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Newsletter

August 2015



In This Issue

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With the release of online report in one of the BMC journals, we are proudly announcing our existence to the global health research communities. Read about it here.

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Have you learned much about INA-RESPOND? Do you know how it started and how it develops into potential network of research partnership on infectious disease? Find out here.

International Youth Day 2015: Youth Civic Engagement

This year's International Youth Day's theme is "Youth Civic Engagement". Youth commitment and active participation is essential to achieve sustainable human development. However, the opportunities for youth to engage politically, economically, and socially are low or non-existent. We need more efforts to increase awareness about the importance of youth civic engagement and its benefits to the individual and to society, including for sustainable development as well as resilience and wellbeing. In this edition, we are going to take a little look on how youth nowadays are living dangerously by exploring their sexuality irresponsibly, exposing themselves to unnecessary risks which can be avoided if they know the facts and choose to do more productive activities that may be beneficial for both themselves and their society.

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Steering Committee Member Profile

We are featuring our Steering Committee member, Dr. dr. Fatmawati, MPH, from site 540, RSPI Sulianti Saroso, Jakarta. Find out more about her from the interview our Research Assistants had with her.

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Report: Introducing INA-RESPOND to the Global Health Research Communities



**"TOGETHER.
Our journey to the
global health
research
communities."**

In this August 2015 edition, exactly 4 years after the first discussion on INA-RESPOND strategic plan, we proudly inform our existence to the global health research communities.

This report is published online in one of the BMC journals, "Health Research Policy and Systems". You may download it at this link: <http://www.health-policy-systems.com/content/13/1/34>

In this report, we describe the reasons why it is important to have a clinical research network that consists of major hospitals and medical faculties in Indonesia, our vision, mission, values, goals, and challenges, as well as our current capacities, studies, and future plans. Also, we invite research institutions, other networks, and industries to collaborate in conducting clinical studies in Indonesia. Of course, these studies must be relevant to the needs of Indonesia and must follow the regulations of the Indonesian government.

We would like to thank our steering committee members for their valuable and continuous contributions during the preparation of this manuscript, and also to all of us for our hard work in supporting the INA-RESPOND activities.

Hopefully, in the future our network will become a reputable research network in the region, providing its significant contribution to the better knowledge of the diseases and to the solution of public health problems in the world.

Karyana et al. *Health Research Policy and Systems* (2015) 13:34
DOI 10.1186/s12961-015-0024-9



Open Access



INA-RESPOND: a multi-centre clinical research network in Indonesia

Muhammad Karyana^{1*}, Herman Kosasih², Gina Samaan³, Emiliana Tjitra¹, Abu Tholib Aman⁴, Bachti Alisjahbana⁵, Fatmawati⁶, M. Hussein Gasem⁷, Mansyur Arif⁸, Pratiwi Sudarmono⁹, Suharto¹⁰, Tuti P. Merati¹¹, Clifford Lane¹², Siswanto¹ and Sophia Siddiqui¹²

Abstract

Nationally representative observational and translational research is needed to address the public health challenges in Indonesia due to the geographic disparity, recently decentralized health system, and diverse infectious disease priorities. To accomplish this, the Indonesian Ministry of Health in collaboration with the US National Institute of Health has established INA-RESPOND (Indonesia Research Partnership on Infectious Disease) – a clinical research network comprising 9 referral hospitals, 7 medical faculties, and 2 research centres across Indonesia. The network provides a forum to conduct research at a national scale and to address scientific questions that would be difficult to address in smaller research settings. Further, it is currently conducting multi-centre research on the etiologies of fever, sepsis, and tuberculosis. There are opportunities to leverage existing network resources for other public health research needs. INA-RESPOND is an Indonesian-led network in a country with diverse population groups and public health needs which is poised to collaborate with researchers, universities, donors, and industry worldwide. This paper describes the network and its goals and values, as well as the management structure, process for collaboration, and future vision.

