Planning and Delivery of National Tuberculosis Control Program

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국가 결핵관리사업의 계획과 전달

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모든 계획이란 실천 가능 한 것이어야 한다. 계획은 지식과 기술이 있는 전문가 가 세워야 하지만 이것을 이행해야 할 의무가 있는 그룹이 실천을 해야한다. 그러므로 우리들의 결핵관리사업은 우선 정부가 충분한 예산 뒷받침을 해야하고 의사와 간호원은 이것을 환자와 국민에게 전달해야 하고 또 이들은 이것을 현명하게 사용해야 할 것이다.

의사들이 아무리 좋은 계획을 짜내도 정치가들이 여기에 대해서 얼마나한 중요성(가치성)을 인정하느냐에 달려서 예산은 배정되는 것인데 결국 의사들은 좋은 실천가능한 계획을 짜고 정치가들을 설득해야 하고 또 이것을 환자와 국민에게 전달할 뿐 아니라 또 그것이 잘 실천되도록 감시원 노릇도 해야 하는 고로 말하자면 다방면 기술자(polytechnician)의 역할을 해야하는 것이다.

한국에는 현재 매우 현대적이고 좋은 결핵관리사업을 위한 조직체제와 목표가 제정되어 있다. 이것은 정부에서 결정하는 것이지만 결핵협회와 결핵자문위원과 WHO의 기술적 협조 아래서 이뤄진 것이다.

이의 주요 골자는 강제적인 BCG 접종, 환자발견사업, 봉원자택치료, 그리고 말단 지방에서 의사를 돕기 위한 기술자와 일반인 중사자들의 교육등이다. 이러한 것들은 경제적이고 효과적인 결핵사업을 지방 벽지에까지 뻗이기 위해서 계획된 것이다.

BCG의 실시는 상당히 성공적으로 되어 있으나 치료사업은 아직도 매우 부족해서 X-선사진에서 결핵 의심이 있는 환자의 7%, 균양성자의 30% 가량 밖에는 미치지 못하고 있다. 환자발견사업에서는 X-선집단 검진을 주로 하고 있고 집단적인 객담검사에 의한 환자발견사업은 1964년부터 하고 있으나 아직 시험 단계라고 할 수 밖에 없다.

한국에 결핵사업은 대체로 그 성과가 약간 보이기 시작하기는 했지만 그 결과는 아직도 지지부진한 상태라고 할 수 있고 이의 촉진을 위해서는 더 좋은 연료가 필요하다고 하겠으며 현재까지 한국의 결핵사업에서는 재정의 낭비보다는 시간의 낭비가 더 문제로 될 것같다고 하겠다.

Dear my Colleagues!!

It is a well known fact that the ants are very cleaver in organizing their system of

living and doing their duties as well. So they never have had the tuberculosis problem as I know of, However many parts of human worlds

are still suffering with tuberculosis disease although in several countries succeeded in control of this disease. Now we are talking about the planning and delivering of national tuberculosis program Dr. Hitze gave us a general way of planning and delivering of it, Dr. Sodhy gave us a practical way of its application with a good result in his country. But I like to add few more words on it.

We always saying that the plan must be workable for its success. This means that the plan must be planned by the specialist with sufficient knowledge and skillness, but it must be also carried out by the responsible parties.

In case of tuberculosis control, the government must allocate enough budgets at the beginning and the doctors and nurses, so on must deliver it to the patients or the peoples, then they also must use it wisely. Prof. Wheelwright in yesterday's session told us that although the medical professions recommend for a better tuberculosis control plan, its budget must be allowed by the politicians according to their thinking of valuation on it.

Then we are, as a physician of tuberculosis specialist, in a position of polytechnician, that is, we must plan a reasonable plan for tuberculosis control and must persuade the politicians for the budgets, then work as the deliverer, and also act as the watchman for the patients or the peoples. When thinking of these tasks, I am very envious for the successfulness of tuberculosis control in several countries like Australia, Malaysia etc in Eastern Region. and also I feel very much duties on my shoulder as a Korean physician, because the situation of Korea is still serious.

In Korea we have a rather nice and up-to-date plan for tuberculosis control made by government with a cooperation of Korean National Tuberculosis Association.

The policies are determined by the government, but it is also assisted by the tuberculosis

advisory committee and by WHO technical advisory.

The main policies of the plan consisted with compulsory BCG vaccination, case finding and ambulatory chemotherapy, also training of technicians and layworkers to assist the physicians in peripheral regions.

These are aimed to deliver reasonably effective measures yet economic and also to cover the majority including rural areas.

The first BCG is to cover all the infants as early as possible and preferably simultaneously with small-pox vaccination, the second BCG is given to the primary school entering age children without BCG scar, The third BCG is given to the 6th grade primary school children, age of 12. The BCG program is, we think quite successful, in 1970, by age of two years, it reached to over 50% and so on.

The mass X-ray survey started from 1956 and the mass sputum examination for case finding has been also instituted since 1967 and it is still in a trying stage.

The treatment is given mainly to the sputum positive cases only and the present numbers of registered at the health centers are 80,465.

This covers only 7% of X-ray suspected and only 30% of estimated number of sputum positive cases.

The tuberculosis control works in Korea as a whole, it began to show some signs of expected results are coming, but to me it is too slow and much desired to speed it up faster than this.

For this, it needs better funds as well as better vehicles.

In Korea, I believe, we have not very much to be wasted of in tuberculosis control works except the time elements.

Thank you.

3 slides projected to show the system organization of tuberculosis control in Korea and BCG coverage and treatment coverage.