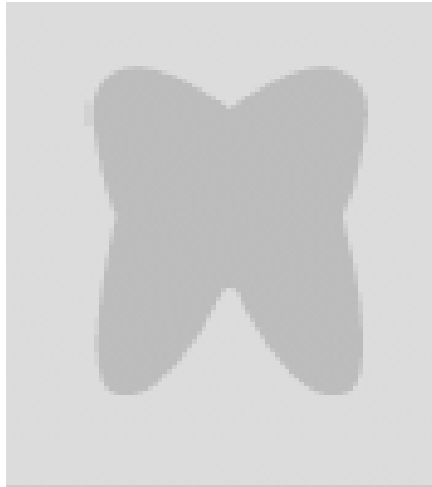


‘Oral Healthcare providers and HIV/AIDS’



Report on ‘Building the HIV/AIDS Capacity of Oral Health Care Providers in India’

Lead technical support agency
AVNI Health Foundation, Mumbai, India

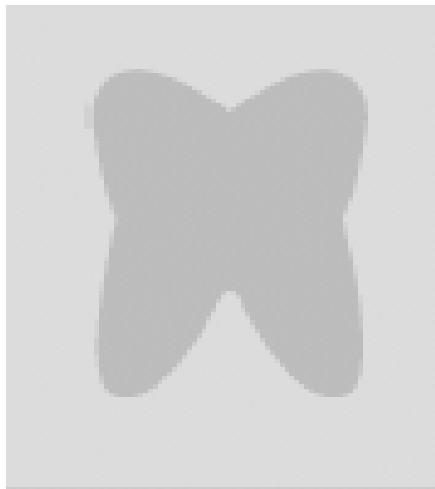
In collaboration with
School of Dentistry-University of the West Indies, Trinidad and Tobago
The Dept. of Comprehensive Dentistry -University of Alabama at Birmingham, USA

Host Institutions
Govt. Dental College-Goa, Sri Sai College of Dental Surgery-Vikarabad
IDA– Chennai Branch.

Strategic Partners and Key Supporters
Goa State Aids Control Society, IDA- Goa Branch
Tamilnadu State AIDS Control Society, Andhra Pradesh State AIDS Control
Society
Colgate- Palmolive (I) Ltd, AIR INDIA and Go Air

Report on
***“Building the HIV/AIDS Capacity of Oral Health Care
Providers in India”***

**Training of Trainers Workshops conducted
at
Goa, Hyderabad & Chennai
March 4th – 12th 2006**



**This report has been prepared by
Mr. Ajey Bhardwaj, Co-Founder
Dr Chhaya Rajguru, Program Officer
AVNI Health Foundation**

ACKNOWLEDGEMENTS

Having successfully completed the 1st Phase of workshops in 2005 wherein we built capacity of 400+ dentists spread across Maharashtra and Karnataka there was no time for us to sit back and relax. The success of the 1st workshop and the demand of similar workshops in other areas of the country encouraged us to embark on the 2nd edition of the workshops in 2006.

To turn the concept into reality, one needs support in so many different ways, in terms of funding, material development, venue and facilities for hosting the workshops, support for travel to the different proposed sites and of course all the logistical and administrative work that goes into such a large scale activity

The challenging task to put all the above mentioned pieces together turned out to be smooth owing to the partnerships we were able to put in place at **GOA, ANDHRA PRADESH and TAMILNADU** and the excellent support we got from all the key stakeholders both National and International.

On behalf of the team, I would like to take this opportunity to attempt to thank and extend our deepest appreciation to all those who went that extra mile to help us and make this initiative successful.

We would like to specially acknowledge the continued support and commitment of our two international resource persons who took time off from their places of work and came to India to conduct these workshops for the second time in as many years. Our sincere gratitude and thanks to **Prof. S R Prabhu**, Professor of Oral Medicine and Head of Oral Disease Unit, School of Dentistry, Associate Dean, Faculty of Medical Sciences, The University of the West Indies, Trinidad and Tobago who was instrumental in linking us with several partners in India, contributed to the design of the workshop, including materials.

Our sincere thanks and appreciation to **Dr Jeffrey Hill**, Assistant Professor, Dept. of Comprehensive Dentistry, University of Alabama School of Dentistry, University of Alabama School of Medicine, Birmingham, USA, who has also been working with us since the last several months, contributed to the workshop materials, facilitated the certification of the current workshop by the Department of Continuing Medical Credits, University of Alabama at Birmingham, USA.

I would like to specially acknowledge and extend my heartfelt thanks and appreciation to our Host Colleges and the Indian Dental Association. The below mentioned persons have patiently responded to all our queries and comments, and provided full logistic, funding and administrative support for the workshops, **GOA-Dr Chandra, Dr Dinkar and Dr Sansgiri, ANDHRA PRADESH – Dr A Jaykumar and his entire team and CHENNAI - Dr Kethan Pharekh and Dr Rangarajan and their team.**

A special mention and thanks to the State AIDS control societies, who supported us whole heartedly and the following individual who were instrumental in the success of the workshops, **GOA STATE AIDS CONTROL SOCIETY - Dr J J Dais and Dr. D'sa , TAMILNADU STATE AIDS CONTROL SOCIETY - Mr Vijayakumar and Dr Balasubramaniam and ANDHRA PRADESH STATE AIDS CONTROL SOCIETY - Ms. K Damayanti.**

I would like to acknowledge all the local resource persons – **Dr D,Sa , Dr Savio Rodrigues , Dr Kakodkar and Dr Nadia Pinto from Goa, Dr M V Ramana Rao, Dr Ranganathan , Dr Md. Irfan from Andhra Pradesh and Dr Mahalingam, Dr Tokugha Yepthomi , Dr Bimal Charles, Dr Balasubramaniam, from Chennai** ,who contributed as key note speakers in the workshop and contributed immensely by their knowledge base and wisdom on the subject.

Also, I would like to thank **Dr Uma Devi, Dr Koteeshwaran, Dr Chandrasekhar, Dr Rajkumar, Dr Sathasivasubramaniam** from Chennai, for chairing the various scientific sessions.

I would like to thank **Mr Ashtekar of Colgate Palmolive India Ltd** for their support towards developing the resource manual for the workshop. This manual contains all relevant information pertaining to the various topics covered in the two days workshop.

We also wish to thank and acknowledge, **Mr Wadia of GoAir and Mr Thulasidas and Ms VJ Malkani of Air India** whose support ensured that travel of the Resource Persons was taken care and we all arrived in shape for the Workshop.

Last but not the least; I would like to gratefully acknowledge the support from the entire **AVNI team**, particularly **Dr. Chhaya**, our printers **Hariom** and our secretarial services.



AJEY BHARDWAJ
AVNI HEALTH FOUNDATION

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Cases
CME	Continued Medical Education
HIV	Human Immunodeficiency Virus
PLWHA	People Living With HIV/AIDS
STD	Sexually Transmitted Disease
SPSS	Statistical Package of Social Sciences
TOT	Training of Trainers
UAB	University of Alabama
UWI	University of West Indies

**Report on
“Building the HIV/AIDS Capacity of Oral Health Care Providers In
India”**

Executive summary

India is on red alert as we now have the highest number of persons living with HIV in the world with 5.7 million affected —reported in the 2006 report on the Global AIDS Epidemic

Although the above number has been disputed by the Government agencies, we must appreciate that the numbers of persons living with the disease has indeed grown in the last few years. Efforts of International agencies and the Government will not be enough if we have to make win this race and stop progression of the disease. As a country we need to collectively work towards fighting the disease if we have to make meaningful inroads to stop the spread. General practitioners, dentists, medical professionals from the Ayurvedic, Homeopathy and the general population, will have to thus take part in the prevention programs, if we aim to curb the spread of the disease.

For those affected by HIV detecting the disease early will perhaps be the key to saving lives. And when it comes to life- threatening conditions, such as oral cancer, diabetes, eating disorders and HIV, a dental practitioner can play a vital role.

The oral environment is the ideal setting for early recognition of HIV infection. One or more oral lesions are seen in about 60% of HIV cases and about 3% of HIV patients present first with an oral complaint, which subsequently leads to HIV-infection being diagnosed. Further, a team approach in management of the HIV positive patient is critical with oral health care providers working closely with other health care providers.

Most of the training programs are focused on health care providers, but the oral health care providers –dentist, dental assistants, and nurses working in the dental clinic have been neglected, while they also need to get the same kind of attention in respect to training .In order to meet the challenge of HIV /AIDS in India, it is imperative to build capacity in our public health system including the Oral Healthcare provider.

AVNI Health Foundation and its collaborative partners addressed the issue of capacity building of oral health care providers and of stigma and discrimination against PLWHAs through a series of 3 workshops towards building the capacity of health care providers in HIV /AIDS. These were held between March 4th to 12th 2006, in three States, Goa, Andhra Pradesh and Tamilnadu. A total of 321 Oral health care providers representing 21 Dental College Staff and Students, Indian Dental Association members, and Private practicing dentists attended the 2-day workshop at 3 different sites in these states.

The report highlights the steps in this phase, namely needs assessment, identifying partners and host dental colleges, designing the workshop curriculum, developing a resource manual tailored to oral health care workers needs, conducting the 3 workshops, and assessments through pre and post workshop surveys. The recommendations and way forward in these three States.

The participants of the workshop were assessed in terms of changes in **Knowledge, Attitudes, Confidence** and **Comfort level** in treating a person living with HIV/AIDS.

We captured participant's feedback on the **Content** of the workshop, **Materials** given to them, **Methodology** of the workshop and their **Confidence** levels as a trainer. Participants also listed their feedback on what they felt were the **Best areas** covered during the workshop and also suggested topics for review and inclusion in future workshops.

The report concludes with **Challenges** faced by us, the **Highlights** of this PHASE, our **Recommendations** and the **Way Forward** for **Next Phase** of the proposal.

A. Introduction

HIV /AIDS in India

India has had a sharp increase in the number of its people living with HIV, from a few thousand in the early 1990s to around 5.7 million adults and children in 2005. The spread of HIV within the country is as diverse as the societal patterns between its different regions, states and metropolitan areas. In fact, HIV in India exists in a number of epidemics, and in some places they occur within the same state. The epidemics vary, from states with mainly heterosexual transmission of HIV, to some states where injecting drug use is the main route of HIV transmission. Tracking these epidemics and implementing effective responses poses a serious challenge to the authorities and communities in India.

