

# **Training of Medical Doctors of ESIC on HIV/AIDS/TB Workplace Interventions**

ESIC Hospital, Basaidarapur, New Delhi, India

10-11 November, 2009

## **Summary**

A training of 26 medical doctors of ESIC hospitals on HIV/AIDS/TB Workplace Interventions was carried out by ILO on the 10<sup>th</sup> and 11<sup>th</sup> of November, 2009. The workshop's aim was to orient the participants to the National Policy on HIV/AIDS in the world of work and strategy for sustainable Work Place Interventions, in particular in the health care setting. The workshop covered the basics of HIV/AIDS and established it as a Workplace Issue. The issue of stigma and discrimination towards PLHIV (People Living with HIV/AIDS) was discussed at length. Participants underwent training specifically to do with the link between HIV/AIDS and TB, as well as STI prevention and comprehensive treatment as a key prevention strategy for HIV/AIDS mitigation. Participants were also trained and assisted in developing action plans for their own Workplace programmes in ESIC hospitals, with the help of materials provided by ILO.

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## **I Background & Introduction**

The present situation of the HIV/AIDS epidemic in India is disproportionately affecting the most productive population group (15-49 years). The National Policy on HIV/AIDS and the World of Work was launched on the 31<sup>st</sup> of October, 2009 by the Ministry of Labour and Employment in India after intense consultations with ILO (International Labour Organisation), NACO (National AIDS Control Organisation) and Social Partners. The Millennium Development Goals to be achieved by 2015 include a reversal of the HIV/AIDS epidemic. Medical professionals play a pivotal role in prevention, treatment and counselling of HIV/AIDS victims. In light of this, ILO (HIV/AIDS) held a two-day training of medical doctors of the ESIC (Employees' State Insurance Corporation) hospitals of New Delhi, India on the 10<sup>th</sup> and 11<sup>th</sup> of November, 2009.

Twenty- six participants from the five ESIC Hospitals in New Delhi participated: Basaidarapur, Noida, JHILMIL, Okhla and Rohini (please refer to Appendix II). The venue was the ESIC Hospital at Basaidarapur, New Delhi. The backgrounds of the participants (doctors) were largely: chest, skin, diagnostics, blood, medicine, pathology and obstetrics. Some participants had previously received similar training in the field of HIV/AIDS in 2000 as a result of a collaboration between NACO and ESIC.

The main resource persons were from ILO, CBCI, NACO, and DNP+ (please refer to Appendix III)

## **II Agenda/Objective of Training**

- To orient and acquaint participants to the National Policy on HIV/AIDS in the world of work, and strategy for sustainable HIV/AIDS WPIs (Work Place Interventions) , principally in the health care setting.
- To enhance and augment the knowledge of participants on HIV/AIDS/TB, covering aspects of prevention as well as treatment.
- To impart skills to participants to develop and execute WPIs in the ESIC hospitals.

Please refer to Appendix I for further details.

## **III Documentation**

The training took place over a period of two days – 10<sup>th</sup> and 11<sup>th</sup> November, 2009.

### 1) Day One- 10<sup>th</sup> November, 2009

The training had a delayed start due to technical problems regarding setup and lack of equipment. The main resource persons were:

- Mr. SM Afsar, Technical Specialist (ILO)
- Ms. P. Joshila, Programme Officer (ILO)

- Dr. Mala Srikanth, TB Consultant (CBCI)
- Mr. Hari Singh (DNP+, ActionAid)

#### a) Inauguration and welcome

Dr. Goyal (ESIC Director, FW & HIV/AIDS) delivered the welcome address to all present and spoke briefly about the ESIC initiatives on HIV/AIDS.

Dr. JN Mahanty (Medical Superintendent of ESIC Basaidarapur Hospital) talked of the three national health problems today: HIV/AIDS, TB and STIs, the main challenges regarding them, the vulnerable groups, the pivotal role of doctors and the objective of the training.

After a brief address by Dr. Abha Garg (Director, Medical, Delhi), Dr. KS Sachdeva (CMO, RNTCP) spoke about the importance of WPIs in corporations today regarding the HIV/AIDS scenario.

Mr. SM Afsar (Technical Specialist, ILO) then addressed the group about the present situation of HIV/AIDS, the main focus for mitigation/prevention, the main challenges and the main principles of the national policy on HIV/AIDS.



Materials for the training were distributed to participants. Questionnaires were also circulated to capture the expectations of the participants from the training, as well as their current knowledge on the subject of HIV/AIDS.

