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Managing HIV/AIDS in a Resource Crisis: The potential role of oral health practitioners

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M Netshiombo[1]

The abrupt withdrawal of funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR) has disrupted critical services for South Africans living with, or at risk of, HIV infection. This funding gap threatens to reverse significant progress achieved under the 90-90-90 targets - which aimed for 90% of people living with HIV to be diagnosed, 90% of those diagnosed to be on treatment, and 90% of those on treatment to achieve viral suppression. Without an urgent and coordinated response from government, progress toward the more ambitious 95-95-95 goals could stall, risking a resurgence of the HIV/AIDS crisis.

In this period of constrained resources, task-shifting, multisectoral collaboration, and interdisciplinary integration must be reimagined to ensure efficient, continuous, and equitable care for vulnerable populations. Oral health practitioners (OHPs) – including oral hygienists, dental therapists, dentists, and specialists – are well positioned to contribute to HIV/AIDS management. The oral cavity is often the first site where clinical signs of HIV infection appear, making OHPs uniquely situated to detect early indicators of disease, monitor immune status, and facilitate timely intervention.

Despite this, oral health practitioners are not formally recognised as authorised providers of HIV testing under the National Department of Health's National HIV Testing Policy (2016). A study in KwaZulu-Natal reported that only 18% of dentists initiate HIV counselling and testing in their clinical settings, citing lack of training and insufficient knowledge as primary barriers[1].

Currently, HIV testing is primarily conducted via self-diagnostic kits or by nurses, doctors, pharmacists, lay counsellors, and community health workers. Initially, antiretroviral therapy (ART) was the sole domain of medical doctors. To improve access, the Nurse-Initiated Management of Antiretroviral Therapy (NIMART) programme was launched, followed by the Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART). These programmes enable specially trained nurses and pharmacists to diagnose HIV, initiate first-line antiretroviral therapy, manage follow-ups, and refer complex cases beyond first-line treatment to medical doctors.

Authors' information
1. Mukhethwa Netshiombo. Affiliation: Public Oral Health Forum
ORCID: https://orcid.org/0000-0001-9163-1972

Corresponding author
Name: Mukhethwa Netshiombo.
Email: mukhethwa.netshiombo@wits.ac.za

Both models reflect the Department of Health's commitment to decentralised care through task-shifting, as advocated by the World Health Organization[2].

In the context of a weakened HIV response due to PEPFAR's withdrawal, South Africa should consider expanding the role of OHPs in HIV prevention, testing, and care. With over 12,000 oral health practitioners nationwide, this largely untapped workforce - within similar frameworks like NIMART and PIMART – could enhance early case detection, support adherence monitoring, and improved access to care.

Equally important is the need for stronger referral pathways between medical and dental services. Poor oral health worsens systemic outcomes in people living with HIV and can undermine quality of life and treatment efficacy. A more integrated approach, in which medical professionals routinely refer patients to oral health providers, would promote comprehensive, patient-centred care.

The estimated 17% funding shortfall left by PEPFAR's exit requires serious budget reprioritisation to prevent disruptions in human resources, diagnostics, and clinical support. As the national HIV/AIDS strategy is reconfigured, oral health professionals must be included as essential contributors.

Key considerations for policymakers and professional bodies include:
1. How should healthcare policies be adapted to formally include OHPs in HIV prevention and treatment efforts?
2. How can training in HIV/AIDS testing, counselling, and management be developed to establish a 'Dental-Initiated Management of Antiretroviral Therapy' (DIMART) cadre??
3. How can HIV testing and follow-up care be incorporated into dental settings - both public and private - including outreach and school-based programmes?

As South Africa navigates a constrained healthcare environment, inclusive task-shifting and integrated service delivery will be essential. Oral health practitioners have a critical, yet underutilised, role to play in sustaining the HIV/AIDS response and preventing avoidable setbacks in the fight against the epidemic.

REFERENCES

1. Balwanth S, Singh S. Voluntary Counselling and Testing for HIV in the dental setting: Knowledge, attitudes and practices of oral health care workers in eThekwini district, KwaZulu-Natal. SADJ. 2021 Feb 1;76(1):6–11. Available from: https://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0011-85162021000100004
2. World Health Organization . Task shifting : rational redistribution of tasks among health workforce teams : global recommendations and guidelines [Internet]. 2008. Available from: https://iris.who.int/bitstream/handle/10665/43821/9789241596312_eng.pdf. [Accessed 3rd March 2025]