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SETTING UP OF ORAL SCREENING CAMPS AT MASS GATHERINGS LIKE KUMBH MELA - OPPORTUNITIES AND CHALLENGES

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ABSTRACT

Kumbh Mela, one of the largest recurrent Mass Gatherings (MGs) across the world, is a major pilgrimage and festival in Hinduism. It is celebrated once in every 3 years at four river-bank pilgrimage sites: at the Allahabad, Haridwar, Nashik and Ujjain. The present study included oral health promotion and oral cancer screening at sector hospitals in Allahabad during Kumbh Mela, 2019. About 10,000 participants were screened during the Mela and a significant proportion was found to have premalignant lesions. To conclude, MGs are more of an opportunity for increasing awareness of the public on oral cancer, training in mouth self-examination and early self-reporting of any suspicious lesions to the local hospitals than for early diagnosis of oral cancer, referral and follow up.

KEYWORDS

Mass gathering, Kumbh mela, Health promotion, Cancer screening and Early diagnosis of cancer.

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INTRODUCTION

Mass Gatherings (MG) are characterized by the concentration of people at a specific location for a specific purpose over a set period of time and which has the potential to strain the planning and response resources of the country or community¹. As per Dr Margaret Chan, former Director-General of WHO, MGs are a stress test for public health². Mass gatherings can be either planned or spontaneous and recurrent or sporadic. Planned mass gatherings may include sporting, social, cultural, religious and political events. Examples include: music festivals, the Olympic Games and the Hajj³. “Kumbh Mela”

also known as “Simhasth fair” is a Hindu religious pilgrimage and the world’s largest peaceful gathering of pilgrims organized four times every 12 years. It is recognized by the United Nations Educational, Scientific and Cultural Organization (UNESCO) as an “Intangible cultural heritage of humanity”⁴. The purification rites involved in the Kumbh Mela’s ritual bathing in the Ganges, especially at Allahabad, are believed to interrupt the cycle of reincarnation according to Hindu theology⁵. Over the years, the number of devotees attending the Kumbh Mela has increased exponentially from around 400,000 in 1903 to 120 million in 2013^{5,6}. The Kumbh Mela involves creation of a temporary ‘pop-up city’ of canvas, corrugated metal sheets, bamboo, nails and rope in the flood plains of the rivers, which houses and feeds millions of people for 3 months every 3 years⁵ (Figure No.1).

This planned, recurrent, religious mass gathering poses colossal logistical and health challenges for public health surveillance. In 2019, with an estimated 140 million people arriving to Kumbh, the Mela authority divided the entire area into 20 sectors (25sq. km radius), each sector having one 20 bedded circle hospital and one 100 bedded hospital in sector 2 with all the healthcare facilities. Apart from that, other Government Hospitals, Urban PHCs, CGHS centers, ESI hospitals, Military Hospital, NGOs, Ashrams, private doctors, private hospitals and charitable trusts, Railway Hospitals and Air Force Hospitals of Allahabad were also ready to provide healthcare facilities to the pilgrims.

An opportunity was released to utilize the Kumbh Mela setting for health promotion in terms of oral screening as well as tobacco control and cessation. All key stakeholders were mapped and both government and non-governmental organizations were invited to participate in oral health promotion and oral cancer screening. The local government institutions as well as professional organizations and institutions mainly Homi Bhabha Cancer hospital, Tata Trusts, Indian Dental Association, Biocon Foundation as well as the different religious groups participated in the joint program.

The Pre-Kumbh activities mainly included meeting with stake holders, conceptualization and planning,

obtaining approvals, awareness creation and training. Different awareness material mainly leaflets, banners, standees and a video was designed focusing on oral cancer and the importance of its prevention and early detection. Another opportunity was to collaborate with major Akhadas in order to engage them in awareness and prevention program. Religious leaders in Akhadas were sensitized to communicate the message for adopting healthy life style and restraining from any habits in their discourse and undertake screening. A two-minute pledge was played at each Akhada and painting on the roads to spread awareness.

An opportunistic screening approach for people visiting to the sector hospital for any ailment was adopted. Men and women who consumed any form of tobacco, (smoking and smokeless), areca nut and alcohol use were invited for screening at temporary screening clinics set up at sector hospitals. Data was collected on a mobile application, called mHealth, specially developed for screening of oral cancer. The ongoing monitoring activities ranged from regular inspection of the sites and trainings. The field staff ranged from doctors to dental surgeons, dental hygienists, health care workers and representatives from the Kamla Nehru Hospital.