The ILO Advocacy video on PLHIV (People Living with HIV/AIDS) was screened which was communicative from the point of view of the stigma and discrimination faced by PLHIV in health care settings and at work places. Mr. SM Afsar spoke briefly about the overview of the impact of

HIV/AIDS in the world of work with respect to the loss of productive sections of society and negative impact on economies. He introduced the rationale behind the training of the present participants and the setting up of model hospitals as an integral part of the response to the HIV/AIDS epidemic.

Mr. Sahu (Insurance Commissioner, ESIC) addressed all present about his concerns regarding the exposure of HIV/AIDS, and the importance of focus on prevention through awareness and education. He established the commitment of the ESIC hospitals to the cause and encouraged the participants (ESIC doctors) to participate and train for setting up workplace policies. He also pledged his commitment to procuring more infrastructure in terms of audiovisual aids, projectors etc (equipment needed for the implementation of workplace interventions), for the hospitals.

#### b) Icebreaking and Introduction

Methodology/Approach: Discussion and Presentation.

To set the tone of the workshop, every participant was asked to introduce themselves along with their department and to name one thing they liked about their profession.

Most of the questionnaires previously distributed were not returned from participants. Therefore, they were asked to present their expectations from the training verbally. The participants mainly mentioned the following (with respect to the HIV/AIDS epidemic and related prevention, treatment, care and support):

- Role clarity of doctors
- The simplest approach to reach people and meet their expectations
- Practical approaches
- New diagnostic approaches
- Mobilisation (for awareness of HIV/AIDS)
- Newer trends and updates of the epidemic
- The latest information on pre and post test counselling
- Policy guidelines regarding the disclosure of HIV positive status
- The rationale behind the 'confidentiality' of HIV status
- Time management

Ms. Joshila (ILO) then presented the statement of objectives of the training session:

- To orient participants to the National Policy on HIV/AIDS in the world of work and strategy for sustainable HIV/AIDS WPIs, particularly in the health care setting.
- To enhance the knowledge of participants on HIV/AIDS/TB, covering prevention as well as treatment aspects.

- To impart skills to participants to develop and implement WPIs in the ESIC hospitals.

A comprehensive overview of the 2 day programme was given. Any other questions to be addressed which were not covered in the programme were welcomed. A concern by many participants was the duration of the training session being too short.

#### c) Policy and Programme in the World of Work:

##### HIV/AIDS as a Workplace Issue,

##### Relevance of WPIs in health care settings and,

##### Reduction of stigma and discrimination

Methodology/Approach: Discussion by means of a fishbowl game, Presentation, and sharing by a PLHIV.

Mr. SM Afsar (ILO) spoke of the rationale behind HIV/AIDS WPIs and presented a summary of the guidelines of the ILO code of practice on HIV/AIDS and the World of Work, as well as the components of the National policy on HIV/AIDS and the World of Work. He established the main features of the training sessions:

- Fine-tuning Knowledge,
- Sharpening and developing Skills, and
- Changing Attitudes.

In order to enable the participants to discuss and appreciate the need for the HIV/AIDS programme in ESIC hospitals (health care settings), Mr SM Afsar employed the use of the fish bowl game technique. The fish bowl game entails about 3 participants sitting in a close semi-circle, with one chair between them empty. As a discussion ensues between those sitting in the 'fish bowl', others who would like to participate in it, sit in the empty seat.

The two main topics of discussion entailed the following:

- The need for WPIs

There is increasing concern that workers, many from high-risk groups, hesitate to come to hospitals when in need due to several reasons (discrimination, correct treatment and follow-up etc). This is considered to seriously exacerbate the present scenario of HIV/AIDS in India. There is a need for a systematic approach in harmony with policy, with objectives, roles, and targets outlined. WPIs are important as there are many stakeholders, and they will help workers and employers coordinate. The critical role of TUs in WPIs was established.

- The clause of confidentiality of HIV status

There existed many misconceptions about the modes of transmission of HIV amongst the participants. Concerns were raised by some participants as to why the HIV status of a person should not be disclosed for fear of other patients being infected in the hospitals. It was also said that

without full knowledge about the HIV status of a patients, doctors were not able to help them to the best of their abilities. Some participants were not comfortable with not being able to disclose the HIV status of patients in their discharge papers.

Some stigma and discrimination towards HIV/AIDS victims was clearly prevalent amongst a few participants, but not recognised by them. The main source of the prejudice was the notion that they (the HIV/AIDS victims) had in all probability contracted the virus through unprotected sexual contact.

Sharing by a PLHIV: During the discussion, Mr. Hari Singh (DNP+, ActionAid), who is a PLHIV (People/Person Living With HIV/AIDS) sat in the fish bowl to share his experience with the participants. He dispelled certain fallacies prevalent amongst the participants, mainly regarding the modes of transmission of HIV. He was faced with some discrimination to do with source of his contraction of the virus. Most participants however, seemed to be positively affected by his speech.