Keywords: Clinical, Disease, Indonesia, Infectious, Network, Research, Trial



Indonesia Research Partnership on Infectious Disease (INA-RESPOND) as Part of The Global Clinical Research Networks

Clinical Research networks are research collaborations that enable investigators to bring together infrastructure, ideas and expertise to collect epidemiological data, study rare diseases or address questions related to pathogenesis, treatment and or prevention that can be difficult to resolve through small studies or by single sites. To be successful they must represent true partnerships and be driven by the goals of the partners as well as the public health needs of the populations they serve.

The National Institute of Allergy and Infectious Diseases (NIAID) is one of the 27 Institutes and Centers of the National Institutes of Health (NIH) in the US. It partners with and supports several large clinical research networks. Some of these networks involve multi-national sites while others are located within geographic zones or countries.

These networks for the most part came into being as the result of the need to answer research questions that required the study of

large and diverse populations so that results could be universally applicable, a direct country request to develop research capacity or due to an emerging or reemerging infectious disease, the control and understanding of which required research to be conducted urgently.

The Division of Clinical Research (DCR) within the NIAID is involved in supporting clinical research within the intramural program of NIH as well as in specific special projects within the US and globally. DCR is currently engaged in networks in Mexico (La Red) with the Mexican Ministry of Health, in South Africa (Project Phidisa) with the South African Military Health System, South East Asia (Southeast Asia Infectious Diseases Clinical Research Network [SEAICRN] in a partnership with Vietnam, Thailand, Indonesia, Wellcome Trust and Oxford University and Liberia (Liberian US Clinical Research Partnership) with the Liberian Ministry of Health. It also works with the INSIGHT Network (International Network for Strategic Initiatives in Global HIV trials), the US Military Infectious Diseases Clinical Research

Program (IDCRP) as well as INA-RESPOND in Indonesia.

Strengthening research capacity globally is a mission of the NIAID. While DCR is a supporting partner in these networks, the goal is to establish independent research capacity.

The idea of the INA-RESPOND network began in 2007 as a result of discussions between the US and the Indonesian governments. The Indonesian Minister of Health at the time, Minister Endang visited the NIH and held discussions with the Director of NIAID Dr. Anthony Fauci. The network was formally established in 2011 under the auspices of the Science at Technology agreement signed between the two countries.

INA-RESPOND is a network within Indonesia that is meant to address the pressing infectious disease concerns of the country based on priorities of the Ministry of Health and the NIAID and to support and encourage local researchers. Indonesia is one of the most

populous countries in South East Asia, with considerable ethnic and cultural diversity. Having a strong research platform from which to respond in the event of an outbreak of an emerging infectious disease would serve Indonesia and the global community well.

The network represents a different paradigm of research than conventional sponsored research by outside entities. It is based on collaboration between two governments with the joint commitment to building research capacity. Both partners contribute resources and expertise. The research agenda is based on Indonesia's research priorities that fit within the NIAID mission and research activities are approved by and reported to a Steering Committee comprised of participating academic and clinical institutions. As a result, Indonesian investigators have the prerogative of suggesting potential research, participating in protocol development and manuscript writing.

It is very encouraging to see that INA-RESPOND has in such a short time been able to come together as a network that can

**“Coming together is
a beginning; keeping
together is progress;
working together is
success.”**

-Henry Ford

collaboratively develop and execute research protocols. The direct engagement and participation of the Indonesian Ministry of Health and the Indonesian National Institute of Health Research and Development (NIHRD/ *Badan Litbangkes*), is an important catalyst for the development of this network. The network leadership has been exceptional and NIAID is very privileged to work with individuals who are committed to encouraging research in the country. The dedication of the steering committee members, the strong engagement of hospitals and universities, and the enthusiasm of the PI's, study teams, study coordinators as well as the secretariat staff are all instrumental in the success of the network.

As recently illustrated during the Ebola outbreak in West Africa, research activities can be difficult to develop during a health crisis. INA-RESPOND is definitely well poised to proactively develop these capacities with diverse stakeholder engagement. This network has the potential to become a major research network in the country and in the region if it continues to work in a collaborative manner to build the trust and research capacity that is critical to address critical research questions whose answers could lead to improvements in health for the people of Indonesia.

