

World Congress on

ADVANCEMENTS IN TUBERCULOSIS AND LUNG DISEASES

April 22-23, 2019 Tokyo, Japan

Engaging retail drug outlets or private pharmacy has been translated into programmatic policy, strategy and intervention in low-and middle-income countries for early detection of TBC cases and prevention of MDR TB**Neuza OVT Lopes**

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Engaging retail drug outlets has been translated into programmatic policy, strategy and intervention in low-and middle-income countries. It is required to think beyond traditional models that expect pharmacists to be able to recognize who may have TB and passively refer TB patients to the public sector. Pharmacists can be engaged for a variety of TB services across the cascade of care and private pharmacies have been actively engaged in some development countries that have dramatically increased private sector TB case notifications in the country and improved quality of TB care in the private sector. In addition, a supportive and effective regulatory environment may be as important to help curb the private pharmacy sale of unnecessary antibiotics and decrease diagnostic delays for millions of TB patients. Successful TB control efforts hinge on early diagnosis and appropriate treatment. A policy to not allow private clinic to sale TB drugs also shows decreased of MDR TB cases, for example like in East Timor, only government health sector can provide TB drugs across the country. In spite of the emergency period, MDR-TB rates seem to be very low. A small and declining number of re-treatment failures have been confirmed to have MDR-TB (three cases 2002–2004). A project approved by the Green Light Committee is being set up for the treatment of up to 15 cases initially. Low numbers of MDR-TB cases could be explained by several factors: Few TB drugs are available outside the NTP as the health ministry prohibited the sale of TB drugs in private pharmacies; a small private sector; and the eight-month regimen.

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