

PAL

Practical Approach to Lung Health

Practical Approach to Lung Health

– Manual on initiating
PAL implementation



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Manual on initiating PAL implementation

Stop TB Department
and
Department of Chronic Diseases and Health Promotion,
World Health Organization,
Geneva, Switzerland



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Foreword

In June 2005, WHO's Strategic, Technical and Advisory Group on TB approved the new Stop TB Strategy, which was endorsed by the Stop TB Partnership Coordinating Board in November 2005. The new Strategy was designed to deal with challenges and obstacles that slow the progress in achieving tuberculosis control goals. The major challenges identified are accessibility of good-quality TB care, TB/HIV co-infection epidemic, multidrug-resistant TB, weaknesses of health systems, involvement of all care providers, engagement of communities, and the development of new diagnostics, drugs and vaccines.

The Practical Approach to Lung Health (PAL) is one of the strategies intended to overcome the challenge posed by weak health systems. This initiative is aimed at managing respiratory patients in primary health care settings while expanding TB detection and good-quality TB services. PAL focuses on the most prevalent respiratory diseases at first-level health facilities – pneumonia, acute bronchitis and other acute respiratory infections, TB, and chronic respiratory conditions including chronic bronchitis, asthma and chronic obstructive pulmonary disease.

PAL uses two main approaches to achieve integrated case-management of respiratory patients in primary health care: standardization of diagnosis and treatment of respiratory conditions, and coordination among health workers of different levels.

This manual was developed by WHO to assist country institutions – health and other government ministries, social security agencies, nongovernmental organizations – that want to introduce the PAL strategy into case-management practices in primary health care. It describes a phased process of promotion, technical guideline development and adaptation, pilot testing, managerial planning and implementation. The standards and recommendations represent a synthesis of the observations and experience gathered in primary health care settings in 10 countries in all regions of the world in the past six years.

The manual provides practical guidance to health managers whose efforts are crucial to the achievement of global TB control goals and national targets for case-management of respiratory conditions. It will also be helpful for health care providers at both first-level health care facilities and the first referral level.

The overall policy and guidelines development will rest at the central level of the ministry of health as the leading agency of the country health sector. Planning and implementation will be the responsibility of the district health level and the authorities of other institutions that provide primary health care services.

The PAL strategy encompasses many managerial elements of the Stop TB Strategy in relation to training, logistics, patient education, community involvement, and information systems for monitoring and evaluation.

Health workers need to be prepared to assess patients presenting with respiratory symptoms, some of whom will have TB but most of whom will have other respiratory conditions. They also need to be familiar with the criteria for referring respiratory patients or for treating them at home; supplies for case-management of respiratory conditions; and guidance on health education activities and on recording and reporting of data.

The manual provides guidelines and tools for health managers to meet all the above-mentioned needs. Because PAL is a strategy requiring commitment and cooperation, it is important to devote time to building consensus and creating a broad base of

support during the development of guidelines and planning of activities. Countries are encouraged to follow a well-defined, stepwise process: promotion, political commitment, establishment of a PAL national working group, assessment of the local situation, adaptation of technical and operational guidelines, elaboration of training materials, feasibility testing, planning of national expansion and mobilization of funds.

Although PAL is still in the early stages of promotion and development, available information from country projects suggests that the strategy may improve TB detection and diagnosis, drug prescribing, quality of care, criteria for referral, and follow-up of patients with chronic respiratory diseases.

Dr Mario Raviglione
Director
Stop TB Department
World Health Organization

Development of the manual and acknowledgements

A steering committee for the PAL manual was established and met in April 2004; this committee included: Léopold Blanc (STB, WHO, Geneva), Pierre Chaulet (senior consultant), Jun Wook Kwon (STB, WHO, Geneva), Paolo Matricardi (NMH/CHP, WHO, Geneva), Antonio Pio (senior consultant), Salah-Eddine Ottmani (STB, WHO, Geneva), and Yelena Yurasova (WHO, Russian Federation). The committee outlined, discussed and agreed on the key elements to be included in the manual.

The content of the manual is based on WHO's recent experience in promoting, supporting and implementing PAL projects in various country settings with different epidemiological, economic and sociocultural profiles. Each chapter highlights an important step in the process of adaptation, development, implementation and expansion of the PAL strategy, considered in the light of the health system environment, as experienced in country projects. Selection of the references for each chapter was carried out using the Medline package. Existing PAL guidelines for countries were used for Chapter 4. Chapter 8 describes the protocol used in countries where PAL feasibility studies have been done, and Chapter 9 covers the development of a PAL implementation and expansion plan as established in countries that have implemented PAL. No references are cited for Chapters 8 and 9.

The first draft was developed by Pierre Chaulet, Antonio Pio and Salah-Eddine Ottmani. The subsequent five revisions were carried out by Nadia Aït Khaled (The Union), Léopold Blanc, Pierre Chaulet, Jun Wook Kwon, Paolo Matricardi, Antonio Pio, Salah-Eddine Ottmani and Yelena Yurasova.

The sixth draft was widely distributed for review to: Khaled Abu Rumman (Jordan), Nadia Abu Taleb (Jordan), Raimond Armengol (AMRO/PAHO), Mohammed Aziz (STB/WHO), Samiha Baghdadi (EMRO), Mourad Baghrich (Algeria), Oumou Bah-Sow (AFRO), Leila Baiugh (Algeria), Eric Bateman (South Africa), Naima Bencheikh (Morocco), Ali Benkheder (Tunisia), Cesar Bonilla (Peru), Zoubida Bouayad (Morocco), Annemieke Brands (TFI/WHO), Nurlan Brimkulov (Kyrgyzstan), Mirtha Camacho (Bolivia), Almady Camara (Guinea), Francisco Castillo (El Salvador), Erwin Aime Cooreman (SEARO), Mirtha Del Granado (AMRO/PAHO), Ikram Drira (Tunisia), Essam Elmoghazy (Egypt), Rene English (South Africa), Marina Erhola (Finland), Julio Garay (El Salvador), Haileyesus Getahun (STB/WHO),

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