H. Clifford Lane MD

with S. Siddiqui MD, MPH



H. Clifford Lane MD –
NIAID Deputy Director for Research
and Special Projects



International Youth Day occurs annually on 12 August. The United Nations designated this day to assist in focusing awareness on issues affecting youth around the world. By highlighting the role youth can take and the impact they can make on our global society, the hope is to engage youth and cultivate their increased contributions to their communities.

WHO defines adolescent as the period in humans' growth and development that occurs after childhood and before adulthood, from ages 10 to 19. During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health condition.

Although adolescence is often thought of as a healthy period and therefore needs little attention, the estimates of morbidity and mortality provide a solid argument to change this paradigm. The major causes of morbidity and mortality among adolescent are accidents, HIV, suicide, violence, drug and alcohol use disorder, pregnancy-related complications, and other illnesses. In addition, many serious diseases in adulthood that lead to premature death are rooted in adolescence. For example, tobacco use, Sexually Transmitted Infections (STI), and poor eating/ exercise habits.

Young people are particularly vulnerable to STIs because of the lack of sex education, including on STI prevention. Based on CDC Surveillance data in 2012, there are about 20 million new cases of STIs each year in the United States, and about half of these are in people between the ages of 15 and 24. Young people are at greater risk of getting STI for several reasons: ¹.

- Young women's bodies are biologically more susceptible to STIs.
- Some young people do not get the recommended STI tests.
- Many young people are hesitant to talk openly and honestly with

(continued)

TAKE ACTION:

PROVIDERS

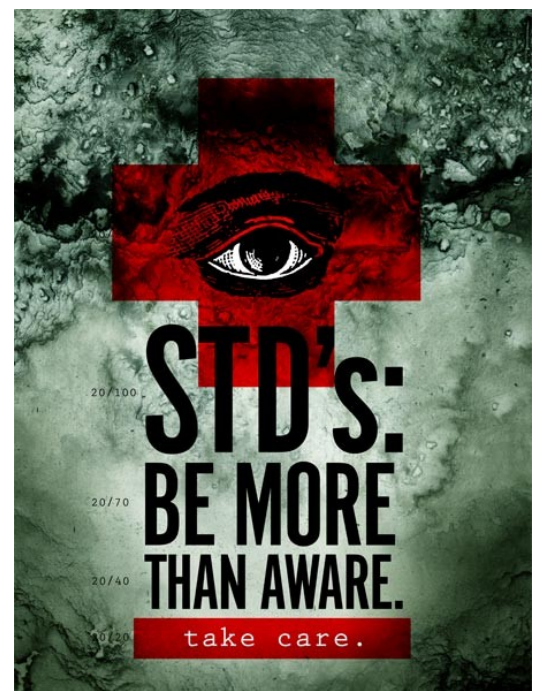
Make screening recommendations a part of your checklist

PARENTS

Talk with your teens about sex and STD prevention

EVERYONE

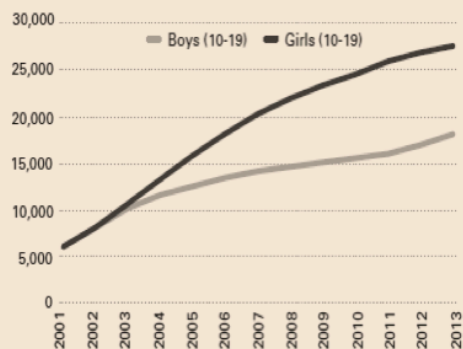
Break the silence – end stigma and shame around STIs



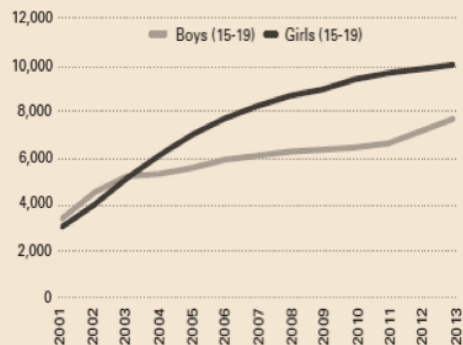
INDONESIA

ADOLESCENT HIV TRENDS

Adolescents (aged 10-19) living with HIV, 2001-2013⁴



Adolescents (aged 15-19) newly infected with HIV, 2001-2013⁴



Statistics show that the HIV cases among adolescent **are higher in number for female teenagers** than for male teenagers.

a doctor or nurse about their sex life.