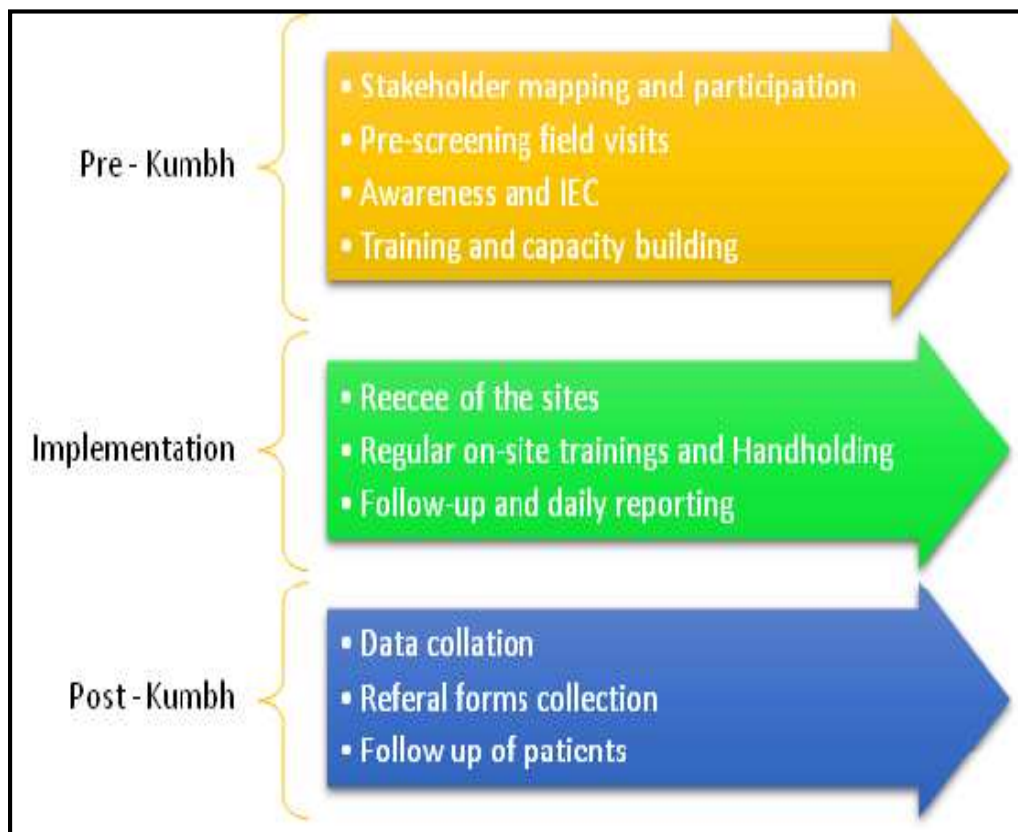
64 LED displays carried the message of tobacco control, oral cancer and prevention strategy. Main religious leaders encouraged their followers to restrain from any habit and adopt healthy lifestyle. This messages would easily reach to millions during the Mela. Ten temporary screening clinics screened the high risk group for oral cancer, diabetes and hypertension.

Post-Kumbh activities included, data collation, referral forms collection and follow up of patients. About 10,000 people were screened and a significant proportion were found to have premalignant lesions. They were referred to the tertiary care facility for further diagnostic confirmation and treatment.

Mela was a great opportunity to increase health awareness of people coming from different states and different walks of life. Training of healthcare staff also built the capacity of hospitals in screening and counselling of patients at potential risk of developing oral cancer. People from most remote places or

belonging to groups such as ascetics, saints, sadhus, sadhvis, kalpvasis and pilgrims were screened and made aware of oral and other ENT related cancers. Unequal distribution of people reporting for screening in the different sectors was one of the challenges faced. For example, few sectors had the average number of screenings of 8 to 10, while centers which were quite busy saw a footfall of 50-60 per day. The busy sectors showed resistance to use mHealth app as the patient load was too high to enter every detail. This shows that Health services that are generally designed to meet routine priorities and demands are strained by MGs and so require strengthening of existing services and potentially the introduction of new or enhanced methods for managing disease and other public health risks³. Some doctors who were involved in the cancer screening were using the tobacco products which weakened the effectiveness of the awareness camps. Since it was not a regulated population, it was difficult to get compliance to referral and follow up. At some sectors screening camps added to the work load of the

deputed staff. Training and deputation of more staff as per camp needs would have had better results. In future, such camps can be organized with prior planning and having ancillary staff to be deputed at the camp sites. In order to develop a unified approach to manage the public health needs during such mass gatherings in a better manner, it is imperative to conduct academic research on different mass-gathering events like the Kumbh⁵.



Process Flow for planning of activities



Figure No.1: Mass Gathering at Kumbh Mela (Allahabad)



Figure No.2: People gathering for Primary Health Care

CONCLUSION

This effort demonstrates that Kumbh Mela presents an opportunity to communicate the message to millions of people and screen a large number of high-risk individuals from geographically diverse areas. Religious leaders and social influencers play a vital role for advancing key health priorities in India. Screening camps during MGs is more effective for

increasing awareness of the public on oral cancer, training in mouth self-examination and early self-reporting of any suspicious lesions to the local hospitals than for early detection of oral cancer, referral and follow up. Thus, for such Mass Gatherings, health awareness camps seem to be a more practical and effective approach than screening camps.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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