Third meeting of the European Region Laboratory Task Force for emerging and re-emerging pathogens

Izmir, Türkiye
23–24 May 2023

Report
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European Region Laboratory
Task Force for emerging and
re-emerging pathogens

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Report
Abstract
The WHO Regional Office for Europe held the third meeting of the European Regional Laboratory Task Force (Lab Task Force) for emerging and re-emerging pathogens in Izmir, Türkiye on 23–24 May 2023.

The meeting featured seven sessions with presentations and discussion on: (i) the prioritization of pathogens for better preparedness; (ii) the public health laboratory recognition programme for pathogens with epidemic and pandemic potential; (iii) procurement solutions for specific tests, focusing on Crimean-Congo haemorrhagic fever and Ebola virus disease; (iv) the laboratory sustainability assessment checklist; (v) national genomic strategies and the sequencing costing tool; (vi) transport legislation; and (vii) networking.

KEYWORDS
LABORATORIES
PANDEMICS
EMERGENCIES
COVID-19
EUROPE

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This publication contains the report of the third meeting of the European Region Laboratory Task Force for emerging an re-emerging pathogens (Izmir, Türkiye, 23–24 May 2023), and does not necessarily represent the decisions or policies of WHO.

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The WHO Regional Office for Europe is grateful to both the speakers and the participants at this meeting for making the event fruitful. The meeting would also not have been possible without the financial support of the Neighbourhood, Development and International Cooperation Instrument – Global Europe under the European Union Chemical Biological Radiological and Nuclear Risk Mitigation Centres of Excellence initiative.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>Better Labs</td>
<td>Better Labs for Better Health initiative</td>
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<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>Lab Task Force</td>
<td>European Regional Laboratory Task Force for emerging and re-emerging pathogens</td>
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<td>LAT</td>
<td>WHO Laboratory Assessment Tool</td>
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<td>SARS-CoV-2</td>
<td>severe acute coronavirus 2</td>
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THIRD MEETING OF THE EUROPEAN REGION LABORATORY TASK FORCE FOR EMERGING AND RE-EMERGING PATHOGENS

Abbreviations

LAB TASK FORCE  SECOND MEETING

SECTION X
Executive summary

The WHO Regional Office for Europe held the third meeting of the European Regional Laboratory Task Force for emerging and re-emerging pathogens (Lab Task Force) in İzmir, Türkiye on 23–24 May 2023.

The meeting featured seven sessions with presentations and discussion on: (i) the prioritization of pathogens for better preparedness; (ii) the public health laboratory recognition programme for pathogens with epidemic and pandemic potential; (iii) procurement solutions for specific tests, focusing on Crimean-Congo haemorrhagic fever and Ebola virus disease; (iv) the laboratory sustainability assessment checklist; (v) national genomic strategies and the sequencing costing tool; (vi) transport legislation; and (vii) networking.

The meeting outlined actions to be taken, which include: developing a virtual-reality training package for laboratory biosafety and addressing outstanding procurement questions; supporting Member States in prioritization efforts and identifying new gaps; incorporating Lab Task Force feedback in the sustainability checklist and determining which Member States to pilot it in; targeting Member States that have sequencing capabilities serving public health functions and developing national genomic surveillance strategies; finalizing the genomic sequencing costing tool for coronavirus disease (COVID-19) to support Member States and partners in evaluating the costs of implementation and running costs for such activities; adapting the genomic sequencing costing tool to be pathogen-agnostic; assisting in the development of standard operating procedures and conducting training courses and decision flow charts related to transportation legislation in Member States that have requested these; and mapping laboratory capacities to facilitate further networking.
Executive summary
THIRD MEETING OF THE EUROPEAN REGION LABORATORY TASK FORCE FOR EMERGING AND RE-EMERGING PATHOGENS

Executive summary
Background

The Lab Task Force is housed within the Better Labs for Better Health initiative (Better Labs) which began in 2012 to take a comprehensive and intersectoral approach focused on laboratory system strengthening (for the Lab Task Force terms of reference, see Annex 1 and for the agenda of the meeting, see Annex 2). Better Labs supports Member States in setting national laboratory working groups to facilitate reviews of national laboratory systems with respect to activities, cost effectiveness, mapping needs, analysing sample referral systems and other key tasks. It also focuses on quality management system implementation and improving advocacy, partnerships and leadership. The Lab Task Force aims to create a network for laboratory surveillance, preparedness and response by leveraging the expertise and resources of member countries and enhancing diagnostic capacity, knowledge transfer and information sharing to respond effectively to emerging and re-emerging pathogens.