It was recognised by most that the clause of confidentiality was important from a social point of view as most PLHIV face stigma, due to HIV/AIDS largely being sexually transmitted. Participants were advised to not go into the details of, or question the source of the transmission of HIV with patients, in the interest of larger public health. It was recommended that awareness about other means of transmission of HIV should be propagated in order to reduce stigma. All participants were advised to follow universal modes of precaution when dealing with all patients, as they were not aware of the HIV status of all. A recommended protocol on dealing with HIV positive patients and adhering to the confidentiality clause was to mention the HIV status in technical format that can be only understood by medical professionals in discharge papers/reports. In this way, the HIV status of a person would not be explicitly disclosed.

The discussion was closed by stating the 10 ILO principles regarding HIV/AIDS in the world of work, emphasising on recognising it as a workplace issue and decreasing stigma. The following points were highlighted:

- The only criteria to judge a person's fitness to work must be his/her knowledge and ability to work.
- If all principles are carried out well, and a non-judgmental, non-mandatory and educational approach is used, more peoples, especially vulnerable workers will voluntarily come to get tested.
- Doctors (the participants here) play an important role in the epidemic and must set an example. They must not be judgemental or discriminatory.
- HIV/AIDS must be treated as any other serious but chronic disease.

Dr. Mala Srikanth made a short and moving speech about the treatment of HIV positive patients were treated in certain health care settings. She gave her own example: She was working in an organisation which had set up about 10 care homes for HIV positive persons. Not one person working in those homes had contracted HIV from the HIV positive persons. She established that as long as universal precaution must be followed and HIV positive persons should not be feared or stigmatised.



Through means of a video containing a strong speech by an HIV positive South African woman, the attitudes of employers towards HIV/AIDS and its victims was presented.

#### d) Basic information on HIV/AIDS

Methodology/Approach: Quiz and Presentation.

A quiz/game was played in order to enhance the knowledge level of the participants on HIV/AIDS and to familiarise them with the national response to the epidemic.

The participants divided into two teams, judged by a point system based on the number of questions answered correctly. Many doubts were clarified. A number of doctors had many misconceptions regarding the technical aspects of the disease.

A presentation about the Basics of HIV/AIDS was shown. The main topics covered were:

- HIV/AIDS
- Routes of transmission of HIV
- How HIV does not spread
- Progression of HIV to AIDS
- Major Symptoms
- The origin of HIV
- How does one find his/her HIV status
- Treatment for HIV

#### e) Tuberculosis (TB) and its link with HIV

Methodology/Approach: Presentation, Discussion/Group Work and Questions/Answers.

Dr. Mala Srikanth (Consultant on TB) discussed the link between HIV and TB, the main cause of mortality amongst HIV positive people by means of a presentation. The main trends in the country and the TB national policy were talked about. The key topics discussed were:

- An Overview of TB
- Types of TB
- Common Symptoms of TB
- Tests for TB
- Treatment
- DOTS (Directly Observed Treatment, Short Course)

- Duration of TB Treatment
- TB and HIV co-infection
- DOTS in the context of HIV

The main subjects of interest were:

- The risks HIV patients face with regards to TB (as a common cause of mortality), and the national figures of HIV/AIDS/TB victims. Emphasis was placed on a collaboration of HIV and TB prevention efforts.
- The main challenges mentioned were overcoming stigma and discrimination towards patients and getting them to go to treatment centres.
- The national policy of offering VCT (Voluntary Counselling and Testing for HIV) to TB patients.
- Issues faced by medical practitioners in diagnosing TB among HIV/AIDS patients with respect to drug interactions, DOTS and immune reconstitution syndrome.

Dr. Srikanth then answered questions about TB and TB and HIV/AIDS. For further details, please refer to Appendix IV (a).

#### f) RNTCP (Revised National TB Control Programme) in India

Methodology/Approach: Presentation, Discussion/Group Work and Questions/Answers.

Dr. Mala Srikanth discussed the RNTCP in India by means of a presentation and discussion. The main focus was an overview of RNTCP in India, the detailed DOTS regimen and integration of TB and HIV/AIDS in programmes. The presentation largely discussed:

- An Overview of RNTCP
- TB Control Efforts in India (the evolution of RNTCP)
- DOTS
- RNTCP (objectives and goals)
- Structure of RNTCP at the State Level
- Major Activities by RNTCP
- Activities planned in Phase II of RNTCP
- Program Surveillance System
- Achievements
- Future Challenges

- MDR-TB (Multidrug Resistant TB) and XDR-TB (Extreme Drug Resistant TB) in India.