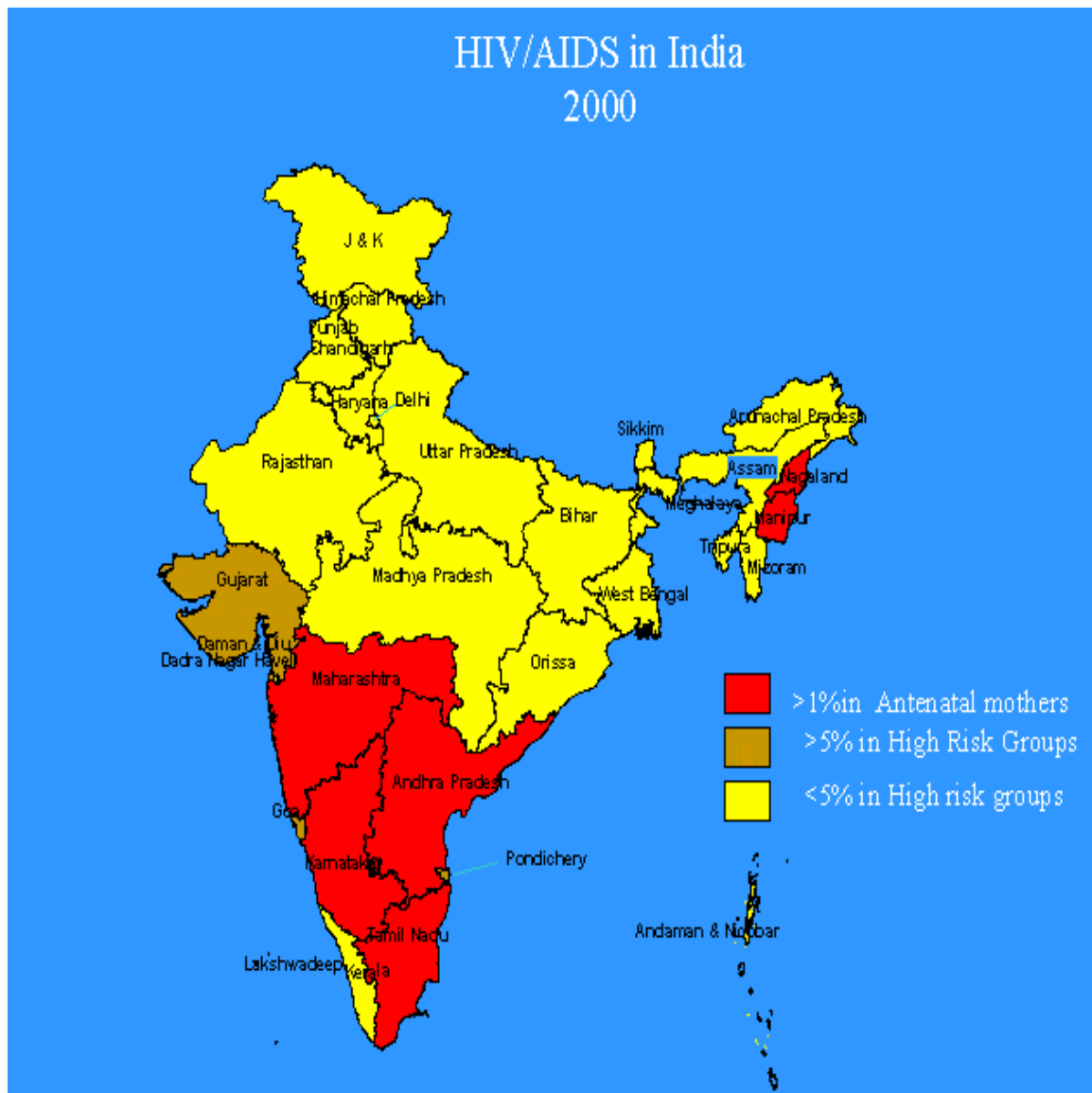
HIV/AIDS is one of the most challenging public health problems ever faced by the country specially when you consider that our country has a large population and population density, low literacy levels and consequently low levels of awareness.

India has 5.7 million people living with HIV - more than any other country in the world. By the end of July 2005, the total number of AIDS cases reported in India was 111,608, of whom 32,567 were women. These data also indicate that 37% of reported AIDS cases were diagnosed among people under 30. Many more AIDS cases go unreported.

Although the HIV prevalence is low (0.9%), the overall number of people living with HIV in India is extremely high. Given India's large population, with most states having a population greater than the majority of countries in Africa, a mere 0.1% increase in the prevalence would increase the estimated number of people living with HIV/AIDS by over half a million.

It is projected that India's adult HIV prevalence will peak at 1.9% in 2019. There were 2.7 million AIDS deaths in India between 1980 and 2000. During 2000-15, it is projected that 12.3 million AIDS deaths and 49.5 million deaths during 2015-50.

Map of India showing the prevalence rates in the states



The current project was conducted in three HIV/AIDS moderate to high prevalence States, namely, Goa, Andhra Pradesh and Tamil Nadu.

Andhra Pradesh

Andhra Pradesh has a total population of around 76 million. The ANC prevalence was around 2% in both 2004 and 2005 - higher than in any other state. The vast majority of infections in Andhra Pradesh are believed to result from sexual transmission. HIV prevalence at STD clinics was 22.8% in 2005.

Goa

Goa is best known as a tourist destination. Tourism is so prominent that the number of tourists almost equals the resident population, which is about 1.3 million. The ANC prevalence was found to be above 1% in both 2002 and 2004, but was 0.5% in 2003 and 0% in 2005. This variation is likely due to the small number of women tested; the 2005 survey included only two ANC sites. Prevalence at STD clinics was 14% in 2005, indicating that Goa has a serious epidemic of HIV among sexually active people.

Tamil Nadu

When surveillance systems in Tamil Nadu, home to some 62 million people, showed that HIV infection rates among pregnant women were rising - tripling to 1.25% between 1995 and 1997 - the State Government acted decisively, establishing AIDS control societies and closely working with the NGOs and the community to curb this epidemic. The ANC prevalence in Tamil Nadu was 0.88% in 2002 and 0.5% in 2005, though several districts still have rates above 1%. Prevalence among injecting drug users was 18% in 2005. Tamil Nadu had reported 52,036 AIDS cases to NACO by July 2005, which is by far the highest number of any state.

It is a sad irony that India is one of the biggest producers of the drugs that have transformed the lives of people with AIDS in wealthy countries. But for millions of Indians, access to these medicines is a distant dream" - Joanne Csete, Director of the HIV/AIDS programme at Human Rights Watch.

B. HIV/AIDS and the Oral Environment

In some parts of India, particularly the states that are reporting the higher prevalence, the tipping point is long past. I think there is absolutely no doubt that the virus is moving into the general population." –

Dr. R. Feachem,
executive director of the
Global Fund to Fight
AIDS, Tuberculosis &
Malaria.

Acquired Immunodeficiency Syndrome (AIDS)/ Human Immunodeficiency Virus (HIV) infection is a global health problem. Dentists are encountering and treating more and more HIV patients and oral lesions are major finding in these patients. Though there are many health initiatives and the policies pertaining to dentistry are in its early stages and definitive framework is need of the hour to tackle the HIV pandemic effectively.

The oral environment is the ideal setting for early recognition of HIV infection. One or more oral lesions are seen in about 60% of HIV cases and about 3% of HIV patients present first with an oral complaint, which subsequently leads to HIV-infection being diagnosed. The early diagnosis of these lesions by the

oral health care worker may lead to the early recognition of a patient who is infected by HIV and is not aware of it. Also some of the oral lesions (e.g. herpes and tuberculosis) may be transmissible making it necessary for patients to be counseled on prevention of transmission.

Further, it is important that a team approach in management of the HIV positive patient is emphasized and oral health care providers work in close collaboration with other health care providers in order to provide the best possible care and management to the client. Infection control measures are also an important aspect of an HIV /AIDS prevention program and the importance of this aspect with regard to oral health care providers (given the nature of work, and the potential for spread of the disease) cannot be overemphasized.

C. Background / Rationale to the project

C.1 The Need

The world's second-most populous nation has overtaken South Africa as the country with the most people living with the HIV virus. India is home to about 5.7 million cases as against about 5.5 million people infected in South Africa, as reported by the UN agency

While much of the work in capacity building and training in HIV /AIDS in India has been focused on the health care providers, namely, doctors, nurses, social workers and counselors, the oral health care providers, namely, dentists, dental assistants and

nursing assistants have been largely ignored while they also need to get the same attention.

It is true that the majority of dentists in India are not armed with all the knowledge needed to manage an HIV/ AIDS patient. This paucity of knowledge is because of the fact that those trained in the mid 80's have understandably had no exposure whatsoever to the information on HIV infection in their dental curriculum. Further, those trained relatively recently also missed out on access to much of the relevant information because of the lack of emphasis on the inclusion of HIV related issues in the dental curriculum.

Continuing Dental/Medical education opportunities specially tailored to practicing dentists in areas of HIV are also not readily available in India. For dentists keen to keep up with the latest information, the sources are limited, being media, websites, or conferences. However, these forums are not interactive and can become merely theoretical exercises. Participatory workshops with sharing of experiences can prove major learning avenues and need to be encouraged in the field of education.

In India, as elsewhere, AIDS is perceived as a disease of "others" - of people living on the margins of society, whose lifestyles are considered "perverted" and "sinful". Discrimination, stigmatization and denial are the outcomes of such values, affecting life in families, communities, workplaces, schools and health care settings. People living with HIV and AIDS continue to be burdened by poor care and inadequate services, whilst those with the power to help do little to make the situation better.

Much of the above behaviors stem from a lack of complete understanding of the disease and its various aspects, a lack of an HIV /AIDS workplace policy tailored to oral health care providers, a lack of skills to work with PLWHAs and a lack of a collaborative and referral network system. The importance of tackling these issues cannot be overemphasized especially in view of the rising number of HIV /AIDS cases in India. There is a lack of data on oral health care providers and HIV /AIDS in India and through this initiative we hope to address this issue and collect data that can prove invaluable in designing future programs and policies.

C.2 The Response

In order to meet the challenge of HIV /AIDS in India, it is imperative to build capacity in our public health system. The public health care delivery, health reforms, health policies all need to be reviewed critically if we are to have success with public health challenges such as AIDS.

AVNI Health Foundation and its collaborative partners addressed the issue of capacity building of oral health care providers and of stigma and discrimination against PLWHAs by:

- a. Building the capacity of oral health care providers – through training addressing the whole continuum of recognition, diagnosis, treatment, care and support of people living with HIV /AIDS
- b. Addressing discriminatory behaviors and attitudes of oral health care providers and staff in dental clinic settings through role models, leadership training and creating a network of providers.

Thus, the PLWHAs and others in the community will benefit by seeking, and receiving more appropriate oral health care services. The oral health care providers will benefit through improved knowledge in infection prevention, HIV case management with special reference to oral lesions, improved attitudes and behaviors of the dental clinic staff with reference to HIV /AIDS.

The country's HIV /AIDS program will benefit with capacity and skill building of human resource, as well as building a model of team approach to HIV prevention, treatment, care and support.

Lessons learned during the project implementation are in the process of being documented and shared with key stakeholders. The current report is part of this process. The Dental colleges also plan to use the experiences / lessons learned to make recommendations for curriculum review and development in the dental schools and in including questions in exams for dental certification. The resource manual developed for the program shall also contribute towards this process. At the end of the project, namely, the phases, a comprehensive report and documentation will be disseminated to key stakeholders for program planning and policy implementation.

C.3 The Partners

AVNI Health Foundation in collaboration with the Dept. of Comprehensive Dentistry, University of Alabama School of Dentistry, The School of Dentistry, UWI, Trinidad and Tobago, and our local hosts, Government Dental College, Goa, Sri Sai College of Dental Surgery, Andhra Pradesh and Indian Dental Association – Madras and Goa Branches conducted these workshops to build capacity of Oral healthcare providers in various aspects related to HIV/AIDS in India from March 4th to 12th 2006. This is one of the steps in the larger initiative to build public health capacity in India by working towards developing and teaching an indigenous public health degree course tailored to the country's needs. (This would translate into certificate, diploma and degree, Masters in Public Health degree courses).