- Not having insurance or transportation can make it more difficult for young people to access STI testing.
- Some young people have more than one sex partner.

In Singapore, a cross-sectional study of chlamydia and gonorrhea positivity was conducted among 1,458 sexually active heterosexual Singaporean adolescents between 14 and 19 years old attending the national public sexually transmitted infection clinic from 2006 to 2013. The results showed that Chlamydia was positively found in 23.6% of the males and 36.6% of the females, gonorrhea was positive in 33.1% of the males and 15.9% of the females, and co-infection was positively found in 10.2% of the males and 10.1% of the female. ²

One of the STDs groups which is to be a big concern is HIV infection. According to The Indonesian Centers for Disease Control and Prevention, in Indonesia HIV cases are increasing throughout the year. In 2013, estimated number of adolescents living with HIV are 46,000 with newly infected with HIV are 18,000.

Prevention

Counseling for STI/HIV should be offered to all sexually active adolescents and to all adults who have received an STI diagnosis, have had an STI in the past year, or have multiple sexual partners.

United Services Preventive Services Task Forces (USPSTF) recommends high-intensity behavioral counseling for all sexually active adolescents and for adults at increased risk for STIs and HIV. ³

Clinical Prevention Guidance

The prevention and control of STDs are based on the following five major strategies:

1. Accurate risk assessment and education and counseling of persons at risk on ways to avoid STIs through changes in sexual behaviors and use of recommended prevention services;
2. Pre-exposure vaccination of persons at risk for vaccine preventable STIs;
3. Identification of asymptomatically infected persons and persons with symptoms associated with STIs;
4. Effective diagnosis, treatment, counseling, and follow up of infected persons; and
5. Evaluation, treatment, and counseling of sex partners of persons who are infected with an STI.⁴

References:

1. <http://www.cdc.gov/std/life-stages-populations/stdfact-teens.htm>
2. <http://www.ncbi.nlm.nih.gov/pubmed/26165437>
3. US CDC MMWR Recommendation and Reports/Vol.64/No.3: Sexually Transmitted Diseases Treatment Guidelines, 2015
4. WHO guideline: Sexually Transmitted Infections Among Adolescents
5. <http://allintoendadolescentaids.org/wp-content/uploads/2015/02/Indonesia.pdf>

Latest News: A Glance of Research Progress in the World



The risk of acquiring tuberculosis (TB) and nontuberculous mycobacterial (NTM) disease is elevated among patients with rheumatoid arthritis (RA)

A retrospective cohort study was conducted in Taiwan using data from National Health Insurance Research Database. This insurance program is a mandatory and therefore provides comprehensive medical care for >99% of Taiwan's residents. During this period, data from 28,997 newly diagnosed RA patients between January 2001 and December 2011, were analyzed and compared with data from 115,988 controls that were matched 1:4 by age and sex. The statistical power and accuracy of this study was ensured by large sample size and long-term records used. The study end point was defined as the onset of new TB or NTM during the 11-year follow-up period. Diagnosis of new TB or NTM disease must be made more than 6 months after the identification of the RA.

This study finds that the risk for development of TB or NTM disease was 2.28-fold and 6.24-fold higher among RA patients than among the general population. Further, the risk increased 2-3x more in male or older (>65 years) RA patients compared to female or other age category groups. Among the NTM-infected RA patients or control, more than 50%, the history of TB was reported.

