

Background



iKure TechSoft

- A population health management company
- Delivers primary healthcare services through digital technologies, a network of hub & spoke clinics and trained frontline healthcare workers
- Focus spans preventive, promotive, and curative aspects of healthcare across rural, semi-urban, urban areas.

COVID-19 in India

- The subsequent lockdowns in India highlighted the stark dichotomy of healthcare access
- The most economically vulnerable suffered as inadequate medical facilities, scarce resources, and asymmetric information gripped the nation.
- Statistics as of 5/5/21:
- Total Cases: 20,665,148
- Death (1%): 226,188

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Fig1. Statistics of the second wave of COVID-19 taking a toll on the Indian healthcare system



Fig2: iKure's several initiatives in fighting the COVID-19 pandemic in India

iKure's Novel Approaches to Tackling Healthcare Disparities During COVID-19 Pandemic in India

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Solution 1: Remote Health Monitoring of COVID patients via Mobile Application

- A mobile application (in collaboration with Nestle and Essilor) was designed to remotely monitor COVID-19 patients
- It helped to onboard patients and monitored them for **15 days**.



of AIIMS hospital in New Delhi



This led to:

- Timely care and improved prognosis
- Disease **containment**
- Elimination for the need for hospitalization
- Less overburdening of hospital

Solution 2: COVID-19 Self Screening of Olfactory Functioning

- The scratch and sniff "U-Smell-It" test helped in identifying **olfactory dysfunction**, a frequent and early symptom of COVID-19
- This symptom has been reported in **68%** of patients with active disease.
- It was designed in conjunction with a **mobile app** where individuals could input their test results.



Fig5. "U-Smell-It" test along with the mobile app



Fig6. Workflow of Solution 2: from data acquisition via test results to development of containment zones

This led to:

- Early identification of contagious zones and determining severity
- Creation of concentration zones
- **Prevention** of further **spread**

| Differential Factors | U-Smell-it | RT-PCR | Rapid Antigen |
|------------------------|-------------------------|-------------|---------------|
| Turn Around Time | 2mins | 2-3 days | 5-6 hours |
| Cost | \$0.5-\$0.7 | \$15-\$20 | \$10-\$15 |
| Usage | Easy | Complicated | Complicated |
| New Variant | Don't miss | May Miss | May Miss |
| Community Reach | High | Low | Low |
| Trained Manpower | Not Required(Self test) | Required | Required |
| aboratory Requirement | No | Yes | No |
| Early Screening | Yes | No | May Be |
| Availability | High | Low | Low |
| Distribution & Scaling | Faster | Slow | Slow |
| Setup Cost | 0 | High | Medium |

Table1. Comparison between different COVID-19 tests

- High-level takeaways:
- 80% efficacy rate (COVID-19)
- 90% specificity
- 4x more efficacious than self-surveys
- FDA registered
- App compatible with iOS/Android

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Summary

Budget

• Affordable medical kits were designed and provided to large corporations (**B2B**) to care for their employees using a **rental model. \$40** were charged for each medical kit.

• However, on a **B2C** basis, free of cost services and kits were provided to iKure patients directly. • Similarly the U-Smell-It test became an **easy** tool for early detection that was disseminated in the larger underserved communities for **free**. • Funds were raised to distribute **500,000** olfactory screening kits and 2,500 remote **monitoring kits** in rural and semi-urban regions primarily in Jharkhand and Bihar in India

Conclusion

• While the pandemic accentuated existing structural barriers, it also catalyzed an unprecedented wave of innovations to combat them.

 iKure's story is a testament to the same and a valuable lesson in effective interventions to contemporary global health problems.

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Contact Info

Please feel free to reach out to **Snehal Bindra** for any questions or if you are looking to collaborate on any future projects