Chapter 5
Regional Organizations
5. REGIONAL ORGANIZATIONS

There are five Regional Professional Laboratory Medicine Organizations which can be considered IFCC regional partners:

- Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB)
- Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)
- European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)
- Arab Federation of Clinical Biology (AFCB)
- African Federation of Clinical Chemistry (AFCC)

5.01. Asia-Pacific Federation for Clinical Biochemistry and Laboratory Medicine (APFCB)

The APFCB is a federation of 16 national and area associations of clinical biochemistry and laboratory medicine in the Asia-Pacific region whose membership comprises the following:

- Australasian Association of Clinical Biochemists (AACB)
- Chinese Society of Laboratory Medicine (CSLM)
- Hong Kong Society of Clinical Chemistry (HKSCC)
- Association of Clinical Biochemists of India (ACBI)
- Indonesian Association for Clinical Chemistry (IACC)
- Japan Society of Clinical Chemistry (JSCC)
- Korean Society of Clinical Chemistry (KSCC)
- Malaysian Association of Clinical Biochemists (MACB)
- Nepal Association for Medical Laboratory Sciences (NAMLS)
- Pakistan Society of Chemical Pathologists (PSCP)
- Philippine Association of Medical Technologists (PAMET)
- Singapore Association of Clinical Biochemists (SACB)
- Association for Clinical Biochemistry, Sri Lanka (ACBSL)
- Association for Clinical Biochemistry, Taipei, China (CABC)
- Thailand Association of Clinical Biochemists (TACB)
- Vietnamese Association of Clinical Biochemistry (VACB)

All the 16 APFCB members are also IFCC members.

Thirteen in-vitro diagnostics companies, both multinational and regional, make up the APFCB’s Corporate Membership. Affiliate Membership of the APFCB is offered to organisations in laboratory medicine that are not national/area associations of clinical biochemistry: the Chinese Association for Clinical Laboratory Management and the Macao Laboratory Medicine Association are Affiliate members.

The governing body of the APFCB is the Council which delegates the management of the federation activities to the Executive Board. The professional activities of the APFCB are executed through its five standing committees, these being the Communications (C-Comm), Education (C-Edu), Laboratory Management (C-LM), Scientific (C-Sci) and Congress and Conferences (C-CC) committees. In addition, ad hoc committees are formed for specific purposes such as awards and scholarships. All committees report to the EB which then reports to the Council. The APFCB is domiciled in Singapore where its bank account is also maintained.
Linkages with organisations outside the Asia-Pacific region have been established: The agreement on the APFCB congress that was signed between the APFCB and the IFCC forms the basis of the formal relationship between the two federations. The APFCB signed a Memorandum of Understanding in May 2011 with the World Association of Societies of Pathology and Laboratory Medicine (WASPaLM).

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5.02. Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)

Latin American Confederation of Clinical Biochemistry COLABIOCLI, was founded in 1968 in Mar del Plata Argentina and all Latin American local societies of Clinical Chemistry are members. In December 1968, a group of distinguished biochemists from Buenos Aires held the first Latin American Congress of Biochemistry: Dr. Bernardo Houssay, Argentina (Nobel Prize), Dr. Luis Leloir, Argentina (Nobel Prize), Dr. MartinRubin and Dr. Cesar Milstein Argentina (Nobel Prize).

In 1973, The Latin American Confederation of Clinical Chemistry was officially established during the II Congress of Biochemistry in Porto Alegre Brazil. Since 1968, COLABIOCLI has developed multiple activities regarding scientific matters and professional regulations.

The Mission of COLABIOCLI is the Continuous Improvement of Ethical and scientific aspects of the Clinical Biochemistry Profession. The main objective is to establish a Continuous Quality Assurance System in all laboratories in Latin America, with the cooperation of PAHO/WHO, IFCC, the National Societies of Clinical Chemists, Public Health Minister and University Authorities in Latin America.

Three important problems that deserve major effort; incorporation of a Continuous Quality programme to ensure laboratory results, which will contribute to the health of the population and the lack of laboratory management, absence of registration and licensing, quality assessment (internal and external) and accreditation.

A Latin American Congress is organized every two years. These congresses have been located in Argentina, Brazil, Chile, Costa Rica, El Salvador, Dominican Republic, Mexico, Panama, Paraguay and Venezuela. The average attendance has been 1200.

One of the main programme of COLABIOCLI it is to give support to the establishment of laboratory continuous quality improvement.

