



# 2024-25

# ANNUAL REPORT

SOCIETY FOR HEALTH  
ALLIED RESEARCH AND  
EDUCATION INDIA

Advancing Health,  
Empowering Communities



The infographic features a central teal circle with the text 'SHARE INDIA' in white. Surrounding this circle are six white hexagonal boxes, each with a colored border and a colored arrow pointing towards the center. The hexagons are arranged in a circular pattern. The background is a collage of grayscale photographs showing people in various settings: two women holding a poster, a man in a white coat, a woman in a white coat, a man in a white coat, and a woman in a red sari writing on a clipboard.

# SHARE INDIA

**MATERNAL  
& CHILD  
HEALTH**

**ARTIFICIAL  
HEART AND  
LOWER LIMB  
PROSTHESIS**

**NON  
COMMUNICABLE  
DISEASES**

**CANCER  
PREVENTION**

**GEO CODED  
DATABASE**

**ASSISTANCE  
TO GOVT  
HEALTH CARE  
SYSTEM**

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# MESSAGE FROM OUR CHAIRMAN

## A YEAR OF ENDURING PURPOSE IN MEDICAL RESEARCH

Reflecting on a year of enduring purpose as we reflect on the past year, it is with profound gratitude that we address our esteemed community of dedicated researchers, tireless staff, invaluable partners, and generous donors. The collective commitment of each individual and organization forms the bedrock of SHARE INDIA's enduring mission. This past year, like any other, presented its unique set of challenges and triumphs, all navigated with an unwavering focus on advancing medical research and fostering public health in India.



**DR. MADHU K. MOHAN**  
CHAIRMAN

The success and impact of SHARE INDIA are not solely the achievements of the organization itself, but rather a direct testament to the unwavering support and belief of its stakeholders. Every contribution, whether through dedicated research efforts, administrative support, strategic partnerships, or philanthropic giving, directly empowers the pursuit of our scientific and educational objectives. This collective spirit of collaboration ensures that our efforts translate into tangible progress, reinforcing the fundamental principle that our accomplishments are truly a shared endeavor. This approach, centered on the profound impact of our supporters, is crucial for a not-for-profit entity, as it fosters a deep sense of shared ownership and appreciation among all who contribute to the cause.

At its core, SHARE INDIA's purpose remains steadfast: to promote a vibrant research culture within medical colleges across India, empowering even average minds to cultivate inventive solutions. Simultaneously, we are committed to performing and promoting vital Biomedical and Health-related research. This dual focus underpins our vision for a healthier India, one where indigenous scientific innovation flourishes, driven by a collaborative spirit that echoes the original intent of our visionary founders.

SHARE INDIA's research portfolio addresses a diverse array of critical health challenges, reflecting a broad commitment to biomedical and health-related research. The organization is actively engaged in both ongoing and completed projects that span various fields of medical science.

## RESEARCH HIGHLIGHTS FROM THE PAST YEAR

Over the past year, SHARE INDIA has advanced impactful public health research with funding from premier agencies including ICMR, DBT, and the US CDC. Key initiatives have addressed infectious disease surveillance, environmental health, maternal and child health and community-based efforts from cervical cancer screening to chronic disease care, we remain committed to evidence based, scalable solutions for India's health priorities.



## A CALL TO CONTINUED PARTNERSHIP AND SUPPORT

We conclude this note by reiterating our profound appreciation for the ongoing dedication and invaluable support from all our stakeholders: our generous donors, strategic partners, the broader scientific community, and our exceptionally dedicated team at SHARE INDIA. Your belief in our mission is the fundamental driving force behind every endeavor, every research question pursued, and every step taken towards a healthier future.

We invite you to continue your vital partnership and deepen your engagement with SHARE INDIA's critical mission. We encourage you to visit our official website at <https://theshareindia.org/> for further information and updates on our work. Your continued support, in all its forms, is indispensable as we collectively strive to build a more sustainable and prosperous future for all in India, through the power of scientific discovery and compassionate care.

## WELCOMING NEW MEMBERS

We welcome the new Governing Council members, Dr. Mohmed Maqbool-ul Haq, an Oncologist from Houston and original founder Share USA and Member of Board, MIMS. Dr. Mandiga Veerabhadra Rao. Anaesthesiologist, Seattle, WA, USA, original founding patron of SHARE USA; Dr. Chinnababu Sunkavalli, Robotic Surgical Oncologist at Yashoda Hospitals, HITEC City, Hyderabad, and Dr. Shailendra Dandge, Vice Principal (Research) at MediCiti Institute of Medical Sciences, Hyderabad, to our mission of advancing medical research, capacity building and public health in India.

## A LEGACY OF VISION AND LEADERSHIP



### **DR. P. S. REDDY**

As we look ahead, we remain inspired by Dr. P. S. Reddy, Founder Chairman of SHARE INDIA whose four decades of unwavering commitment laid a strong foundation for the institution. His mentorship nurtured generations of researchers, his vision fostered enduring U.S.-India collaborations, and his leadership established a thriving ecosystem of research. Even today, he continues to guide and inspire, leading the artificial heart program with the same passion that has defined his remarkable journey.



### **SHRI MAHENDRA K. AGARWAL**

We gratefully acknowledge Shri Mahendra K. Agarwal, former Vice Chairman and Treasurer of the Governing Council, and one of the founding pillars of the institution, whose unwavering support and contributions were instrumental in the establishment of SHARE INDIA and MIMS. We extend our heartfelt appreciation and convey our best wishes to him for continued health, happiness, and success.

# ABOUT SHARE INDIA

Indian American professionals from various medical and non-medical fields, all of whom earned their education from undivided Andhra Pradesh, started a not-for-profit society, "Science Health Allied Research Education; (SHARE) in USA in 1981. To support causes 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 with a similar vision to translate the dreams into action. SHARE INDIA is a research society and recognised as a Scientific and Industrial Research Organisation (SIRO), by the Ministry of Science and Technology, Government of India.

## VISION AND MISSION:

- To provide quality and advanced medical care at lowest possible cost
- To develop a working model of Healthcare Delivery System for rural population
- To promote undergraduate, graduate, postgraduate and Continuing Medical Education
- To promote Research

SHARE INDIA is the brainchild of Dr. P.S. Reddy, Professor of Medicine, at the University of Pittsburgh and former chairman of SHARE INDIA. He devoted half of his time in India to translate NRIs dreams into reality.

Along with CDC funded projects to the government, a variety of community welfare projects like REACH, LIFE, TETRA, HELP and CSSI are fully funded by generous donors. SHARE INDIA endeavours have brought significant improvements in the areas of pre-natal and post-natal care, TB, pregnancy, birth control, awareness and prevention of HIV, infant care, infant mortality rate, maternal mortality rate, immunization and cancer.

SHARE INDIA is entirely funded by voluntary contributions. Individual philanthropists, NRI's, and the private sector are the organization's primary donors. Donations are tax-exempt under section 35(1) (ii) of the Income Tax Act and 80G.

### PHILOSOPHY OF SHARE INDIA

Nature has created a divided world of those who have the capacity to give and those who have the need to receive. We are the lucky few who are blessed with the capacity to give rather than receive. Let us thank God for giving us the capacity and opportunity to give by giving.

*~ Dr. P.S. Reddy*

# GOVERNING COUNCIL



**Dr. Madhu K. Mohan**

Chairman and Treasurer



**DR. P. S. REDDY**  
CHAIRMAN EMERITUS



**DR. K. MADHAVA**  
SECRETARY



**DR. PRAKASH N. SHRIVASTAVA**  
MEMBER



**DR. C. VENKATA S. RAM**  
MEMBER



**DR. P. NAVEEN CHANDER REDDY**  
MEMBER



**MRS. G. NANDINI PRASAD**  
MEMBER



**DR. POORNIMA PRABHAKARAN**  
MEMBER



**MR. K. KRISHNAM RAJU**  
MEMBER



**DR. MANDIGA VEERABHADRA RAO**  
MEMBER



**DR. MOHAMED MAQBOOL-UL HAQ**  
MEMBER



**DR. CHINNABABU SUNKAVALLI**  
MEMBER



**DR. SHAILENDRA DANDGE**  
MEMBER

## EXECUTIVE TEAM



**DR. VIJAY V. YELDANDI**

Project Director CDC Projects



**MR. NITIN C. DESAI**

Head, Operations



**MR. N. LAKSHMINARASIMHAN**

Head, Finance and Accounts



**MS. REVINA SUHASINI SAMUEL**

Head, Human Resource and Administration



**MR. PURUSHOTHAM REDDY R.**

Head, Information Technology



**DR. HARMEET KAUR**

Senior Information and Research Communication Specialist

## SCIENTIFIC RESEARCH ADVISORY MEMBERS

- **Dr. B. M. Gandhi:** Former Adviser, DBT, GOI, CEO, Neo BioMed Services, New Delhi.
- **Prof. Seyed E. Hasnain:** Vice Chancellor, Jamia Hamdard University, Hamdard Nagar, New Delhi.
- **Dr. Madhu K. Mohan:** Chairman, SHARE INDIA and MIMS, Endocrinologist, Maryland, USA.
- **Prof. Prabhakaran D:** Executive Director of Centre of Chronic Disease Control (CCDC) & Vice President, Research & Policy, Public Health Foundation of India (PHFI), New Delhi.
- **Prof. Rao B. Sashidhar:** Fellow of Telangana Academy of Sciences (FTAS) & Former Professor and Head, Department of Biochemistry, Osmania University, Hyderabad.
- **Prof. P. S. Reddy:** Chairman Emeritus, SHARE INDIA and Professor of Medicine, University of Pittsburgh, PA, USA.
- **Dr. Madhubala Rentala:** Former Director, Indian Institute of Public Health, (PHFI), Hyderabad.
- **Dr. Sesikeran B:** Scientist and Former Director, NIN-ICMR, National Institute of Nutrition, Hyderabad.
- **Dr. D. Shailendra:** Prof and Head, Department of Pharmacology, Vice Principal Research, MIMS, Ghanpur, Medchal
- **Dr. Gowri Shankar J:** Director, Indian Institute of Science Education and Research, Mohali, Punjab.
- **Dr. D. C. Sharma:** Head Technical Operations, MRIDA, Palamur Biosciences Pvt Ltd., Karvina, Madigattla Village, Bhootpur Mandal, Mahabubnagar - 509382, Telangana State.
- **Dr. Vasireddi S.P:** Chairman, Managing Director Vimta Labs Limited, Cherlapally, Hyderabad.
- **Dr. Vijay V. Yeldandi:** Clinical Professor of Medicine and Surgery, University of Illinois at Chicago, USA.

