

## SHARE INDIA's contribution towards COVID-19 response in India

### About SHARE INDIA

Indian American professionals from various medical and non-medical disciplines started a not-for-profit society 'Science Health Allied Research Education' (SHARE) in USA in 1981. To support causes for health in India and for the purpose of giving back to the mother country, two not-for-profit societies SHARE INDIA (1986) and SHARE Medical Care (1987) were formed.

**SHARE INDIA**, a research society, through its technical assistance promotes access to quality health care, strengthening of Health Systems, establish models based on shared vision for HIV prevention, care, support, and treatment, support Strategic Information and Human Capacity Development (HCD) of public health institutions through capacity building, technical innovations, supportive supervision, mentoring and provided training on Operations Research in INDIA.

### SHARE INDIA's contribution towards COVID-19 responses in India

Since January of 2020, SHARE INDIA has been actively involved in extending its support to health systems and communities across the country in terms of **outreach, Clinical management outpatient and in hospital care, Infection prevention control (IPC) activities, HIV and TB related activities, laboratory system strengthening efforts, technical assistance for emergency operations and policy advocacy** with government, funding agencies and other relevant stakeholders.

#### 1. Outreach Activities

In Telangana and Andhra Pradesh, SHARE INDIA provided comprehensive services to the general population and People Living with HIV (PLHIV) in Telangana and Andhra Pradesh respectively through the current projects.

**In Telangana**, SHARE INDIA implemented early interventions to prevent the spread of COVID-19 and supported the population in selected mandals of Telangana. Two different models of intervention were implemented that are community and hospital-based prevention and care program.

- a. **Community-based programs:** Around 30 community health volunteers (CHVs) and Anganwadi workers were trained to manage the COVID-19 related issues and challenges in the field and to provide short-term care. The focus was on providing awareness on the importance of ventilation at home, physical distancing, hygienic practices including handwashing, use of masks, vaccines, and other prevention



strategies. The training also focused on managing psycho-social issues among health care providers.

- b. Hospital-based programs:** The project provided technical support for MediCiti Institute of Medical Sciences low cost (Rs 15,000/day) hospital-based medical care to the lower socio-economic population, and other vulnerable populations who cannot afford care at private corporate hospitals (Rs 150,000/day).



## 2. Laboratory system strengthening efforts

SHARE INDIA provided technical assistance to public health laboratories to repurpose HIV-1 VL Labs for COVID-19 testing. It facilitated extensive training on “Laboratory safety, Use of personal protective equipment (PPE) and Infection Prevention & Control practices” for COVID-19 testing.

SHARE INDIA assessed 20 public and one private clinical laboratory in Andhra Pradesh, to assess the existing capacity of the laboratories, the hazards and potential risk associated with the operations, identify areas of gap and emerging challenges to guide laboratory preparedness for outbreaks including COVID-19. Based on the findings, laboratory capacity building and Quality Management Systems (QMS) related activities have been initiated.



## 3. Sustenance of HIV and TB related activities during COVID-19

- a. Augmenting HIV-1 Routine Viral Load testing in Andhra Pradesh during COVID-19 Pandemic:**

During the pandemic, SHARE INDIA took efforts to augment the HIV-1 Routine Viral Load testing through a combination of demand generation activities for VL testing services, and a well-coordinated and timely provision of laboratory services to PLHIV- in collaboration with CDC, APSACS and NACO. Due to the concerted efforts, VL testing coverage increased from 47% to 88% across 18 ART centres.

**b. Uninterrupted delivery of ART services for PLHIV:**

SHARE INDIA's rapid response in collaboration with APSACS and community networks has facilitated the transportation of drugs and accelerated drug dispensation through decentralised dispensation facilities including home dispensation to ensure uninterrupted delivery of ART services. The other key activities included guidelines to ART centres, multi-month dispensation, orientation on "infection prevention control, supply of PPEs social distancing, airborne infection control" and teleconsultations were some of the other strategies adopted to ensure uninterrupted and safe delivery of ART services.



**c. Improving coverage and access to VL testing through camps in North Eastern states:**

The emergence of the COVID-19 pandemic amplified the challenges of accessing VL testing due to travel restrictions which resulted in transient suspension of routine viral load testing. SHARE INDIA in collaboration with multiple partners adopted a camp-based approach to increase the VL coverage through systematic patient mobilisation and laboratory workflow. The camps aimed to collect the samples at a location where there is a cluster of eligible PLHIV, but unable to access testing services at ART Centres. Due to the concerted efforts, all the intervention states had a substantial increase in the viral load coverage.



