# Practical Approach to Lung Health (PAL)

A primary health care strategy for the integrated management of respiratory conditions in people five years of age and over

Edited by: Salah-Eddine Ottmani, Robert Scherpbier, Antonio Pio, Pierre Chaulet,

Nadia Aït Khaled, Léopold Blanc, Nikolai Khaltaev and Mario Raviglione



STOP TB DEPARTMENT
DEPARTMENT OF HEALTH PROMOTION, SURVEILLANCE, PREVENTION
AND MANAGEMENT OF NONCOMMUNICABLE DISEASES

#### © World Health Organization 2005

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The named editors alone are responsible for the views expressed in this publication.

## **ACKNOWLEDGEMENTS**

This document was made possible with the significant contribution of the following: Samiha Baghdadi, Marina Erhola, Jun Wook Kwon, Dermot Maher, Jaouad Mahjour, Eva Mantzouranis, Paolo Matricardi, Mukund Uplekar and Yelena Yurasova.

We are particularly grateful to Sandy Gove for her valuable commitment and contribution in the development of the Practical Approach to Lung health.

We thank Katharine Mann Jackson and Tammy Farrell for their valuable collaboration.

We are also grateful to the United States Agency for International Development (USAID) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their financial support.

## PRACTICAL APPROACH TO LUNG HEALTH (PAL)

## **CONTENTS**

1.		Introduction1					
2.		Burden of respiratory illnesses	2				
3.		Objectives of PAL	3				
	3.1	Epidemiological objectives	4				
	3.3 3.4	Managerial objectives					
4.		PAL adaptation	5				
5.		Standardization of clinical care	6				
6.		Coordination	9				
7.		PAL perspectives	.10				
	7.1	PAL strategy and TB control	. 10				
	7.2	PAL strategy and respiratory care services					
	7.3	PAL strategy and district health systems	. 11				
8.		Conclusion	.12				
	strat	ble 1. Mortality from respiratory diseases, all ages, by country mortality tum (estimates for 2002)	. 13				
	sym	are 1. Proportion of patients, aged five years and over, with respiratory aptoms in primary health care facilities with medical officers	. 14				
the population aged 15 years and over, by epidemiological profile and socioeconomic status of countries, 2000							
		ole 3. Impact of the Practical Approach to Lung Health (PAL) on drug					
	pres	cription in Kyrgyzstan and Morocco	. 15				

### 1. Introduction

The objectives of the DOTS strategy to control tuberculosis (TB), as adopted by the World Health Assembly and endorsed by the Stop TB Partnership, are to cure at least 85% of the sputum smear-positive TB cases put on anti-TB treatment and to detect at least 70% of the estimated new sputum smear-positive TB cases worldwide. These objectives are a prerequisite to halve TB prevalence and deaths from TB in order to halt and begin to reverse the incidence of TB by 2015, as formulated in the United Nations Millennium Development Goals.

Since the inception of the DOTS strategy, the cure rate among TB patients put on treatment has increased significantly in many countries. In 2002, this rate reached 82% in those areas where DOTS had been implemented. However, the global average detection rate remains well below the established target of 70%; indeed, in 2003 only 45% of all estimated smear-positive TB cases were identified under DOTS conditions.

In the light of this, the World Health Organization (WHO) is currently considering a variety of strategies to improve TB case detection – while maintaining the gains achieved in treatment outcomes – through the development and implementation of a multifaceted approach. This approach includes:

- Global DOTS Expansion, which aims to accelerate DOTS coverage for populations living in areas where DOTS has not been yet implemented, with a particular focus on the 22 countries where the burden of TB is high;
- the Public-Private Mix approach, which aims to link all health-care providers –
   public and private to national TB control programmes (NTPs). The purpose is
   to extend quality TB care to all patients managed outside national NTPs;
- the Interim Policy on Collaborative TB/HIV Activities, which aims to develop collaboration between TB control and HIV/AIDS programmes in order to improve the prevention, identification and management of TB among people living with HIV/AIDS as well as the prevention, identification and management

of HIV among TB patients, particularly in country settings where the burden of HIV is high;

- the Community-Based DOTS approach, which aims to involve communities in TB control activities, with a particular focus on those regions where access to health-care services is poor; it also focuses on improving quality of care for TB patients within their communities;
- the Practical Approach to Lung Health (PAL), which aims to improve TB diagnosis and care by improving: (i) the quality of respiratory care in primary health care (PHC) settings, and (ii) the efficiency of respiratory service delivery within health systems.

## 2. Burden of respiratory illnesses

Respiratory diseases are responsible for a considerable burden of suffering and death in all age groups worldwide. Although respiratory diseases have always been an important cause of morbidity and mortality, in recent decades, their incidence has steadily increased everywhere. This rise can be attributed to a rapid increase in a number of risk factors such as tobacco smoking habits in developing countries, the HIV epidemic, urbanization, industrialization, atmospheric pollution, and the deterioration of socioeconomic conditions in certain countries.

In 2002, respiratory conditions were responsible for more than 11 million deaths worldwide; this translates as a specific mortality rate equal to 183 per 100 000

预览已结束,完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5 29957