Functions:
Improvement of the quality performance of the clinical laboratories in Latin America, internal quality controls, external quality assessment, to establish quality management systems and development of quality indicators in the clinical laboratories.

Activities:
Since 1990 COLABIOCLI, PAHO/WHO with the support of other institutions have developed the follow activities:

1. Courses and workshop on Quality
2. Edition of three books, on Quality Assurance
3. Visits to different Health Institutions, to stimulate their interest in our programmes
4. Providing control material and course to elaborate them
5. Seminars on management of External Quality Assessment
6. Training courses for tutor on Quality Management System
7. Participation in National Congresses and Organization of Latin American Congresses
8. Financing visiting lectures according to local needs.
9. National regulations and laboratories registration in the following countries: Argentina, Brazil, Bolivia, Paraguay, Peru, Colombia, Chile, Ecuador, El Salvador, Honduras, Guatemala, Venezuela, Uruguay

In November 2007, the XVIII Latin American Congress of Clinical Chemistry was held in Panama with an attendance of 1300 members. At this meeting the 2008-2010 COLABIOCLI Executive Board was elected. President Dr. Ana Leticia Cáceres de Maselli (Guatemala), Vice-president Dr. Norberto Cabutti (Argentina), Secretary Dr. Angel Rodriguez (Guatemala), Treasurer Dr. Carolina Richter de Penados (Guatemala), Board member Dr. Ramón Goya (Spain), Board Member Manuel Morejon (Cuba), Board Member Dra. Ingrid Arroyo (Chile).

In April 2010, the XIX Latin American Congress of Clinical Chemistry was organized in Santiago de Chile, with an attendance of 900 members. At this meeting the following 2010-2011 COLABIOCLI Executive Board was reelected: President Dr. Ana Leticia Cáceres de Maselli (Guatemala), Vice-president Dr. Norberto Cabutti (Argentina), Secretary Dr. Angel Rodriguez (Guatemala), Treasurer Dr. Carolina Richter de Penados (Guatemala), Board member Loïda Gonzalez (Dominican Republic), Board Member Manuel Morejon (Cuba), Board Member Dr. Graciela Quiroga (Uruguay).

Through the efforts of COLABIOCLI programmes have been developed in (1) Quality Management; (2) standard operatives procedures, (3) laboratory documents, (4) internal control and external quality assessment, (5) internal and external audits, (6) continuous education programme and training, (7) biosafety regulations, (8) preventive and corrective maintenance of the equipment.

In addition registration goals achieved with national (8) regulations in Argentina, Brazil, Colombia, Cuba, Costa Rica, Dominican Republic, Honduras, Guatemala, Peru, Colombia, Venezuela, Paraguay, Uruguay and recently Ecuador and Bolivia.

COLABIOCLI also promotes and has an ethical compromise of health institutions and professionals, implementations in External Quality assessment.

Countries with External Quality Assessment: Argentina, Brasil, Mexico, Guatemala, El Salvador, Honduras, Nicaragua, Colombia, Venezuela, Ecuador, Paraguay, Peru, España, Uruguay.

Goals achieved:
1. External Quality Assessment in 89% of the countries.
2. Preparation of control samples: Argentina, Brasil, Colombia, Guatemala, México, Uruguay.
4. Establishment of a Quality System.
6. On October 2008, the National Clinical Society of Colombia, held and audit course for members of each country of South America.
7. On June 2009, the National Clinical chemistry Society of Panama, held an audit course for delegates of Mexico, Central America and the Caribbean region.
8. Organized External Quality Assessment meetings in San Salvador, Guatemala, Honduras, Nicaragua, Dominican Republic, Bolivia, Peru, Uruguay, Ecuador, and Colombia.

Strategies and Goals:
1. Completion of license procedures in all countries
2. Innovation of the External Quality Programme
3. Innovation of the External Quality Programme
4. Developing professional resources to manufacture reference materials
5. Continuing with the efforts for the establishment of a Quality Control Programme in the Latin American countries
6. Achieve the active participation of the health authorities, continuity of local and
distance learning programs, application of national and international guide for accreditation programme.

In addition to this programmes, COLABIOCLI implemented and managed a visiting professors programme which includes activities in most of the countries congress all scientific activities according their needs. One of the politics of COLABIOCLI also includes visits to minister of health, university authorities and national health programmes to strengthen laboratories professionals and laboratories activities. Many of the activities described above have been supported mainly by PAHO/WHO, in co-operation with the IFCC.