# SUMMARY OF SHARE INDIA PROJECTS

Title	Investigators	Designation/ Institution Name	Project Exp. 2024-25/ (Unaudited) Project Cost Approved	Funding Source	Project Status
Artificial Heart Program (AHP)	Dr. P.S. Reddy Premium Institute from USA and India, Engineering Institutions in India, Pre- Clinical GLP facility and Medical Device Manufacturers	Founder and Chairman Emeritus, SHARE INDIA and MIMS.	Rs. 21.77 Lakhs (2024-25)	Self-funding by Indian Institutions aided by SHARE INDIA /SHARE USA	Ongoing
Longitudinal Indian Family hEalth (LIFE) pilot study	Dr. Kalpana Betha Dr. D Shailendra	MBBS, M.D. MBBS, M.D.	Rs. - (2024-25)	SHARE INDIA / SHARE USA	Ongoing
Community-based Surveillance to estimate incidence and Sero prevalence of acute febrile illness with focus on Dengue and Chikungunya – A prospective multi-centric cohort study	Dr. D Shailendra	MBBS, M.D.	Rs. 102.26 Lakhs (2024-25)	National Biopharma Mission, BIRAC, Government of India	Ongoing
Comprehensive Family-Based Screening, Management, and Linkage Utilizing Molecular Diagnostics in a Rural, Underserved Community (STReTCH)	Dr. Kalpana Betha Dr. D Shailendra Dr. Rakesh Kumar Dr. Ashita Singh	MBBS, M.D. MBBS, M.D. MBBS, M.D. MBBS, M.D.	Rs. 106.59 Lakhs (2024-25)	Blockchain For Impact	Ongoing
Cervical Cancer Care Initiative (CCCI): HPV Vaccination Component	Dr. D Shailendra Dr. Kalpana Betha Dr. JK Lakshmi Dr. Raghupathy Anchala	MBBS, M.D. MBBS, M.D. MBBS (Homeo), Ph.D. MBBS, MPH, Ph.D	Rs. - (2024-25)	SHARE INDIA, Indian Institute of Public Health, Hyderabad (IIPHH)	Ongoing
Lab on Wheels: an innovative point-of- care test to diagnose Chlamydiales in an OneHealth setting – InPoChlam	Dr. Kalpana Betha Dr. Rashmi Pant Dr. Vijay V. Yeldandi  Dr. Servaas A. Morre  Dr. Pierre Paul Michel Thomas	MBBS, MD Consultant, Biostatistician Professor, University of Illinois at Chicago, USA. Maastricht University, The Netherlands. Institute of Public Health, Genomics, Maastricht University, The Netherlands	Rs. 1.48 Lakhs (2024-25)	DBT, Government of India	Ongoing
Pooled Research and Analysis for yielding anaemia free solutions (PRAYAS)	Dr. Kalpana Betha	MBBS, M.D.	Rs. - (2024-25)	ICMR	Ongoing
Improving Antenatal Care to enhance adherence to National ANC guidelines, including the screening, detection, referral and management of gestational diabetes and pregnancy induced hypertension, using electronic decision support system enabled- frontline health workers, in primary healthcare settings- of India and Nepal: a cluster-randomized trial (miRA Project)	Dr. D Prabhakaran  Dr. Oona Campbell  Dr. Biraj Karmacharya  Dr. Kalpana Betha Dr. P. S. Reddy	Vice President (Research & Policy), PHFI Delhi, Professor, Epidemiology, London School of Hygiene & Medicine, UK Professor, Community Programs, Kathmandu University School of Medical Science, Nepal MBBS, M.D. Founder, SHARE INDIA – MIMS.	Role of SHARE INDIA is facilitating the work in villages when required initially.	Newton Fund	Ongoing
Building evidence and designing solutions to prevent stillbirths in India - A collaborative approach to retrospectively analyse pregnancy cohorts in India - Secondary Data Analysis	Dr. Kalpana Betha	MBBS, M.D.	Rs. 9.88 Lakhs (2024-25)	ICMR	Ongoing

Title	Investigators	Designation/ Institution Name	Project Exp. 2024-25/ (Unaudited) Project Cost Approved	Funding Source	Project Status
Treatment Optimisation for blood Pressure with Single-Pill combinations in India- TOPSPIN	Dr. D Shailendra Dr. Tilak Ram	MBBS, M.D MBBS, M.D.	Rs. 4.73 Lakhs (2024-25)	CCDC	Completed
GEOHealth Heals Effects of Selected Environmental Exposomes Across the Life Course (HEALS), India & US	Dr. Enakshi Ganguly	MBBS, M.D.	Rs. 2.90 Lakhs (2024-25)	CCDC	Ongoing
Rural Effective Affordable and Comprehensive Health Care (REACH 2.0)	Dr. D. Shailendra	MBBS, MD	Rs. 5.82 Lakhs (2024-25)	SHARE INDIA	Ongoing
Prosthetics & Orthotics for the Disabled Program (POP)	Dr. Prakash N. Shrivastava  Dr. K. Madhava Mr.P.Nikethan Reddy Dr. Srinivasa Prakash Regalla	Founder Member SHARE INDIA Professor Emeritus, University of Southern California, USA MD Surgeon Project Manager Advisor for SHARE INDIA and Professor, Mechanical Engineering, Birla Institute of Technology and Science, Hyderabad.	Rs. 5.57 Lakhs (2024-25)	SHARE INDIA / SHARE USA	Ongoing

## Technical Assistance to Government of India – CDC Funded Projects

LaQSH Plus: Laboratory Quality Systems in HIV (2020-25)	Dr. Vijay V. Yeldandi Mr. S. Lokabiraman	Project Director, CDC Projects, SHARE INDIA. Associate Project Director, SHARE INDIA	Rs. 931.84 Lakhs (2024-25)	Centres for Disease Control and Prevention (CDC), Atlanta, USA.	Ongoing
NISCHIT Plus: National Initiative to Strengthen & Coordinate HIV/TB Response Plus (Treatment)	Dr. Vijay V. Yeldandi Dr. Jayakrishna Kurada	Project Director, CDC Projects, SHARE INDIA. Associate Project Director	Rs. 844.36 Lakhs (2024-25)	Centres for Disease Control and Prevention (CDC), Atlanta, USA.	Ongoing
NISCHIT Plus: National Initiative to Strengthen & Coordinate HIV/TB Response Plus (Tuberculosis)	Dr. Vijay V. Yeldandi Dr. Satish Kaipilyawar	Project Director, CDC Projects, SHARE INDIA. Associate Project Director, SHARE INDIA	Rs. 713.08 Lakhs (2024-25)	Centres for Disease Control and Prevention (CDC), Atlanta, USA.	Ongoing
BOLSTER - Building systems capacity on Outbreaks Laboratory Surveillance Training Emergency Response and Infection Prevention Control and Anti-Microbial Resistance -IPC/AMR	Dr. Vijay V. Yeldandi Dr. Prashant Vennela	Project Director, CDC Projects, SHARE INDIA. Public Health Specialist, Infection Prevention & Control, SHARE INDIA	Rs. 465.15 Lakhs (2024-25)	Centres for Disease Control and Prevention (CDC), Atlanta, USA.	Ongoing
SHASHAKT - Achieving HIV Epidemic Control in PEPFAR Geographies of India	Dr. Vijay V. Yeldandi Dr. Jaya Krishna Kurrada	Project Director, CDC Projects, SHARE INDIA. Associate Project Director	Rs. 8.83 Lakhs (2024-25)	Centres for Disease Control and Prevention (CDC), Atlanta, USA.	Completed

## Technical Assistance to Government of India – Global Fund Project to fight AIDS

Strengthening of Lab for NACP-GFATM	Dr. Jayesh Dale	Associate Project Director	Rs.169.25 Lakhs (2024-25)	SR NACO, GFATM project	Ongoing
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# 1 INDO-AMERICAN ARTIFICIAL HEART PROGRAM (IAAHP)

## COLLABORATORS:

ORGANIZATION	INVESTIGATORS
SHARE INDIA	Dr. P.S. Reddy Dr. B. M. Gandhi Dr. A. G. K. Gokhale Mr. Nitin C. Desai
AIG Hospital	Dr. P. Naveen Chander Reddy Dr. Suresh Kumar Reddy Dr. Naresh Kumar Mr. Balakrishna
Chaitanya Bharati Institute of Technology, Hyderabad.	Dr. Ravinder Reddy, PhD Mr. Rugveda Thanneeru
Sreenidhi Institute of Science and Technology, Ghatkesar, Hyderabad.	Dr. K. Taher Mahi Ms. Sadia Alvi
Kakatiya Institute of Science and Technology, Warangal.	Dr. Ganesh Kumar Gampa, PhD Dr. Saikumar Gadakary, PhD
Vasantha Tool Crafts, Hyderabad.	Mr. Dayanand Reddy Mr. Paul
Laxven systems, Cherlapalli, Hyderabad.	Mr. Ramesh Reddy
Palamur BioScience Labs, Mahbubnagar.	Mr. K. Venkata Reddy Dr. D C Sharma
Shree Pacetronix Ltd, Pithampur, Indore, MP	Mr. Atul Sethi Mr. Aakash Sethi

SHARE India is leading a collaborative initiative to advance bioengineering research in Indian engineering institutes by partnering with medical institutions, industries, and device developers to foster indigenous innovation in medical devices. The project's immediate objective is to develop a cost-effective extracorporeal Left Ventricular Assist Device (LVAD), with the longer-term moon-shot goal of creating a total artificial heart. Progress includes the design and successful in-vitro testing of a blood pump prototype, with minimal hemolysis results, developed in collaboration with Chaitanya Bharati Institute of Technology, Hyderabad (CBIT), Kakatiya Institute of Technology and Science, Warangal (KITS), Sreenidhi Institute of Science and Technology, Ghatkesar, Hyderabad (SNIST) and AIG Hospital, while Vasantha Tool Crafts advances injection moulding of critical components. Assembly utilizes specialized robotic and UV curing equipment procured by KITSW, and maglev motor development is underway with Laxven and VEM Electronics. Preclinical animal studies are ongoing at Palamur Biosciences with surgical teams from AIG Hospitals and KITSW, demonstrating a robust, multidisciplinary approach to next-generation cardiac device research.