This meeting follows the preparatory meeting held in 2019 in Istanbul, Türkiye, where the terms of reference for the Lab Task Force were determined (1), the first official meeting, held in 2020 in Vienna, Austria, which focused on severe acute coronavirus 2 (SARS-CoV-2) and laboratory readiness, and the second official meeting held in 2022 in Antalya, Türkiye. At the latter meeting, key activities to be undertaken were outlined, based on lessons learned from COVID-19, including identifying areas to strengthen at the country-level, extending external quality assessments to all Member States in the WHO European Region, and identifying pathogen prioritization as key for better preparedness (2). The prioritization process was observed to be one of the first steps taken to understand gaps for identifying pathogens at the laboratory level, and thus needing to be strengthened for better preparedness.

The focus of this meeting, which convened the national laboratory focal points from 17 Member States, WHO collaborating centres and organizations and networks as members of the Lab Task Force (for the full list of participants, see Annex 3), was to present progress made since the last meeting. The primary objectives were to: present the proposed method for prioritization of pathogens and plan further roll-out; discuss the implementation of the public health laboratory recognition programme for pathogens with epidemic and pandemic potential; discuss procurement solutions for specific emerging and re-emerging pathogens; present and review the laboratory sustainability assessment checklist; exchange perspectives on national genomic strategies and the sequencing costing tool; review sample transport regulations, particularly for mpox (monkeypox) and SARS-CoV-2; and discuss how to improve networking. To meet these objectives, the meeting featured seven sessions (see Annex 2) with presentations and discussion on: (i) the prioritization of pathogens for better preparedness; (ii) the public health laboratory recognition programme for pathogens with epidemic and pandemic potential; (iii) procurement solutions for specific tests, focusing on Crimean-Congo haemorrhagic fever and Ebola virus disease; (iv) the laboratory sustainability assessment checklist; (v) national genomic strategies and the sequencing costing tool; (vi) transport legislation; and (vii) networking. A synopsis for each of these sessions is detailed below.
Session 1. Prioritization of pathogens for better preparedness

This session reported on action taken to date following previous Lab Task Force meetings, including presenting the methodology and tool for pathogen prioritization. The session focused on the concept of prioritization of pathogens and prioritization tools, shared experiences in pathogen prioritization and provided the example of One Health prioritization in the Netherlands (Kingdom of the). The session also sought to support Member States in their prioritization efforts and understanding of the need for better laboratory preparedness to address identified pathogens.

The session began with Reinhard Kaiser from the WHO Regional Office for Europe explaining the process used to conduct both a literature review and a scoring exercise and efforts currently being undertaken to develop a prioritization tool for communicable disease surveillance. The recommended method of conducting such an exercise was presented, which included establishing a steering committee, facilitator team, expert panel and observers; developing a disease list; selecting criteria; defining scores; weighting criteria; scoring against criteria; reaching consensus on the prioritization list through the Delphi method; and conducting a workshop. Following this presentation, participants at the Lab Task Force meeting were invited to conduct a mock ranking of priorities. Participants were presented with the hypothetical scenario that they are a member of an expert panel representing different public health disciplines that is tasked with selecting seven criteria to be used for communicable disease prioritization in their respective country. Participants were then asked to rank the 11 criteria presented according to their importance for disease prioritization.

The mock prioritization process then led to a fruitful discussion and sharing of experiences in pathogen prioritization. Participants raised the importance of ensuring that expert panels are multisectoral, that the biological aspects of pathogens are considered in identifying pathogens, how emerging pathogens can be better reflected in the prioritization criteria, and how five criteria have worked and can work well to enable Member States to perform their respective prioritization exercises.

