories.
- ii. SPC Public Health Division has recruited a veterinarian with public health background and has done research on leptospirosis, and a One Health officer to be recruited by SPC in 2023 to work at the land resource division. The two officers will spearhead collaboration between animal and human health and implement One Health approach in PICTs.

## Day 3: 9th November 2022

### ITEM 11: PANEL DISCUSSIONS (Strengthening Laboratory workforce)

91. **Dr Eka Buadromo moderated panel discussion** on the challenges facing laboratory workforce in the Region with the following panel members :

Ms Taina Naivalu (FNU), Dr Vasiti Uluiviti (PIHOA) , Dr Roger Maraka (Solomon Island), Dr. Litia Tudravu (Fiji), Mr. Tebuka Toatu (SPC), Ms. Hinuari Leaupepe (Samoa), Ms. Bineta Ruaia (Kiribati).

92. The panellists discussed the common workforce challenges that PICTs faced during Covid-19 pandemic and recommendations moving forward as follows:
- i. shortage of well-trained Laboratory staff and limitation to overseas staff recruitment due to countries border closure and travel restrictions.
  - ii. New laboratories eg. BSL 3 Guam Public Health lab will require qualified well trained Laboratory staff with specialized skills.
  - iii. The need for countries to prioritize capacity building and multiskilling of laboratory staff.
  - iv. Laboratory staff recruitment process needs countries Ministries of Health commitments
  - v. A strong submission to regional health leaders for strengthening of Laboratory workforce.
  - vi. Continuous Laboratory education (CME/CLE) to be strengthened in countries.
  - vii. Labnet secretariate to work with countries and training institutes and accumulate a regional spreadsheet/register of qualified laboratory technicians and scientists who may not be employed and can be recruited to join countries workforce whenever there is a surge in demand.
  - viii. Fiji National University is having ongoing discussions with partners to introduce short courses on laboratory science that will hopefully build capacity in specialised areas such as microbiology and molecular biology.

### ITEM 12 PACIFIC ISLAND SOCIETY FOR PATHOLOGY

93. . **Dr Silina Motufaga (Team Leader, Clinical Service Program, PHD, SPC)** gave a brief presentation on the Pacific Clinical organisations (PCOs) roles to assist PICTS with continuing professional development and exploring the possibility of a regional registration mechanism for clinical specialists. The Pacific Island Society for Pathology (PISP) comes under this umbrella and membership includes all laboratory scientists, technicians, laboratory medical officers and pathologists in the region.

94. Dr Motufaga further clarified that the established networks could be used as another pathway to strengthen capacities in all clinical areas in the Pacific. There is the need for these established networks to be fully registered in a Pacific Island country with endorsed constitutions and membership in-order to attract funding support.

## ITEM 13: ELECTION OF LABNET CHAIRPERSON

95. **Fiji/Dr Litia Tudravu** was elected as the Melanesian countries representative and nominated to be the chair of the PPHSN LabNet for the coming two years (2022-2024)  
**Federated States of Micronesia/Ms Maria Marfel** was elected as the representative of the Micronesian countries and  
**Samoa/Hinauri Laupepe** representing the Polynesian group of countries.
96. Labnet chair will be rotated between the Melanesia, Micronesia and Polynesia representatives and the next chair to take up the role in 2024.
97. SPC continues to provide secretariate support to the PPHSN Labnet.