The elevated risk for mycobacterial diseases among RA patients is primarily attributable to the effect of chronic immunosuppressive therapies that are received by these patients. Therefore, RA patients, especially those with other risk factors, should be closely monitored for development of mycobacterial disease.

Further reading:

Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 21, No. 8, August 2015

Rotavirus Vaccine Introduction Also Reduces Rotavirus Infection And Acute Gastroenteritis In Unvaccinated Age Groups

Rotavirus is the most common cause of severe gastroenteritis among children worldwide. As such, rotavirus vaccine has been introduced in many countries, including in Indonesia.

A currently published study in England and Wales observes that administering this vaccine to infants with the coverage level of 93% does not only protect the vaccinees but also provide indirect protection among unvaccinated older infants, children and young adults.

This is reflected by the declining of laboratory-confirmed rotavirus infections (77% in infants, 66% in 1-4 years old, and 50% in ≥ 5 years old) and acute gastro-enteritis hospitalizations (26% in infants, 27% in 1-4 years old, and 11.6% in ≥ 5 years old). These positive impacts in both vaccinated and unvaccinated groups, which have also been reported in other studies, provide evidence of herd protection.

In line with previous reports, these findings highlight that the burden of rotavirus disease in older children and adults is larger than previously recognized, and infants play as the key mediators for sustaining rotavirus transmission within households and in the wider community.

Further reading: Atchison et al, Journal of Infectious Diseases, 2015



Source: <http://www.earthtimes.org/health/rotavirus-vaccine-effective-reducing-gastroenteritis-children/1073/>

INA-RESPOND Study Updates

By dr. Anandika Pawitri,
dr. Nurhayati



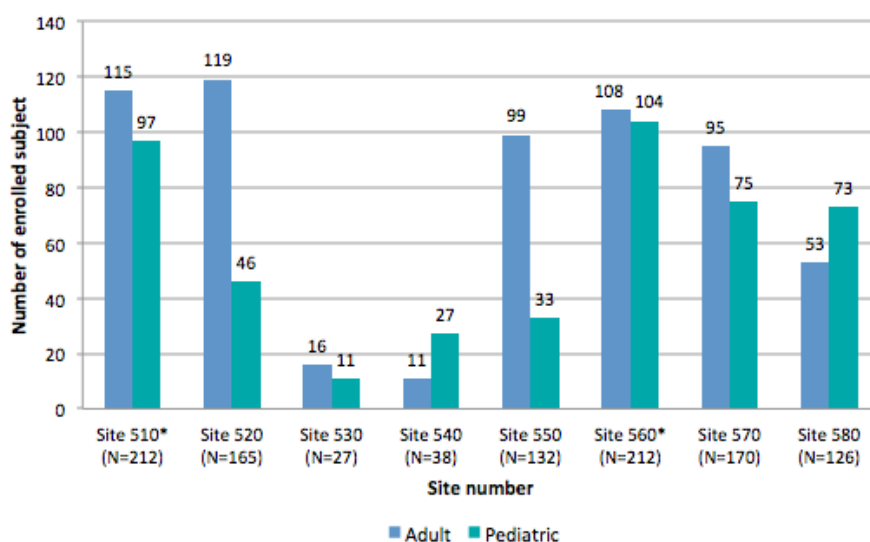
AFire Study (INA101) Updates

As of 26 July, sites had screened 3,632 patients and enrolled 1,082 subjects (616 adults and 466 children). See chart for detailed information on the enrollment.

So far, we have had two INA101 Interim data analysis meetings. The meetings were held in April 2014 and February 2015. One of the results of the meeting is to prepare data for publishing the preliminary result of the INA101 study. The investigators decided to prepare two specific manuscripts for adult subjects and pediatric subjects. Currently, the Scientific Team & Data Management Team from the Secretariat and site investigators are preparing the manuscript.