Subsequently, experiences conducting One Health prioritization in the Netherlands (Kingdom of the) were shared by Iris Vennis of the National Institute for Public Health and the Environment to conclude the first session on pathogen prioritization. The presentation detailed how the top five priority pathogens had been identified and updated since the process was first undertaken in 2010 (3). In the Netherlands (Kingdom of the), 86 zoonotic pathogens were prioritized and noted in the Emerging Zoonoses report of 2010, but this list did not contain any predictions about the pandemic potential of specific pathogens. To assist Dutch decision-makers and provide risk-based recommendations, a longlist was established, based on both domestic and international publications, and pathogens were excluded on the basis of set exclusion criteria (e.g. if they had no proven zoonotic potential).
Each pathogen was then scored in three multidisciplinary expert sessions on a natural scale of four to five levels across predetermined criteria, with human mortality being the most heavily weighted. Analysis was conducted using probabilistic inversion, resulting in the top five highest-prioritized pathogens being: avian influenza virus (H5N1), Toxoplasma gondii, Japanese encephalitis virus, Campylobacter spp., and Mycobacterium bovis. With this established list, gaps in detection and surveillance systems could subsequently be identified.

Results demonstrated that many gaps in diagnostics and surveillance exist, extending to the top 25 pathogens. However, many of these gaps can be addressed by developing generic surveillance systems that allow for monitoring more than one pathogen simultaneously. Ultimately, the prioritization of pathogens was found to be helpful for policy-makers to understand the potential threats of zoonotic pathogens and priority-setting, provided insight into factors determining the threat of zoonotic pathogens and facilitated multidisciplinary knowledge exchange and collaboration for the development of a cross-disciplinary network to tackle zoonotic threats.

The prioritization list was updated in 2015, resulting in the top five pathogens changing to Crimean-Congo haemorrhagic fever virus, avian influenza virus (H5N1), Japanese encephalitis virus, Streptococcus and Rift Valley fever virus, and a new update taking place in 2023.
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Session 2. The public health laboratory recognition programme for pathogens with epidemic and pandemic potential

This session focused on presenting the proposed plan of the WHO headquarters Lyon Office for the establishment of the public health laboratory recognition programme for pathogens with epidemic and pandemic potential. Participants were placed in working groups and encouraged to provide feedback for the development of the programme.

Celine Barnadas from the WHO headquarters Lyon Office explained that, at present, there is a lack of clarity in roles and responsibilities and a lack of recognition and visibility of laboratories at the national level; there are significant delays in the identification of outbreaks with significant impacts on human health and economic costs; and there is uncertainty around results produced, among other challenges. Although there are existing recognition programmes, including the recognition of national influenza centres, accreditation of measles and poliomyelitis laboratories, verification of emergency medical teams, and others, this proposed programme will drive and unify capacity-building efforts by national authorities and WHO and priorities. Ultimately, this proposed recognition programme seeks to complement International Organization for Standardization and quality accreditation, by adding capacity recognition for national reference laboratories.

Steps taken to date include internal and external consultations and a review of existing programmes undertaken from June 2022 to January 2023. A global consultation was hosted in Lyon, France from 31 January to 2 February 2023. Regional engagements were, or are to be, held in both the European and the South-East Asia regions from May 2023 to September 2023. The next step is to pilot and undertake stepwise implementation from October 2023 onwards. Five essential building blocks for the programme were presented: vision and values, standards and terms of reference for laboratories, implementation model, operationalization plans and monitoring and evaluation framework. Similarly, the five core guiding principles were also presented to participants, which includes being transparent, complementary, synergistic, integrated and owned by countries.

Participants were engaged to provide feedback on the proposed core functions of reference laboratories, which are to: (i) undertake reference and specialized diagnostic testing; (ii) undertake disease surveillance, monitoring, alert, and response; (iii) provide reference material resources and validation; (iv) provide scientific advice, subject matter expertise and capacity-building; (v) promote integrated data management; and (vi) engage in collaboration and research. Participants were also asked to consider alignment with their own respective laboratories that could be recognized through the proposed programme and the benefits and challenges of such a recognition programme. Participants were interested in the process and remarked that the proposed core function of
developing reference materials does not fall under their laboratories’ mandates and that providing scientific advice may not be a core function. Participants also identified the potential benefits of support to build more capacity, enabling opportunities for funding and facilitating collaboration.

Ultimately, the WHO Regional Office for Europe is looking forward to seeing how Member States can be further supported with their prioritization efforts, particularly because a first step of this recognition programme entails identifying gaps within the laboratory sector.
Session 3. Procurement solutions for specific tests for Crimean-Congo haemorrhagic fever and Ebola virus disease

This session discussed how different pathogens require different tests and focused on how procurement for specific tests can be conducted. The session specifically delved into diagnostics tests, commercial kits and procurement for Crimean-Congo haemorrhagic fever and Ebola virus disease, as illustrative cases and to stimulate discussion on procurement solutions for specific testing.

