

2021 PROGRESS REPORT ON 'THE LINK' PROGRAM

In late 2019, a novel strain of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) had emerged and very quickly, it swept through nations around the world. India, being the world's largest democratic country, soon had the highest case numbers and fatality from coronavirus disease (COVID-19) in Asia, with 27.7 million reported cases and 322, 384 reported deaths by 28th May 2021. It is likely that these numbers were underreported as the country grappled with significant strain in testing facilities and healthcare workforce.

Witnessing the relentless strain on Indian healthcare industries, the 'ANU COVID-19 Peer Support Program' (now renamed as 'The Link') was established by Associate Professor Dipti Talaulikar (Haematology, Canberra Hospital) to help provide a platform to enable communication between Australian and Indian healthcare workers so clinical support and expertise could be provided across borders.

Clinical support provided through The Program

The program began with Australian and New Zealand clinicians as well as allied health workers participating on a voluntary basis to provide clinical support and expertise to clinicians and healthcare workers in India. Based on the type of requests received and area of medical expertise required, volunteers were matched to requests. These discussions were conducted through online platforms such as Zoom, WhatsApp, WebEx and over the phone whilst maintaining every effort to protect patient privacy and confidentiality and ensuring adherence to local government guidelines and protocols. One example of a request was assisting a group of rural healthcare workers in India in setting up a 20-bed intensive care unit (ICU) department. To date, over 30 requestors have had 85-90 queries addressed with at least 6 sessions being attended by multiple health professionals (between 10-28), with useful and intellectual advice being shared across the globe. Volunteers have also participated in public health drives including masking, creation of small bite videos for NGOs and an education session for school children. Overall, the program is expected to have directly helped ~ 175 health professionals and 40 school children and teachers.

Through the program, we have recruited 220 volunteers with a diverse range of background and expertise. Volunteers ranged from practicing physicians to allied health providers, medical administrators, and medical students (see Figure 1). To date, we have 103 volunteer doctors who are registered with the Australian Health Practitioner Regular Agency (AHPRA).

The program also brought together medical students volunteers from various medical schools across Australia and Asia specific with medical students from ANU and Bond University forming a core team. The roles our student volunteers were involved with include helping with administrative and other volunteer tasks such as suggesting topics, hosting webinars, managing social media and drafting reports.

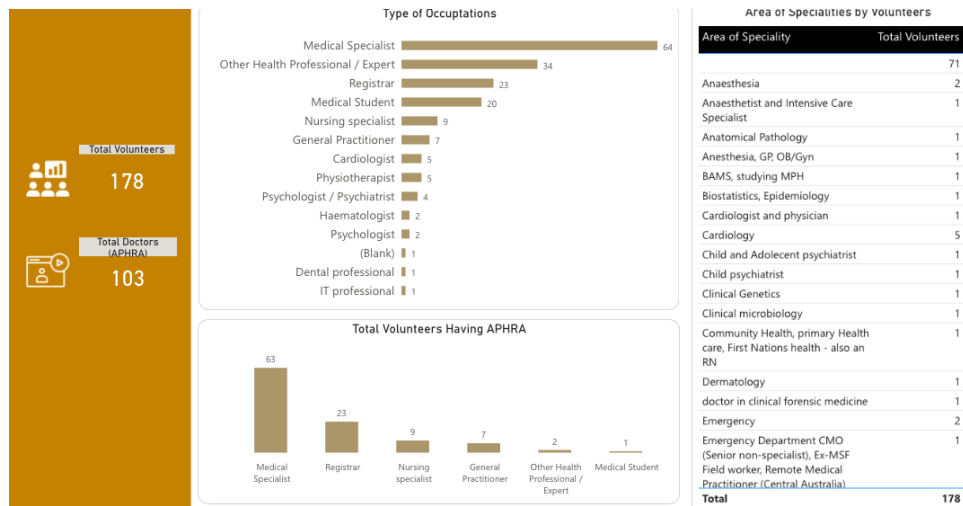


Figure 1. Number of volunteers in The ANU COVID-19 Peer Support Program. Information on occupation (middle top) and area of medical specialty (right) has been provided by volunteers who chose to give the details. The number of clinicians and healthcare provider registered with the Australian Health Practitioner Regular Agency (AHPRA) and their level/area of profession has been collected (middle bottom).

Research collaborations through The Program

Through the program, two research collaborations have been established in 2021. The first research is a collaboration with Global Medics for COVID – an Australia New Zealand based group – that aims to set up virtual hospitals to allow elderly patients or patients with chronic disease who have been infected with COVID to access remote homecare service (see Figure 2). Our program has been helping with researching the healthcare model and operations of the model, with implications of expending such virtual delivery of healthcare in remote areas of Papua New Guinea, Myanmar and Malaysia. The second project our program has collaborated with is the Rajiv Gandhi Cancer Institute and Research Centre in India who sought help to analyse and publish their data on presentation and outcome of COVID infections in patients with haematology malignancies.