The key topics of interest and under discussion were:

- The goals of RNTCP: to achieve and maintain case detection at least 70% of new cases.
- Participants were unsure of the logistics behind the DOTS system and its viability as a 'single window setup'. The main concerns conveyed by them were: lack of knowledge about DOTS, the technicalities and availability of DOTS coordination and a continuous supply (for treatment) problem faced by the participants due to administrative issues and possible miscommunication of demand.
- Most participants were not aware of XDR-TB, and its main characteristics and challenges were discussed. MDR-TB and XDR-TB and their resistance to first and second line drugs (of ART) were explained. Plans for managing drug resistance in TB patients with quality DOTS was mentioned.

For further details please refer to Appendix IV (b) and (c).

## 2) Day Two – 11<sup>th</sup> November, 2009

The resource persons were

- Ms. P. Joshila (ILO)
- Mr. Manjunath Kini (ILO)
- Dr. Shobini Rajan (NACO)
- Dr. Aman (NACO), and
- Dr. BB Rewari (NACO).

### a) Recap of the previous day's learning and addressing specific issues

Methodology/Approach: Discussion (recap), Questions/Answers, and Clarification (by ILO team).

A recap of the key elements was done through a recap of the previous day by volunteers amongst the participant, discussions and clarifications by the ILO team.

Some participants said they had expected more of the training from a clinical aspect, especially on the topic of TB and its link with HIV/AIDS. They wanted their technical queries answered and to know more about the national guidelines regarding HIV/AIDS.

### b) The HIV/AIDS scenario and the Indian response

Methodology/Approach: Presentation and Discussion.

The HIV/AIDS situation in India was discussed through means of a short presentation which focused on the following:

- The HIV/AIDS scenario in the world and India
- Major trends in India
- Factors attributing to the spread of HIV/AIDS in India
- The Indian response to HIV/AIDS
- Key Prevention Strategies under NACP-III

For further details, please refer to Appendix V.

### c) Diagnosis and treatment of STIs and its link with HIV

Methodology/Approach: Presentation, Discussion and Questions/Answers.

STIs were established as a major health problem in India, causing severe complications in men and women, and increasing the risk of HIV transmission.

Dr. Shobini Rajan (STI, NACO) and Dr. Aman (NACO) discussed the goal of NACP (National AIDS Control Programme) with targeted interventions towards high risk groups. STI prevention and cure and condom promotion was named as one of the main preventive strategies. A presentation was made in order to provide an overview of the STI diagnosis and treatment practices in the National Programme and to discuss the STI programme implementation. The following key points were discussed:

- STI(Sexually Transmitted Infection) and RTI (Reproductive Tract Infection) Definitions
- Brief overview of NACO STI Division policies
- Core basics of STIs and RTIs
- Situation of STIs in the world and in India
- Recent trends of STIs from clinic and hospital studies
- Changing patterns of STIs and vulnerable groups affected
- Factors contributing to STI/RTI spread
- Complications of STIs
- Link between STIs and HIV/AIDS
- Operational model of the role of health services in STI control
- Asymptomatic infection and STI case management

Amongst the key messages, an emphasis was placed on the following:

- Attitudes when dealing with patients with STIs and,
- Partner treatment.

There was widespread disagreement on the figures representing the national and global STI situation, in the presentation amongst the participants. Dr. Aman explained the structures of how the figures were computed and dispelled the doubts.

By means of an exercise amongst the participants, Syndromic Case Management towards STI treatment was advocated. A case study of a sex worker and her symptoms was described and all the participants were asked to prescribe medication to treat her. Every single prescription was different, with variations. It was explained how a situation such as that would lead to increased levels of drug resistance amongst patients, as compared to standardised treatment methods.

The main point of the exercise was to establish the need for a standardised method of diagnosis and treatment. The participants were introduced to the NACO colour-coded standardised prescription packages for various STI symptoms. This system was well received by some and disagreed upon by others amongst the participants. It was emphasised that overtreatment is better than under treatment.

By means of a short presentation, some key points of the Syndromic Approach to STI Treatment recommended by NACO were shown, with illustrations:

- Common syndromes and basic facts about them
- Advantages of single doses (in treatment)
- Common presentation of GUD symptoms
- Syphilis ulcer symptoms
- Chancroid ulcer symptoms
- Treatment of GUD (Genital Ulcer (bacterial))
- Herpes (Basic facts, symptoms, pictures and treatment)
- Causes and conditions of vaginal discharge
- Candidiasis- Vaginitis symptoms
- Trichomoniasis- vaginitis treatment
- Cervicitis (Gonococcus and Chlamydia) treatment
- Clinical Diagnosis of LAP, symptoms and treatment
- Anal and oral STIs: syndromes, symptoms and treatment

The key subjects of further discussion were:

- The rationalisation of standardised treatment was explained, the main reason being that there was no resistance to treatment.
- Using graphic tables, the operational model of the role of health services in STI control illustrated the current situation in India: a large number of people with STIs, a fraction aware and seeking care, and progressively lower numbers correctly diagnosed, correctly treated, completely treated and cured.
- It was discovered that a common drug Benzatine Pencillin was not used by ESIC doctors (the participants), though it was recommended by NACO, due to some misconceptions about fatal allergic reactions to it. These doubts were dispelled by Dr. Aman who discussed the new refined form of the drug, which had been cured of 93% of its allergic content.

