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Newsletter

August 2017

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The INA-RESPOND Network is going to hold its 2nd Manuscript Writing Workshop next month. Contact us at The Secretariat to find out more about this event.

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The TRIPOD study had its first Interim Analysis meeting on 21-22 July 2017. Read the report in the Study Update section on page 3 to learn what were discussed and the changes made to our TRIPOD study.



Indonesia Research Partnership on Infectious Disease Steering Committee Meeting

The INA-RESPOND Steering Committee meeting and the Mini Symposium, which were held on 2 – 3 August 2017, were a success. The Steering Committee members were given updates regarding the network's activities, including some of the issues related to the enrollment of the network's study, TRIPOD. The Mini Symposium was also a success. More than 100 people attended the event, and many of them were interested

in learning what we have to say. One of the most exciting moments in the event was the ceremony to celebrate the signing of Implementing Arrangement between NIH and Ministry of Health, Indonesia. If you would like to see the photo documentation of the event, you can check our website in 1-2 weeks, or contact DHidayat@ina-respond.net

Policy Brief – The Forgotten Bridge to Unite

With the many advances in health research, why is it that the health improvement of our people doesn't go as quickly as them? Could we have done something wrong? Find out about it in this edition!

THE GOV'T DOESN'T WANT TO HIDE BEHIND STATISTICS..BUT IT IS NEVERTHELESS TRUE THAT 72% OF THE 13.8% OF GPs WHO RESPONDED WERE 14.25% HAPPY WITH 45% OF OUR CHANGES!



Save The Date

Important Events & Meetings

2-3 August NSC Meeting & Symposium @JW Marriot

25-27 Sept AFIRE Manuscript Writing Workshop



August Birthday

2 Aug	Mr. Agus Dwi Harso	NIHRD Center 2
11 Aug	Ms. Agnita Triyoga	NIHRD Center 2
11 Aug	dr. Patricia Monica Tauran	Secretariat
12 Aug	Prof. Dr. Suharto, SpPD, KPTI	SC Member at Site 570
12 Aug	Mr. Junediyono	NIHRD Center 2
14 Aug	dr. Caleb Leonardo Halim	INA101 RA Site 530
21 Aug	dr. Rizka Humardewayanti Asdie	INA101 Co-PI Site 580
21 Aug	dr. Retna Mustika	Secretariat
26 Aug	dr. Riat El Khair	INA102 Co-PI Site 580
26 Aug	dr. Yeni Risniati	NIHRD Center 2

Announcement

The INA-RESPOND Steering Committee meeting and the Mini Symposium, held on 2 – 3 August 2017, were a success. In the meeting, the Steering Committee members were informed about the network's plan to conduct its 2nd Manuscript Writing Workshop (MWW). The 1st MWW was held in January 2014, and we are hoping that the second will be as successful as the first one. INA-RESPOND researchers involved in the AFIRE study will participate in the event as authors. They are currently preparing a draft for submission this month. We are all looking forward to this big event!

symposium





INA-RESPOND Study Updates

By:
Ms. Maria Intan Josi

TRIPOD (INA102) Updates

Screening & Enrollment

By the end of July 2017, site teams had enrolled 65 subjects. Site 560 – RSUD dr Kariadi, Semarang is currently the top recruiter with 18 subjects. Enrollment progress up to 2 August 2017 can be seen in the graphic on the right.

