



American Society for Clinical Pathology

160 International Pathology and the World Health Organization

**Utz Merten MD
Looi Lai-Meng Professor
Robby Bacchus MD
Rajesh Bhatia MD**

2011 Annual Meeting – Las Vegas, NV

**AMERICAN SOCIETY FOR CLINICAL PATHOLOGY
33 W. Monroe, Ste. 1600
Chicago, IL 60603**

160 International Pathology and the World Health Organization

Laboratory medicine activities of the World Health Organization are not widely known. The organization of WHO and its activities generally as well as those specifically related to pathology and laboratory medicine are the subject of this session.

FACULTY:

Utz Merten MD
Looi Lai-Meng Professor
Robby Bacchus MD
Rajesh Bhatia MD

Entire Pathology Team
Global Pathology
Global Pathology
2.0 CME/CMLE Credits

Accreditation Statement: The American Society for Clinical Pathology (ASCP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education (CME) for physicians. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME).

Credit Designation: The ASCP designates this enduring material for a maximum of 2 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. ASCP continuing education activities are accepted by California, Florida, and many other states for relicensure of clinical laboratory personnel. ASCP designates these activities for the indicated number of Continuing Medical Laboratory Education (CMLE) credit hours. ASCP CMLE credit hours are acceptable to meet the continuing education requirements for the ASCP Board of Registry Certification Maintenance Program. All ASCP CMLE programs are conducted at intermediate to advanced levels of learning. Continuing medical education (CME) activities offered by ASCP are acceptable for the American Board of Pathology's Maintenance of Certification Program.

**2011 ASCP Annual Meeting - WASPaLM XXVI World Congress
October 19-22, 2011, Las Vegas, Nevada, USA.**

**Symposium on International Pathology and the World Health
Organization**

1. The role of WHO in Strengthening Quality of Laboratory services

**Dr. Rajesh Bhatia,
Regional Advisor - WHO Regional Office from South-East Asia**

**2. The World Association of Societies of Pathology and Laboratory Medicine in
official Relationship as Non Governmental Organization with WHO**

Dr. Utz P. Merten, President World Pathology Foundation

3. Ten years experience with Pathology Education in Countries in Need

**Dr. Robby Bacchus
Chairman of WASPaLM Secretariat of Pathology Education in Countries in
Need**

4. Developments towards Laboratory Accreditation in South-East Asia

**Professor Dr Lai-Meng Looi, MBBS, MD, MIAC, FRCPath, FRCPA, FASc
President Elect, World Association of Societies of Pathology and Laboratory
Medicine**

Abstracts

1. The role of the World Health Organization (WHO) in Strengthening Quality of Laboratory Services

**Dr. Rajesh Bhatia,
Regional Advisor WHO Regional Office from South-East Asia**

The World Health Organization (WHO) is a United Nations specialized agency for health with 194 countries as its members. The goal of WHO is attainment of health by all peoples of the highest possible level of health. WHO works with the national health ministries to promote consensus, policies and practices.

WHO has six core functions. Quality is enshrined in all core functions. The laboratories are also critical to support all functions of WHO. Accordingly, WHO recognizes importance of quality laboratories in prevention and control of communicable and non-communicable diseases, monitoring treatment and patient safety, promoting health through supporting safety of food, water, blood, environment and medicines, and in research.

WHO perceives laboratories as essential component of public health infrastructure at all levels. It promotes use of quality laboratories in disease surveillance and epidemiology, diagnosis and instituting rational treatment. WHO advocates efficient laboratory systems through sustainable national policy and programme, universal access, utmost safety and unquestioned quality of laboratory operations. However, quality in health laboratories has not received the desired attention in most of the developing countries.

WHO support to quality programmes in health laboratories is primarily of two categories viz. normative support and direct technical support; the former includes technical guidelines and strategies and the latter includes technical assistance in building national capacity in delivering quality laboratory services.

Global strategies on diseases of public health importance e.g. tuberculosis, emerging infectious diseases etc have quality labs as an integral component. All global or regional laboratory networks supported by WHO (poliomyelitis, measles, influenza, yellow fever etc) are built around quality. WHO also organizes or supports several external quality assessment schemes (EQAS) for laboratories.

Technical support by WHO in building national capacity is mainly through provision of technical guidelines, consultations, training of nationals, information sharing and provision of international expertise. Accreditation of laboratories is also supported by WHO through its guidelines and technical support.