## PROJECT STATUS

**Pump casing and Impeller:** Vasantha Tool Crafts is injection moulding the pump casing and impeller moulds. Currently, the moulds are being optimized for improved injection moulding process.

### Magnet Testing:

- **Dimension Test:** Non-ferrous fiber composite vernier calipers (0.01 mm least count) were procured for measuring magnet dimensions.
- **Magnetic Strength Measurement:** A gaussmeter with 3-axis fixture and magnetic stand was procured. A test rig with a magnet fixture will measure strength and uniformity at multiple points.

**Gluing:** The gluing equipment including the robotic arm, fixtures and UV curing equipment are set up at KITSW. To test the impeller glue bond, a vacuum pump and desiccator were procured by KITSW. The biocompatible adhesives were procured by CBIT.

**Hydrodynamic Test:** Hydrodynamic tests are performed to check for leakage of the pump at high pressures. The tests are also done to evaluate pump performance by generating the Pressure vs. Flow (H-Q) curves.

**Hemolysis Test:** Hemolysis tests conducted for INDUS pump prototypes show (Normalized Index of Hemolysis NIH values comparable to CentriMag for the LVAD setting (100 mmHg, 5.0 LPM).

## ACKNOWLEDGMENTS

- **Prof. Harvey Borovetz**, Professor of Bioengineering, University of Pittsburgh, USA.
- **Dr. James Long, Retd**, Cardiothoracic surgeon, Medical Director, Nazih Zuhdi Transplant Institute - INTEGRIS Baptist Medical Centre, Oklahoma, USA.
- **Mr. Shawn Bengston**, Director of Quality Management Systems, University of Pittsburgh, USA.
- **Mr. Joseph Hanke**, Surgery Supervisor, McGowan Institute for Regenerative Medicine, University of Pittsburgh, USA.
- **Dr. Salim Olia**, Director, ECMO Program at Penn Medicine, University of Pennsylvania Health System, USA.
- **Prof. James Antaki**, Professor of Heart Assist Technology, Cornell Engineering, Cornell University, Ithaca, New York, USA.

We express our gratitude to **Dr. Kurt Dassie** and **Barry Grellman** for their invaluable help in the past.

**Von Willebrand Factor (VWF) Test:** VWF, essential for blood clotting, can be degraded by mechanical pumping. To assess this, platelet-poor plasma is circulated in a mock loop with hourly sampling for VWF antigen, collagen-binding activity, and multimer analysis (ELISA). The protocol is under optimization.

**Motor and Controller :** The pump's impeller contains a permanent magnet enabling magnetic levitation, a challenging technology under development with VEM Electronics and Laxven Systems for INDUS.

**Animal Testing:** Palamur Biosciences and AIG Hospitals, after sheep studies with CentriMag, are preparing INDUS pump trials. The latest achieved 30-day survival with minimal hemolysis, and a multidisciplinary team is pursuing a successful 30-day in vivo study.



*Hemolysis Test Set up*

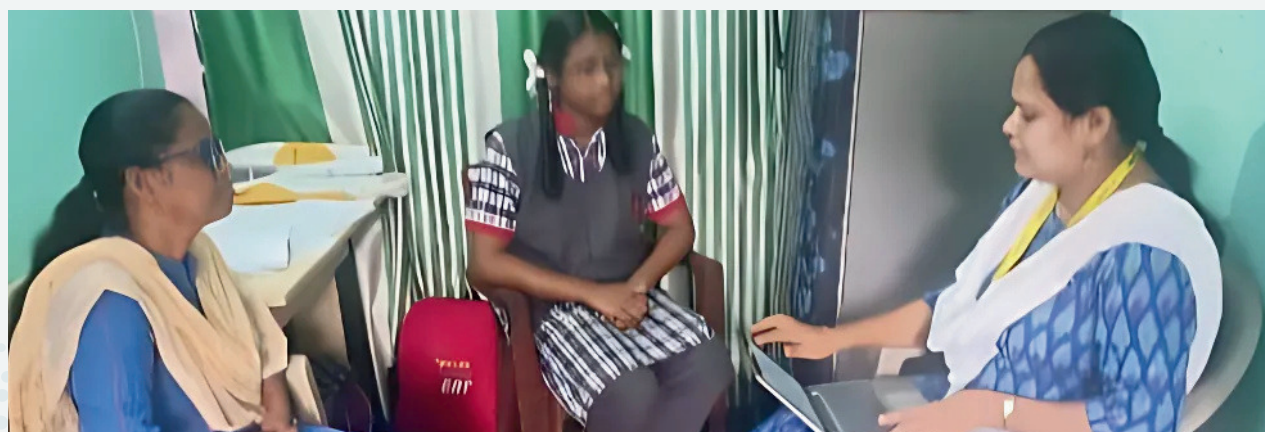
## KEY ACTIVITIES

Dr. Saikumar G., Ms. Sadia Alvi, and Mr. Rugveda Thanneeru visited Dr. Antaki's Lab at Cornell University and presented the "In-Vitro Evaluation of INDUS Magnetically Levitated Blood Pump" poster at ASAIO 2024, Baltimore. Dr. Saikumar also reviewed ECMO control systems at Dr. Salim Olia's hospital. SHARE INDIA completed the INDUS FTO analysis.

# 2 LONGITUDINAL INDIAN FAMILY HEALTH -(LIFE) STUDY

The Longitudinal Indian Family Health (LIFE) Study, initiated in 2009, aims to understand how environmental, infectious, lifestyle, metabolic, and genetic factors influence pregnancy outcomes and child development in India. By following women from pre-pregnancy through pregnancy and beyond, LIFE seeks to uncover the root causes of adverse outcomes such as pregnancy loss, preterm birth, and low birth weight, as well as developmental and childhood disorders. Additionally, the study investigates early risk factors for cardiovascular disease to inform prevention strategies across the life course.

## PROJECT STATUS



1227 women aged 15–35 years recruited (before conception or within 14 weeks of gestation)

Baseline data collected from 642 couples

1275 Deliveries

Follow-up through pregnancy, delivery, and one month postpartum

Follow-up Couples for 5-6 yrs

Questionnaire for each pregnancy loss, infant, and child death

Child Follow-up every 6 months-16 yrs

Developmental assessment (6-24 months)  
Annual check up (36–60 months)  
Detailed examination (6–7yrs)

Mental Health Follow-up at 3-4 yrs



*LIFE biobank consists of 27000 samples*

Cognitive function assessment at 8-16 yrs

Biological samples collected at every visit and stored at -80°C.

# 3 COMMUNITY-BASED SURVEILLANCE TO ESTIMATE INCIDENCE AND SERO PREVALENCE OF ACUTE FEBRILE ILLNESS WITH FOCUS ON DENGUE AND CHIKUNGUNYA – A PROSPECTIVE MULTI-CENTRIC COHORT STUDY

This prospective multicenter cohort study was conducted to generate community-based estimates of acute febrile illness (AFI), dengue, and chikungunya in India. A total of **770 participants (>2 years)** were enrolled in September 2023 and followed for **52 weeks**, with baseline and endline serosurveys. The study achieved **99.6% retention**, with dengue seroprevalence rising slightly from **90.1% to 91.6%** and chikungunya seroprevalence from **48.8% to 49.0%** over one year. Among **387 fever cases**, **200 qualified as AFI**, with **17 confirmed dengue**, **7 chikungunya**, and isolated cases of scrub typhus and leptospirosis; no malaria or typhoid were detected. The project demonstrated the feasibility of high-quality community surveillance, provided critical epidemiological data on dengue and chikungunya, and is contributing to evidence for vector-borne disease control policies and vaccine preparedness in India.



## 4 COMPREHENSIVE FAMILY-BASED SCREENING, MANAGEMENT, AND LINKAGE UTILIZING MOLECULAR DIAGNOSTICS IN A RURAL, UNDERSERVED COMMUNITY (STRETCH)

The project in **Medchal Mandal, Telangana**, aims to strengthen community health surveillance by updating demographic data for 5,000 individuals and screening for **hypertension, diabetes, tuberculosis, and HPV-related cervical cancer**. Household visits by trained field teams with electronic data capture enable systematic documentation of key health parameters. To date, **2,085 adults** have been screened, identifying **72 new diabetes** cases and poor glycemic control in 156 individuals with prior history; **524 creatinine** and **374 HbA1c** samples were collected. Among **940 women approached for HPV screening**, 650 self-swabs were obtained, with **21 (3.2%) testing positive**. All HPV-positive participants received counselling and referral for colposcopy and treatment where needed. The project also integrates **health education workshops, vaccine preparedness efforts, and referral linkages**, ensuring strengthened community engagement and improved pathways for chronic disease and cancer care.

## 5 CERVICAL CANCER CARE INITIATIVE (CCCI): HPV VACCINATION COMPONENT- SHARE INDIA IN COLLABORATION WITH THE INDIAN INSTITUTE OF PUBLIC HEALTH, HYDERABAD (IIPHH).

The Cervical Cancer Care Initiative (CCCI) by SHARE INDIA focuses on **HPV vaccination** for ages 9–14, **HPV screening** for women 25–65, and follow-up care for those who test positive. Led in collaboration with the Indian Institute of Public Health, Hyderabad, the vaccination phase targets girls initially, with plans to extend to boys and young adults later. Implemented in five villages of Medchal-Malkajgiri district, Telangana, the project emphasizes advocacy, awareness, and community engagement to improve vaccine acceptance. The initiative follows a **three-phase approach**: formative research using interviews and focus groups to understand community perceptions; development of culturally tailored advocacy materials; and direct household engagement to inform and address concerns. As of March 2025, formative research and community visits are underway, with ongoing focus groups and interviews completed. Next steps include analyzing data and creating information materials based on community insights.