C.4 Steps in Implementation

The project has been planned in two phases – the first phase was completed in Maharashtra and Karnataka in March 2005 and was extended to include the states of Goa, Andhra Pradesh and Tamil Nadu in March 2006.

We are currently sourcing FUNDS for conducting similar workshops in other states.

C.4.1 Phase I:

Prior to the TOT course, a **Needs assessment** was conducted amongst the dentists from the States of Maharashtra and Karnataka. This was done with the help of the participating dental colleges and the State Dental Associations. The training curriculum was then finalized based on inputs from the needs assessments and experiences of the persons involved, nationally and internationally.

AVNI along with a core team of two international experts in the field of oral HIV medicine and national experts in the field of HIV/AIDS conducted training of dentists identified in the 2 high prevalence States, namely, Maharashtra and Karnataka at 4 centers. We used the learning's in these workshops and further improved our inputs when we implemented the workshops in Goa , Andhra Pradesh and Tamil Nadu in March 2006.

C.4.2 Phase II:

Following the TOT, the trainers have volunteered to conduct **Phase II training workshops** with their dental colleagues in their respective colleges and State Dental associations over a six-month period and share their success stories with us.

Further, linkages with the medical providers, social workers, and nurses will also be explored especially in the Dental school setting. Once again, the team approach to the management of HIV /AIDS will be stressed.

D. Training of Trainers

This phase was further divided into:

1. Identifying host organizations
2. Confirmation of funding for the workshops
3. Developing and finalizing the training agenda
4. Developing and printing the resource manual
5. Finalization of all resource persons and training materials for the workshops
6. TOT workshops conducted at 3 places
7. Workshop certificates and CME credits
8. Pre and Post test results
9. Workshop evaluation

D.1 Host Organizations

The response: October 2005 to February 2006 – Planning months

The first step in this phase was to identify host colleges where the workshops would be conducted. AVNI received an overwhelming response from all the colleges that were contacted for this purpose.

Below is the list of the host organizations at the different places:

Goa--Government Dental College, Goa

Andhra Pradesh--Sri Sai College of Dental Surgery, Vikarabad, Andhra Pradesh

Tamil Nadu—Indian Dental Association (Madras Branch)

D.2 Funding agencies

Host Organizations – All the organizations were the back bone of the workshop, they supported the workshop by providing complete logistics support, manpower, registrations, arranging local resource persons, managing the inaugural function, inviting the Guest of Honor and the Chief Guest, local hospitality of International resource persons. A small registration fee was charged at these places.

Colgate Palmolive (I) Ltd – Partly contributed towards the printing and publication of the Resource Manual.

Go Air – Took care of the flight expenses for Domestic Travel for the resource persons for a few sectors.

Air India – Supported us with concessional rates for travel of one International resource person.

GSACS, TANSACS and APSACS – Supported AVNI and the Host organizations through funds, State specific HIV/AIDS material and manpower to ensure success of the workshops.

Indian Dental Association – Goa, Hyderabad and Madras Branch –Supported the initiative and helped in mobilizing the private practitioners and also immensely helped in organizing the workshop.

AVNI Health Foundation – Contributed by way of Conceptualization, Planning, Coordinating all aspects of the workshop, Accessing Funds, Establishing Linkages-National, International, Developing HIV/AIDS Specific Material for the Dentists in India-**RESOURCE MANUAL, WORKING TOOL FOLDER**, Getting UAB CME certification, Documentation, Data Analysis, Report preparation, part funding and Dissemination.

D.3 Training agenda

The workshop AGENDA was designed based on the inputs that we got from the needs assessment output as well as inputs from our National & International partners so that we were able to address the priority areas and at the same time give a Dentist a holistic OUTLOOK to HIV/AIDS.

We also included topics related to MYTHS & HIV, How to minimize Stigma and Discrimination against PLWHA, Basics of counseling skills. Sufficient time was also set aside for group discussion and case presentations that only added to an increase in knowledge base.

The focus was on ‘participatory’ techniques and a conscious attempt was made to keep the sessions as interactive as possible

‘Condom demonstration’ – was a lively session and much appreciated by all. Though we could not conduct this demonstration in Goa due to time constraint.

We had sessions conducted by Persons Living with AIDS at Goa and Tamil Nadu

See appendix 1 for the detailed agenda.

D.4 Resource manual – “Oral health and HIV AIDS”

A resource manual tailored to oral health care providers specific to India was developed as part of the project. The core group of national and international trainers also served on the resource manual committee along with AVNI and other key stakeholders.

D.5 Resource persons and Workshop materials

D. 5.1 Resource persons:

At all workshops the following persons were present,
International: Dr Prabhu, Dr Jeffery Hill; National: Mr Ajey Bhardwaj, Dr Chhaya (Goa)

Table 1:

Abbreviated Topics	Goa	Andhra Pradesh	Tamil Nadu
Day 1			
Epidemiology & Impact	Dr D’Sa Goa State AIDS Control Society.	Dr. M.V Ramana Rao A.P State AIDS Control Society.	Dr Mahalingam
Myths & HIV	Dr Kakodkar Goa Medical College	Dr G Venkataramana Assoc. Prof of STD/AIDS Gandhi Medical College	Dr Bimal Charles Epidemiologist CDC Chennai
Modes of Transmission	Dr Nadia Pinto Goa Medical College	Dr G Venkataramana Assoc. Prof of STD/AIDS Gandhi Medical College	Dr Tokugha Yepthomi YRGcare, Chennai
Oral Aspects of HIV-Indian context		Dr Ranganathan Prof& HOD Oral & Maxillofacial	Dr Ranganathan Prof& HOD Oral & Maxillofacial

		Pathology, Ragas Dental College,	Pathology, Ragas Dental College, Chennai
Day 2			
VCTC & Referral Services	Dr D'sa, GSACS	APSACS	Dr Balasubramaniam DD, TANSACS
Diagnostic Aspects of HIV/AIDS	Dr Savio Rodrigues, Dept of Microbiology Goa Medical College	Dr Ranganathan Prof & HOD Oral & Maxillofacial Pathology, Ragas Dental College,	Dr Ranganathan, Ragas Dental College.
Sessions by People Living with HIV/AIDS	Mr Mahesh Govekar & Mrs Jayshri Gadge	The invited person could not come	Mr Rama Pandian

D.5.2 Workshop materials:

Specially tailored and developed for the workshop, namely:

- 5.2.1 Working Tool folder
- 5.2.2 Resource manual
- 5.2.3 CDs with presentations
- 5.2.4 HIVWEB STUDY- an interactive CD
- 5.2.5 HIV and oral lesions – laminated sheet

5.2.1 Working Tool Folder:

The participants were provided with a working tool folder. This folder was divided into the two respective training days. All the resource materials, day's agenda, along with the PRE -TEST, POST -TEST and FEEDBACK formats was given.

5.2.2 Resource manual:

A resource manual with details of HIV/AIDS, testing, counseling, services, anti retroviral treatment, oral lesions was specially developed and printed for the workshops. Resource manual was given as a soft copy on a CD to the participants in Tamilnadu. See Appendix 2 for the table of contents of the manual.

5.2.3 CDs with presentations:

All participants were given soft copies of all the presentations made by the Resource persons on a CD.

5.2.4 HIVWEB STUDY:

A case- based, interactive module related to clinical care of an HIV patients was given to the participant. Copyright for this CD was waived. We are really thankful to Dr D.H Spach.

5.2.5 HIV and oral lesions:

A 2-page laminate on Oral lesions and the suggested line of treatment was also given in Goa. We thank Dr Reznik the author for the same.

D.6 Training of Trainers workshop

D 6.1 Venues and time schedules:

Name of organization Hosting the Workshop	Venue	Dates March 2005
Government Dental College,	Goa	4 th – 5 th
Sri Sai College of Dental Surgery	Hyderabad, Andhra Pradesh	8 th – 9 th
Indian Dental Association- Madras Branch	Chennai, Tamil Nadu	11 th – 12 th

D 6.2 Participant profiles:

321 Oral Healthcare providers were trained through the Workshops. The **Oral Healthcare providers represented a total of 21 Dental colleges, IDA societies and Civil Hospitals** spread across Goa, Andhra Pradesh and Tamil Nadu.

D 6.3 Workshop Objectives:

Overall Objectives of the workshop:

- To train and prepare Oral Health Care Providers to deal with essential aspects of dental management and infection control measures that are necessary in an oral health care setting
- To sensitize faculty from dental schools to the importance of inclusion of relevant aspects of HIV/AIDS in the Dental Curriculum

Specific Objectives of the workshop:

- To briefly review and discuss the current state of knowledge of epidemiological/ etiological/ immunological / clinical and management aspects of HIV/AIDS
- To discuss in detail the oral manifestations of HIV/AIDS and their diagnosis and management
- To discuss various issues related to dental management of HIV/AIDS patients
- To discuss infection control issues in dental practice with special reference to HIV/AIDS and co-morbidities such as Hepatitis B and Tuberculosis
- To review and discuss occupational exposure risk in dental practice and management of post exposure prophylaxis
- To present and discuss some useful HIV/AIDS (Dental) case studies

- To sensitize dentists to the issues of stigma and discrimination around HIV /AIDS

D 6.4 Pre registration:

All participants were asked to pre register. The maximum number of participants per workshop was fixed at 60, however, in all the places, one had more than that number due to tremendous response from doctors who are committed to the cause and did not want to miss out on the workshop.

D 6.5 Inaugural Function:

The Inaugural function was held on the first day of the workshop

At Goa, we had Mr U K Vhora, Hon. Health Secretary, and Government of Goa, as Guest of Honor.

At Hyderabad, Ms Damayanti, Project director, APSACS, was the Guest of Honor

At Tamil Nadu , Dr Bimal Charles, Epidemiologist , CDC, Chennai was the Guest of Honor.

The Inauguration was followed by the introduction of all members by the master of ceremonies and giving away of mementos.

D.7 Workshop certificates and UAB CME credits

Since this was a TOT workshop participants were informed about the need to attend all the FOUR sessions spread over 2 days of the workshop. In case they failed to do they were not entitled to receive the workshop completion certificates. Since a condition like this was implemented for the first time it took the participants some time to adjust to the idea.

We kept attendance of the participants in the morning and the evening. Only participants who attended all the 4 sessions were given workshop participation certificate. AVNI Health Foundation, the International partners, the AIDS control societies and the HOST organizations jointly gave the certificate.

Further, a participant was eligible for a UAB CME credit certificate for 8 hours. A nominal fee was charged for the CME credit, this amount was to be given to UAB CME Department for recognizing the workshop.

Please see appendices 3 and 4 for the two-sample certificate.

D.8 Pre and Post-test results

On the first day, participants were asked to complete the ten items pre-test at each of the three sites. At the conclusion of the workshop participants completed the post-test.

Test results were used to measure knowledge of HIV /AIDS, attitudes towards PLWHAs and confidence and comfort levels in working with HIV/AIDS patients. The data was analyzed using the SPSS package.

The highlights of results are given below,

There were a total of **299 pre-tests** and **302 post-tests** completed across all three sites. The results have been written below in sections, namely,

D.8.1 KNOWLEDGE

D.8.2 ATTITUDES towards HIV /AIDS patients

D.8.3 CONFIDENCE levels

D.8.4 COMFORT levels.