For more details on this topic, please refer to Appendix VI.

#### d) Components of HIV/AIDS/TB Programme

Methodology/Approach: Presentation and Discussion.

Mr. Manjunath Kini (ILO) provided an orientation to the WPI programme components including BCC, Condom Promotion, STI treatment, Care and Support and M&E (monitoring and evaluation). His presentation included the following points:

- HIV/AIDS/TB related components at work places, policies and procedures, prevention, care and support and treatment of those with STI/TB/HIV
- Policy and implementation (based on WHO/ILO principles)
- Programme of Prevention of HIV/AIDS and related factors (individual contexts to be addressed)
- Prevention Interventions (tips for setting up own programmes with help from ILO materials)
- Components of care and support (addressing stigma and discrimination, and recommendation to collaborate with NACP)
- Monitoring, research and evaluation

It was established that the work plan for the ESIC hospitals with their specific contexts basically must encompass the discussed principles.

#### e) National Guidelines on ART (Antiretroviral Treatment)

Methodology/Approach: Presentation, Discussion and Questions/Answers.

Mr. BB Rewari (NACO) provided an overview on the ART programme of NACO and shared the protocols of GOI on ART. Through a presentation the main points discussed were:

- National Guidelines for ART (revised)
- Management of an HIV positive patient

- Basic Approaches/ Protocol for ART treatment of patients
- Management options today
- Basic facts about ART
- Issues concerning ART
- Factors concerning the selection of ARV regimen
- National ART regimen
- First line fixed dose ARV Regimen
- Second line ARV Drugs
- Costs of treatment in India and Abroad
- Important side-effects
- ART with HIV/TB patients
- Definitions of ART failure
- HAART (Highly Active Antiretroviral Treatment) and CD4
- CD4 Testing Facilities

**Classes of Antiretroviral Drugs** (Table from presentation)

**Four Broad Groups**

A:	Nucleoside Reverse Transcriptase Inhibitors (NRTI)
B:	Non - Nucleoside Reverse Transcriptase Inhibitors (NNRTI)
C:	Protease Inhibitors (PI)
D:	Fusion Inhibitors(FI)

Amongst these, the primary areas of focus were:

- ART guidelines for ART protocol, factors affecting selection of the ARV regimen, costs, and monitoring therapy for side-effects. ART regimen for TB patients was also discussed, mainly about the conditions under which ARV therapy must be changed.

- PEP (Post-exposure Prophylaxis) protocol, and related questions about hospital management and resources. Hospitals must have a specific policy regarding PEP protocol, with identified persons. Universal precaution with all patients was recommended (as HIV status is not always known).

For further details, please refer to Appendix VII.

f) An introduction to the ILO Training Materials (Manual for Enterprises, DVD and card game)

Methodology/Approach: Presentation and Discussion.

Ms. P. Joshila (ILO) provided an orientation to the use of the various materials developed for workplace interventions, which were distributed to the participants. A short presentation covered the following points:

- The use and relevance of materials provided (posters, card game on HIV/AIDS and DVD)
- Multi-sectoral partnerships
- Propagating non-discrimination in ESIC (with the help of posters etc.)

g) Developing a Work Plan for the Workplace Programme in ESIC

Methodology/Approach: Presentation, Discussion, Brainstorming and Questions/Answers.

Dr. Goyal (ESIC) read out some guidelines and the roles expected to be played by participants. An action plan was devised by the master trainers (participants) to carry out the workplace programme, by means of a discussion. Participants were grouped together on the basis of their respective ESIC branch hospitals and told to come up with action plans. The main points for a WPI covered by the participants were:

- The ILO training session should be extended for state doctors, nurses, dispensaries etc.
- Most importantly, administrative and implementing authorities must be included in training as most present participants do not have the opportunity to disseminate their knowledge from trainings appropriately, or at all.
- A definite and organised policy for the ESIC hospitals must be devised and implemented.
- Support for the cause of mitigating HIV/AIDS and solidarity for HIV/AIDS victims can be done through the HIV/AIDS slogan on OPD slips and bills (already started by some hospitals). A need for reduction of stigma and discrimination was recognised.
- Employing HIV positive counsellors for pre and post test counselling was recommended. In particular, female counsellors must be employed.
- Case studies and surveys were required by participants, with help from ILO and NACO to understand and disseminate the gist of the HIV/AIDS situation today.