## ITEM 14: 2022 PPHSN LABNET MEETING RECOMMENDATIONS

98. At the conclusion of 2022 PPHSN Labnet Meeting core members/country representatives and partners recommended the following:
  - i. **National Laboratory Policy:** National laboratory Policies and Plan for PICTs to be reviewed. The document was compiled by WHO and has been in the countries for more than 10 years. WHO is again requested to facilitate review of this document.
  - ii. **Sustaining PICTs RTPCR testing:** PICTS RTPCR testing facilities to be sustained and used for testing of PPHSN priority diseases and other diseases requiring molecular testing. This will ensure RTPCR molecular testing is available and ready for use in the event that countries encounter novel diseases/pathogens that will only be diagnosable using RT-PCR. Having RTPCR testing platforms is key to health security in the Pacific region.
  - iii. **Laboratory Workforce:** Countries to strengthen laboratory workforce capacity building and LabNet Secretariat (SPC) to keep a database of potential technologists and scientists for recruitment during the surge in demands (eg. pandemic)
  - iv. **Inclusion of private laboratories:** Private laboratories testing have also contributed to public health surveillance therefore they should be included in the PPHSN LabNet laboratory strengthening program.
  - v. **Laboratory Information system:** There is an urgent need for a robust Lab information system in all countries in the Pacific. Partners are urged to provide support/advice and work with countries to develop laboratory information system that will alleviate the manual laboratory processes workload.

- vi. **One Health:** Countries human health laboratory leaders are urged to develop partnership with animal and environmental health laboratories and open to assist in developing laboratory capabilities in these two areas.
- vii. **Laboratory Quality Management System:** LQMS strengthening and quality assessment to continue and countries are urged to use SLIPTA/LQMS audit findings as a tool to improve lab services and capacity building.
- viii. **Labnet Specimen Referrals:** Partners to work with PICTs to establish the most appropriate courier service and mechanisms to transfer infectious substances to reference laboratories.
- ix. **Blood donations:** PICT Laboratories to share information on ways to support voluntary blood donations
- x. **Pacific Island Society for Pathology** to be strengthened. SPC will continue to serve as secretariat for PISP and countries are encouraged to use SPC support to disseminate information, communicate, capacity building and assist other laboratories who may need advisories through PISP and LabNet.

#### **PLENARY CLOSING**

1. Dr Tamano Matsui & Dr Nuha Mahmoud thanked SPC for giving WHO the opportunity to attend meeting and working together with partners
2. Dr Patrick Reading confirmed Doherty Institute/VIDRL's continuous support to the PPHSN Labnet
3. Dr Berlin Kafoa acknowledged the support given by development partners and the hard work conducted by the PICTs laboratory staff to support countries during Covid-19 pandemic.
4. Next face to face Labnet meeting to be conducted in in 2 years, 2024.

#### **END OF LABNET MEETING**

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**ANNEX 2 : PPHSN LABNET MEETING PROGRAM -7<sup>TH</sup> TO 9<sup>TH</sup> November, Novotel Hotel, Nadi, Fiji.**

Day 1- 7 <sup>th</sup> November 2022		Moderator	Speakers	Rapporteur
8:00am-8:30am	Registration	Mr. Russell Cole- Chair LabNet TWG		Dr. Eka Buadromo
8:30am-8:40am	Welcome Devotion			
8:40am-9:00am	Keynote address		Dr. Tamano-WHO	
9:00am-9:15am	Remarks from the LabNet Secretariat/SPC (Regional Health Architecture and Director's remark)		Dr. Berlin Kafoa - Director PHD	
9:15am -9:30am	Pacific Public Health Surveillance Network		Ms. Amy Simpson	
9:30am-9:45am	PPHSN/LabNet architecture		Dr. Eka Buadromo	
9:45am – 10: 00am	Remarks from LabNet Technical Working group		Mr. Russell Cole	
<b>10:00am-10:30am</b>	<b>Tea break and official photos</b>			
<b>Session 1</b>	<b>Partner update (Contribution to LabNet, past, present and into the future)</b>	<b>Dr. Seventeen Toumoua</b>		<b>Dr. Litia Tudravu</b>
10:30am–10:45am	WHO		Mr. Asaeli Raikabakaba	
10:45am-11:00am	PIHOA/GPH		<b>Dr. Vasiti Uluviti - Virtual</b>	
11:00am-11:15am	PPTC		Mr. Russell Cole	
11:15am-11:30am	SPC		Dr. Eka Buadromo	
11:30am-11:45pm	VIDRL		Dr. Patrick Reading	
11:45am-12:00pm	FCDC		Ms. Shalini Singh	