Pierre Formenty from WHO headquarters provided an overview of Crimean-Congo haemorrhagic fever, explaining that there are an estimated 10 000–15 000 infections each year, leading to 1000–2000 deaths. There are a few common detection methods, but the stages of the disease impact test suitability. Therefore, there is a diagnostic algorithm to determine which test(s) is/are most appropriate. Moving beyond Crimean-Congo haemorrhagic fever, research and development products for Ebola virus disease were subsequently discussed, noting the need for disease-specific laboratory strategies, for which there is now WHO guidance.

The session also discussed procurement challenges. Although there are some disadvantages with Ebola Xpert cartridges, including only being able to detect Zaire ebolavirus and having a 12-month shelf life and a high cost, there are also advantages, including a short turnaround time, ease of use in remote areas and the high sensitivity of the test. However, it was explained that it became apparent at the end of 2021 that countries without Ebola virus disease were purchasing Ebola Xpert cartridges. This resulted in occasional difficulty in procuring such reagents and maintaining stockpiles without products expiring at the country level. Therefore, this led to WHO procuring a little over 199 000 cartridges as part of the outbreak response from 2018 to 2020 to ship out to countries for testing purposes. This stockpile, set up at the end of February 2021, led to three Ebola Xpert cartridge orders being made for a total of 259 kits, or 12 950 cartridges. To date, 175 kits or 8750 cartridges have been distributed to 18 countries that have benefited from the stockpile—resulting in 20% of the stockpile being currently unused.

Although there are diagnostics tests, there are challenges with procurement here too. Solutions are being sought around securing exemptions to facilitate the transport of kits, particularly for dual-use items. However, challenges remain around determining what to stockpile and what commercial kits to use. Next steps include addressing the issue of how kits can be validated, how many kits per year should be purchased, who will fund purchases, how logistics will be organized, and related questions.
This session focused on highlighting assessing laboratory sustainability in terms of continuity rather than environmental sustainability in the aftermath of large investments in laboratories to address COVID-19. Participants were introduced to the laboratory sustainability assessment checklist and engaged to “assess the assessment” Participants’ feedback will be used to improve the tool and actions will be taken to implement it, such as organizing a technical working group and piloting the tool.

Lance Presser from the National Institute for Public Health and the Environment, the Netherlands (Kingdom of the), gave a presentation on assessing laboratory sustainability (not environmental sustainability). In other words, the tool is designed to assess the ability to maintain a laboratory continuously over time. Given that there have been large investments in laboratory systems because of COVID-19, it is pertinent to now consider how laboratory systems can be maintained in the aftermath of the pandemic.

Although there are related tools available, there are very few tools available focused on long-term sustainability, and these are not targeted towards this specific need. It was explained that this Excel-based checklist tool is designed to supplement the WHO Laboratory Assessment Tool (LAT) (4) to assess sustainability in terms of viability of the laboratory. The assessment checklist contains four themes and several subthemes, yielding 25 questions. These questions contain Likert scale response options with descriptors for “limited capacity” up to “sustainable capacity” to quantify the understanding of laboratory environments. Respondents are asked to select answers that reflect the situation at their laboratory best by selecting a score from 1 (lowest) to 4 (highest) or not applicable.

Scores are then determined in terms of both a total sustainability score and a sustainability score per category. Participants were invited to “assess the assessment tool” and were divided into groups to answer questionnaires to review the tool across four themes of inquiry: (i) available resources; (ii) obligations and network; (iii) quality of services; and (iv) expansion of capabilities. Possible next steps include considering feedback from the meeting and incorporating it into the tool where appropriate, organizing a technical working group meeting to finalize the tool either as an annex or as a separate tool, and determining which Member States will pilot the tool.
Session 5. National genomic strategies and the sequencing costing tool

This session provided an overview of the WHO Global genomic surveillance strategy for pathogens with pandemic and epidemic potential, 2022–2032, which focuses on strengthening and scaling up genomic surveillance for quality, timely and appropriate public health action in local to global surveillance systems.

Representatives from Kyrgyzstan and Türkiye discussed respective national actions taken to date in this area, which includes developing national genomics strategies in both countries. The session concluded by introducing participants to the genomics costing tool that is designed to help global partners understand the costs associated with supporting Member States in establishing genomic sequencing.