D.8.1 Knowledge

This set of questions assessed the pre and post workshop knowledge levels of the dentists. Each question has been assessed separately and is followed by a brief discussion. The following items address the specific workshop objective to briefly review and discuss the current state of knowledge of epidemiological/ etiological/ immunological / clinical and management aspects of HIV/AIDS.

Pre and Post Test Results from Knowledge measures

Item	Pre test	Post test
Percent who responded TRUE to the statement:		
Question 1: Most common mode of transmission in India is Heterosexual	71.0%	89.0%
Question 2: Person with HIV looks healthy	93 %	97 %
Question 3: Oral lesions are often the first manifestations of AIDS	70 %	63 %

D.8.1.1 Knowledge question 1:

The most common mode of transmission of HIV /AIDS in India is –

For question one there was a change in knowledge from pre to post test. The pre test answers were relatively high (71%) with a positive gain to post test (89%). This result

should be expected in working with health care professionals versus a group of laypersons.

D.8.1.2 Knowledge question 2:

A person with HIV can look healthy –

Question two addresses a myth that is common amongst the public, that an HIV positive person could be identified simply by looking at them. The second measure of knowledge resulted in high pre test knowledge (93%) and thus shows only minor gains in knowledge as a group, four percentage points to 97%. These results should be expected among trained healthcare professionals. The goal here for the future would be move knowledge up to 100% and completely overcome the myth that HIV is visible in positive persons.

D.8.1.3 Knowledge question 3:

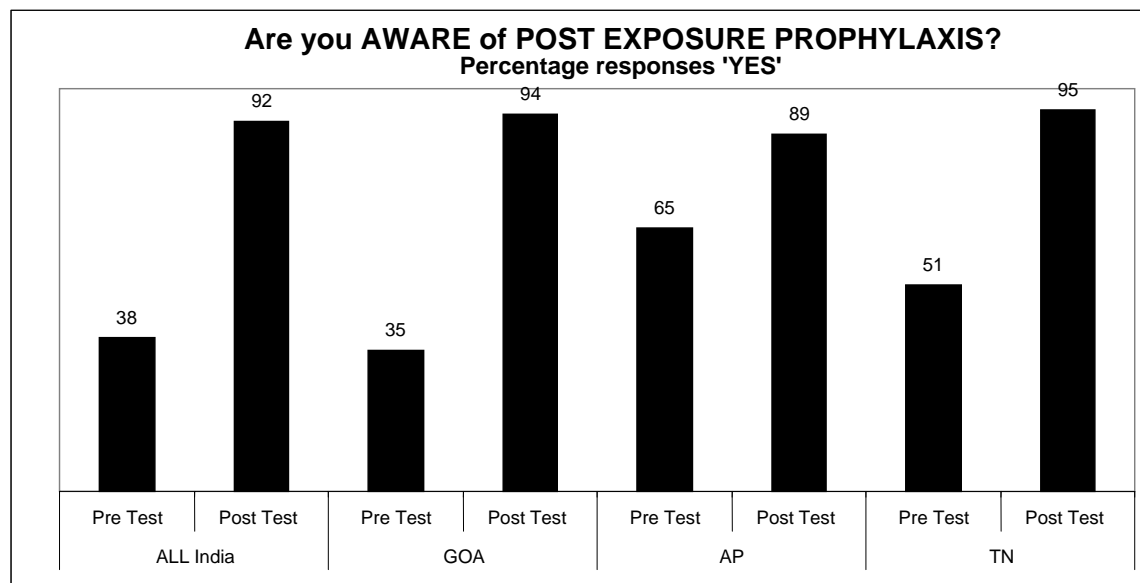
Oral lesions are often the first manifestations of AIDS disease –

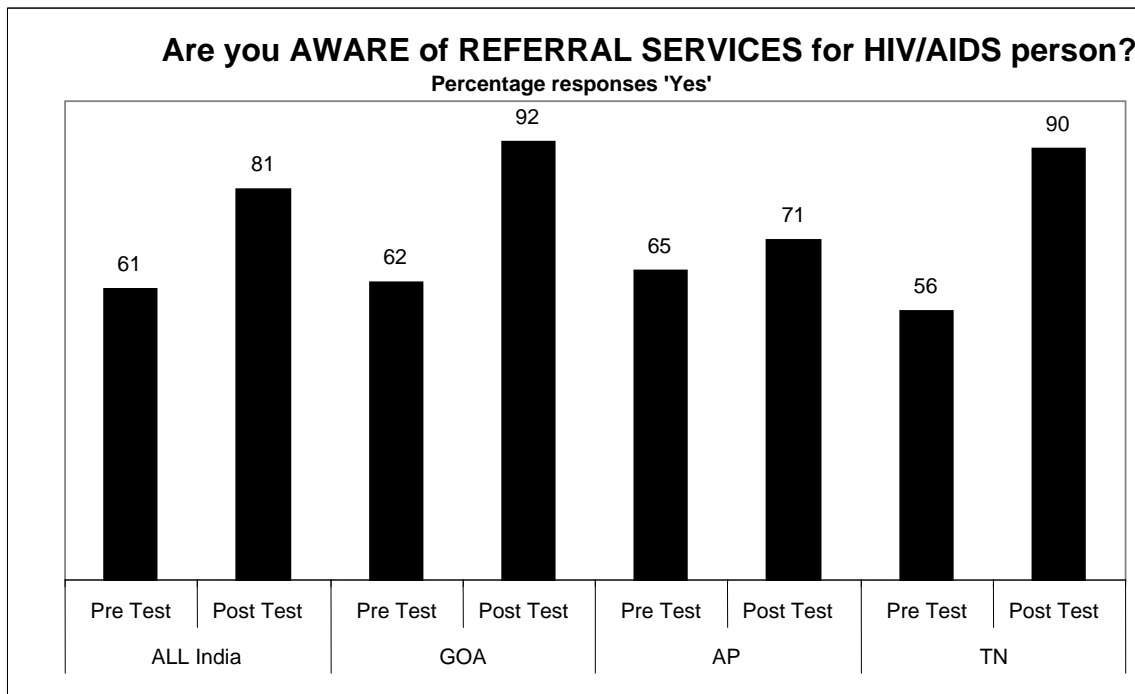
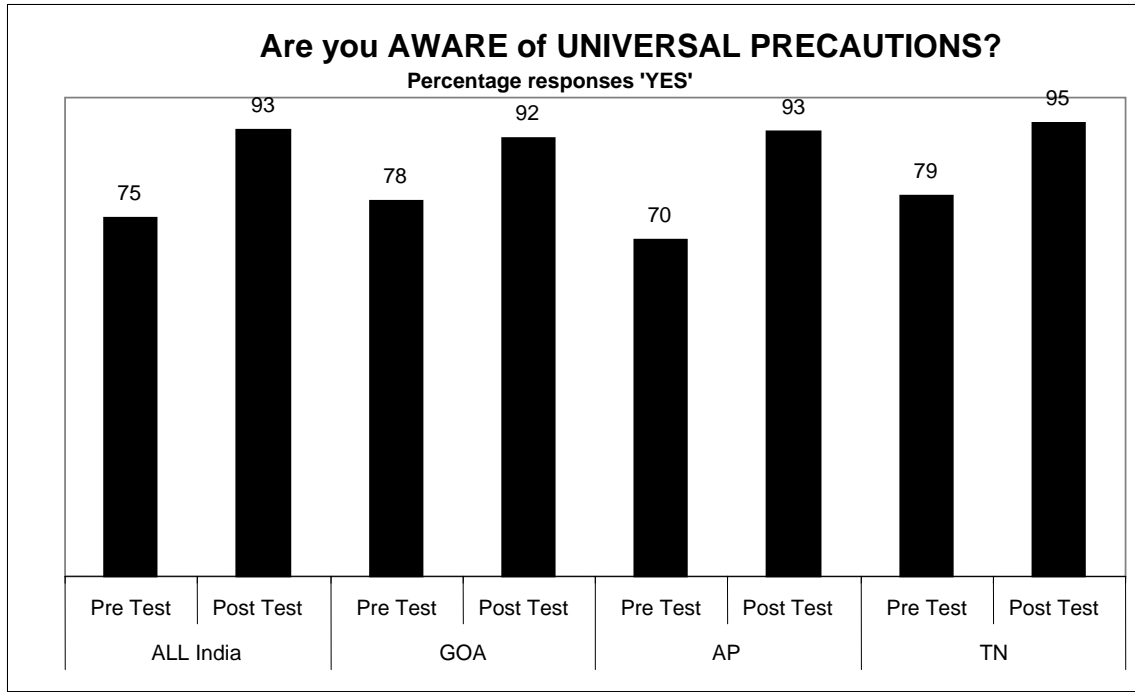
Question three results showed slightly lower pre test knowledge levels, yet they were still more than half of respondents (70 %) indicating the correct answer initially compared to 63% at post test. The knowledge seems to have decreased in the post test results. It may be due to the fact that after the workshop the participants gained knowledge about HIV /AIDS and its different manifestations leading some of them to think that oral lesions are often not the first manifestations of AIDS disease.

D.8.1.4 Knowledge question 4:

Are you aware of -

- a. *Post exposure Prophylaxis*
- b. *Universal Precautions*
- c. *Referral services for HIV/AIDS patients*





These three questions assessed the awareness levels around three fundamental issues a health care professional should be familiar with. There were significant gains in awareness across the three issues. The first item measured awareness of post exposure prophylaxis, critical knowledge for an oral health professional to have in the case of an accident such as a prick by a needle. 38% of respondents answered correctly on the pre test compared to 92 % in the posttest.

The second item on the Universal precautions address a clear set of guidelines for all dentists to follow in treatment and care of each and every patient and protocols for sanitation and the prevention of cross- contamination. Seventy five percent of respondents answered correctly to the second item at the pre-test compared to 93% on the posttest.

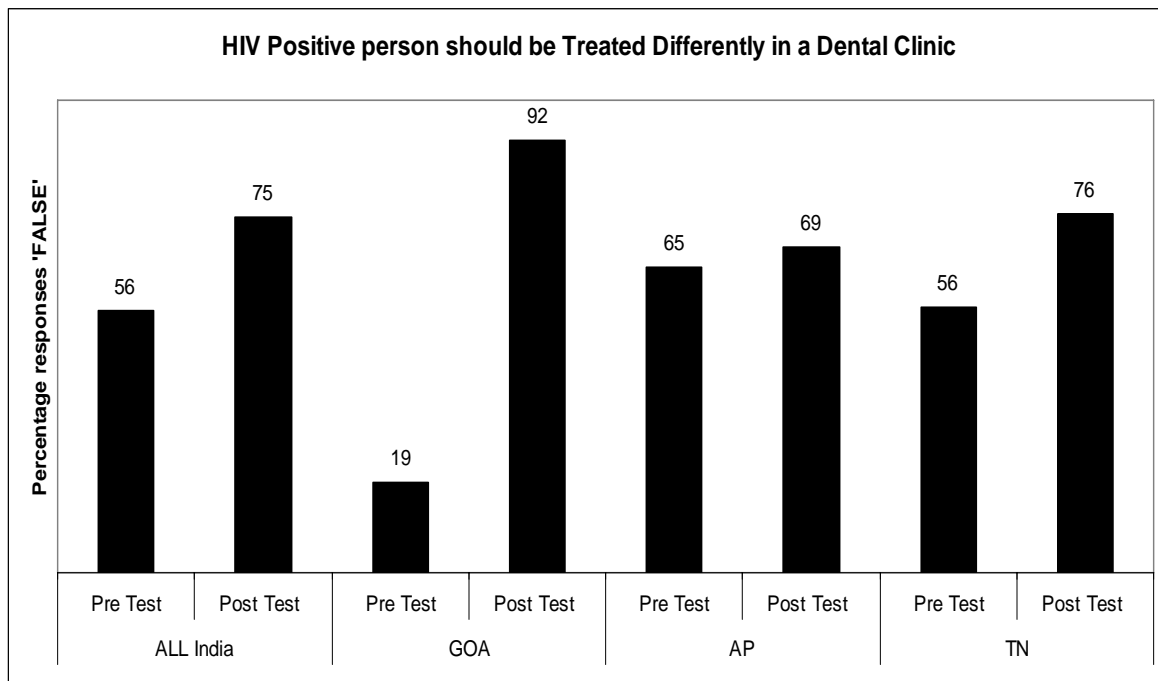
The third awareness and knowledge item addresses the dentists’ knowledge of referral services such as voluntary counseling and testing for those patients at risk for HIV/AIDS. Sixty One percent responded they were aware of services in the pre test compared to 81% percent in the posttest. 100% results can be achieved if these workshops are repeated frequently.