**d. HIV and TB services in Dharavi, Mumbai during COVID-19:**

SHARE INDIA team supported NTEP staff to ensure uninterrupted services to drug-resistant TB (DR TB) patients in Dharavi. All the DR TB patients were contacted telephonically to ensure that they had enough stock of medicines. Patients, who migrated, were supported with adequate stock of medicines and they were linked to the program services in their respective states/districts. The patients were enquired about adverse drug reactions, if any, and were counselled or referred to the PHI, as appropriate. This ensured that there are no treatment interruptions among DRTB patients which in turn prevented the lost to follow-ups. Above and beyond, SHARE INDIA staff also assessed and enlisted individual patient needs and coordinated with NGOs to provide nutritional support to needy patients in the form of dry ration/vegetables. To support the program in the COVID-19 pandemic, SHARE INDIA facilitated bi-directional testing of TB and COVID positive patients.



#### 4. Infection Prevention Control (IPC) and Technical Assistance for emergency operations and policy advocacy

##### a. Infection Prevention Control at Healthcare Facilities in Andhra Pradesh:

SHARE INDIA provided support and mentorship at Healthcare Facilities (HCFs) by initiating IPC assessments in 21 HCFs. A facility-specific IPC action plan was made in 21 HCFs by formulating an IPC team with Infection Control Officers (ICO) and Nurses (ICN) to implement and monitor IPC practices in their respective HCFs. The reconstitution of the existing hospital infection control committee (HICC) as per National Guidelines was completed in 21 HCFs. Quarterly IPC progress review visits were conducted in 12 HCFs to assess the progress made on IPC. Technical assistance was provided to conduct HICC meetings in HCFs. Ten weekly virtual training on IPC practices were conducted for the HCF staff and a total of 509 participants reached. The in-house IPC training was co-facilitated and conducted by the facility ICNs. Technical assistance was provided to conduct risk assessment to recognize risks and appropriate risks assessment strategies were planned to enhance IPC practices.



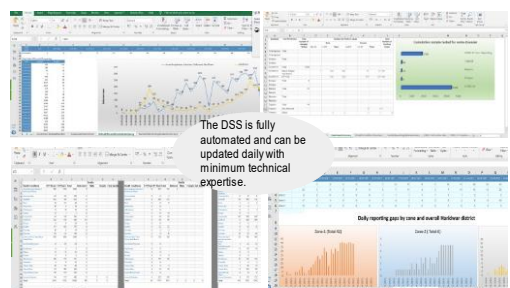
##### b. IPC interventions in HCF to combat COVID-19 outbreak in Mumbai:

SHARE INDIA established a multi-disciplinary Airborne Infection Control Unit (AICU) in Mumbai Municipal Corporation in 2016, which laid down the foundation of IPC practices in primary and secondary healthcare facilities (HCF). These health institutes had an edge in combating the COVID-19 outbreak since the majority of the WHO recommended infection control measures that were crucial to reduce COVID transmission were already in practice. Furthermore, telephonic calls were made to guide the facility staff to ensure that they remain current with the updates to respond to the pandemic.

##### c. Implementation of a decision support system for COVID-19 emergency operations during Maha Kumbh, Haridwar 2021:

Real-time monitoring and reporting during mass congregations are essential during the COVID-19 pandemic, to make decisions on outbreak management. SHARE INDIA provided technical assistance to design and implement a decision support system (DSS) to aid outbreak investigation during the Maha Kumbh festival at Haridwar in India. The DSS was used as one of the tools for daily decision making from 01<sup>st</sup> April 2021 to 30<sup>th</sup> April 2021 for the health emergency operations centre (HEOC) set up at the Haridwar district in the state of Uttarakhand (India).

Daily reporting decision support tool



## 5. COVID 19 Clinical Care

Since early 2020 Dr. Vijay Yeldandi has been providing outpatient clinical care for people affected by COVID and has been providing consulting services to critical care professionals in private and public hospitals in managing complications of COVID. He has also given many presentations to advance the understanding of clinical management of COVID. He has given multiple interviews to the lay press to help disseminate scientific principles of management of the epidemic and to dispel myths and misconceptions.

<http://theshareindia.org/covid-19/>