## 6 LAB ON WHEELS: AN INNOVATIVE POINT-OF-CARE TEST TO DIAGNOSE CHLAMYDIALES IN AN ONEHEALTH SETTING – INPOCHLAM

**Chlamydia trachomatis (CT)** is a leading bacterial sexually transmitted infection significantly impacting female reproductive health. If untreated, CT can cause serious complications including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and arthritis. These infections can also be transmitted during pregnancy or delivery. The project embraces a **One Health** approach to identify women at risk of CT infection, particularly those with other STIs, to assess its association with infertility. Early, rapid, and point-of-care diagnosis is critical for timely treatment, especially in resource-limited settings. The project aims to validate a novel rapid diagnostic tool ("**Lab on Wheels CTE-Sens**" by FastSense) as an **affordable, specific, and sensitive** method suitable for low-resource environments. Key activities include collecting and analyzing biological samples from women with STIs and infertility to compare this new technology against current diagnostics and to model disease transmission. This research will inform policies to better detect and manage CT infections, thereby preventing adverse reproductive outcomes.

## 7 POOLED RESEARCH AND ANALYSIS FOR YIELDING ANAEMIA FREE SOLUTIONS (PRAYAS)

**Anaemia** in children and pregnant/lactating women is a major public health concern in India. This project, led by **ICMR**, involves **pooled data analysis from 30 cohort studies**—including the LIFE study—to better understand the prevalence, causes, and intervention effectiveness for anaemia in these vulnerable groups. Objectives include estimating pooled anaemia prevalence for children under 5, non-pregnant women, and pregnant women; identifying etiological factors; and assessing intervention outcomes. The analysis will use **weighted prevalence calculations, etiological fractions, and mixed-effects regression models**, followed by **meta-analyses** to provide summary estimates and evaluate intervention impact, guiding future research and program improvements.

# 8

## IMPROVING ANTENATAL CARE (ANC) TO ENHANCE ADHERENCE TO NATIONAL ANC GUIDELINES, INCLUDING THE SCREENING, DETECTION, REFERRAL AND MANAGEMENT OF GESTATIONAL DIABETES AND PREGNANCY-INDUCED HYPERTENSION (PIH), USING AN ELECTRONIC DECISION SUPPORT SYSTEM ENABLED FRONTLINE HEALTH WORKERS, IN PRIMARY HEALTHCARE SETTINGS OF INDIA AND NEPAL: A CLUSTER-RANDOMIZED TRIAL

This Newton Fund-supported cluster-randomized trial in **India and Nepal** aims to improve **antenatal care** by developing and evaluating an **electronic decision support system (EDSS)** for frontline health workers, enhancing adherence to ANC guidelines, and enabling effective screening, detection, referral, and management of gestational diabetes and pregnancy-induced hypertension. In the **formative phase**, data collection and analysis using surveys, interviews, and clinical tools were completed across **25 health facilities in Telangana**, and a draft report has been submitted to state authorities. The EDSS is nearing completion and is currently undergoing testing. A comprehensive trial protocol and process evaluation tools have been prepared, and results from the formative phase are being submitted for publication.

# 9

## BUILDING EVIDENCE AND DESIGNING SOLUTIONS TO PREVENT STILLBIRTHS IN INDIA - A COLLABORATIVE APPROACH TO RETROSPECTIVELY ANALYZE PREGNANCY COHORTS IN INDIA - SECONDARY DATA ANALYSIS.

This **ICMR-funded** collaborative research, led by Dr. Kalpana B., aims to address the significant public health challenge of stillbirths in India by analyzing pooled data from **ten cohort studies**. The project seeks to identify geographical stillbirth rates, assess trends, determine modifiable risk factors, and develop predictive frameworks using clinical and biological data. Insights from this large-scale secondary data analysis will inform national guidelines, policies, and future studies to reduce preventable stillbirths and neonatal mortality, contributing to evidence-based solutions for **maternal and child health** improvement.

# 10 TREATMENT OPTIMISATION FOR BLOOD PRESSURE WITH SINGLE-PILL COMBINATIONS IN INDIA (TOPSPIN), MULTICENTRIC RANDOMIZED CLINICAL TRIAL

The **TOPSPIN** trial, led by Dr. D. Shailendra and funded by Imperial College London and CCDC New Delhi, is a multicentric randomized clinical trial in India comparing the efficacy of **three single-pill combinations (SPCs)** of two antihypertensive drugs—Amlodipine/Perindopril, Perindopril/Indapamide, and Amlodipine/Indapamide—on 24-hour Ambulatory Systolic Blood Pressure (ASBP) in hypertensive patients. The study enrolled **86** participants with a **97%** retention rate and completed follow-up at **2, 4, and 6 months** to assess safety and efficacy. The trial found that all three SPCs were similarly effective and safe in lowering blood pressure, with results presented at the **2024 American Heart Association** scientific sessions. A research paper titled “Treatment Optimisation for Blood Pressure with Single-Pill Combinations in India (TOPSPIN) – Protocol Design and Baseline Characteristics” was published in the International Journal of Cardiology: Cardiovascular Risk and Prevention (Volume 23, 200346). <https://doi.org/10.1016/j.ijcrp.2024.200346> A manuscript describing the trial findings has been submitted to the journal Nature Medicine.

# 11 GEOHEALTH HEALTH EFFECTS OF SELECTED ENVIRONMENTAL EXPOSOMES ACROSS THE LIFE COURSE (HEALS)-INDIA & US [U01 & U2R]

The **GEOHealth** HEALS project is a multi-center study funded by the Fogarty International Centre, NIH, and led by a team including Prof. D Prabhakaran and Dr. Poornima Prabhakaran. It investigates the impact of **environmental exposomes**—such as PM2.5, NO2, O3, and temperature extremes—on diverse health outcomes across multiple Indian cohorts in cities including Delhi, Chennai, Pune, Hyderabad, and more. The research examines pregnancy, child health, cardiometabolic risks, cardiovascular disease incidence, and neurodegenerative outcomes using a life course approach. The US component focuses on training early-career researchers in study design and research execution. Environmental monitoring and data collection have been initiated with cycles for winter completed and summer cycle scheduled, with samples analyzed at **IIT Kanpur**. This study aims to inform policy interventions addressing environmental health risks across India.

For more information, please see Geo Health India website.  
<https://www.geohealthindia.org>



Daily monitoring of runtime, air pressure and logbooks

# 12 REACH 2.0 RURAL EFFECTIVE AFFORDABLE COMPREHENSIVE HEALTH

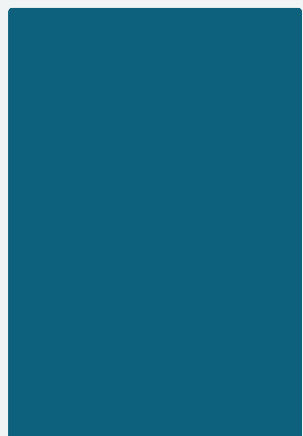
REACH 2.0 is an expanded community health initiative by SHARE INDIA, led by Dr. D. Shailendra, targeting **chronic diseases** in adults across **40** villages in **Medchal**, a peri-urban region near Hyderabad. Building on the original REACH program for maternal and child health in **50,000** individuals, **REACH 2.0** focuses on universal doorstep screening for hypertension, diabetes, thyroid disorders, anaemia, and kidney disease. Using validated equipment and standardized protocols, trained teams collect clinical measurements and blood samples, which are transported under cold-chain conditions to MediCiti Hospital for analysis. Over **2,000** individuals have been screened, with those testing positive referred and linked to ongoing care. This model promotes early detection, accessible diagnostics, and structured follow-up, effectively strengthening rural and peri-urban health systems for non-communicable disease management.

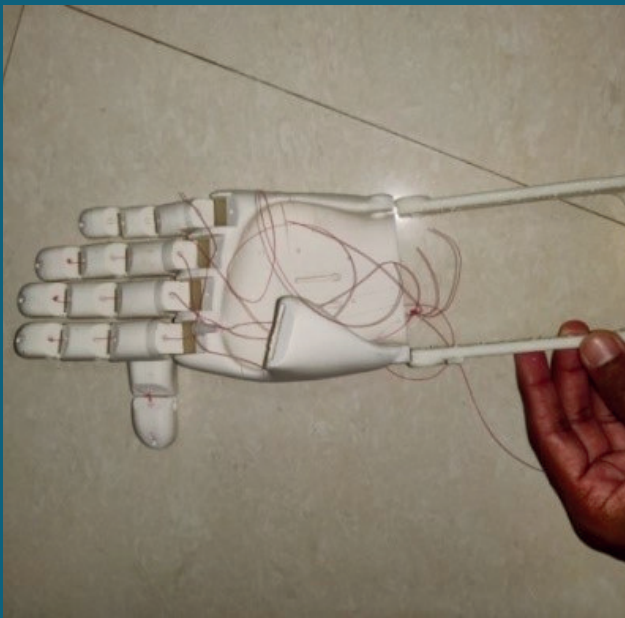
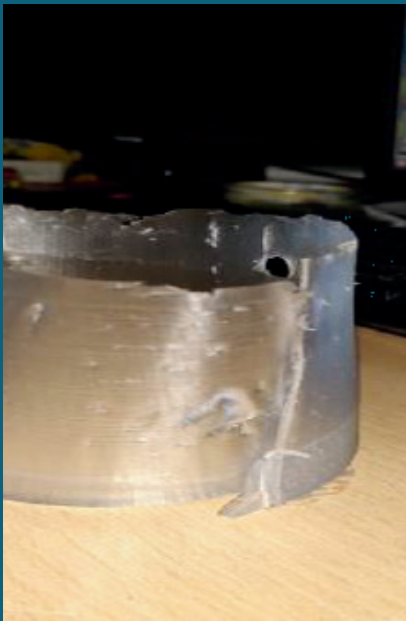


# 13 DEVELOPMENT OF 3D-PRINTED PROSTHESIS IN INDIA

The project, led by Dr. Prakash N Shrivastava and colleagues, addresses the critical shortage of affordable **Below Knee Prostheses (BKP)** in underdeveloped regions, where less than 40% of amputees have access to one. Over the past decade, SHARE INDIA has developed a series of anatomically conformal, 3D-printed prostheses called **“Sukhfit,”** designed to enhance comfort, mobility, and independence for amputees. Initial models, developed with BITS-Pilani and government funding, incorporated resin-laminated sockets but faced resistance due to toxicity concerns. (Fig. 13) Subsequent versions improved durability without resin lamination, with the latest **“Sukhfit 9”** model demonstrating a **150% strength** increase and ready for patient trials. The project also pioneers the development of locally manufactured silicone liners and insoles to improve prosthetic comfort and affordability, aiming to make advanced prosthetic solutions accessible to more people in India.