For further information about this study please go to: <http://www.ina-respond.net/afire-study/>

Enrollment Progress Per Site up to 26 July 2015



*510 – RSUP dr Hasan Sadikin
520 – RSUP Sanglah
530 – RSUPN dr Cipto Mangunkusumo
540 – RSPI Prof Dr Sulianti Saroso
550 – RSUP dr Wahidin Sudirohusodo

560 – RSUP dr Kariadi
570 – RSUD dr Soetomo
580 – RSUP dr Sardjito

Sepsis Study (SEA050) Updates

Site 41/ RS dr. Cipto Mangunkusumo is finally up and running! The site started screening patients on 6 August 2015.

RS UNHAS will soon join us as satellite site for RS dr. Wahidin Sudirohusodo. Hopefully, this could boost the screening number for RS Wahidin Sudirohusodo.

**Screening and Enrollment Progress
up to 10 August 2015**

	Site 41 – RS dr. Cipto Mangunkusumo		Site 42 – RS dr. Wahidin Sudirohusodo		Site 43 – RS Sardjito	
Number of Screened Patients	Adult	: 2	Adult	: 29	Adult	: 97
	Pediatric	: 0	Pediatric	: 25	Pediatric	: 75
	Total	: 2	Total	: 54	Total	: 172
Number of Enrolled Patients	Adult	: 1	Adult	: 8	Adult	: 13
	Pediatric	: 0	Pediatric	: 3	Pediatric	: 4
	Total	: 1	Total	: 11	Total	: 17
Enrollment Expectation	Adult	: 15	Adult	: 25	Adult	: 20
	Pediatric	: 15	Pediatric	: 25	Pediatric	: 20
Number of days after enrollment	Day 4 (activation date: 6 August 2015)		Day 165 (activation date: 26 February 2015)		Day 109 (activation date: 23 April 2015)	

Profile: Insight to The Network's Steering Committee Members

By dr. Debby Intan Permatasari, dr Fadila Zitria

Dr. dr. Fatmawati, MPH, born on 6 June 1955 in Makassar, is one of the INA-RESPOND's Steering Committee (SC) members from Prof. Dr. Sulianti Saroso Infectious Disease Hospital (RSPI Prof. Dr. Sulianti Saroso). She earned her medical degree in 1982 from Faculty of Medicine, Hasanuddin University, Makassar. She then received her Primary Health Management (MPH) from Mahidol University, Thailand. After returning from Thailand, she continued her education by taking the doctorate program at Hasanuddin University, Makassar.

On 17 August 1983, she was awarded Best Officer of National Population and Family Planning

Board (*Badan Kependudukan dan Keluarga Berencana Nasional / BKKBN*), Ministry of Health, Republic of Indonesia. 5 years later, she was awarded Exemplary Clinical Doctor by the Ministry of Health, Republic of Indonesia.

As the President Director of RSPI Prof. Dr. Sulianti Saroso, she makes sure that the focus of studies and research conducted at RSPI Prof. Dr. Sulianti Saroso is in line with the vision and mission of the hospital, which is to strengthen institutional research for the establishment of research centers of excellence at RSPI Prof. Dr. Sulianti Saroso by fostering the development and use of technology advances as well as by building/ improving the

institution capacity (its human resources, budget mobilization, guidelines, and facilities/ infrastructure, including research laboratories.)

It has become RSPI Prof. Dr. Sulianti Saroso's mission to be a part of a health research network of universities/ health institutions/ other stakeholders in Indonesia or abroad and to take active participation in the network's activities in order to promote the exchange of knowledge and support for research.

The establishment of INA-RESPOND network in Indonesia has given its members a chance to obtain ample support to increase their capacity in conducting high-quality clinical research through the strengthening of human resource, infrastructure development, and the implementation of required protocols. RSPI Prof. Dr. Sulianti Saroso has learned quite a lot on how to conduct high-quality research from the 1st INA-RESPOND

Dr. dr. Fatmawati, MPH

President Director of
Prof. Dr. Sulianti Saroso
Infectious Disease Hospital,
Jakarta, Indonesia





Dr. dr. Fatmawati, MPH
with other Steering
Committee members, the
Secretariat staff, and
research team members
@ SC Meeting, Bali, 2012

study, the Acute Febrile
Illness Requiring
Hospitalization (AFIRE
Study/ INA101).
Moreover, the network
also provides
opportunities for *RSPI*
Prof. Dr. Sulianti
Saroso's researchers to
continually increase
their skills and
knowledge through

trainings and education held
regularly by the INA-RESPOND
network (GCP, GCLP, Manuscript
Writing Seminars, etc.)