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5.04. European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)

In 2007 The European Federation of Clinical Chemistry and Laboratory Medicine (EFLM formerly EFCC) was formed by the merger of FESCC (Forum of European Societies of Clinical Chemistry) and EC4 (European Communities Confederation of Clinical Chemistry). EFLM connects National Societies of Clinical Chemistry and Laboratory Medicine and creates a platform for all specialists working in the field in Europe. The mission of EFLM is to 1) enhance patient care, 2) improve outcomes by promoting and improving the scientific, professional and clinical aspects of clinical chemistry and laboratory medicine and 3) to ensure effective representation of laboratory medicine both at European Union level and to other pan-European and sub-regional bodies. EFLM represents IFCC in Europe.

All member societies of IFCC in Europe may become members of EFLM. The President/Chair and one national representative of member societies form the General Assembly which is the main governing body of EFLM. The General Assembly of EFLM convenes at least once every two years. Non-IFCC societies may obtain provisional membership for three years, provided that they apply for IFCC membership in the meantime. The General Assembly can decide to accept as an Affiliate Member into the EFLM a national association of a European country or another organization active in the field of laboratory medicine which has applied for such status. EFLM is domiciled in Milan where its office is also maintained in collaboration with IFCC.

Current (Full) membership of EFLM comprises the national societies of the following 38 countries: Albania, Austria, Belgium, Bosnia Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, UK, Ukraine (USCLD).

EFLM has 1 Affiliate Member: Ukraine (UCCLMU) and 1 Provisional Member: Kosovo.

The operational structure of EFLM consists of an Executive Board (EB) and currently five Committees (C) which conduct out their tasks via Working Groups (WG) and Project Groups (PG). Officers of the EB (president, past-president, president elect, secretary, treasurer and two members-at-large) are elected by the General Assembly for 2-year terms. In the current EB the following countries are represented: United Kingdom, Hungary, Italy, Croatia, Germany, The Netherlands and Czech Republic. Membership and corresponding membership in Cs, WGs and PGs is by application and open to nominations by national societies.

The main activities of EFLM relate to education, research, development of the profession, requirements for competence, quality and accreditation of laboratories, organisation of congresses, and publications. EFLM has five Committees:

- Science (C-S)
- Quality Management (C-QM)
- Profession (C-P)
- Education and Training (C-ET)
- Public and Professional Relations (C-PPR)

EFLM’s structure at the time of writing is shown in the Figure below. For updates, please visit the EFLM website (www.efcclm.eu).
The Public and Professional Relations Committee (C-PPR) is responsible for communicating EFLM’s activities and results to its membership, related partner organizations and the public via EFLM’s website (www.efcclm.eu) and Newsletter. The Committee also supports the work of the European editorial board of LabTests Online which, in collaboration with EDMa, provides information to European patients on laboratory testing in Czech, English, German, Greek, Hungarian, Italian, Polish, and Spanish languages. Other European language versions, such as in French and Portuguese are in preparation. The official scientific journal of EFLM is Clinical Chemistry and Laboratory Medicine (CCLM).

The Science Committee (C-S) focuses on promotion of research that translates the scientific results of laboratory medicine to clinical applications and improves patient outcomes through the appropriate use and interpretation of laboratory data in clinical practice. The Committee currently has WGs on:

- **Cardiac Markers (WG-CM)** which investigates, via European surveys, how the reporting, interpretation and use of cardiac markers impact on patient outcomes in different countries.
- **Biological Variation (WG-BV)** which explores the sources of variation in and develops a critical appraisal checklist for papers on biological variation.
- **Guidelines (WG-G)** for the laboratory investigation and management of various conditions based on best practice.
- **Test Evaluation (WG-TE)** which sets standards and develops practical tools for designing research studies for the evaluation of the clinical value and impact of new biomarkers.
- **Postanalytical external quality assurance (WG-P-EQAS)** which carries out international surveys amongst general practitioners and investigates how doctors use and interpret laboratory tests commonly used for managing patients in primary care.

- **Preanalytical Phase (WG-PA)** which aims to promote the importance of the quality of the preanalytical phase of laboratory medicine by carrying questionnaires for assessing the current practices related to some pre-analytical variables and defining the best practices for some critical activities in the preanalytical phase.