Interim Analysis Meeting

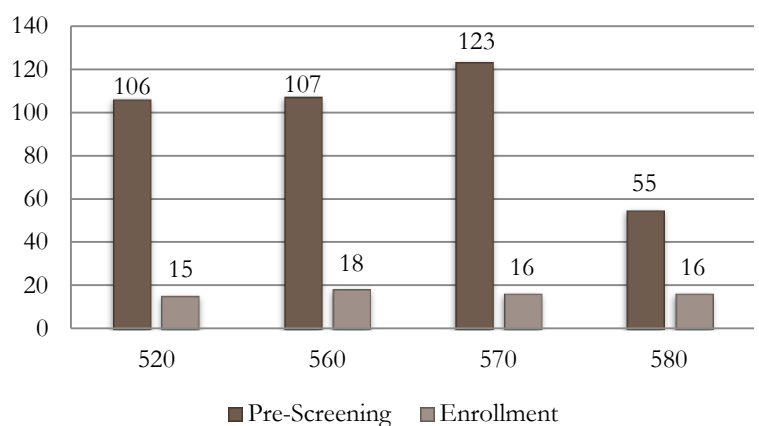
INA-RESPOND invited TRIPOD Study Team to attend Interim Analysis Meeting at Hotel Borobudur on 21-22 July 2017. Principal Investigator/Co-Principal Investigator and Research Assistant from each site participated actively in this meeting by giving and sharing updates (enrolled subjects, site specific problems, and obstacles during recruitment) during the discussion.

On day 1, Research Assistant talked about the situation at sites, recruitment flow, study procedure, and their common obstacles. For example, how they often found out that patients had already received medication before coming to the hospital or that patients were not willing to be evaluated at sites due to distance. It was proposed in the meeting to change some elements in the protocol as a solution to these issues.

On day 2, INA-RESPOND Secretariat staff gave presentation about changes in the protocol, the case report form, and the manual procedure. Some of the changes are considered major and have an impact to the study procedure. Tools were created to support these changes, for example Study Diary for subject to assist them whenever they can visit our sites.

Results from the Interim Analysis meeting can only be applied after Ethical committee clearance, which normally takes about 1-2 months. We look forward to this, so our study can be better.

Pre-Screening and Enrollment at Each Sites



*Site Number code:

520 – RSUP Sanglah, Denpasar
560 – RSUD dr Kariadi, Semarang

570 – RSUD dr Soetomo, Surabaya
580 – RSUP dr Sardjito, Yogyakarta



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

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Comic Corner:

Policy Brief: The Forgotten Bridge to Unite

By:

dr. Aly Diana

Scientific products are everywhere. Thousands of scientific articles are published every day. However, while the science is growing rapidly; the condition of the people is not improving at the same pace. Aiming for a same-pace growth might be ridiculous, so here's a more realistic question: Have we made any contributions to improve the health quality of our communities/our people?

It's no secret that we are producing a lot of evidence-based medicine, but are we also contributing in producing evidence-based policy? Have we (as researchers and scientists) put some real efforts to communicate to the government for making some changes following what we found from our studies? Some of you may say yes, and others may say no. Congratulations to you who said yes; you should motivate others to do the same. For those who said no, there is one thing that you can try: Let's try to make a policy brief!

Let us try to get same perspective on policy briefs as it has been proven that they may serve as strong materials to affect policies in many countries. Generally, policy brief is described as a concise summary that presents the findings and recommendations of a research project to a lay-person/non-specialized audience. As it is aimed at government, policymakers, and others

who are interested in formulating or influencing policy; it will be wise to keep it focused on a single topic, consisting of 750-1,500 words and using straightforward words/sentences.

Please remember that policymakers are busy people and most likely do not speak the same complicated language as us; so they are likely to pay attention only to something that looks attractive, appears interesting, and is short and easy to read. One more time: brief, concise, focused, ATTRACTIVE, and easy-to-understand.

The main idea of a policy brief is really to narrow the gap, making a bridge between the scientific world and the real world. It is important for us to try our best to translate our results, give a clear message and practical 'solution(s)', and highlight the benefits and opportunities for following our message.

However, first thing first: our target audience must read our policy brief before it can give any positive influences. They might want to read it if they can see it. So, another task for us is to make sure that our policy brief goes to the right hands (and eyes). Identifying the channels or ways to approach the target audience is as important as making a good policy brief. Having a good access to the think tanks (advisors) of these

policymakers is always a positive sign of success.

Closing remarks: There are many good free resources out there that can guide us in making a good policy brief, which can inspire a real change. Surely, we will need to make a great effort to make it. However, when it works, it will be worth all the trouble. Just imagine how cool it would be to see the recommendations in our published paper come into a reality, giving a positive impact on real people!