## PATIENT WITH SUKHFIT





# Technical Assistance to Ministry of Health and Family Affairs, Government of India – CDC Funded Projects

## 14 LABORATORY QUALITY SYSTEMS IN HIV – LAQSH PLUS

SHARE INDIA has been supporting India's National AIDS Control Programme (NACP) in achieving the **UNAIDS 95-95-95** goals by strengthening laboratory systems under Project **LaQSH Plus (Laboratory Quality Systems in HIV)**. Our technical assistance focuses on enhancing quality testing, workforce capacity building, optimizing result utilization, and establishing robust laboratory epidemiology platforms.

### OBJECTIVES

- Scale-Up of Routine Viral Load Test Capacity in The Public Sector Through Optimization of All VL Labs, Innovative Approaches to Improve Access to VL Services
- Strengthen EQAS for HIV Laboratories
- Demonstrate Integrated Models of Quality Assisted Diagnostic Services for Comprehensive Management Of PLHIV
- Strengthen STI Laboratories for Etiological Testing, EQA and Surveillance



# 15 NISCHIT PLUS: NATIONAL INITIATIVE TO STRENGTHEN; COORDINATE HIV/TB RESPONSE PLUS (TREATMENT)

Funded by CDC under a five-year cooperative agreement, SHARE INDIA leads the NISCHIT Plus project to accelerate HIV epidemic control in Andhra Pradesh through technical assistance to APSACS and the National AIDS Control Program. The initiative focuses on enhancing HIV care quality, retention, ART adherence, HIV-TB co-management, and health workforce capacity, aiming for viral load suppression in over **95%** of people living with HIV (PLHIV) on ART. **Key Achievements & Activities include:**

## **Differentiated Service Delivery:**

Family-centric care (4,457 families enrolled), decentralized ART pick-up (50% uptake in Nellore PHCs), and Community ART Refill Groups (81 children supported).

**Re-engagement in Care:** Bi-annual Lost to Follow-Up (LFU) Track Back Campaign reached over 65,000 clients, improving re-linkage and adherence.

**ART for Priority Groups:** Decentralized ART initiation at 12 high-load testing sites resulted in 84% of eligible clients starting treatment promptly.

**Capacity Building:** Training of ART center staff on guidelines, adherence counseling, quality assurance, and state expert panel support.



**Health Camps & Services:** 281 camps reached 10,298 PLHIV with viral load testing, hepatitis screening, vaccination, and referrals.



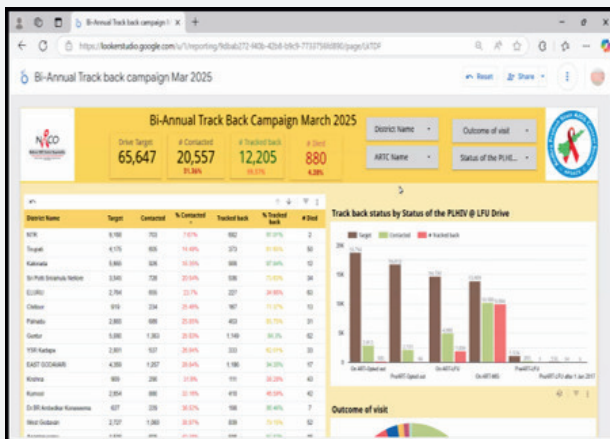
**Community Engagement:** Consultations and initiatives for empowerment, awareness (digital campaigns, cultural activities), and livelihood support.



**Viral Load Testing & Monitoring:** 84% of eligible PLHIV tested with 96% viral suppression achieved by March 2025.



**U=U Clinics:** Peer-led clinics for unsuppressed cases launched in key centers, improving patient engagement and adherence.

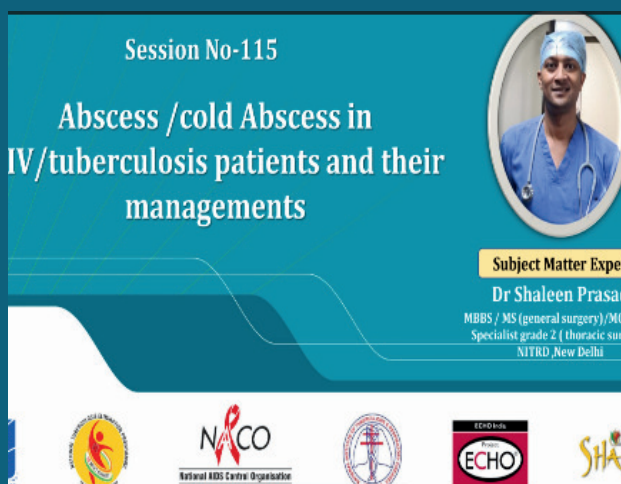


**Real-Time Dashboard:** Developed for LFU campaign monitoring with district- and cadre-level data visualization, enabling timely interventions.

### HIV Comorbidities Management:

- Supported 1HP Tuberculosis Preventive Therapy rollout to 3,391 PLHIV.
- Implemented HIV-NCD integrated care with hypertension and diabetes screening, treatment initiation, and community-driven self-screening pilots.
- Hepatitis B and C screening integrated in ART centers, with linkage to treatment for co-infected PLHIV and tele-consultation support.





## National Initiative to Strengthen HIV-TB Collaboration through e-Learning (“e-NISCHIT”):

The project facilitated over 100 e-learning sessions to build ART staff capacity on HIV-TB co-management, including 12 focused trainings on TPT and TB complications.

**Way Forward:** Expand e-NISCHIT platform to cover broader comorbidities, especially Non-Communicable Diseases (NCDs), further strengthening comprehensive HIV care.

Your Health, Your Responsibility!! A self-check station was introduced in the patient waiting area at Tanuku ARTC, allowing patients to monitor their weight and blood pressure. ART staff educate them on NCD prevention and management. (Fig 30)



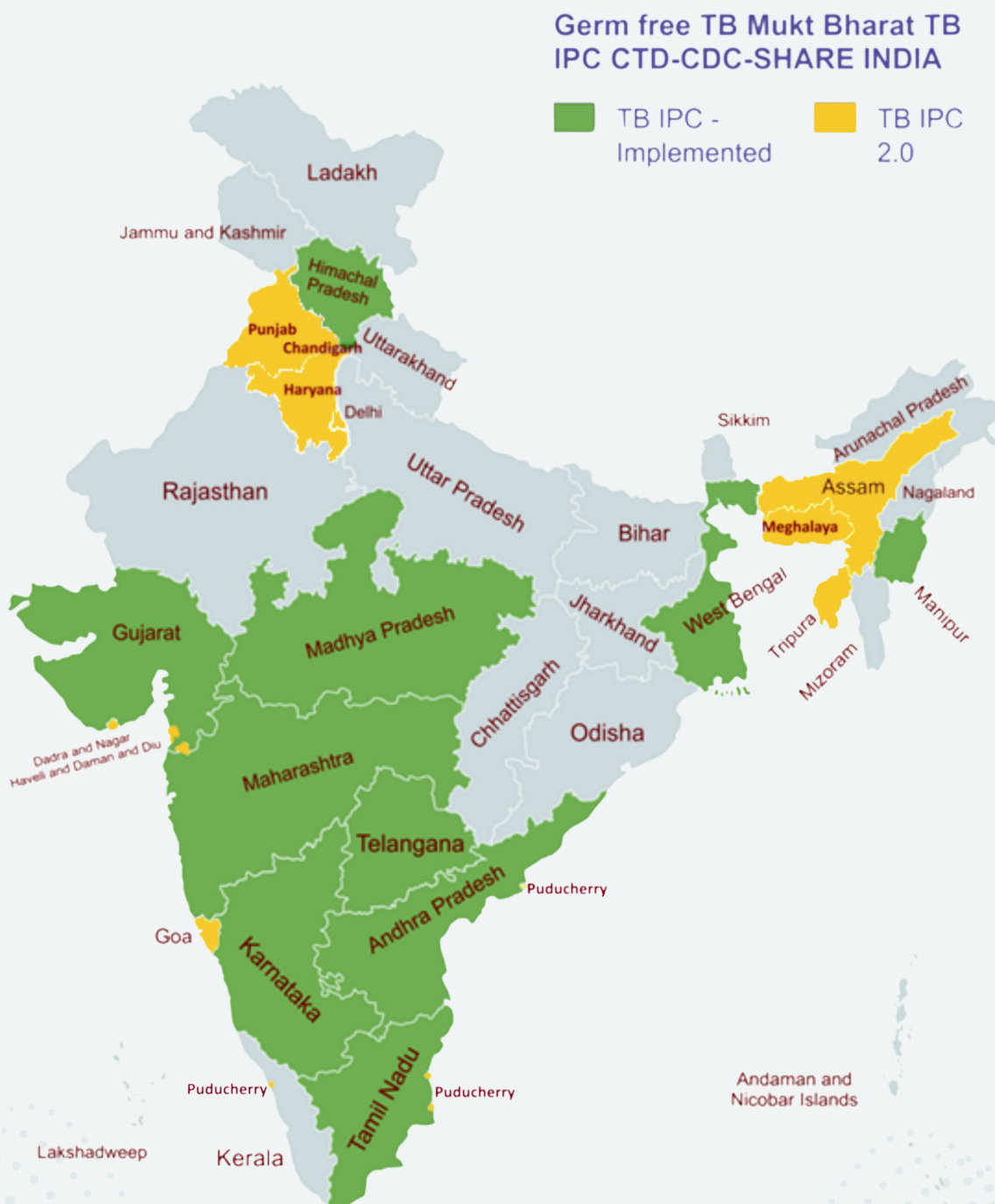
## CDC India Leadership Delegation:

From 20–23 November 2024, Dr. Patrick, Ms. Laurie, Dr. Ramesh (CDC India), and Dr. Steve (CDC Atlanta) visited Andhra Pradesh (AP) to conduct high-level technical consultations with local health stakeholders. During their visit, the team commended the state’s innovative approaches, including loss-to-follow-up (LFU) reduction strategies, the implementation of U=U clinics, and the emphasis on family-centric care models. They also provided strategic recommendations to strengthen treatment continuity for people living with HIV (PLHIV) and sustain high rates of viral suppression across the region. The visit underscored the importance of collaborative efforts to refine and scale these initiatives for long-term impact.