D.8.2 Attitudes

Information gain leads to attitude change. Sensitization and changing attitudes of health care professionals around HIV/AIDS is an important step in providing adequate care to persons living with HIV/AIDS and addressing the stigmatization and overcoming myths present among the general public. Below the measure described assessed the change in attitudes among dentist participants from pre to post test. Results and a brief discussion are included below

Attitudes question 1:

HIV positive persons should be treated differently in the dental clinic



A single item in the pre and post questionnaire measured attitude. There was a significant change in attitude regarding working with HIV positive patients. When asked if there should be a different protocol for treatment for a patient known to be HIV

positive 56 % of respondents answered false compared to 75 % responding false in the posttest. This item addressed one of the specific objective of sensitizing dentists to the issues of stigma and discrimination around HIV /AIDS. It is evident there is still more work that needs to take place on sensitization on the topic of HIV/AIDS, which can be accomplished by repeated workshops/ CMEs addressing this subject.

D.8.3 Confidence levels:

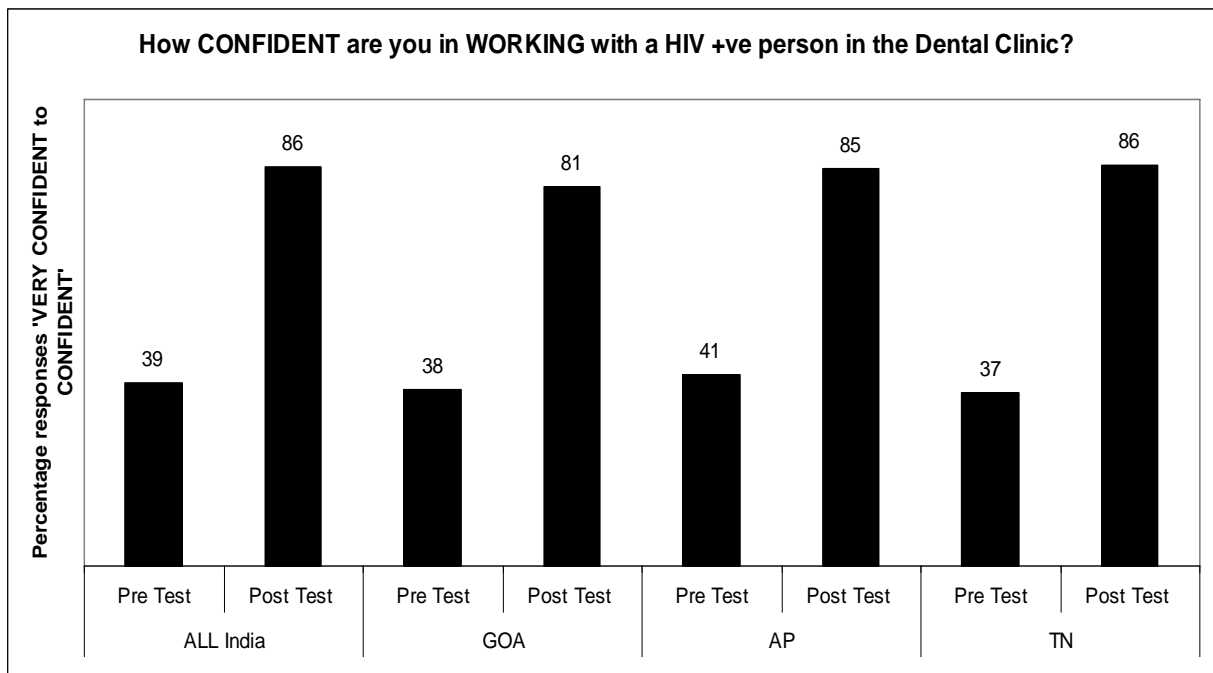
Not only is it important to provide knowledge and raise awareness levels on the critical topics pertaining to HIV/AIDS the next step is to build the practitioners skills in applying this knowledge.

It is unlikely a dentist would implement new protocols and practices without first having confidence in having accurate up-to date information and possessing the skills. These next assessment items measured changes in confidence levels among dentist participants from pre to post test.

Each item was analyzed separately with a brief discussion following.

D.8.3.1 Confidence question 1:

How confident are you in working with a HIV positive person in the dental clinic?



From pre test to post test there was a significant shift in confidence levels among dentists in their ability to work with an HIV positive patient .39 % indicated they felt confident or very confident at the time of pre test compared to 85 % at that level after completing the two-day workshop. It is necessary to further increase the confidence from 85% to 100%. By reinforcing the subject in future workshops on similar subject.

D.8.3.2 Confidence question 2:

a. *I am confident to Identify, diagnose, treat and follow up HIV/AIDS patients with oral opportunistic infections*

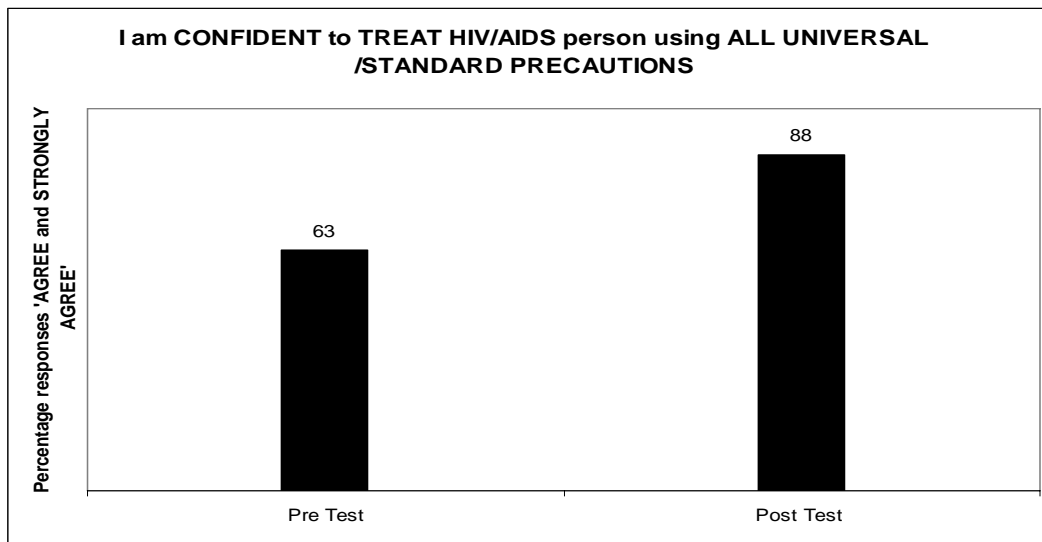
During the workshop there were five sessions with expert resource persons educating participants on identifying the oral manifestations, treating them, and follow-up protocols of a HIV/AIDS infected patient with oral opportunistic infections.

At pre test 48% indicated positive confidence levels in the stated topics around oral opportunistic infections in HIV/AIDS patients, after further education, discussion and reviewing of case studies 80% indicate feeling confident.

This item addresses two of the specific workshop objectives:

- To discuss in detail the oral manifestations of HIV/AIDS and their diagnosis and management and
- To discuss various issues related to dental management of HIV/AIDS patients

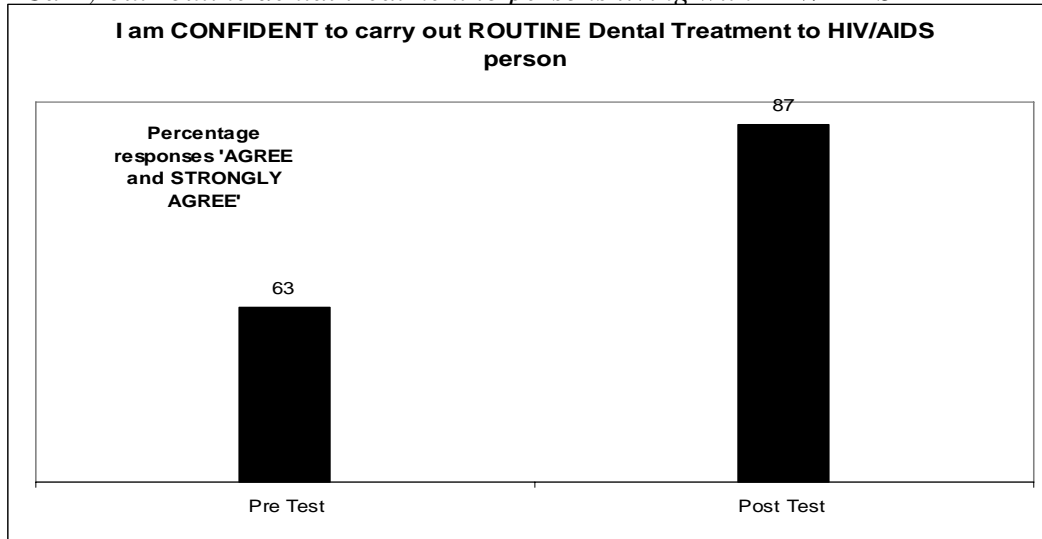
b. *I am confident to Treat HIV/AIDS patients using all Universal/Standard precautions*



At pre test 63% of participants indicated they felt confident in using Universal Standard precautions in the treatment of HIV/AIDS patients. After completing the workshop, 88% indicated feeling confident in applying the Universal precautions based on the concept that all blood and body fluids that might be contaminated with blood should be treated as infectious because patients with blood-borne infections may be asymptomatic or unaware they are infected and the Standard care designed to protect healthcare personnel and patients from pathogens by blood and other body fluids should be followed.

This item addresses the specific workshop objective, to discuss infection control issues in dental practice with special reference to HIV/AIDS and co-morbidities such as Hepatitis B and Tuberculosis.

c. *Carry out routine dental treatment to persons living with HIV/AIDS*



The overarching skill inclusive of the previously assessed skills/concepts is the confidence of the dentist in treating persons living with HIV/AIDS. At pre test 63% indicated feeling confident compared to 87% at posttest.