References:

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Report

The 9th International AIDS Society Conference on HIV Science

By:

dr. Dona Arlinda

The 9th International AIDS Society (IAS) Conference on HIV Science (IAS 2017) was held on 23-26 July 2017 at Palais des Congrès, Paris, France. The conference brought together over 6,000 HIV-related professionals worldwide and presented more than 1,800 abstracts selected through blind peer-review process. Three delegates from INA-RESPOND, namely Prof. Dr. dr. Tuti Parwati Merati, Sp.PD-KPTI., (Sanglah Hospital, Bali), Dr. Dewi Lokida, Sp.PK (Tangerang Hospital, Banten), and dr. Dona Arlinda (NIHRD, Jakarta) had the opportunity to join the conference.

The conference topics were divided into four categories, i.e basic science, clinical science, prevention science, and implementation science. Basic science symposiums highlighted innovative strategies to tackle HIV reservoir and identify host factors and mechanisms for viral persistence. Although not all of these studies have clinical applicability, they provided pieces of evidences to our understanding. Two case reports add to the shortlisted examples of HIV "cure". The first was a patient with hyper acute HIV-1 infection treated for three years of antiretroviral therapy (ART). He stopped treatment and did not rebound until 210 days later. Second, a perinatally HIV-infected infant in South Africa who was treated with one year of ART and maintained 8 years of undetectable viral loads without ART.

Clinical science symposiums highlighted

the need for dual or mono ART over triple therapy. Dual therapy such as Darunavir/r + 3TC (Cahn), Dolutegravir + 3TC (ACTG 5353 & PADDLE Study), Cabotegravir + Rilpivirine (LATTE 2) appeared to sustain viral suppression in adult patients. Reduced dose of Efavirenz and Atazanavir also appeared to be effective and cost-saving. Early detection of tuberculosis (TB) among people living with HIV (PLHIV) remained a challenge. WHO's estimate in Indonesia in 2015 showed a devastating gap that 95% of HIV-positive incident TB cases were not in care, 89% of notified TB cases had unknown HIV status, 79% HIV-positive TB cases were not started on ART, and 98% of PLHIV newly enrolled in HIV care did not received isoniazid preventive therapy (IPT). Indonesia was also listed among the lowest countries with only 62 sites having Xpert MTB/Rif as a diagnostic test for TB (ranging from 1 site in Angola to 1,024 sites in China).

Prevention science symposiums highlighted comprehensive HIV testing and prevention methods to achieve 90:90:90 targets, including pre-exposure prophylaxis (PrEP), rapid ART initiation and prioritizing key populations. In addition to oral and long-acting injectable agents, several topical formulations were tested to deliver PrEP such as vaginal rings and rectal gel. On-demand PrEP was found to be an adequate alternative to daily PrEP for high risk men who have sex with men (MSM) with infrequent sexual

intercourse. Raltegravir can be used for prevention of mother to child transmission (PMTCT) for late-presenting pregnant women, despite the high cost.

Implementation science symposiums addressed the need to improve testing uptake and linkage to care (the 'first 90'). HIV self-testing has the potential to reach 'hard-to-reach' groups. Usage of mobile technologies as well as differentiated care and service delivery showed promising impact on HIV/AIDS response, with regards to confidentiality and security issues of the electronic platforms.

Other than attending the symposiums, we also had the opportunity to join abstract and manuscript writing workshop held by the Editors of Journal of the International AIDS Society (JIAS). With impact factor of 6.296, JIAS wished to provide platform for dissemination of HIV research, to encourage submissions from low- and middle-income countries and to provide capacity building opportunities for less-experienced authors. They also provide abstract writing online course at www.healtheffoundation.eu and abstract mentor program for the upcoming AIDS 2018 conference.

We thank INA-RESPOND Secretariat and Prodia DiaCRO, especially dr. M. Karyana, M.Kes, Ms. Yuyu Nuzulurrahmah, Ms. Meity Siahaan, and Ms. Katherine Nadia for their support and hard work.