Oluwatson Akande from WHO headquarters gave a presentation on the genomic surveillance strategy, which has already been developed; data collection began in 2021. The goal of the strategy is to strengthen and scale up genomic surveillance for quality, timely and appropriate public health action in local to global surveillance systems. The strategy has five objectives, which are to: (i) improve access to tools for better geographical representation; (ii) strengthen the workforce to deliver at speed, scale, and quality; (iii) enhance data sharing and utility for streamlined local to global public health decision-making and action; (iv) maximize connectivity for timely value added in the broader surveillance architecture; and (v) maintain a readiness posture for emergencies. These five objectives are assessed with four indicators, but overall there was a 58% increase in the proportion of Member States with sequencing capability between February 2021 and December 2022.

Notably, the goal is not to ensure in-country capability for genomic sequencing, but to have a mechanism in place to access this service (i.e. either in-country capability or timely referral to a reference laboratory). Now, Member States that have sequencing capabilities serving public health functions are being targeted, along with the development of national genomic surveillance strategies. Additionally, the genomics laboratory costing tool is designed to support both short- and long-term financial planning.

Gulbarchyn Esengeldieva presented the Kyrgyz national genomic surveillance strategy, the Strategy for Genomic Surveillance for Communicable Diseases for 2023–2025, which is designed to strengthen and expand the scope of genomic surveillance systems for pathogens with pandemic and epidemic potential. It was explained that numerous training sessions have been conducted and there is a working group to establish a national genomic sequencing centre. Risks were also presented, which includes risks around supply of reagents and consumables, the insufficient capacity of laboratory staff to conduct bioinformatic analyses of sequencing results and the donor-dependency of next-generation sequencing financing more broadly. Next steps are focused on implementing activities outlined in the plan of the strategy.
Nilgun Karabicak presented the national genomic surveillance strategy of Türkiye. The presentation delved into the process of developing the strategy, including strategy and task force meetings, among others. The strategy, aligning with the Global strategy, articulates the background, vision and mission, six strategic objectives, and actions, including the roles and commitments of institutions and partners. The mission of the strategy is to provide a high-quality genomic surveillance system to demonstrate national and international cooperation, coordination and best practices to support the early detection of and response to public health threats and taking necessary protection and control measures.

The presentation highlighted the numerous successes, including accelerating next-generation sequencing and acknowledging laboratory colleagues’ hard work. Challenges faced in knowledge and skills gaps and streamlining coordination across stakeholders were similarly outlined.

Finally, Biran Musul from the WHO Country Office in Türkiye and Alexandr Jaguparov from the WHO Lyon Office gave a joint presentation on the Excel-based genomics costing tool. The COVID-19 pandemic has highlighted the importance of strengthening genomic surveillance for infectious disease agents to inform public health decisions and actions. Although countries have or are establishing their sequencing capacity, the costs of sequencing are substantial. Therefore, the tool is being developed to help partners understand costs associated with supporting Member States in establishing genomic sequencing and maintaining sequencing capacity.

Associated costs include genomic sequencing infrastructure, reagents and consumables; human resources, including training for wet laboratories and bioinformatics; and quality management. As such, the tool considers these costs automatically, as it allows for key figures to be input with auto-populated results (e.g. estimated quantities, pricing), that can then be manually adjusted as needed. The tool is designed for SARS-COV-2 at present, but there are plans to develop the tool in a pathogen-agnostic version and adapt it from being Excel-based to being a web-based tool.
Session 7. Networking session

This session detailed how the classification of infectious substances has repercussions for the transportation of samples; described the various knowledge products and training courses available to participants; and described the various actions taken to date within the Region, including workshops, a mission, analysis of legislation related to the transport of infectious substances and the administration of country and territory questionnaires.

Kazunobu Kojima from WHO headquarters gave a presentation on transportation regulations for mpox and SARS-COV-2. The presentation began with an overview of regulatory frameworks for transport legislation for infectious substances, which differ depending on the location of interest. It was explained that there are several classes of dangerous goods, including gases and flammable liquids, but what is most relevant is Class 6 of the Guidance on regulations for the transport of infectious substances \(^{(5)}\), “Toxic and infectious substances”, particularly those that fall under Division 6.2, “Infectious substances”. Interestingly, in the case of COVID-19 vaccines based on genetically modified microorganisms, these are not classified under Division 6.2.