The Quality Management Committee (C-QM) supports the establishment of effective accreditation schemes and quality management systems in all European countries and liaises with ISO, CEN and the European Accreditation body (EA). The Committee currently has two WGs on:

- **Accreditation and ISO/CEN (WG-WG-A/IS)**, which represents EFLM in EA, ISO TC212 and CEN TC140. The WG focuses on influencing ISO/CEN standards and harmonisation of accreditation by international surveys, education and training of assessors related to specific professional standards of ISO 15189 and on setting European procedures for accreditation according to the flexible scope.
- **IVD Directive (WG-IVD)**, focusing on the provision of guidelines and guidance documents for the application of the Directive in laboratory practice and during accreditation of laboratories.

The Education and Training Committee (C-ET) has general responsibility for the postgraduate training aspects of the work of EFLM, in liaison with the Congress and Conferences Division and the Education and Management Division of IFCC, and also with UEMS. The Committee organizes regional and sub-regional conferences, workshops and postgraduate continuing education courses in association with relevant national societies. The Committee operates two WGs:

- **Conferences and Postgraduate Education (WG-CPE)**, which is involved in the organization of EFLM-UEMS European Joint Congress, Euromedlab, in collaboration with IFCC; joint European conferences with national societies and sub-regional organizations, such as the annual EFLM Symposium for the Balkan region. It is also responsible for organizing the annual EFLM Continuous Postgraduate Course in Dubrovnik on specific clinical topics, and the Euro-regional scientific educational program involving universities in Aachen-Liege-Maastricht.
- **Distance education and e-learning (WG-DE)**, with the first initiative being the EFLM/Bio-Rad Videoconference on Quality Management held in Paris in 2009, and the latter in Lisbon in 2010. Since then, WG-DE has also launched several webinars.

The Professional Committee (C-P) is responsible for matters of professional regulation and certification (via the EC4 EurClinChem Register), and the promotion of the profession in Europe at government level, and to patients and clinical users. It liaises with CEPLUS (European Council of the Liberal Professions) and the European Commission on professional matters, and takes the lead in developing pan-European professional and ethical standards. It also liaises with UEMS (The European Union of Medical Specialists) on the roles and responsibilities of medical and scientific practitioners of the discipline. The Committee currently has a permanent Working Group, the EC4 Register Commission. This group manages the (EC4) Register of European Specialists in Clinical Chemistry and Laboratory Medicine to achieve recognition of professional qualifications under European Union legislation, based on the principles of free movement of professionals within Europe. The EC4 Register and its finances are independently handled by the EC4 Foundation, a charitable Trust based in The Netherlands.
Awards. EFLM has two awards:
- The **EFLM-Roche Scientific Award for Laboratory Medicine** is awarded every two years to honour an individual from an EFLM member country who has made unique contributions to the promotion and understanding of clinical chemistry throughout Europe or who has made one or more contributions that have had a major impact on clinical chemistry. The Award consists of a certificate and the sum of 10,000 CHF.
- The **EFLM-Labs Are Vital Award for Excellence in Outcomes Research in Laboratory Medicine** is sponsored by Abbott and will be presented to the author(s) of the best published paper, as judged by an independent panel of experts, which demonstrates the relationship between the application of an in-vitro diagnostic test or testing strategy and clinical and/or economic outcomes. The award was presented for the first time at IFCC/EuroMedLab 2011 in Berlin and will thereafter be presented every two years at an EFLM conference. The Award consists of a certificate and the sum of 15,000 Euros.

EFLM collaborates with sub-regional professional organizations in the Balkan, Nordic and Alps-Adriatic region. A memorandum of understanding between EFLM and IFCC has formalized the relationship between the two Federations. EFLM has no Corporate membership, but seeks partnership with EDMAs and members of the IVD industry in setting up various projects that support the development of the profession in Europe. Currently EFLM has formalized its collaboration with the American Association of Clinical Chemistry (AACC), IVD Industry Connectivity Consortium (ICC), EDMA, the Journal of Clinical Chemistry (CC) and the Journal of Clinical Chemistry and Laboratory Medicine (CCLM) and the European co-operation for Accreditation (EA).

EFLM intends to set up even wider collaboration with sister Federations in order to harmonize scientific, educational and professional efforts in a complementary fashion, so that laboratory and health care professionals enjoy the benefits of such a collaboration both in the Euro-region and worldwide.