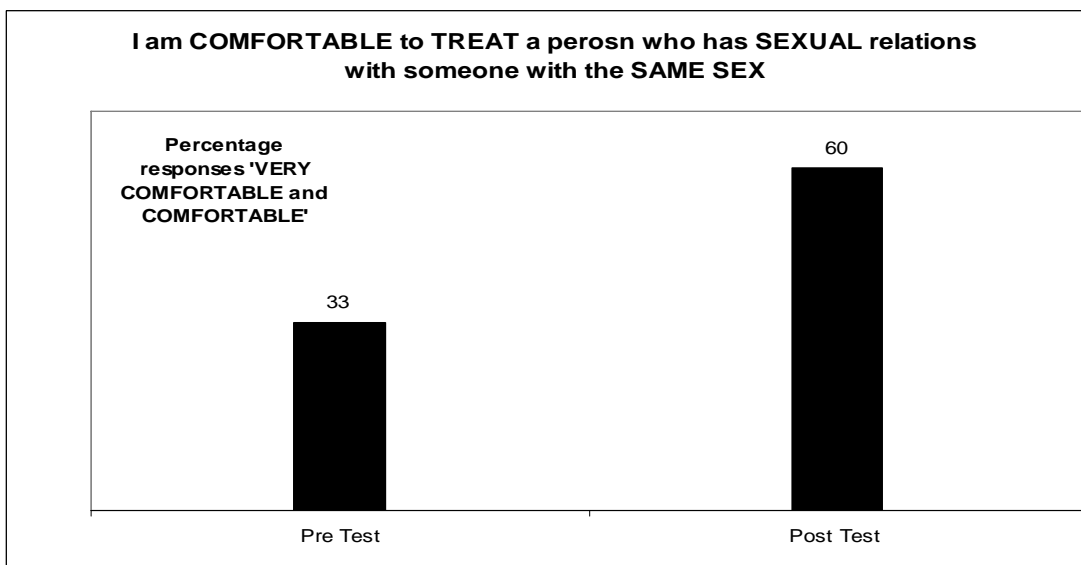
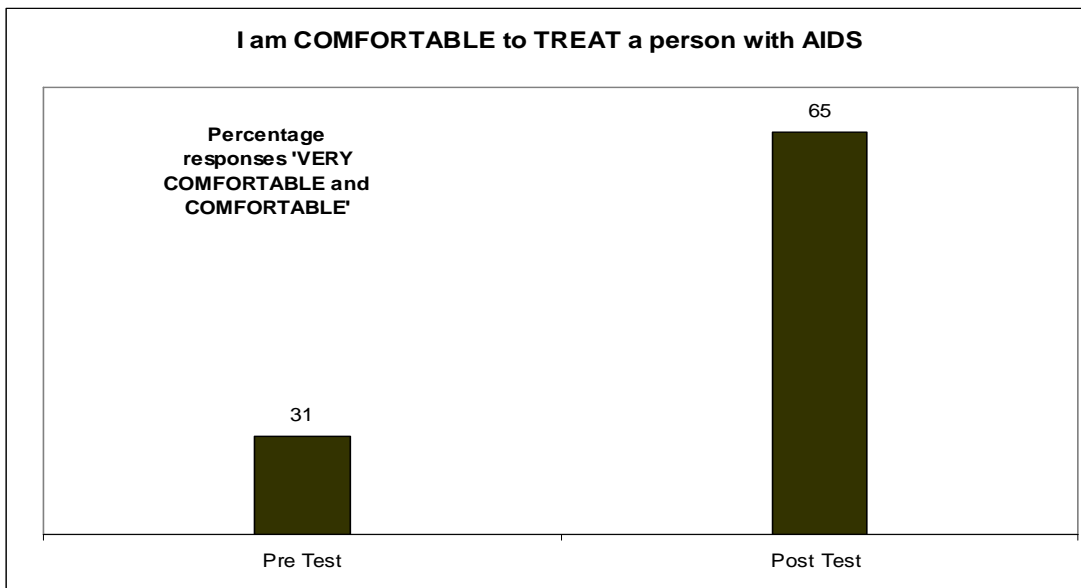
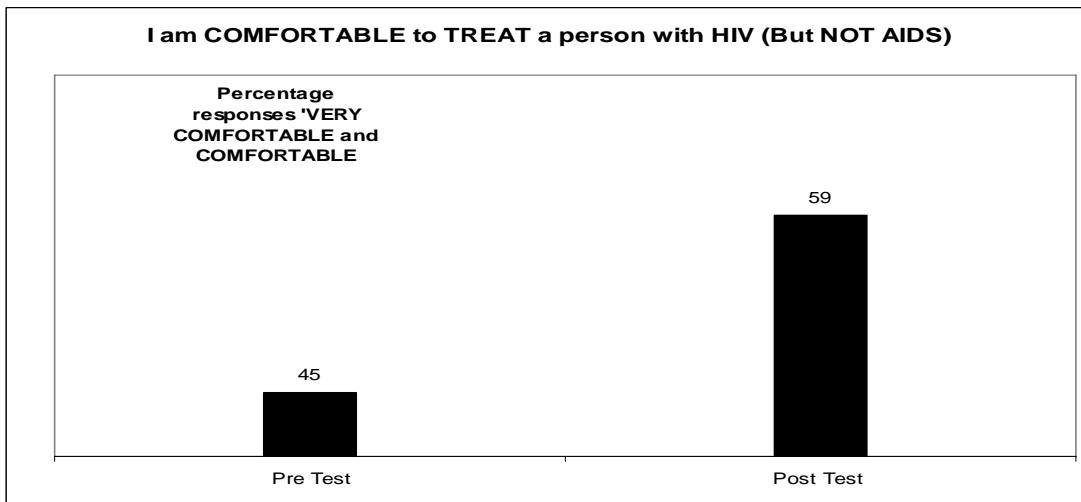
D.8.4 Comfort level

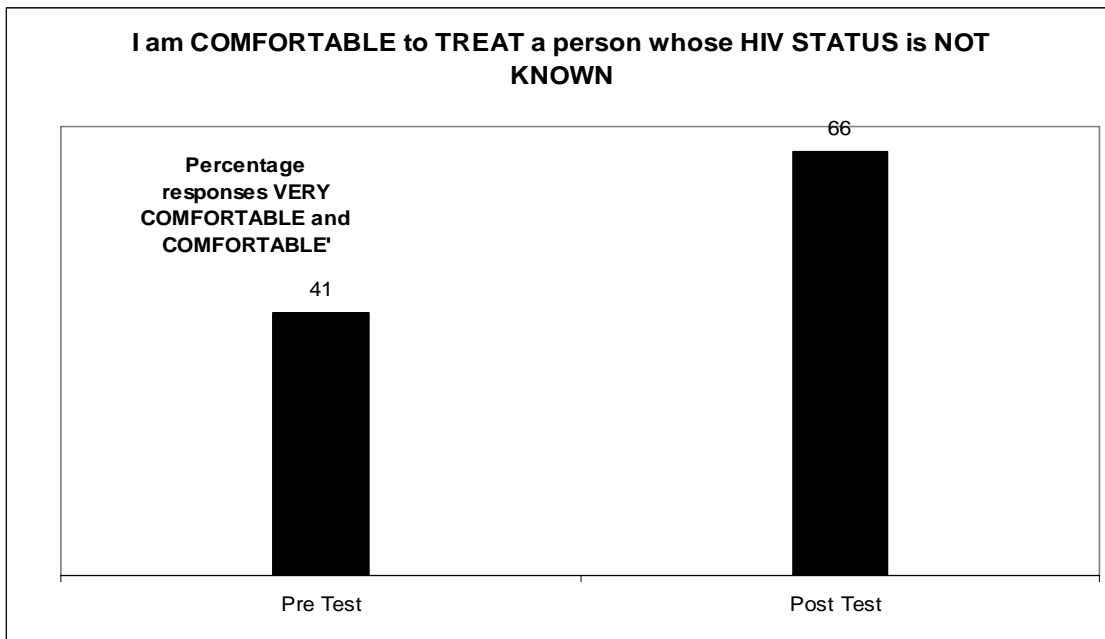
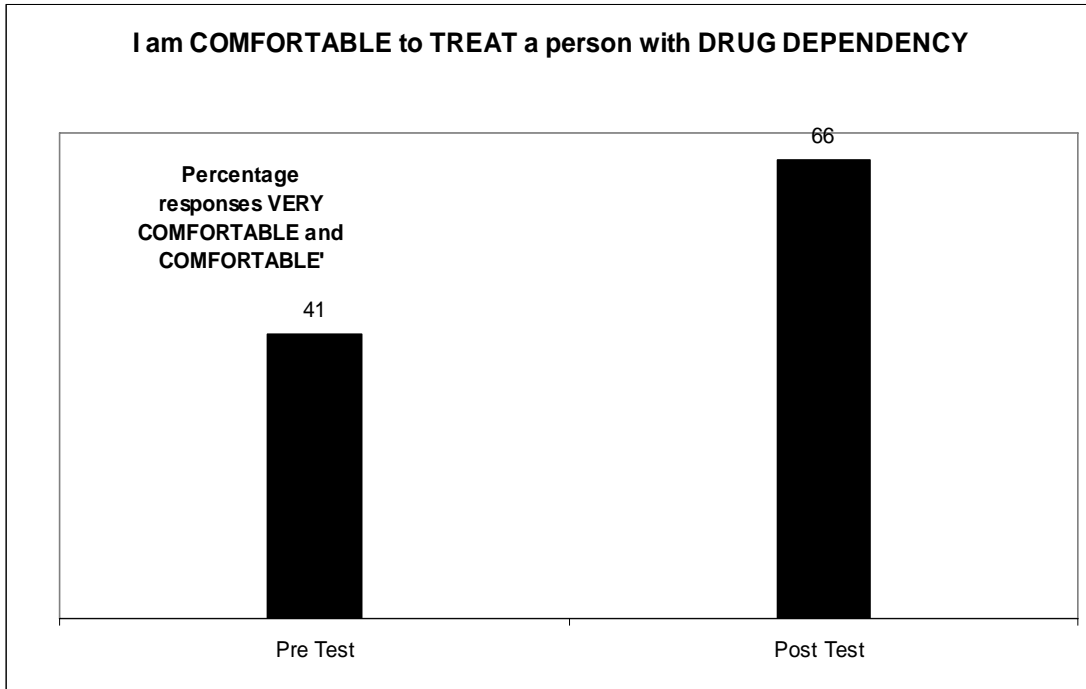
It is critical that personally dentists feel a sense of comfort in working with patients in regards to HIV/AIDS. Although there may be a high level of knowledge present or even the skill set available, a practitioner lacking a sense of comfort will not implement these skills. Below the results from three items used to measure the concept of comfort are included, followed by a brief discussion of each item.

Comfort question 1:

I am comfortable to treat –

- a. *A person with HIV infection (but not with AIDS)*
- b. *A person with AIDS*
- c. *A person who has sexual relations with someone of the same sex*
- d. *A person with drug dependency*
- e. *A person whose HIV status is not known*





At pre test 45% of participants indicated feeling comfortable or very comfortable in treating an HIV positive patient at the conclusion of the workshop this percentage moved to 59% feeling comfortable or very comfortable. When asked about treating a patient who is known to have sexual relation with someone of the same sex 33 % indicated feeling comfortable or very comfortable at pre test, at posttest this had moved to 60%. There is room for improvement on this item and the issue should be addressed at future workshops.