Therefore, the agreement outlined in the report of the United Nations Economic and Social Council Subcommittee of Experts on the Transport of Dangerous Goods from its 57th session in late 2020 was later challenged in July 2022. As a result, the laboratory biosafety manual was created to allow for the easy categorization of materials. This manual classifies infectious substances into either Category A, which are considered to be life-threatening, or Category B, which are largely biological substances, biomedical waste, clinical waste, medical waste or regulated medical waste. In the case of mpox is classified under Category A, which results in serious transportation challenges.

Although clinical samples are now exempt from Category A and thus are shipped as Category B, many challenges remain, including mpox being classified as Category A. The presentation also provided participants with an understanding of available WHO products, which includes the Guidance on regulations for the transport of infectious substances 2021–2022 \(^{(5)}\) and the Laboratory Biosafety Manual (fourth edition) \(^{(6)}\). It was also noted that WHO has been providing infectious substances shipment training as an online course and is currently developing a virtual-reality training package to allow participants to better understand a risk-based approach.

Markus Huber from the WHO Regional Office for Europe gave a presentation on transportation legislation for infectious substances. It was explained that WHO has produced several resources, including the Action plan to improve public health preparedness and response in the WHO European Region 2018–2023 \(^{(7)}\), which notes the development of national sample referral guidelines and export permits, the WHO infectious substances shipping training and training in biorisk management. Several activities have been undertaken in these areas,
which included: a transportation legislation workshop held in Istanbul, Türkiye in November 2022 for the Balkan Hub countries and in Almaty, Kazakhstan for central Asian Member States in March 2023, a mission to Kosovo* in March 2023, analysis of legislation related to the transport of infectious substances and the administration of country and territory questionnaires.

With respect to the latter, data on shipment times and problems encountered with sending infectious substances were collected to assess challenges and potential solutions. These include assisting in the development of standard operating procedures and conducting training courses and decision flow charts for transportation legislation in Member States that have requested these.

* All references to Kosovo (in this document) should be understood in the context of United Nations Security Council resolution 1244 (1999)
Conclusions and way forward

Overall, the meeting sought to continue improving the Lab Task Force network and coordination to benefit all Member States within the network. The Lab Task Force meeting demonstrated that the Regional Office is actively working to overcome challenges in this area, including developing a virtual-reality training package for laboratory biosafety and addressing outstanding procurement questions.

In addition to ongoing efforts, the meeting shed light on several next steps for the Regional Office, which includes supporting Member States in prioritization efforts and identifying new gaps; incorporating Lab Task Force feedback in the sustainability checklist and determining which Member States to pilot it in; targeting Member States that have sequencing capabilities serving public health functions and developing national genomic surveillance strategies; finalizing the genomic sequencing costing tool for COVID-19 to support Member States and partners in evaluating the costs of implementation and running costs for such activities; adapting the genomic sequencing costing tool to be pathogen-agnostic; assisting in the development of standard operating procedures and conducting training courses and decision flow charts related to transportation legislation in Member States that have requested these; and mapping laboratory capacities to facilitate further networking.

Evidently, the fruitful discussion at the third meeting of the Lab Task Force has built momentum and set the course for future efforts that should be capitalized upon.
References


Annex 1. Lab Task Force terms of reference

- “Facilitate national and international coordination and knowledge transfer related to laboratory preparedness and capacity-building for HTPs [high-threat pathogens], including the exchange of information, data and specimens between national and international reference laboratories.

- Support interaction of the countries with existing regional (EU) [European Union] and global networks.

- Identify and address areas for improvement in diagnostic capacity for the Region, including assessment of national capacity, training needs, external quality assurance (EQA), the introduction of new or improved diagnostics, biosafety, and sample referral and shipment.

- Provide technical advice on specific projects.

- Promote and support quality and safety management implementation.”

Annex 2. Programme

European Region Laboratory Task Force for emerging and re-emerging pathogens
third meeting
23-24 May 2023
Izmir, Türkiye

PROGRAMME

Objectives of the meeting:
- Present the work on prioritization of pathogens and plan further roll out.
- Discuss implementation of the Public Health Laboratory Recognition Programme for pathogens with epidemic and pandemic potential.
- Discuss procurement solutions for specific emerging and re-emerging pathogens.
- Present and review the laboratory sustainability assessment checklist.
- Exchange on national genomic strategies and the sequencing costing tool.
- Review of sample transport regulation (mpox and SARS-COV-2).
- Discuss how to improve networking.