- Patient education in the context of HIV/AIDS should be propagated through audio-visual devices in the waiting areas of hospitals and through questionnaires.
- The PEP plan must be reorganised and strengthened.
- Syndromic approaches for STI treatment should be followed by all doctors.
- The bio-medical waste management programme should be reoriented.
- CD4 and CD8 counters must be made available.
- The legal aspects of HIV/AIDS must be defined.

#### h) Valedictory

The participants' feedback was verbally given and is discussed in sections IV and V. Participants also conveyed mainly positive (though not specific) feedback by means of a post-training questionnaire

A song signifying solidarity for HIV/AIDS victims and calling for reduction of stigma was shown. Certificates were given out to participants for their participation in the training. Gifts were also received by participants who performed best in quizzes and who were most regular and involved in the training session.

The workshop was formally closed.

#### **IV Problems/Challenges**

- One of the concerns from the participants was that a two day training was too short.
- Many participants voiced concerns that they lacked adequate resources such as 100% sterile gloves due to shortage of funds in the hospitals and for a well implemented PEP protocol. Concerns about hospital management were also voiced.
- Financial constraints and management failure denies access to most ESIC hospitals for TV, DVD sets etc., needed to carry out training and patient education and awareness of cause.
- Supply issues: Many said that an HIV/AIDS policy more suited to India was needed as a holistic approach was not always possible. The HIV toolkit provided to them could not always be used. The participants also mentioned supply issues when it came to treatment of TB due to administrative problems
- Participants wanted a more detailed and clinical discussion of TB and its link with HIV/AIDS.
- Participants wanted information about PEP protocol, which was not a part of the session. However, questions asked were answered by Dr. BB Rewari (NACO).
- Many doctors found it difficult to treat STIs and RTIs as patients were usually unwilling to be examined in certain body parts.

## V Recommendations and Conclusions

- The training session was held in an ESIC hospital building, thus oriented the participants to creating an environment for workshops, and learning through their mistakes. As a result, better organisation should be possible when the ESIC staff organise their own WPPs and training.
- Participants sent for training must be clearly identified with respect to their interest in participation and follow-up of training and implementing work plans in their respective hospitals.
- Several misconceptions about basic facts regarding HIV/AIDS and STIs were cleared. Some mentioned that WHO guidelines for medical protocol were not usually followed and medical books were widely referred to instead. Many day-to-day doubts were dispelled during training sessions. HIV education in health care settings should be encouraged for all staff, including nurses, paramedics, dispensaries etc. In particular administrative and management authorities must be involved in training and awareness in order to ensure dissemination of knowledge and extension of training to others in the workplace.
- Participants were enthusiastic and motivated to implement WPIs in their hospitals towards the end of the training sessions. Dr. Goyal, the nodal person must ensure the follow-up and expansion of the training and implementation of Work Plans in the ESIC hospitals.
- Follow up on technical facts about STI/RTI, HIV/AIDS and ART was easily possible as the NACO website has relevant all material online. The ILO also extended offers of technical assistance with ESIC's own efforts of training.
- Many participants realised the significance of meeting and counselling of patients by PLHIV. They recommended the employment of PLHIV for pre and post test counselling in the hospitals. Greater emphasis should be placed on sensitising the staff with regards to stigma and discrimination towards PLHIV. Non-judgemental and professional attitudes must be encouraged.
- HIV/AIDS awareness amongst colleagues and patients, and reduction of stigma towards PLHIV, should be advocated through audio-visual aids.
- Workplaces should have a core committee that meet regularly and discuss approaches for awareness, and implementation of measures and policies.
- The ILO training workshop should be extended to state hospitals.
- The medical staff must be retrained to follow universal precaution with all patients, when HIV status is not disclosed. The lack of resources (gloves, HIV toolkits) faced by the doctors must be addressed by the management of ESIC. Leveraging of existing resources should also be undertaken.

- Linkages must be established for the start of the NACO system of colour-coded prescription packages for STI treatment at ESIC hospitals.
- The PEP programme must be reorganised and strengthened with its guidelines clearly marked out. Greater emphasis must be placed on it in training sessions.

## VII Appendix

### 1) Appendix I: Agenda

#### Objectives:

1. To orient the participants to the National Policy on HIV/AIDS in the world of work and strategy for sustainable HIV/AIDS Workplace Interventions, particularly in the health care setting.
2. To enhance the knowledge of participants on the HIV/AIDS/ TB, covering prevention as well as treatment aspects.
3. To impart skills to participants to develop and implement WPI in the ESIC hospitals.