# 16 NISCHIT PLUS (TB)

Supported by the Centers for Disease Control and Prevention (CDC), the NISCHIT PLUS (TB) project provides vital technical assistance to India's National TB Elimination Program (NTEP) under the Ministry of Health and Family Welfare. It drives the flagship **"TB Mukt Bharat"** Infection Prevention and Control (IPC) initiative across **16 States and 4 Union Territories**, including Andhra Pradesh, Gujarat, Karnataka, Maharashtra, and Delhi



The project enhances TB infection testing, healthcare worker surveillance, and strengthens **IPC** measures across **180 health** facilities in **60 districts**, spanning tertiary medical colleges, district hospitals, and primary health centers. Over **3,350 healthcare workers** have been trained on **TB IPC**, with **2,090 screened** for TB as of January 2025.



Local capacity for baseline and quarterly **IPC** assessments has been reinforced in more than **222 healthcare** facilities using a comprehensive **61-indicator checklist** and IT-enabled dashboards for monitoring compliance and improvements. Key IPC measures include standard precautions, administrative and environmental controls, waste management, training, and multilingual patient education materials.



Launched in July 2023, the **Prtham project** at **MGIMS Sevagram** enrolled **2,071 healthcare** workers for latent **TB infection (LTBI) testing**, delivering extensive training and achieving an **85% completion** rate for TB Preventive Therapy (TPT) among **223 participants**.



The **Staying on Track to End TB** initiative targets intensified case finding and TPT scale-up in Delhi, Sikkim, and Karnataka using hotspot mapping and active outreach, contacting **1,304 close** contacts, with **439 started** on TPT.



The **HaALT** project at **Indira Gandhi Medical College, Nagpur**, supports active case detection and treatment among 1,038 household contacts; **44%** tested IGRA positive and **283 completed** TPT. Follow-ups identified and linked **23 TB cases** by September 2024.



Treatment & Patient Care efforts enhance childhood TB detection using WHO-endorsed NAAT testing on child-friendly specimens across Mumbai and Delhi districts. Field teams reached out to Anganwadis, schools, and orphanages, referring symptomatic children for testing, resulting in timely initiation of treatment for 10 pediatric TB cases.



# 17

## **BUILDING SYSTEMS CAPACITY ON OUTBREAKS LABORATORY SURVEILLANCE TRAINING EMERGENCY RESPONSE AND INFECTION PREVENTION CONTROL AND ANTI-MICROBIAL RESISTANCE – SURVEILLANCE (BOLSTER)**

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In FY 2024–2025, SHARE INDIA, supported by CDC, advanced India's laboratory-based disease surveillance and outbreak response through collaboration with NCDC, NHM, ICMR, and state governments. Key activities included hands-on training in zoonotic diagnostics across 16 sentinel sites, a cascade Training-of-Trainers program piloted in Bihar, and wet lab training in Rajasthan and Odisha, enhancing skills in outbreak investigation, microbial testing, and data reporting.

The project developed standardized training modules aligned with national health standards and assessed diagnostic capacity for 31 emerging infectious diseases to guide improvements. SHARE INDIA also supported the establishment of the National Public Health Laboratory (NPHL) and strengthened diagnostic readiness in Madhya Pradesh, including LIMS integration piloted for nationwide scale-up.

Additional efforts include developing training for Metropolitan Surveillance Units, organizing One Health webinars, and supporting state-level One Health Action Plans. The project contributed to finalizing Block Public Health Unit guidelines under the PM-Ayushman Bharat Health Infrastructure Mission, reinforcing decentralized public health laboratory services.

# 18

## **PROJECT SHASHAKT**

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Supported by CDC under PEPFAR, Project Shashakt strengthens the HIV response in Mizoram, Manipur, and Nagaland by engaging Faith-Based Organizations (FBOs), especially Christian congregations, to improve treatment access and retention among key populations. The project builds FBO capacity, fosters partnerships with CSOs and PLHIV communities, and aligns care models with UNAIDS 95-95-95 goals.

Key achievements include mapping non-Christian FBOs' services in Nagaland, forming partnerships, creating an FBO directory, and establishing steering committees to integrate FBOs into state HIV programs—leveraging faith communities for enhanced care, prevention, and stigma reduction.

## Technical Assistance to Government of India – Global Fund Project to fight AIDS

# 19 GFATM NACO LAB PROJECT: STRENGTHENING OF LAB FOR NACP-GFATM

Supported by NACO and GFATM, SHARE INDIA is strengthening India's HIV laboratory network by upgrading 255 labs to ISO 15189:2022 standards. The project includes establishing HIV drug resistance testing labs, creating a national biorepository, validating fourth-generation rapid HIV tests, and enhancing lab quality systems through accreditation and training.

Six regional workshops were held in 2024 to facilitate lab transitions to updated standards. These efforts aim to improve HIV diagnosis, optimize ART, and accelerate India's goal to end AIDS by 2030.



# GLOBAL HEALTH/INTERNATIONAL EXCHANGE PROGRAM

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The SHARE INDIA exchange program aims to promote cultural understanding and cooperation among medical students and other health professionals and increase awareness of the discrepancies between health systems around the globe. SHARE INDIA undertakes exchange programs to enhance opportunities for global education and training for current and future medical workforce in India.

Visitors to SHARE INDIA:

1. **Dr. Patti E. Gravitt, Research Scientist from USA.**
2. **Dr. Mohamed Maqbool -Ul Haq, Patron USA**
3. **Dr. Abdul Ali, Patron USA**

## HEALTH CAMPS

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A one-month health camp in Vijayawada West, inaugurated by Shri Y.S. Chowdhury, MLA, provided screenings for cancer, TB, hypertension, diabetes, and other conditions to the rural population. Using a fully equipped mobile clinic and Point of Care devices, 2924 participants received diagnostic tests and medications. Positive cervical cancer and TB cases were linked to government treatment facilities.

A free medical and cancer screening camp in Muduchinthalapalli Village, Shameerpet Mandal Telangana, screened 174 individuals (61% female). Services included blood sugar, blood pressure, mammography, Pap smear, oral screening, X-ray, ECG, and HPV testing. Findings included new cases of hypertension, diabetes, and mammogram abnormalities. Medicines were distributed, and cases needing advanced care were referred. High female participation highlighted effective women's health outreach, with early detection supporting timely treatment.

# PUBLICATIONS 2024 – 2025

On several occasions, SHARE INDIA's technical assistance to the government and research programs were able to have an impact beyond its activities. It reached populations or pioneered technologically advanced health Program practices in ways that have far-reaching and lasting consequences like REACH. Over the years SHARE INDIA has increased the percentage of its paper submissions and acceptance rate overall. Medical papers published in international and national accredited journals of repute which are peer reviewed and acclaimed academically are listed below.

## 01

Staimez, L.R.; Dutta, A.; Beyh, Y.S.; Gupta, R.; Noule, H.K.; Sapna, V.; Deepa, K.; Stein, A.D.; Narayan, K.M.V.; Prabhakaran, D.; et al. Pancreatic Beta Cell Function in Infants Varies by Maternal Weight. *Metabolites* 2024, 14,208.  
<https://doi.org/10.3390/metabo14040208>.  
Published April 2024.

## 03

Jeromie Wesley, Vivian Thangaraj MPH, NavaneethKrishna,MBBS, Shanmugasundaram Devika PhD, Suganya Egambara MSc, Sudha Rani Dhanapal MPH a , Siraj Ahmed Khan PhD b , Ashok Kumar Srivastava MD , Ayush Mishra MBBS , Basavaraj Shrinivasa PhD , Devendra Gour MD , Major Madhukar DTCD, Nirmal Verma MD, Parul Sharma MD , Ravinder Kumar Soni PhD , Sabarinathan Ramasamy BE Annual Report 2024-2025 Page No: 40 , Sreelakshmi Mohandas MD , Subrata Baidya MD , Tanveer Rehman MD , Vijay V Yeldandi MD , Akashdeep Singh MD , Suresh Arumugam. Estimates of the burden of human rabies deaths and animal bites in India, 2022–23: a community-based cross-sectional survey and probability decision-tree modelling study. DOI: 10.1016/S1473-3099(24)00490-0  
Published online 30 September 2024.

## 02

Bailore V, Basany K, Banda M. Adverse pregnancy outcomes with respect to treatment modalities in women with gestational diabetes mellitus at a rural tertiary care teaching hospital. *J Family Med Prim Care* 2024; 13:2986-92

## 04

Shah D, Bhide S, Deshmukh R, Smith JP, Kaiplyawar S, Puri V, Yeldandi V, Date A, Nyendak M, Ho CS and Moonan PK (2024). Test and treat approach for tuberculosis infection amongst household contacts of drug-susceptible pulmonary tuberculosis, Mumbai, India. *Front. Tuberc.* 2:1454277. doi: 10.3389/ftubr.2024.1454277. October 2024.

## 05

Samridhi Uniyal, LLB, Garima Sharma, M.A., Vijay Yeldandi, M.D., Shikha Dhawan, Ph.D., Combating HIV-related Stigma and Discrimination: A Crucial Imperative in India. *Journal of the American Association of Physicians of Indian Origin – JAAPI* 4(1,2): Nov, 2024.