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5.05. Arab Federation of Clinical Biology (AFCB)
The Arab Federation of Clinical Biology (AFCB) was established in October, 27th 1991 in Tunisia. The AFCB is managed by its Executive Board (EB) that is elected periodically every three years. Each member society in the AFCB is represented by one delegate in the EB. In its first meeting the EB elects its president, Vice-president, Treasurer, General Secretary, and chairs of its needed committees according to its bylaws. The past AFCB president also is a member of the EB. AFCB is a federation of associations, syndicates and bodies representing specialists in the field of laboratory medicine and health, in scientific and educational institutions and in medical laboratories for diagnosis and research in both private and public sectors, within the Arab world. The eleven countries that currently form the AFCB are Algeria, Egypt, Jordan, Lebanon, Morocco, Palestine, Sudan, Syria, Tunisia, Libya and Yemen. Among the aims of the Federation are to: tighten relationships between all those who work in the field of Clinical Laboratory all over the Arab world including (1) sharing information, expertise and scientific achievements; (2) organising seminars and training in clinical biology and laboratory medicine; (3) publishing scientific journals and periodicals specializing in clinical and laboratory medicine (4) organising training and educational sessions (5); participating in the creation of national bodies and associations within the Arab countries that do not have such organizations in respect to their local legislation, (7) giving support and advice to national bodies and associations within the Arab countries , (8) providing consultation and expertise as requested to scientific and production institutions in the Arab world; organise scientific congresses, participate at both regional and national congresses in the Arab world, provide the organizing countries with all the scientific support needed; (9) co-ordinate with the Council of Arab Ministers of Health on clinical laboratory scientific matters; (10) implement International Units; (11) provide support to IVD industry in the Arab world; and (12) support Quality Management Programmes in Health Laboratories.

The AFCB has organized 12 congresses since 1974 in Egypt, Syria, Tunisia, Jordan, Morocco, Tunisia, Lebanon and Syria.

**Our Vision:**
To work on the development of the profession and the science of laboratory medicine in the Arabic world.

**Our Mission:**
1. To be the legitimate voice for the profession of laboratory medicine in the Arabic world.
2. To be lead in the Arab and international community with regard to the profession of laboratory medicine
3. To serve members with the maximum potential.
4. To maintain high professional standards in the practice of medical laboratory sciences in the Arabic world.

**Our Objectives:**
1. Strengthening the link between workers in the field of clinical laboratory science in the Arab world, and exchange of experiences and scientific information.
2. Organization of periodic scientific conferences in the field of clinical laboratory science and scientific symposia, seminars, exchange briefing visits, and contribute to the Arab national conferences, and provide adequate scientific support.
5.06. African Federation of Clinical Chemistry (AFCC)

The African Federation of Clinical Chemistry is an organisation of clinical chemistry societies on the African continent, and a regional society of the IFCC. At present the membership comprises of the following eight countries:
- Kenya (Clinical Chemists Association of Kenya; CCAK)
- Morocco (Société Marocaine de Chimie Clinique; SMCC)
- Nigeria (Association of Clinical Chemists of Nigeria; ACCN)
- Rwanda (No official Society)
- South Africa (South African Association of Clinical Biochemistry; SAACB)
- Sudan (Sudanese Association of Clinical Biology; SSCB)
- Tunisia (Société Tunisienne de Biologie Clinique; STBC)
- Zambia (Biomedical Society of Zambia)

Six of these countries are Full Member Societies of the IFCC.

The inauguration of the AFCC took place in October 2009 in Ibadan, Nigeria and the second meeting in Nairobi, Kenya, 28-30 September. This meeting was preceded by a quality management workshop organized by Proff. Jocelyn Hicks, Donald Young and Rajiv Erasmus.

During the meeting in Nairobi the Board members which will serve for the term 2012 – 2013 were elected and include President: V Steenkamp (South Africa), President-Elect: AB Okesina (Nigeria), Secretary: E Agbedana (Nigeria), Treasurer: E Odera (Kenya), Members-at-large: H Lumano (Zambia) and PL Tugirimana (Rwanda).

The aim of the AFCC is to promote improvement in the health wellness of the communities it serves through improving the development and practice of clinical chemistry through education and scientific excellence and promote clinical chemistry in Africa. To date academic exchange between Nigeria and South Africa has taken place, areas of concern in clinical chemistry have been identified and to this end a quality management course has been organized. The clinical case study program provided by the AACC has been distributed to all AFCC member countries where it is being incorporated in the registrar training course.

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