Figure 2. Image obtained from the Australian Financial Review (AFR) article published 7th October 2021 written by Carrie LaFrenz. Full article obtained from www.afr.com/companies/healthcare-and-fitness/global-virtual-hospital-start-up-tackles-covid-remotely-20210927-p58v6m

Weekly webinar through The Program

In mid-May 2021, because of several requests for accurate information on COVID-related topics, the program began holding weekly webinars to facilitate exchange of knowledge on COVID-related health issues. The 1 – 1.5 hour long webinar served to draw on the expertise from healthcare providers and experts around the world – including those from Australia, India, Singapore and Fiji. There were high-profile speakers including the High Commissioner of India, experts from Alfred hospital, Austin hospital and Peter MacCallum Cancer Centre in Melbourne, St. George hospital and University of New South Wales (UNSW) in Sydney, and

experts from Canberra Health Services, Padma Shree Dr. Raman Gangakhedkar from ICMR India, and experts from AIIMS, India. The Australasian College of Emergency Medicine and the Royal Australian and New Zealand College of Psychiatrist offered support through coordinated requests for help and with webinars.

Topics covered included presentations, complications, and management of COVID, mental health of health professionals, addressing bereavement, COVID in Indigenous populations, importance of consumer engagement during the pandemic, and impact of COVID on climate change. As evident by the diverse range of clinical topics we delivered, this, combined with the program's ability to provide accurate up to date COVID-related information with input from international experts has meant that the Australian Medical Association (AMA) – a peak professional body for Australian doctors - has listed our webinar series on the doctor's portal. This helps to ensure easy access to accurate COVID-related information for Australian doctors.

Between May to November 2021, a total of 24 webinars have been conducted. An additional ad-hoc webinar was held in February 2022 to address the omicron variant with Infectious Diseases experts from India and Australia being interviewed by medical students. The webinars had an average of 40 attendees per webinar (range 18 – 86), and there were many more who accessed recordings of the webinar after webinar registrations or later without prior registration (see Figure 3).



Figure 3. Number of attendees participating in weekly webinar series held between May to November 2021, with their geographical location

Attendees and registrants of the webinars have participated the sessions from 38 countries around the world. Example of the proportions of our audience per country is as follows: Australia (n=181, 51%), Fiji (n=79, 22%), India (n=59, 17%), Singapore (n=24, 6.8%).

To provide a parameter to monitor and evaluate the effectiveness and engagement of our program, each weekly webinar concluded with an invite to the attendees to rate the webinar based on a standardised questionnaire. Attendees were asked to rate the webinar by selecting “excellent”, “very good”, “good” and “average”. In summary, 62.8% of our attendees have rated our webinars as “excellent”, 28.5% as “very good”, 7.7% as “good” and 0.96% as “average”.

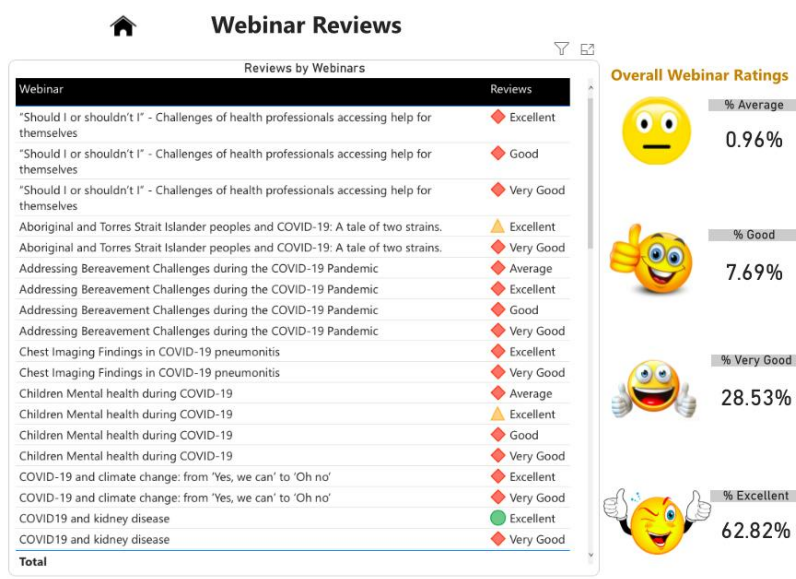


Figure 4. Poll results from weekly webinar. Poll questions invited audience to rate the webinar as "excellent", "very good", "good", "average". The collated poll results for all 24 webinars are located on the right side. Left side contains examples of webinar topics with corresponding responses submitted by attendees.

Other potential benefits:

- 1) We believe our program attracted large numbers of health professionals and volunteers from culturally diverse backgrounds. We expect to investigate this further.
- 2) Our program provided health professionals from across borders an academic platform to connect and learn from each other in a collegial manner on an equal footing. Most webinars had a primary speaker and panel members, often from India or other countries in Asia and Asia Pacific.
- 3) It provided leadership opportunities to speakers through an expression of interest (EOI) process including one registrar speaker, and allied health staff.
- 4) It provided leadership opportunities to medical student volunteers, including interaction with COVID experts across borders.

Conclusion and recommendations for future work

This report highlighted the impact our Program has had in facilitating clinical support between countries to help cope with the ever-increasing demands posed by the COVID pandemic. Although our Program has been entirely volunteer-run, we have been able to create a critical platform for healthcare workers to gain from other across the world and achieve 2 research collaborations. We have conducted 25 webinars to enhance knowledge of how COVID-19 impacts on specific organ systems through to impacts on healthcare delivery and the socioeconomical aspect of society, with the aim of better equipping one another and creating more effective management of these issues.

With the success and collaborations established through the Program, as the world moves into living with COVID, the program has been renamed 'The Link' with a renewed aim of addressing health inequities highlighted by the COVID-19 pandemic. We aim to continue facilitating global networks to help achieve equity-oriented health systems, promote leadership in healthcare sectors and provide holistic value-based healthcare to the community.

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