12:00pm-12:15pm	ESR		<b>Ms. Angela Brounts -Virtual</b>	
<b>12:15pm -12:30pm</b>	<b>Q&amp;A session</b>			
<b>12:30pm-1:30pm</b>	<b>LUNCH break</b>			
1:30pm-1:45pm	IPNC		<b>Dr. Myrielle Dupont-Virtual</b>	
1:45pm-2:00pm	ILM		Mr. Sebastian Bardury	
<b>2:00pm-2:15pm</b>	<b>Q&amp;A session</b>			
<b>Session 2</b>	<b>Country updates and major lessons learnt from COVID-19 Pandemic</b>	<b>Dr Virisila Ciri</b>		<b>Mr. Tebuka Toatu</b>
2:15pm-2:30pm	Fiji CDC &Clinical Labs		Ms. Shalini Singh Mr. Ravendra Prasad	
2:30pm-2:45pm	PNG		Ms. Janlyn Kumbu	
2:45pm-3:00pm	Vanuatu		<b>Mr. George Pakoa Dr. Crystal Garae - Virtual</b>	
3:00pm-3:15pm	Solomon		Mr. Alfred Dofai	
<b>3:15pm-3:30pm</b>	<b>Q&amp;A session</b>			
<b>3:30pm- 4:00pm</b>	<b>Afternoon tea break</b>	<b>Tebuka Toatu</b>		<b>Ms. Talica Cabemaiwai</b>
4:00pm-4:15pm	Cook Island		Mr. Douglas Tou	
4:15pm -4:30pm	Samoa		Ms. Hinauri Laupepe	
4:30pm-4:45pm	Tonga		Ms. Mele Moungaevalu	
<b>4:45pm-5:00pm</b>	<b>Q&amp;A session</b>			
5.00pm	<b>END of DAY 1</b>			
<b>Day 2- 8<sup>th</sup> November 2022</b>				
<b>8:00am- 8:10am</b>	<b>Welcome and devotion</b>			
8:10am - 8:30am	Recap of Day 1	Samoa, Solomon Island, Tuvalu & Rapporteurs		
	<b>COUNTRY UPDATE CONTINUED</b>	<b>Dr. Rogiemar Macalinao</b>		<b>Dr. Virisila Ciri</b>
8:30am- 8:45am	Niue		<b>Ms. Andy Manu-Virtual</b>	

8:45am - 9:00am	Tuvalu		Ms. Pesa Latasi	
9:00am-9:15am	Nauru		Ms. Shanyko Benjamin	
9:15am-9:30am	Kiribati		Ms. Bineta Ruaia	
9:30am-9:45am	Guam Public Health Lab		<a href="#">Ms. Anne Marie-Virtual</a>	
9:45am - 10:00am	Private Lab		Mr. Simone Turaganiwai	
<b>10:00am – 10:15 am</b>	<b>Q&amp;A session</b>			
<b>10:15am -10.45am</b>	<b>Morning Tea break</b>			
<b>Session 3</b>	<b>LabNet Activities-Laboratory Improvement</b>	<b>Dr Litia Tudravu</b>		<b>Dr Patrick Reading</b>
10:45am – 11:00am	Laboratory External Quality Assessment		PPTC	
11:00am-11:15am	Laboratory quality management Implementation and SLIPTA Assessment		Dr. Eka Buadromo	
11:15am – 11:30am	LQMS and SLMTA		<a href="#">Dr. Vasiti Uluiviti - Virtual</a>	
11:30am – 11:45am	AMR and microbiology strengthening		Mr. Tebuka Toatu	
11.45am – 12:00pm	Specimen referral & SIST.		Ms. Talica Cabemaiwai	
12:00pm -12:15pm	Pacific Pandemic Response/JIMT		Mr. Asaeli Raikabakaba	
12:15pm-12:30pm	DFAT support to LabNet /Indo Pacific Health Security		<a href="#">Ms. Kat Knope-Virtual</a>	
<b>12:30 pm – 12:45pm</b>	<b>Q&amp;A</b>			
<b>12:45pm -1:45pm</b>	<b>LUNCH</b>			
<b>Session 4</b>	<b>TESTING OF PPHSN PRIORITY DISEASES Sustaining PICT Molecular testing Platform for PPHSN Priority diseases</b>	<b>Dr. Rodger Maraka</b>		<b>Dr. Darwin Operario</b>
1:45 pm – 2:00 pm	International Reagent Resource		<a href="#">Dr. Raydel Mr. Gibson- Virtual</a>	
2:00 pm – 2:15 pm	Measles testing in the Pacific Island Countries.		<a href="#">Dr. Evan Roger-Virtual</a>	
2.15 pm -2.30 pm	RTPCR testing of PPHSN priority diseases and RTPCR monitoring tool		Ms. Talica Cabemaiwai	
2:30 pm- 2:45 pm	Issues with Laboratory Waste			