## 06

Nadella M, Maila SS, Nagelli I, Basany K. Analysis and trends of caesarean sections using Robson's classification over 7-year period at a rural teaching hospital. *J Family Med Prim Care* 2024; 13:5550-4. Published December 2024.

## POSTERS / ORAL PRESENTATIONS IN INTERNATIONAL AND NATIONAL CONFERENCES 2024 – 2025

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1. Forgiveness of Dolutegravir-Based Regimens Using Medication Possession Ratio, Andhra Pradesh, India
2. Hepatitis B Surface antigen positivity and associated factors among people living with HIV accessing care at antiretroviral therapy clinics, Andhra Pradesh, India, 2024
3. Implementing short course Tuberculosis Preventive therapy (1HP) among People Living with HIV in routine program setting, Andhra Pradesh, India, 2024
4. Integrated Management of Hepatitis B among pregnant women with HIV as a part of routine care at antiretroviral therapy clinics, Andhra Pradesh, India.
5. Predictors of Recurrent Tuberculosis Among People Living with HIV under Routine ART Care: An Observational Cohort Study, Andhra Pradesh, India 2024

## VOICES FROM THE COMMUNITY

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1

### A Mother's Gratitude:

My name is Mrs. Rekha, and I come from Girmapur village. I was fortunate to be a beneficiary of the LIFE study. I gave birth to a baby boy through vaginal delivery at MIMS, with a birth weight of 2.75 kg. In his early years, my child experienced some health issues, but we did not take them seriously at the time.

When he turned six, the LIFE team visited our home. They inquired about his overall well-being, measured his height and weight, and conducted blood tests. Soon after, they informed us that his thyroid levels were unusually high and advised us to visit MIMS for further evaluation.

Following their guidance, we consulted a pediatrician at MIMS who prescribed thyroid medication and iron, and also provided dietary advice. Within a month, we noticed significant improvement in our child's health. After a follow-up test, the dosage was adjusted, and he now takes a regular dose of 50 micrograms daily. Today, my son is doing well in school and is both active and thriving.

We are immensely grateful to the LIFE team for their continuous care and support, not only during my pregnancy but also in caring for my child. This condition would not have been diagnosed early if not for their diligent follow-up of children born into the LIFE study.



2

## Survival Against All Odds:

My name is Mrs. Swapna, and I am from Muneerabad village. I was enrolled in the LIFE study during the early weeks of my pregnancy and received regular antenatal care at MIMS. At seven months, I was diagnosed with high blood pressure and admitted to MIMS for monitoring. Despite being prescribed two medications, my blood pressure remained uncontrolled, and after 15 days of observation, I underwent an emergency caesarean section.

I gave birth to a baby girl weighing just 800 grams. She was cared for in the NICU for 20 days and discharged with detailed instructions for her care. The LIFE team continued to support us through regular home visits, closely monitoring her growth and development. Although her milestones were delayed during the first six months, she showed remarkable catch-up by the end of her first year.

Despite discouragement from relatives and neighbors who doubted her survival, we followed the guidance of the dedicated doctors at MIMS with unwavering commitment. Today, my daughter is 13 years old—healthy, thriving, and excelling in school.

I am deeply grateful to the LIFE team and MIMS for their compassionate care and support. Their efforts gave my daughter a chance at life, and I could not be happier or more thankful.



3

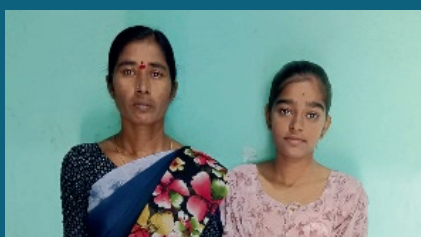
## A Journey of Hope:

I am Mrs. Lavanya from Ghanpur village, and I was fortunate to be a beneficiary of the LIFE study in 2010. That same year, I gave birth to a baby girl at MIMS through vaginal delivery. She weighed only 1.5 kilograms at birth and was diagnosed with a congenital condition—she had no opening to pass stool.

On the advice of the doctors at MIMS, we admitted her to Niloufer Hospital the very next day. Within two days, she underwent her first surgery, during which the doctors created an alternate passage for stool and attached a colostomy bag. This was followed by two more surgeries—one in 2011 and another in 2013. The final procedure successfully closed the temporary opening, allowing her to pass stool normally.

Throughout this challenging journey, the LIFE study team stood by us—not only providing medical supervision but also offering consistent moral support. Their presence gave me strength during some of the most difficult moments of my life.

Today, my daughter is 15 years old and thriving. She is currently studying in Intermediate First Year. I am deeply grateful to the LIFE study team for walking with us on this path and helping us reach where we are today.



4

## Restoring Faith in Treatment and Life

My name is Narasimha Reddy from Srirangavaram Village. I am grateful to have participated in the TOPSPIN Clinical Drug Trial for hypertension, which has greatly improved my health. Having lost faith in allopathic medicine earlier—after witnessing a relative's struggle with uncontrolled diabetes—I was relying only on herbal remedies. However, during the TOPSPIN screening in October 2024, I discovered that my blood pressure and sugar levels were dangerously high. With persistent guidance from the program team and doctors at MediCiti Hospital, I underwent thorough evaluation, counselling, and treatment, which restored my confidence in modern medicine.



Throughout the six-month study, my health was closely monitored with the help of 24-hour ABPM device (Ambulatory Blood Pressure Monitoring), regular follow-ups, medication adjustments, and even transportation support from the team. By the end of the trial, my blood pressure was well controlled, and I was provided with a plan for continued management. I sincerely thank the MediCiti doctors and the TOPSPIN project team for their care, encouragement, and dedication, which not only improved my health but also changed my outlook on treatment and quality of life.

# 5

## **My Journey of Healing: Living Through Typhoid with Support and Care**

I was diagnosed with typhoid under the NBM AFI Surveillance Project in Basaragadi village and was referred to a nearby private clinic for treatment. It was a worrying time for me and my family, but I never felt alone because of the regular follow-ups and the care extended to me.

Throughout my illness, my blood pressure (BP) and random blood sugar (RBS) were closely monitored to ensure that any health risks were identified early. I was guided on how to take my medicines on time, reduce salt in my food, stay hydrated, and avoid self-medication.

My family also received counselling on simple but important practices such as maintaining household hygiene, drinking safe water, and preparing nutritious meals. This not only reassured us during my recovery but also helped us understand how to prevent reinfection and protect other family members.

Looking back, what made the biggest difference was not just the medical part of my care but the support, guidance, and respect we received. It turned a difficult period into a learning experience for both me and my family, giving us strength and awareness that will stay with us for the future.



# FINANCIAL

## Society for Health Allied Research and Education India - SHARE INDIA Ghanpur Village, Medchal Mandal, Medchal Malkajgiri District Balance Sheet as at 31st March, 2025

	SCH.NO		As at 31.03.25 Amount (Rs)		As at 31.03.24 Amount (Rs)
<b>SOURCE OF FUNDS</b>					
Capital Fund	1		2,95,04,085		2,66,19,478
Unsecured Loan			33,00,000		-
<b>Total</b>			<b>3,28,04,085</b>		<b>2,66,19,478</b>
<b>APPLICATION OF FUNDS</b>					
<u>Fixed Assets</u>	2				
Gross Block		3,58,73,974		3,23,67,963	
Less: Depreciation		2,76,12,584		2,51,48,701	
Net Block			82,61,390		72,19,262
<u>CURRENT ASSETS:</u>					
Cash and Bank Balances	3	10,46,46,417		11,33,38,251	
Loans and Advances	4	20,12,098		17,27,826	
Other Current assets	5	57,67,962		45,58,644	
		11,24,26,477		11,96,24,721	
Less:					
Current Liabilities and Provisions	6	8,78,83,782		10,02,24,505	
Net Current Asset			2,45,42,695		1,94,00,216
<b>Total</b>			<b>3,28,04,085</b>		<b>2,66,19,478</b>

Notes to Accounts & Significance of Accounting Policies 13

As Per our report of even date attached

For Luharuka & Associates  
Chartered Accountants  
FRN 018825



CA Rameshchand Jain  
Partner  
M No. 023019

Place: Hyderabad  
Date: August 18, 2025

For Society for Health Allied Research and Education and India

Sd/-

Dr. Madhu K Mohan  
Chairman & Treasurer

Lakshminarasimhan N  
Head, Finance & Accounts

K. Madhava

Dr.K. Madhava  
Secretary



**Society for Health Allied Research and Education India - SHARE INDIA**  
**Ghanpur Village, Medchal Mandal, Medchal Malkajgiri District**  
**Income And Expenditure Account for the year ended 31st March, 2025**

	SCH.NO	31.03.25 Amount (Rs)	31.03.24 Amount (Rs)
<b>INCOME</b>			
Donations		1,70,956	5,00,000
Grants	7	33,78,27,219	39,12,93,563
Other Income	8	48,96,000	28,49,486
<b>Total</b>		<b>34,28,94,175</b>	<b>39,46,43,049</b>
<b>EXPENDITURE</b>			
Personnel Expenses	9	13,22,83,479	13,74,29,431
Power & fuel	10	9,53,878	8,70,802
Programme expenses	11	19,18,11,274	23,55,56,052
Other Expenses	12	1,23,46,165	1,26,72,069
<b>Total</b>		<b>33,73,94,796</b>	<b>38,65,28,354</b>
Excess of Income over Expenditure before Depreciation		54,99,379	81,14,695
Less: Depreciation		26,14,772	32,09,962
<b>Excess of Income over Expenditure transferred to Capital Fund</b>		<b>28,84,607</b>	<b>49,04,733</b>