Tuesday 23 May 2023

09:30–10:00 Registration

10:00–10:10 Official opening of the meeting
Richard Pebody, WHO Regional Office for Europe

10:10–10:25 Introduction to the meeting agenda and objectives
Joanna Zwetyenga, WHO Regional Office for Europe

10:25–10:45 Overall progress made from the Lab Task Force
Joanna Zwetyenga, WHO Regional Office for Europe

10:45–11:15 Coffee Break

Session 1: Prioritization of pathogens for better preparedness
Chair: Joanna Zwetyenga

11:15–12:00 Concept of prioritization of pathogens and prioritization tools
Reinhard Kaiser, WHO Regional Office for Europe

12:00–12:15 Experience sharing in pathogen prioritization

12:15–12:30 One Health Prioritization in the Netherlands (Kingdom of the)

12:30–13:30 Lunch Break

This meeting benefits in parts from the financial support of the Neighbourhood, Development and International Cooperation Instrument – Global Europe under the umbrella of the European Union Centres of Excellence Initiative.
### Session 2:

**Public Health Laboratory Recognition Programme for pathogens with epidemic and pandemic potential**  
*Chair: Abebayehu Mengistu*

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| 13:30–14:00 | Public Health Recognition Programme  
*Celine Barnadas, WHO Lyon Office* |
| 14:00–14:45 | Working groups:  
- List benefits/ incentives for laboratories to be recognized,  
- Review the functions of public health laboratories to be assessed |
| 14:45–15:30 | Open session – discussion from working groups |
| 15:30–16:00 | Coffee Break |

### Session 3

**Procurement for specific testing**  
*Chair: Richard Molenkamp*

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| 16:00–16:20 | CCHF diagnostics and other high threat pathogens  
*Pierre Formenty, WHO Headquarters* |
| 16:20–16:50 | Open discussion on procurement solutions for specific testing |
| 16:50–17:00 | Wrap up of the day |
| 18:30      | Dinner |

### Wednesday 24 May 2023

### Session 3:

**Laboratory sustainability assessment checklist**  
*Chair: Abebayehu Mengistu*

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| 09:30–10:00 | Sustainability checklist  
*Lance Presser, RIVM* |
| 10:00–10:15 | Questionnaire to review the tool |
| 10:15–10:30 | Open discussion |
| 10:30–11:00 | Coffee break |

### Session 4:

**National genomic strategies and the sequencing costing tool**  
*Chair: Celine Barnadas*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 11:00–11:30 | Progress on sequencing strategies and policy brief for developing strategies – annual report  
*Oluwatosin Akande, WHO headquarters* |
| 11:30–11:50 | National genomic surveillance strategy of Kyrgyzstan  
*Gulbarchyn Esengeldieva, Kyrgyzstan* |
11:50–12:10 National genomic surveillance strategy of Türkiye

12:10–12:30 Genomics Costing Tool
Biran Musul, WHO country office Türkiye
Alexandr Jaguparov, WHO Lyon Office
Martia Amante, WHO Regional Office for Europe

12:30–13:30 Lunch

**Session 5:** Transport legislation
**Chair: Lance Presser**

13:30–14:00 Transport regulation and difference for mpox and SARS-COV-2
Kazunobu Kojima, WHO headquarters

14:00–14:30 Legislation regarding sample transport and shipment
Markus Huber, WHO Regional Office for Europe

14:30–14:45 Open discussion for support needed for infectious substance transport

14:45–15:15 Coffee Break

**Session 6:** Networking
**Chair: Joanna Zwetyenga**

15:15–16:00 Gathering networking information
Lance Presser, RIVM

16:00–16:45 Open discussion: How to continue progress?