	and Waste Management		Dr. Genandrialine Peralta	
2:45 pm- 3:00 pm	Q&A			
3.00 pm-3.30 pm	Afternoon tea break			
<b>Session 5</b>	<b>ONE HEALTH - Aligning Laboratory Service to One Health</b>	<b>Dr. Eka Buadromo</b>		<b>Dr. Seventeen</b>
3:30 pm – 3:45 pm	Laboratory One Health approach		<b>Dr. Simon Reid - Virtual</b>	
3:45 pm -4:00 pm	Laboratory One Health approach		<b>Mr. Roman Thibeaux -Virtual</b>	
4:00 pm-4:15 pm	Laboratory One Health approach		Dr. Patrick Reading	
4:15 pm-4:30 pm	Vanuatu Laboratory One Health approach		<b>Mr. Kaltuk Kalomor-Virtual</b>	
4:30 pm – 4:45 pm	Pacific Diagnostic laboratory Network One Health Analysis report		<b>Ms. Kat Knope - Virtual</b>	
4:45 pm- 5:00 pm	Q&A			
<b>5:00 pm</b>	<b>END of DAY 2 &amp; COCKTAIL</b>			
<b>DAY 3-9<sup>th</sup> November 2022</b>				<b>Talica Cabemaiwai/Shalini Singh / Hinauri Laupepe</b>
<b>8:00am – 8:10 am</b>	<b>Welcome and devotion</b>			
8:10 am – 8:30 am	Recap of Day 2	Fiji, Cook Island, Kiribati & Rapporteurs		
8:30 am -9:00 am	Strengthening Laboratory Workforce	Panel discussion (Panellists-Taina Naivalu, Russell Cole, Dr. Vasiti Uluiviti, Dr. Roger Maraka, Tebuka Toatu, Hinauri Leaupepe, Bineta Ruaia)	Dr. Eka Buadromo	
9:00 am -9:30 am	<b>PISP discussion</b>	Dr. Seventeen Toumoua	Dr. Silina Motofaga	
9:30 am -9:45 am	Election of LTWG country representative and LabNet Chairperson		Melanesian, Micronesian & Polynesian Country Reps	
9:45am -10:00am	<b>Morning Tea</b>			

10:00 am -10:30 am	Internal Country & Partner Discussion or Lab Net Recommendations	New LabNet Chair (Polynesian, Micronesia & Melanesian Rep), Rapporteurs & Key Partners: SPC, WHO, PPTC, PIHOA		
10:30 am -11:30 pm	Recommendation presentation	New LabNet Chair		
<b>11:30 am -12:00 pm</b>	<b>Conclusion</b>	New LabNet Chair		
<b>12:00 pm</b>	<b>END OF LABNET MEETING &amp; LUNCH</b>			