Notes to Accounts & Significance of Accounting Policies 13

As Per our report of even date attached

For Luharuka & Associates

Chartered Accountants

FRN 01882S

CA Rameshchand Jain

Partner

M No. 023019

Place: Hyderabad

Date: August 18, 2025



For Society for Health Allied Research and Education and India

Sd/-

Dr. Madhu K Mohan

Chairman & Treasurer

Lakshminarasimhan N

Head, Finance & Accounts

*K. Madhava*

Dr.K. Madhava

Secretary



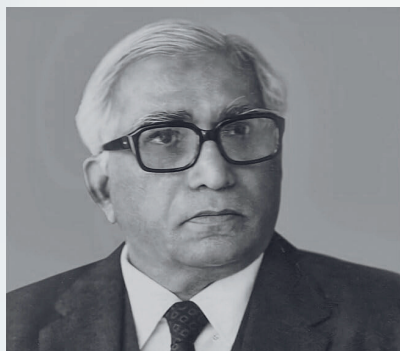
# ABBREVIATIONS

AIG	Asian Institute of Gastroenterology	IHC	Integrated Health Campaign
ANC	Antenatal Care	IHIP	Integrated Health Information Platform
APHL	Association of Public Health Laboratories	IPC	Infection Prevention Control
AMR	Anti-Microbial Resistance	IPCAF	Infection Prevention and Control Assessment Framework
AH	Area Hospitals	IPHL	Integrated Public Health Laboratories
AHP	Artificial Heart Program	KAP	Knowledge, Attitude and Practices
ARV	Anti-Rabies vaccine	LaQSH	Laboratory Quality Systems in HIV
ACE	Angiotensin-Converting enzyme	LCI	Lab Clinical Interface
ARB	Angiotensin II Receptor Blocker	LIFE	Longitudinal Indian Family health
ASBP	Ambulatory systolic blood pressure	LVAD	Left Ventricular Assist Device
ABPM	Ambulatory blood pressure monitoring	LSHTM	The London School of Hygiene and Tropical Medicine
ADBP	Ambulatory Diastolic Blood Pressure		Latent Tuberculosis Infection
ART	Anti-Retroviral Treatment	LTBI	mHealth integrated model of hypertension, diabetes and antenatal care in primary care settings
APSACS	Andhra Pradesh State AIDS Control Society	MIRA	MediCiti Institute of Medical Sciences
ATT	Anti-Tuberculosis Treatment	MIMS	Ministry of Health and Family Welfare
BIG	Biotechnology Ignition	MoHFW	Medical Superintendent
BIRAC	Grant Biotechnology Industry Research Assistance Council	MS	National AIDS Control Programme
BOLSTER	Building systems capacity on Outbreaks Laboratory Surveillance Training Emergency Response	NACP	National AIDS Control Organization
BPHU	Block Public Health Units	NACO	National Biopharma Mission
CBIT	Chaitanya Bharathi Institute of Technology	NBM	National Centres for Disease Control
CBO	Community-Based Organizations	NCDC	National institute of Epidemiology
CCB	Calcium Channel Blocker	NIE	National institute of Health
CCCC	Centre for Control of Chronic Conditions	NIH	National Institute of High-Security Animal Diseases
CDC	Centres for Disease Control and Prevention	NISHAD	National Initiative to Strengthen and Coordinate HIV/TB response
CHC	Community Health Centres	NISCHIT	National Institute of Veterinary Epidemiology and Disease Informatics
CHFW	Commissioner of Health & Family Welfare		Non-Governmental Organizations
CoE	Certificate of Excellence	NGO	National Health Mission
CSSD	Central Sterile Supplies Division	NHM	National TB Elimination Program
CRCT	Cluster Randomized Controlled Trial	NTEP	Pennsylvania
CT	Chlamydia trachomatis	PA	Primary Health Centres
CTD	Central TB Division	PHC'S	Public Health Foundations of India
CVD	Cardio-vascular disease	PHFI	Pregnancy Induced Hypertension
DADH	Department of Animal Husbandry and Dairying	PIH	Program Implementation Plan
DBP	Diastolic Blood Pressure	PIP	Prosthetics & Orthotics for the Disabled Program
DBT	Department of Biotechnology	POP	People Living with HIV/AIDS
DMC	Designated Microscopy Centres	PLHIV	Quality Indicators
DRTB	Drug-Resistant Tuberculosis	QI	Quality Management Systems
DSD	Differentiated Service Delivery	QMS	Rural Effective Affordable Comprehensive Healthcare
DST	Department of Science and Technology	REACH	State AIDS Control Society
ECMO	Extracorporeal Membrane Oxygenator	SACS	Systolic Blood Pressure
EDSS	Electronic Decision Support System	SBP	Scientific and Industrial Research Organization
EVTHS	Elimination of Vertical Transmission of HIV & Syphilis	SIRP	Subject Matter Experts
EQA	External Quality Assurance	SME	Single Pill Combinations
FAO	Food and Agriculture Organization	SPCs	Strengthening TB Action and Response
FHWs	Frontline Health Workers	STAR	Sexually Transmitted Infection
GADVASU	Guru Angad Dev Veterinary and Animal Sciences University	STI	State Quality Assurance Team
GBP	Great British Pound	SQAT	Texas A and M University
GDM	Gestational Diabetes Mellitus	TAMU	Technical Assistance
GFATM	The Global Fund to fight Aids, Tuberculosis and Malaria	TA	Tuberculosis
GHSA	Global Health Security Agenda	TB	Targeted Interventions
GSPH	Graduate School of Public Health	TI	Technical Officers
HaALT	Household Contact Active and Latent Tuberculosis Intervention	Tos	Treatment Optimization for blood Pressure with Single-Pill combinations in India
HCF	Health Care Facilities	TOPSPIN	TB Preventive Treatment
HCT	HIV Counselling and Testing Site	TPT	Telangana State AIDS Control Society
HIV	Human Immunodeficiency Virus	TSACS	Telangana Vaidya Vidhana Parishad
HICC	Hospital Infection Control Committee	TVVP	Technical Working Group meeting
HMSC	Health Ministry Screening Committee	TWG	University of Illinois at Chicago
IAMM	Indian Association of Medical Microbiologists	UIC	United Kingdom
ICMR	Indian Council of Medical Research	UK	University of Pittsburgh
ICAR	Indian Council of Agricultural Research	UOP	United Nations Development Programme
ICTC	Integrated Counselling and Testing Centre	UNDP	United States Dollar
IDSP	Integrated Disease Surveillance Programme	US\$	Von Willebrand Factor
IGRA	Interferon-gamma release assay	VWF	Wildlife Institute of India
		WII	World Health Organization
		WHO	

# *In Memoriam*

## *Remembering our Founders*

Since the inception of SHARE INDIA in 1986, we are thankful for the valued contribution for the establishment and development of the society SHARE INDIA and MediCiti -MIMS. Our respectful homage to our founding Members / Patrons.



**Late Js. P. Jagan Mohan Reddy**  
Former Chairman

SHARE INDIA former Chief Justice of Andhra Pradesh and Judge in Supreme Court, a philanthropist and a strong supporter of SHARE INDIA.



**Late Dr. Ram S. Tarneja**  
Former Chairman

SHARE INDIA former Managing Director, Bennett Coleman & Co. Ltd., (BCCL) and philanthropist.



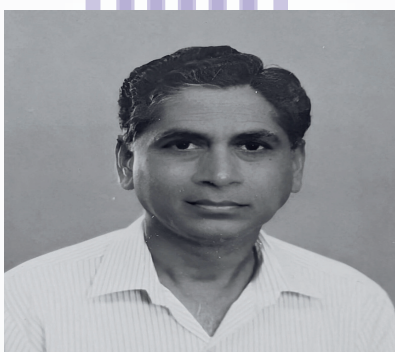
**Late Shri. M. Narasimham**  
Former Chairman,

SHARE INDIA former governor of RBI and Philanthropist.



**Late Dr. P. Satyanarayana Rao**  
Member of the Governing Council

SHARE INDIA, a cardiologist and Philanthropist.



**Late Shri. T. Prakash Rao**  
Joint Secretary and Member of the Governing Council

SHARE INDIA a renowned government and private civil contractor and Philanthropist.



**Late Shri Manik Arke**  
Former Secretary and Member of the Governing Council

SHARE INDIA. a businessman with good knowledge of medical establishment.



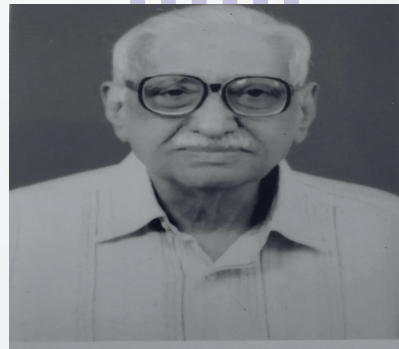
**Late Dr. V. L. Dutt**  
Member of the Governing Council

SHARE INDIA, former Chairman KCP group of companies, an industrialist and philanthropist.



**Late Dr. V. Malakonda Reddy**  
former Secretary and Member of the Governing Council

SHARE INDIA, an educationalist, poet, renowned structural engineer and philanthropist



**Late Shri Surya Rao**  
Legal Advisor and Member of the Governing Council

SHARE INDIA. Retired Sub Registrar, AP High Court, Hyderabad.

# FROM HARDSHIP TO HOPE: CASE STORIES FROM NISCHIT PLUS (TREATMENT & TB)

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## NISCHIT PLUS – HIV- TB TREATMENT

### THE STORY OF SHAIK MALINI: A JOURNEY OF RESILIENCE

Shaik Malini, a 45-year-old widow from Guntur, paused ART in 2022 due to side effects and financial struggles, becoming lost to follow-up. With persistent counselling and holistic support from SHARE INDIA—including housing, pension, rations, and doorstep ART delivery—she re-initiated treatment in 2024, regained health, and rebuilt hope for a stable future.



**Housing:** PMY scheme enabled permanent housing through central government support and crowd funding.



## TUBERCULOSIS

### CASE REPORT FROM KARNATAKA

At an Intensified Case Finding (ICF) camp in an old age home, a 65-year-old kitchen helper, Mr. Ravichander (name changed), tested positive for TB infection but initially refused preventive treatment due to lack of symptoms. With targeted counselling about his high risk from smoking and the potential danger to 45 elderly residents, he agreed to start TB Preventive Treatment (TPT). Grateful for the team's efforts, he acknowledged that early detection and treatment not only protected his health but also safeguarded the vulnerable residents from TB.

# SHARE INDIA

OFFICE OF RESEARCH - MIMS



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SHARE INDIA Official