16:45–17:00 Conclusion
## Annex 3. List of participants

<table>
<thead>
<tr>
<th>Albania</th>
<th>Turkmenistan</th>
<th>Representatives of other organizations</th>
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<tbody>
<tr>
<td>Artan Bego</td>
<td>Annaberdi Annaberdiyev</td>
<td>European Centre for Disease Prevention and Control (ECDC)</td>
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<tr>
<td>Iris Hasibra</td>
<td>Kemal Mavlano</td>
<td>Nina Lagerqvist</td>
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<td>Armenia</td>
<td>Ukraine</td>
<td>The UK Health Security Agency</td>
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<td>Ruzanna Arutyunyan</td>
<td>Yuliia Belchak</td>
<td>Richard Vipond</td>
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<td>Sergey Chakhmakhchyyn</td>
<td>Iryna Demchyshyna</td>
<td>The UK Health Security Agency</td>
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<td>Azerbaijian</td>
<td>Uzbekistan</td>
<td>Southeast European Center for Surveillance and Control</td>
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<td>Sevinj Babayeva</td>
<td>Dilmurod Mirzabaev</td>
<td>of Infectious Diseases (SECID)</td>
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<td>Sabina Mutalibova</td>
<td>Zafar Tukhtaev</td>
<td>Silvia Bino</td>
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<td>Bosnia and Herzegovina</td>
<td>WHO headquarters Lyon</td>
<td>WHO Collaborating Centre (WHO-CC) for Arbovirus and</td>
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<tr>
<td>Pava Dimitrijevic</td>
<td>Celine Barnadas</td>
<td>Haemorrhagic Fever Reference and Research</td>
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<td>Nijaz Tihic</td>
<td>Alexandr Jaguparov</td>
<td>Richard Molenkamp</td>
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<td>Bulgaria</td>
<td>WHO headquarters Geneva</td>
<td>National Institute for Public Health and the Environment,</td>
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<td>Vladislava Ivanova</td>
<td>Oluwatosisin Akande</td>
<td>RIVM</td>
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<td>Kalina Petkova</td>
<td>Pierre Formenty</td>
<td>Lance Presser</td>
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<td>Georgia</td>
<td>Kazunobu Kojima</td>
<td>Sjors Schulpen</td>
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<td>Ana Machablishvili</td>
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<td>Iris Vennis</td>
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<td>Kazakhstan</td>
<td>WHO Regional Office for Europe</td>
<td>Russian Anti-Plague Institute “Microb”</td>
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<td>Dana Ryskul</td>
<td>Zulfiya Atadjanova</td>
<td>Vasilii Kuklev</td>
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<td>Nazym Tleumbetova</td>
<td>Bibigul Aubakirova</td>
<td>Center for Disease Control and Prevention</td>
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<td>Kyrgyzstan</td>
<td>Isme Humolli</td>
<td>Eastern Europe and Central Asia (CDC EECA)</td>
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<td>Aigul Dzaparova</td>
<td>Kaliya Kasymbekova</td>
<td>Aybek Khodiev</td>
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<td>Gulbarchyn Esengeldieva</td>
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<td>North Macedonia</td>
<td>Sevinch Kurbanova</td>
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<td>Dragan Kochinski</td>
<td>Abayayehu Assefa Mengistu</td>
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<td>Ivona Gashevska Pecovska</td>
<td>Biran Musul</td>
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<td>Montenegro</td>
<td>Zephyrra Myratdurdyya</td>
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<td>Reijhan Hot</td>
<td>Philomena Raftery</td>
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<td>Marijuana Mimovic</td>
<td>Abdualakh Sadarov</td>
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<td>Republic of Moldova</td>
<td>Artem Skrypnyk</td>
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<td>Olga Burduniuc</td>
<td>Javahir Suleymanova</td>
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<td>Ina Cristian</td>
<td>Joanna Zwetyenga</td>
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<td>Serbia</td>
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<td>Ivana Kelic</td>
<td>Michelle Amri</td>
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<td>Jelena Protić</td>
<td>Golubinka Boshevskia</td>
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<td>Tajikistan</td>
<td>Jeremy Ford</td>
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<td>Murodali Ruziev</td>
<td>Alina Guseinova</td>
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<td>Mahmadali Tabarov</td>
<td>Markus Huber</td>
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<td>Türkiy</td>
<td>Reinhard Kaiser</td>
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<td>Hasan Bayrak</td>
<td>Temporary advisers</td>
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<td>Tulin Demir</td>
<td>Xhevat Jakupi</td>
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<td>Nilgun Karabicak</td>
<td>Donjeta Hajdari</td>
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<td>Sule Senses</td>
<td>Interpreter</td>
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<tr>
<td>Meral Turan</td>
<td>Gulrukh Rakhmatullaeva</td>
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