WHO undertakes evaluation and prequalification of few priority diagnostic kits which are essential in public health programme (HIV, Hepatitis B, Hepatitis C, malaria). WHO also bulk procures these kits for >50 Member States, the

majority in low-income economies. Annual procurement of 15 million quality test kits is undertaken.

Substantial support has been given by WHO in improving quality of laboratories in blood transfusion services. A quality management initiative was launched by WHO in 2000. Within WHO Region for South-East Asia, more than 170 quality managers were trained between 2001-2004, thus facilitating prevention of 200,000 quality assured transfusion transmissible infections every year.

2. The World Association of Societies of Pathology and Laboratory Medicine (WASPaLM) in official relationship as Non Governmental Organization (NGO) with the World Health Organization (WHO)

**Dr. med. Utz P. Merten
President World Pathology Foundation**

The World Association was founded 1947. The question of official relationship with WHO was raised in a communication dated December 17, 1948 and submitted to the WHO Committee of Non-Governmental Organizations in February 1949. The first to represent the World Association at WHO and CIOMS was the Nobel laureate Sir Alexander Fleming.

The World Association has become increasingly active in international affairs, representing Pathology and Laboratory Medicine at WHO, serving on the Council for International Organizations of Medical Science (CIOMS), and establishing relations with other international bodies.

An important aspect of the work of the World Association has been the development of a number of Categorical Secretariats and Committees, each with a Constituent Pathology Society taking responsibility on an international footing. These include the Commission on World Standards and Accreditation, Secretariat on Quality Assurance, Secretariat on Pathology Education in Countries in Need, Secretariat on Forensic Pathology and the Secretariat on Professional Ethics in Pathology and Laboratory Medicine.

During the 64 years the World Association has filled the relations ship with WHO with different activities, initiating and jointly working on publications, organizing educational seminars in countries in need, serving as specialists in WHO projects and one of its secretariats serving as WHO Reference Centre.

The World Association follows its mission to improve health throughout the world by promoting the teaching and practice of all aspects of Pathology and laboratory medicine. One of its goals is to foster cooperation between WASPaLM and other international health organizations.

3. Ten years experience with Pathology Education in Countries in Need

Dr. Robby Bacchus
Chairman, WASPaLM Secretariat of Pathology Education in Countries in Need

See attached power points

4. Developments towards Laboratory Accreditation in South-East Asia

Professor Dr Lai-Meng Looi
President Elect, World Association of Societies of Pathology and Laboratory Medicine

Laboratory accreditation plays a crucial role in establishing and maintaining quality practices in diagnostic pathology laboratories. Several international accreditation standards have been established and these are adopted by National Accreditation Bodies for local implementation. In South East Asia (SEA), accreditation of pathology laboratories started by using ISO/IEC 17025, but since 2004 has been rapidly changing to ISO 15189 which provides requirements for competence and quality that are particular to medical laboratories. Although not enforced by law, medical testing laboratory accreditation in SEA is rapidly being accepted and is a major driver of change in the healthcare industry. The establishment of mutual/multilateral recognition agreements (MRA) through the Asia Pacific Laboratory Accreditation Cooperation (APLAC), International Laboratory Accreditation Cooperation (ILAC) and International Accreditation Forum (IAF) have wide-reaching implications. APLAC, initiated in 1992 by 16 economies from the Asia Pacific Region, currently has 33 signatories and is recognized by the Asia Pacific Economic Cooperation (APEC).

The development of accreditation in Malaysia is similar to its SEA neighbours, and is a good reflection of problems and benefits encountered. The Department of Standards Malaysia (DSM) is the national standardization and accreditation body established by Parliamentary Act (Standards of Malaysia Act 1996). The path to accreditation of pathology laboratories started with a Memorandum of Understanding between DSM and the Malaysian College of Pathologists in 2002. The standard adopted was ISO 15189. Over the next 2 years, awareness forum among stakeholders, training of lead and technical assessors, and Special criteria and Specific Technical Requirement documents were established under this MOU. The accreditation scheme was successfully launched in 2004. To date, 21 medical pathology laboratories have been accredited, and the regulatory documents supporting MS ISO 15189 are in their third revision.