Day I: 10 November 2009			
Time	Topic	Specific Objectives	Methodology / Resource Persons
9.00–9.30AM	Registration and tea		ESIC
9.30 – 10.15 AM	Brief Welcome and Inaugural	<p>Welcome address, and presentation on ESIC' initiatives on HIV/AIDS by Dr. Goyal, Director, FW&amp;HIV/AIDS</p> <p>Screening of ILO Advocacy Video</p> <p>Brief address by Mr. S.Mohd. Afsar, Technical Specialist, (HIV/AIDS)ILO</p> <p>Address by Dr. Damodar Bachani, DDG, Care, Support and Treatment and Basic Service Division, NACO (to be confirmed)</p> <p>Address by Dr. K.S Sachdeva, CMO, Revised National TB Control Programme (RNTCP) on an Overview of National TB Programme in India</p> <p>Address by Dr. J.N. Mohanty, Medical Superintendent of ESIS Basaidarapur Hospital</p>	

		Address by Mr. B.K. Sahu, Insurance Commissioner, ESIC	
		Vote of thanks -ESIC	
10.15 - 10.45 A.M.	Icebreaking & Introductions	<ul style="list-style-type: none"> <li>To create workshop environment</li> <li>To present the expectations of participants captured before the workshop and gather new expectations if any</li> <li>To match the agenda with the expectations</li> <li>To set ground rules of the workshop</li> </ul>	Presenting the expectations collected from participants  Discussions  Ms. P. Joshila, Programme Officer, ILO
<b>10.45- 11.00 A.M. Tea/Coffee break</b>			
11.00 - 12.30 PM	<b>Session -1</b>  <b>Policy and programme in the World of Work</b>  <b>Reduction of stigma and discrimination</b>  <b>HIV/AIDS as a Workplace Issue &amp;</b>  <b>Relevance of WPP in health care setting</b>	<ul style="list-style-type: none"> <li>To provide the rationale for HIV/AIDS workplace interventions and present an overview of the ILO code of practice on HIV/AIDS and World of Work.</li> <li>To discuss the components of the National policy on HIV/AIDS and world of work</li> <li>To enable participants discuss and appreciate the need for HIV/AIDS programme in the health care setting i.e ESIC</li> </ul>	Mr. S. Mohd. Afsar,  Technical Specialist, HIV/AIDS, ILO  Sharing by a PLHIV/ Presentation/discussion
12.30 – 1.30 PM	<b>Basic information on HIV/AIDS</b>	<ul style="list-style-type: none"> <li>To enhance the knowledge level of the participants on HIV/AIDS</li> <li>To familiarize the participants with the country's/state's response to HIV/AIDS</li> </ul>	Quiz/brainstorming/ card game  Mr. S. Mohd. Afsar, /Ms. P. Joshila, ILO
<b>1.30 - 2.15 P.M. Lunch break</b>			
2.15 – 3.00PM	<b>Basic information on HIV/AIDS</b>  <b>Continues....</b>	<ul style="list-style-type: none"> <li></li> </ul>	
3.00 – 3.45 PM	<b>Tuberculosis (TB) and its link with HIV</b>	<ul style="list-style-type: none"> <li>To enhance participants knowledge on TB and its link with HIV</li> </ul>	Presentation/discussion/group work Dr. Mala Srikanth,