Currently, *RSPI Prof. Dr. Sulianti*
Saroso is conducting the AFIRE
study. Though the study is
advancing quite steadily, there
have been a few challenges in its
operation, especially those related
to the legal and administrative
aspects. As a health care
institution, *RSPI Prof. Dr. Sulianti*
Saroso has to follow the Ministry of
Health regulations as well as the
institution's. The hospital
management needs to carefully
maneuver around these laws and
regulations without impeding the
progress of the study.

As the Steering Committee
member at *RSPI Prof. Dr. Sulianti*
Saroso, Dr. dr. Fatmawati, MPH
provides input for the INA-RESPOND
strategic plan and supports the
implementation of study activities
at site by making sure the
supporting facilities, policies, and
procedures are available and
ready. She also needs to supervise
and evaluate the network's study
activities, and report back to the
network so the network can
receive input for further
development.

With all the benefits INA-RESPOND
has to offer, It is expected that the
the network will maintain and
further develop communication
between the Ministry of Health and
hospitals/ other health research
organization to quickly identify the
needs of clinical research and
assist in the development of clinical
research facilities and infrastructure
at each site. In time, we would like
to see more doctors who are
interested in doing research joining
the network and make the network
even stronger.

"It is good to have an end to journey
toward; but it is the journey that
matters, in the end."

-Ernest Hemingway

Save the Date

21 Aug Sepsis Laboratory Meeting @
INA-RESPOND Secretariat,
Jakarta

26 Aug Site visit to RSHS by members
of DSMB: Prof. Sean Emery &
Mr. Louis Grue

10-11 Sept SEAICRN Executive
Committee Face-To-Face
Meeting @Hanoi, Viet Nam



August Birthday

2 Aug	Mr. Agus Dwi Harso	NIHRD
11 Aug	Ms. Agnita Triyoga	NIHRD
	Dr. Patricia Monica Tauran	Secretariat
12 Aug	Mr. Junediyono	NIHRD
	Prof. Dr. Suharto, SpPD, KPTI	SC Member site 570
14 Aug	Dr. Caleb Leonardo Halim	RA INA101 site 530
17 Aug	Ms. Libertha Clara Manintan, Amd.Ak	LT SEA050 Site 43
21 Aug	Dr. Retna Mustika Indah	Secretariat
	Dr. Rizka Humardewayanti Asdie, Sp.PD-KPTI	Co-PI INA101 Site 580
26 Aug	Dr. Yenni Risniati	NIHRD



A visit to Sardjito hospital,
Yogyakarta was conducted
on 6-7 August 2015 by Ms.
Novitasari to train the new
Research Assistant, dr. Luthvia
Annisa, who will be taking dr.
Yan Mardiana's position as
AFIRE study's Research
Assistant.



From left to right: dr. Annisa,
dr. Friska, dr. Yan, dr. Luthvia,
Ms. Novitasari.



SELAMAT HARI KEMERDEKAAN REPUBLIK INDONESIA

*"Tidak Penting apa pun agama atau
sukumu. Kalau kamu bisa melakukan
sesuatu yang baik untuk semua orang,
orang tidak pernah tanya apa agamamu."*

*–Gus Dur,
Bapak Pluralisme, Indonesia*

Merdeka...!



INA-RESPOND Newsletter

Advisors

Art & Language

Columnists

Thanks to

Disclaimer

: dr. M. Karyana, dr. Herman Kosasih

: Dedy Hidayat S, S.Kom

: dr. Anandika Pawitri, Ms. Novitasari,

dr. Nurhayati, dr. Debby Intan Permatasari,

dr Fadila Zitria

: INA-RESPOND Network and Partners

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