3. Ten years experience with Pathology Education in Countries in Need

Dr. Robby Bacchus

Chairman, WASPaLM Secretariat of Pathology Education in Countries in Need

8/15/2011

Pathology Education in Countries in Need

The WASPaLM Initiative –
The Past Decade
Dr Robby Bacchus

“The highest standards of health should be within reach of all, without distinction of race, religion, political belief, economic or social condition

**WHO Constitution
1946**

“Every person in every village, everywhere should have access to a skilled, motivated and supported health worker”

**J.W.Lee
DG WHO**

Metrics of Brain Drain

“Africa carries **25%** of the world’s disease burden yet has only **3%** of world’s health workers and **1%** of the world’s economic resources to meet that challenge”

Lancet 371.623.2008

“Between 1998 -2002 Ghana has lost £35 million of it’s training investment in health professionals to the UK saving the UK £65 million in its own training costs”

Lancet.371.2008

Characteristics of IMG’s in Physician Workforce

<u>Country</u>	<u>%IMG’s From Lower Income Countries</u>
USA	60.2
Canada	43.4
UK	28.3
Australia	26.5

IMG'S In Workforce

<u>Host Country</u>	<u>Source Country (India)</u>
UK	10.9%
USA	4.9%
Australia	4.0%
Canada	2.1%

Emigration factors

<u>Region</u>	<u>Emigration Factor</u>
Subsaharan Africa	13.9%
Indian Subcontinent	10.7%
Caribbean	8.4%
Middle East, North Africa	5.2%

Workforce Disparities

Africa	2.3/1000
Europe	18.9/1000

Effects of Emigration

Loss of educational investments.
 Loss of gifted people.
 Influence of "western aspirations"
 Non alignment of training programmes.
 (Patterns of disease and levels of technology).
 Impediments to disease reduction initiatives.

Factors Affecting Migration

- Poor salaries and working conditions.
- Lure of private sector.
- Unfavourable socio-economic factors.
- Political instability.
- Poor salaries and working conditions.
- Lack of training.
- Inadequate resources.

Educational Challenges

- Be responsive.
- Be context specific.
- Be committed.
- Be focused.

"Poverty is the single most important determinant of poor health, but poor health is far from being the single most important determinant of poverty.

Amartya Sen"

Strategies for improving education and training

- Reduce attrition rate.
- Develop educational platforms.
- Expand teaching corps.
- Foster partnerships.
- Link educational and training with health needs.
- Enhance quality through accreditation and leadership.

Ways and Means

- Increase global health workforce
- Increase local capacity
- Provide assistance in most cost effective way
- Reduce reliance on foreign health worker
- Strengthen regional institutions

Are we finding ways to help lower income countries to strengthen and increase work force ?

Ways and Means

PEPFAR (USA)
("Train and retain 140,000 health workers in developing countries by 2015")
African Society for Laboratory Medicine

Policies and Codes on Responsible Practices

UK – South Africa (MOU)
Caribbean Community (Caricom)
Norway's Recruitment Policy
Pacific Code

WASPaLM's Educational Initiatives

Sri Lanka
India
Malaysia
Oman

Goals of Educational Initiatives

- Strengthen National Capacity.
- Share Resources, Knowledge, Expertise.
- Strengthen Laboratory Quality.
- Share Knowledge Between Countries.
- Train The Trainers.

Characteristics of Programmes

- Country Specific
- Context Specific
- Topics determined by host country
- Clinician Involvement
- Evaluated

Features of Programmes

- Didactic
- Interactive
- Multidisciplinary

If you plan for a year – Sow a seed.

If you plan for a decade – Plant a tree.

if you plan for a century – Educate the population.

Holistic Strategy

- Improve in service training.
- Enhance laboratory services.
- Improve investment in laboratories.
- Do not place staff in dysfunctional system.
- Constant CPD.
- Evaluate behaviour, learning, skills & competence.

Targeted Interventions

- Responding To Specific Needs.
- Strategic – Ensure Outcomes Of Intervention Make Significant And Demonstrable Contribution To Health Care.
- Systematic – Ensure Knowledge, Skills And Competencies Are Built In A Systematic Way Based On Analysis And Feedback Form.
- Sustainable – Long Term View Required To Promote Continuing Culture Of Learning – Not "A One Off" Learning Provide A "Hand Up" Not A Hand Out

Evaluation Cycle



"We make a living by what we get but we make a life by what we give"

Winston Churchill

"Thunder is good, Thunder is impressive but it is the Lightning that does the work"

Mark Twain

"Fate Has Allowed Such A Pitifully Meagre Coverlet That In Pulling It Over One Part Of The World Another Has Been Left Bare"

Rabindranath Tagore