			Consultant on TB
<b>3.45 - 4.00 P.M. Tea/Coffee break</b>			
4.00 – 5.30 PM	<b>Revised National TB Control Programme (RNTCP) in India</b>	<ul style="list-style-type: none"> <li>▪ To provide an overview of the RNTCP in India</li> <li>▪ To provide detailed treatment regimen for TB (DOTS)</li> <li>▪ Discuss ways of integrating TB and HIV in programmes</li> </ul>	Presentation/ discussion/ group work  Dr. Mala Srikanth, Consultant on TB
<b>Close of Day One</b>			
<b>Day II: 11 November 2009</b>			
9.30 – 10.00AM	<b>Recap of the day's learning and addressing any specific queries/issues</b>	<ul style="list-style-type: none"> <li>▪ To reinforce key elements in undertaking advocacy with enterprises</li> </ul>	Recap of the day by the volunteers, discussions and clarification by ILO team
10.00 – 11.30 AM	<b>Diagnosis and treatment of STIs and its link with HIV</b>	<ul style="list-style-type: none"> <li>• To provide an overview of the STI diagnosis and treatment practices in the National Programme</li> <li>• STI programme implementation</li> </ul>	Dr. Shobini Rajan, Deputy Director, STI  NACO
<b>Tea Break – 11.30 – 11.45 AM</b>			
11.45 – 1.00 PM	<b>Components of Workplace HIV/AIDS/TB programme</b>	<ul style="list-style-type: none"> <li>▪ To provide orientation to the WPI programme components including BCC, Condom Promotion, STI treatment, Care and Support, and M&amp;E</li> </ul>	Presentation/ discussion  Mr. Manjunath Kini/ P.Joshila, ILO
<b>1.00 – 1.45 PM LUNCH BREAK</b>			
1.45 – 3.00 PM	<b>National guidelines on Antiretroviral Treatment</b>	<ul style="list-style-type: none"> <li>• To provide an overview on the ART programme of National AIDS Control Organization (NACO)</li> <li>• To share protocols of GOI on ART</li> </ul>	Dr. B.B. Rewari, National Programme Officer (ART), NACO
3.00 – 3.30 PM	<b>An introduction to the ILO Training Materials (Manual for Enterprises, DVD and Card game)</b>	<ul style="list-style-type: none"> <li>• To provide an orientation to the use of various materials developed for the workplace Interventions</li> <li>• To disseminate key publications</li> </ul>	Presentation and discussion  Ms. P. Joshila, ILO
3.30 – 4.00 P.M	<b>Developing a work plan for the Workplace programme in ESIC</b>	<ul style="list-style-type: none"> <li>• To develop an action plan for the master trainers to carry out the workplace programme</li> </ul>	Presentation, Discussion  Questions/answers  ILO/ESIC
<b>3.45- 4.00 PM Tea/Coffee break</b>			
4.00 – 4.45 PM	<b>Valedictory</b>	<ul style="list-style-type: none"> <li>• To get the participants' feedback</li> <li>• To formally close the workshop</li> </ul>	Participants' feed back through the questionnaire and verbal feedback and closing of the workshop

			ILO/ESIC/MOLE representatives
		<b>Close of the workshop</b>	

## 2) Appendix II: List of Participants

1. Dr. Priyanka Srivastava (Skin), ESI Hosp. Jhilmil
2. Dr. Umesh Gupta (Medicine), ESI Hosp. Jhilmil
3. Dr. Sandeep Gupta(Chest), ESI Hosp. Jhilmil
4. Dr. Seema Singhal (Gynae.), ESI Hosp. Jhilmil
5. Dr. Anita Srivastava (Pathology), ESI Hosp. Jhilmil
6. Dr. Rajeev Ranjan(Microbiology), ESI Hosp. Jhilmil
7. Dr. Manisha Chakraborty (Gynae.), ESI Hosp. Okhla
8. Dr. M.S. Rawat (Chest), ESI Hosp. Okhla
9. Dr. Rakesh Bansal(Skin), ESI Hosp. Okhla
10. Dr. Chander Shekar Azad(Pathology), ESI Hosp. Okhla
11. Dr. R.K. Kataria(Medicine), ESI Hosp. Okhla
12. Dr. S.R. Daima (Chest), ESI Hosp. Noida
13. Dr. Indu Kaushik (Gynae.), ESI Hosp. Noida
14. Dr. Arun Gupta (Medicine), ESI Hosp. Noida
15. Dr. Usha Bhoria(Pathology), ESI Hosp. Noida
16. Dr. Vandana Jain (Skin), ESI Hosp. Noida
17. Dr. Rajiv Gupta (Chest), ESI Hosp. Basai
18. Dr. S.K. Agarwal (Medicine), ESI Hosp. Basai
19. Dr. Poonam Srivastava (Blood Bank), ESI Hosp. Basai
20. Dr. Madhu Choudhary(Microbiology), ESI Hosp. Basai
21. Dr. Sandeep Chaudhary (Skin), ESI Hosp. Basai
22. Dr. R.K. Chandok (Pathology), ESI Hosp. Basai
23. Dr. Shashi Prabha(Gynae.), ESI Hosp. Basai

24. Dr. Akhouri Prawin Kumar(Gynae.), ESI Hosp. Rohini
25. Dr. Anita Mittal (Pathology), ESI Hosp. Rohini
26. Dr. Sumesh Kumar Sharma (Skin), ESI Hosp. Rohini
27. Dr. Anupma Sabbarwal (Medicine)

### 3) Appendix III: Main Resource Persons

1. Mr. S M Afsar, Technical Specialist (ILO)
2. Ms. Joshila Pallapati, Programme Officer (ILO)
3. Mr. Manjunath Kini, Programme Officer (ILO)
4. Mr. Hari Singh (DNP+, ActionAid)
5. Dr. Mala Srikanth, Consultant on TB
6. Dr. Shobini Rajan, Deputy Director (STI, NACO)
7. Dr. Aman (NACO)
8. Dr. BB Rewari, National Programme Officer (ART, NACO)

### 4) Appendix IV: TB and RNTCP

- a) Overview of TB Treatment (DOTS)