Finally, participants rated their comfort levels in working with a patient whose HIV status is unknown, at pre test 41% indicated feeling comfortable or very comfortable compared to 66 % at post test.

D.9 Workshop Expectations

On day one of each workshop, participants were asked their TOP of the mind about the expectations from the workshop.

D.9.1 Expectations written down on chart paper:

We captured the following expectations and comments -- One more Boring workshop, Lets see what is Different in this workshop, A day wasted, Enhance Learning owing to limited knowledge, Learn to interact, learn about the post exposure prophylaxis, Demonstration of Infection control measures, Learn something new, Learn Counseling skills, Learn Prevention & Precautions, Clarify Myths, Learn Country Differences, Have some Hands-on experience, Have Case discussion, Increase Awareness, Learn from others experiences, Will Overcome fear, Will do a Good deed, To better understand the psychological aspects of HIV/AIDS, To learn about the role society plays in HIV/AIDS, To learn about Clinical Management of a person living with HIV/AIDS, To know about the referral services, To know which and how to take precautions in the sterilization of equipment, To learn about the pediatric oral manifestations in those patients living with HIV/AIDS

D.9.2 Workshop Evaluations

This section has been divided into two sections, highlighting the responses and feedback from the various groups.

D 9.2.1 PARTICIPANTS

D 9.2.2 RESOURCE PERSONS / ORGANIZERS

D 9.2.1 Participants

At the end of day two, participants were asked to complete a 2-page evaluation form.

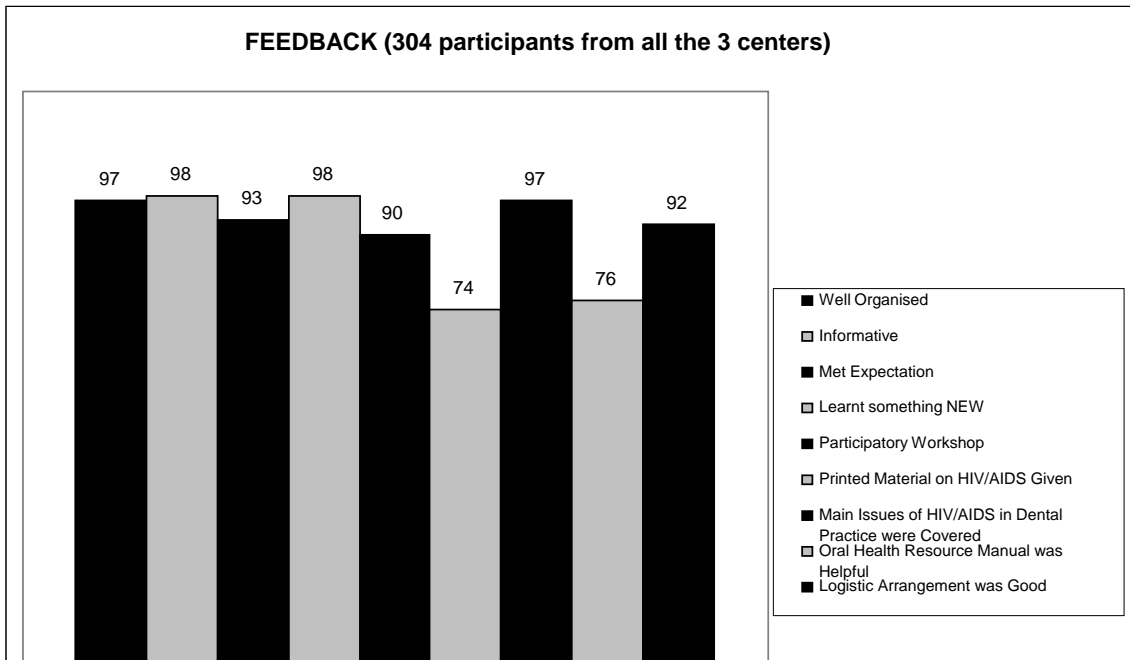
There were eight items on the evaluation form, with some sub-areas in item one. Item one evaluation measure consisted of nine statements with response options on a five-item Likert scale – responses available were: no opinion, strongly disagree, disagree, agree, and strongly agree. Balance 7 seven items were open-ended questions and dichotomous. There were a total of 321 respondents across all three sites.

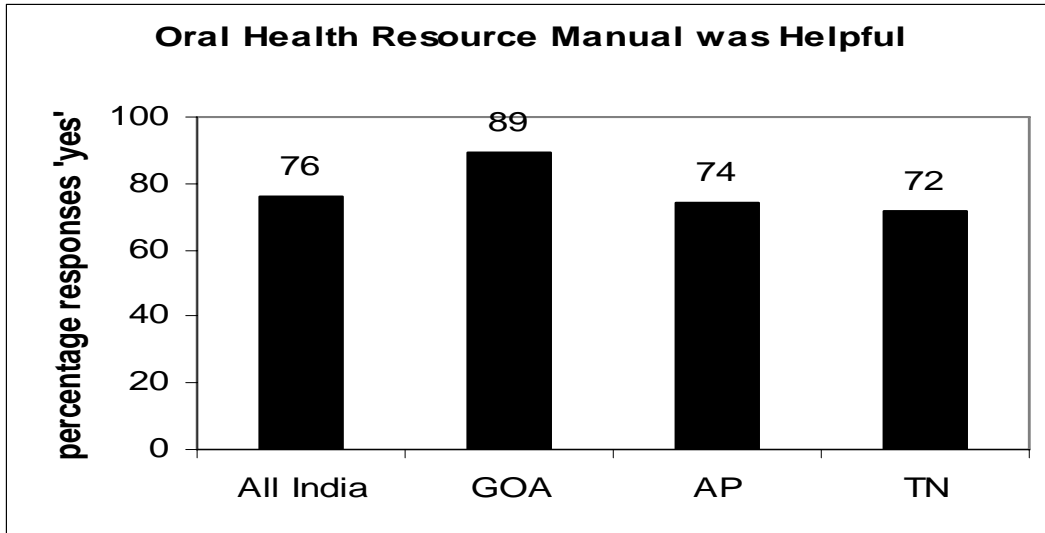
D 9.2.1a Content

Following items were used to measure participants’ opinions on the content of the workshop.

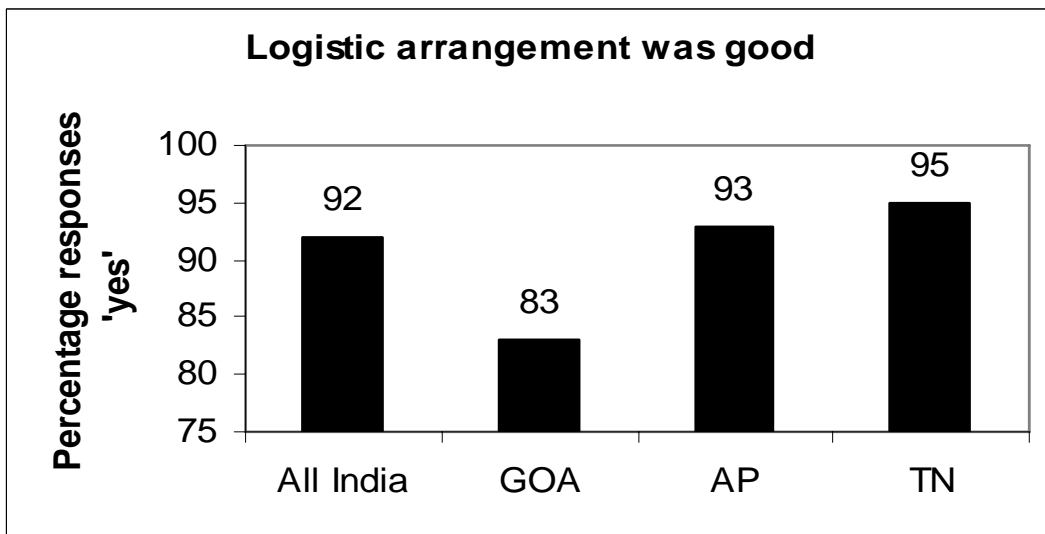
- *The workshop was well organized (97%)*
- *The workshop was very informative (98%)*
- *The workshop met my expectations (93%)*
- *I learned something new at the workshop (98%)*
- *It was a participatory workshop (90%)*
- *Main issues of HIV/AIDS and dental practice were covered (97%)*
- *Resource Manual given at the workshop was helpful (76%)*
- *Logistic arrangements were good (92%)*

*The number in the brackets denotes the percentage of participants who answered positively.





- 76% of the participants agreed that the resource manual will be helpful to them in the future and can be used as a reference guide for treating patients who are known to be HIV positive.

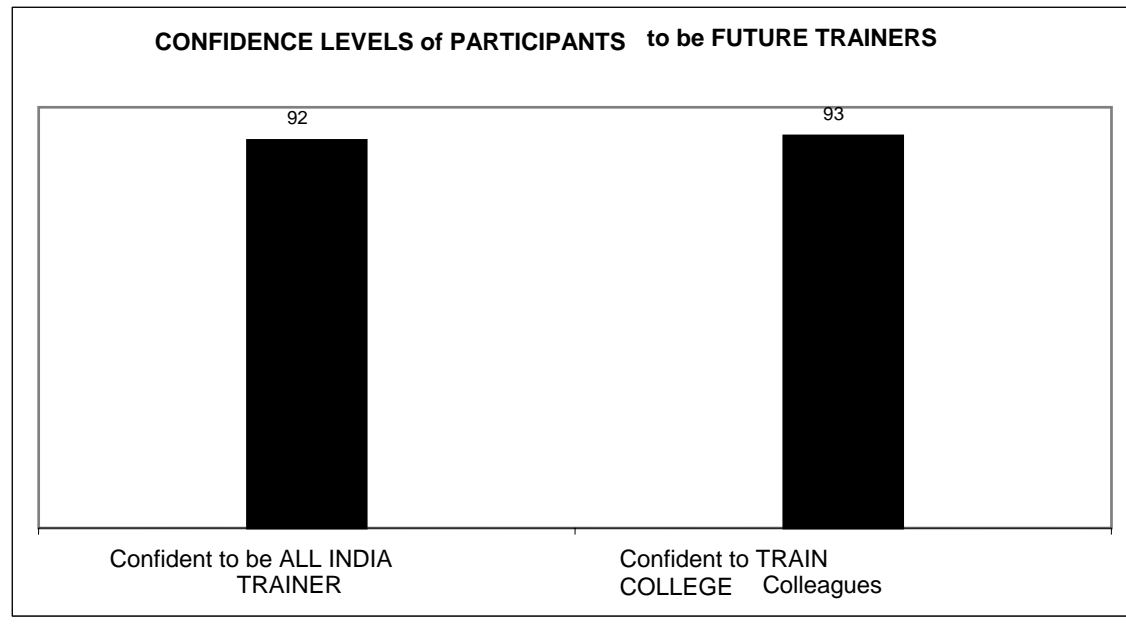


- 92% of the participants appreciated the logistic arrangements and graded it as good. This is a compliment to the organizers who looked after the logistic arrangements

D 9.2.1b Confidence levels as a trainer

Included on the feedback form were items pertaining to the confidence in their abilities to be trainers at future workshops, 86% (140) indicated they did feel confident in this capacity.

