Evaluation of the Practical Approach to Lung Health

Report of meeting held on 18 and 19 June 2007 WHO, Geneva



STOP TB DEPARTMENT Tuberculosis Strategy and Health Systems

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Acronyms and abbreviations

ADF	Asthma Drug Facility
AIDS	acquired immunodeficiency syndrome
COPD	chronic obstructive pulmonary disease
DOTS	the internationally recommended strategy for TB control until 2005, and the foundation of the Stop TB Strategy introduced in 2006
GARD	Global Alliance for Respiratory Diseases
GINA	Global Initiative for Asthma
GOLD	Global Initiative for Chronic Obstructive Lung Disease
HIV	human immunodeficiency virus
IMAI	Integrated Management of Adolescent and Adult Illness
KFLHP	Kyrgyzstan Finland Lung Health Project
МОН	Ministry of Health
NTP	national tuberculosis programme
NWG	national working group
PAL	Practical Approach to Lung Health
PALSA	Practical Approach to Lung Health in South Africa
PHC	primary health care
STB	WHO Stop Tuberculosis Department
STI	sexually transmitted infection
ТВ	tuberculosis
The Union	International Union Against TB and Lung Disease
WHO	World Health Organization

1. Background

The Practical Approach to Lung Health (PAL) is a patient-centred approach to improve the quality of diagnosis and treatment of common respiratory illnesses in primary health care (PHC) setting. It seeks to standardize service delivery through development and implementation of clinical guidelines and managerial support within the district health system. It is intended to coordinate among different levels of health care and between tuberculosis (TB) control and general health services.

PAL was initiated by WHO in early 1998. Field experience helped to develop PAL clinical guideline models and to define a phased process to adapt, develop and implement PAL in countries. Presently, there are 31 countries worldwide at different stages of the PAL development process. Data from countries' experience suggest that PAL is likely to: (i) increase significantly TB case detection in some situations; (ii) improve care quality of acute and chronic respiratory patients at first level health facilities; (iii) decrease unwarranted drug prescription, particularly antibiotics and adjuvant drugs; and (iv) reduce drug prescription cost per patient.

The new Stop TB strategy has identified PAL as an integral part of the component addressed to strengthen the health system by linking TB control activities to proper case management of all common respiratory conditions. A network of international agencies has joined WHO in the commitment to develop PAL. Most of the funding for PAL support at global level comes from the United States Agency for International Development. PAL is also considered for funding within the TB proposals by the Global Fund against AIDS, Tuberculosis and Malaria. Collaborative links have been established with the Tobacco Free Initiative, the International Union Against Tuberculosis and Lung Disease (The Union), the Finnish Lung Health Association, the Forum of International Respiratory Societies, the Global Alliance for Chronic Respiratory Diseases (GARD) and some national academic institutions.

At the beginning of 2007, WHO launched an evaluation plan in order to:

- 1. Assess the current status of PAL development and implementation at global level on the basis of available technical and managerial tools, country experience, collaborating institutions and funding.
- 2. Identify the main weaknesses and obstacles to PAL development at international and country levels, document the strengths so far achieved and point out the challenges to be confronted.
- 3. Formulate recommendations to re-orient the development and implementation of the PAL strategy at global level.

The evaluation plan included the following activities: (i) an overview of the global progress in PAL development and implementation; (ii) collection of data through an evaluation survey questionnaire in countries with some PAL activities; (iii) field evaluation visits to the four countries which have reached the most advanced stage in PAL implementation, namely El Salvador, Kyrgyzstan, Morocco and South Africa.

The consultation meeting took place at WHO Headquarters in Geneva on 18 and 19 June 2007. The Agenda of Sessions is presented in Annex 1 and the List of participants in Annex 2.

2. Objectives of the consultation meeting

The objectives of the consultation meeting were:

- to review all the information collected by the 2007 PAL evaluation plan;
- to provide to WHO an independent assessment of the situation of PAL development and implementation at global and country levels, pointing out main strengths, weaknesses and challenges;
- to review and discuss PAL strategy in the frame of Stop TB Strategy; and
- to advise on ways to overcome constraints, deal properly with identified challenges, establish priorities and define further steps in the process of development and implementation of the PAL strategy.

In the opening session, Dr Mario Raviglione, Director of the Stop TB Department (STB), welcomed the participants and pointed out that it was high time for WHO to assess what happened in the field of PAL after the first and second consultation meetings held in 1998 *(1)* and 2002 *(2)* respectively. The role of PAL within the whole health system has become clearer and is now very appropriate, given the current WHO priority set up by the WHO Director-General of reviving and stressing the policies of the 1978 Alma-Ata Declaration on Primary Health Care. He asked the meeting participants to give special consideration to: the role of PAL in primary health care (PHC) of low-income and middle-income countries; the suitability of promoting a single model or alternative models of PAL case management guidelines; and the degree of commitment that the national tuberculosis programme (NTP) should assume in the development and implementation of the PAL strategy.





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