Ninety Two percent of the workshop participants across all three sites indicated they felt confident to train their colleagues in their respective dental college/setting on issues pertaining to infection control and HIV/AIDS and Oral Health care. And similar percentage of participant's i.e, Ninety Three percentage were confident to give future training all over India. It is valuable in the dissemination of information on HIV/AIDS and Oral Health to have a confident cadre of Trainers available. Adequate trainers will play a role in the sustainability and feasibility of future trainings and encourage the dissemination of information regionally.



D 9.2.1c Participants feedback on Best areas covered

Qualitative Information from the feedback forms list the following areas that were best covered by the workshop and got the maximum favorable responses. (Listed as per priority)

1. Infection Control in a Dental Setting
2. Post Exposure Prophylaxis
3. Oral Manifestations of HIV/AIDS
4. Myths associated with HIV/AIDS
5. Epidemiology and Impact of the epidemic.
6. Treatment
7. Counseling Skills
8. VCTC centers and Referral Services
9. Talk by HIV + person
10. Question and answer sessions with case study discussions

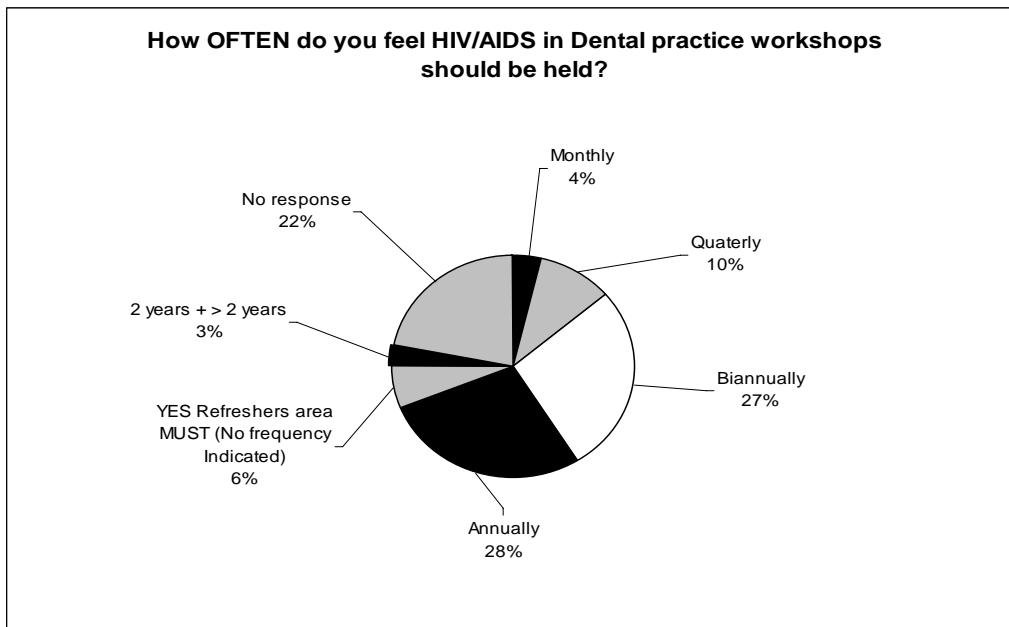
D9.2.1d Participants feedback on areas for review and inclusion in future workshops

Qualitative Information from the feedback forms list down the following areas that needed to be reviewed and included in future workshops.

1. Prosthodontic consideration
2. Economical infection control procedure specific for dentist
3. Topics covering, Paediatric HIV, Vaccine research should be included
4. Detailed Information on referral services, Treatment protocol, Testing, Management,
5. Screening test and precaution during window period should be addressed in detail.
6. Pre marriage counseling and testing
7. Ethical/legal/social issues regarding HIV patient.
8. Demonstration of infection control measures/documentary films, video films

D9.2.1e Refresher workshop

Respondents indicated on the feedback forms how frequently these workshops should be held in order to adequately update oral health professionals. There were 304 respondents' at all three sites: 28% respondents wanted a refresher annually and 27% wanted it biannually. (22% did not respond to the question)



Challenges faced

- Convincing several agencies and key stake holders on the need for giving funds, resources, manpower for the proposal
- Funding Travel of International Resource team
- Funding the Mumbai stay of the International resource persons
- Constraints of time.

Highlights of the Workshops

- Media coverage thus leading to awareness amongst lay persons about HIV/AIDS and dental practice.
- Set the ball rolling to conduct similar workshops locally with technical support from AVNI.
- Government Dental College, Goa with the help of GSACS is planning to set up an AIDS cell in their hospital, catering to the various needs of HIV positive persons.

Recommendations

- International resource persons who have been working in specialty Dental HIV/AIDS clinics bring a wealth of experience and must be part of any future dental capacity building workshops. Their clinics are far more evolved given that they have seen HIV/AIDS much before we in India have.
- International & Local resource persons make a good fit as they give the national and international perspectives.
- Resource Manual focused on Oral Healthcare providers and HIV/AIDS serves as a good reference manual that can be referred to by a dentist when he gets back to his Day-to-day practice and Workshop tool folder helps the dentist during the workshop. Thus both should be given.
- Soft copies of the presentations should be given to all participants so as to empower them to hold similar workshops in future.
- People living with AIDS sessions should have sharing of experiences as part of the workshop as they sensitize the participants to the needs of a HIV + person.
- Video demonstration of PEP and Infection Control should be a part of the workshops.
- Develop self-study material that can be sent to the participants before the workshops.

- Work towards implementing similar workshops in other states.
- Monitor progress of PHASE II in these three states.

Way Forward

These are a few guidelines, which can be followed to achieve the above stated objective:

1. Continuing professional education programmes for dental surgeons should be made mandatory and should include HIV/AIDS awareness, infection control and other relevant topics.
2. Undergraduate dental education curriculum must include a strong component on blood-borne viral diseases and their implications for the dental profession, for patients and for public health.
3. Interdepartmental work in dental colleges should be encouraged for enhanced clinical care of HIV positive patients and the effective prevention of disease transmission in the community.
4. Close liaison needs to be established between the dental profession and other professional providers of health care and disease prevention.
5. A list of the locations and contact numbers of local HIV counseling and testing services should be available in every dental clinical setting.
6. The use and value of the Complementary and Alternative Medicine (CAM) approach to the management of HIV positive patients requires well-designed, well-funded research and evaluation.
7. Infection control procedures, using “Universal Precautions” are mandatory in the dental clinical setting. Understanding of these procedures must be mandatory
8. Dental professionals could play a valuable role in Public education about HIV risk factors, prevention and management.
9. Messages relevant to oral health should be integrated into all public health education/ health promotion Programmes.
10. The Indian Dental Council should take appropriate measures to ensure that the dentists do not discriminate or refuse to treat patients on the grounds of their HIV status.

Conclusions

It was an excellent opportunity for us at AVNI to have conducted this much-needed workshop amongst Oral health care providers. The workshop met the objectives that we set out to achieve as is evident from all the Pre & Post parameter results and also the feedback we received from the participants.

We will be following up on the PHASE II implementation in these states so as to ensure continuity and will also commence planning to roll the workshop in few more states from where we have already received high interest levels.

Annexure:

1. Agenda
2. Resource manual – table of contents
3. AVNI and HOST College certificates
4. UAB CME credit certificate
5. Media report

EVENT PHOTOGRAPHS



GOA WORKSHOP INAGURATION



WORKSHOP PARTICIPANTS - GOA



OPENING DAY- HYDERABAD



WORKSHOP in PROGRESS - HYDERABAD



WORKSHOP INAUGURATION - CHENNAI



WORKSHOP PARTICIPANTS - CHENNAI

ANNEXURE 1

AGENDA

DAY 1

• 8 am to 8:30am – Registration for workshop		
	Topic	Speaker
9.00- 10.30 am	Inauguration of the Workshop	Master of ceremonies and dignitaries
10:30-11.30 am	Welcome, Introductions/Icebreaker review of workshop objectives, schedule and pre test evaluation	Ajey Bhardwaj
11.30 – 12.15 pm	Myths and HIV	Local Resource person
12.15-1.30 pm	Mode of Transmission/Natural History /Clinical Manifestations of HIV/AIDS	Local Person
1.30-2.15 pm	LUNCH BREAK	Local Workshop Coordinator
2:15 – 3.15 pm	Oral Manifestations in Persons Living with HIV /AIDS-I	Prof. S.R. Prabhu
3:15-3.30 pm	Tea break	Local Workshop Coordinator
3:30-4:30 pm	Oral Manifestations in Persons Living with HIV/AIDS-II	Prof S R Prabhu
4:30- 5:30 pm	Dental Treatment Protocol for HIV infected Patients	Dr Jeff Hill
5:30 – 5:45 pm	Sharing Experiences and Group Assignments – groups can sit together at the workshop venue and complete discussions	Ajey Bhardwaj Dr S.R.Prabhu Dr Jeff Hill

DAY 2

	TOPIC	Presenter/Person in charge
10.00-10.45am	Overview of Voluntary Counseling and Testing,Referral Services And HIV / AIDS Treatment Overview – focus on India	Local person
10.45- 11.45 am	Infection Control: Focus on dental setting	Dr Jeff Hill
11.45-12.00 pm	TEA BREAK	Local Workshop Coordinator
12.00- 12.15 pm	Guest Speaker	Local Resource Person
12.15 – 1.15 pm	Occupational Risk: Management of Post Exposure Prophylaxis	Dr Jeff Hill
1:15 –2:15 pm	Lunch	Local Workshop Coordinator
2:15 – 3:15 pm	Question answers and discussion sessions, sharing of experiences and discussions on group assignment of day 1	Dr S.R. Prabhu Dr Jeff Hill and participants
3:15 – 3:30 pm	Tea Break	Local Workshop Coordinator
3.30 – 3.45 pm	Next steps and Plan of Action	All resource personnel
3.45- 4.45 pm	Post test evaluation Feedback and any other business Vote of Thanks	All resource personnel

ANNEXURE 2

RESOURCE MANUAL

CHAPTERS

TITLE	Page Numbers
1. Basic facts on HIV /AIDS – Definition, Modes of Spread, Myths	1
2. Epidemiology of HIV /AIDS – Global, Regional, India	7
3. Millennium Development Goals – A United World	11
4. India’s response to the AIDS epidemic	12
5. Virology	15
6. Testing f HIV /AIDS	23
7. Clinical signs and symptoms	26
8. Oral manifestations of HIV /AIDS	32
9. Antiretroviral Treatment options	45
10.Infection control measures with a focus on the dental setting	55
11.Post Exposure Prophylaxis Guidelines	64
12.Psychosocial aspects of the disease	70
13.Counseling in HIV/AIDS	78
14.Prevention aspects of HIV /AIDS	81
15.Resources - websites, contact info	88
16.References	89

ANNEXURE 3 & 4

SAMPLE COPIES OF CERTIFICATES OF PARTICIPATION

- 1. AVNI HEALTH FOUNDATION and HOST COLLEGE**
- 2. UNIVERSITY OF ALABAMA SCHOOL OF DENTISTRY CONTINUING DENTAL EDUCATION PROGRAM and AVNI HEALTH FOUNDATION CERTIFICATE FOR 8 CREDIT HOURS**

(Available as a HARD COPY)

ANNEXURE 5

(PRESS COVERAGE AVAILABLE AS HARD COPY)