Report

The XIV Working Conference PAPDI

By:

Ms. Neneng Aini
dr. Nurhayati
dr. Venty Muliana Sari



PAPDI is *Perhimpunan Dokter Spesialis Penyakit Dalam Indonesia* (Indonesian Society of Internal Medicine). Every three years PAPDI holds a series of organizational activities for working conference. Results from this congress will be ratified during the PAPDI national congress. The XIV working Conference was held on 13 - 16 July 2017 at Hotel Ijen Suites Resort & Convention Malang, East Java. The conference was attended by more than 850 participants (more than 200 participants were from PAPDI.) Three delegates from INA-RESPOND: Ms. Neneng Aini, dr. Nurhayati, and dr. Venty Muliana Sari Soeroso were given the opportunity to join the conference.

The main topic of the conference is "The Role of PAPDI in Increasing the Competence and Competition of Indonesian Doctors in the era of National Health Insurance and ASEAN Economic Community." This conference consists of two activities, the organization and scientific activities. Many experts from the internal medicine were invited to talk about interesting topics and novel treatment at the conference. The conference started by talking about the role of internist in the era of *Jaminan*

Kesehatan Nasional/ National Health Insurance (JKN), and was followed with many interesting topics about new management and treatment on gastro intestinal disease, thromboembolism, asthma, hypertension, diabetes mellitus, hepatitis C, Leukemia Granulocytic Chronic, arthritis rheumatoid, sepsis, chronic kidney disease, DHF, heart failure, and pneumonia and ulcer diabetic in geriatric.

During the conference, the presenter provided us with the current and applicative scientific materials emphasizing on interactive discussions that actively involved the participants. In order to complete a comprehensive knowledge of the participants, there were also several sessions of integrated case discussion about case management in daily practice such as management for rheumatoid arthritis, sepsis, diabetic foot, and pneumonia in geriatric patients setting. These sessions were held after symposium in each day.

At the organizational meeting, the delegates from 36 PAPDI branches (five delegates per branch) discussed the programs that had

been implemented and the latest issues in the field of medicine. The results of the XIV PAPDI Working Conference will be endorsed at PAPDI National Congress (KOPAPDI XVII) on 11-15 July 2018 in Surakarta.

This meeting also discussed inputs and corrections for all activities that had been or will be done in the future, including addressing and managing follow-up plans for health problems and health rules or regulations in Indonesia:

- Problems that are encountered during the implementation of National Health Insurance, and suggestion or inputs to the government through the Indonesian Social Security Administrator (*Badan Penyelenggara Jaminan Kesehatan/BPJS*)
- The government's plans, rules, and regulation for the upcoming ASEAN Free Trade Area (AFTA) related to foreign doctors
- Ethical issues especially gratuities, sponsorship of doctors to attend scientific events

The Chairman of Indonesian Society of Internal Medicine, Prof. DR. Dr. Idrus Alwi SpPD, K-KV, FACC, FESC, FAPSIC, FINASIM, FACP, stated that the profession of internal medicine has an important role in the optimization of tiered services in the National Health Insurance era through a holistic and comprehensive approach. PAPDI participates in the National Health Insurance era by continuing to hold various professionalism development activities and preparing National Guidelines for Medical Services.

In addition to attending the symposiums, we also had the opportunity to join Tuberculosis workshop. The General Director of

Disease Prevention and Control, Ministry of Health, Republic of Indonesia (*Direktur Jenderal Pencegahan dan Pengendalian Penyakit Kementerian Kesehatan RI*), Dr. H. Mohamad Subuh, MPPM, presented the 2017-2050 National target for Disease Prevention and Control as agreed in the Regional and Global assembly.

By 2030, we're targeting to eliminate Malaria, to get the Three Zero HIV-AIDS (zero new HIV infections, zero discrimination, and zero HIV-related deaths), and to eliminate Hepatitis C. Indonesia also targets to be free of TB in 2050.

Dr. H. Mohamad Subuh, MPPM said that the government expects the

PAPDI and its members to participate in the detection and management of TB and HIV cases especially in primary health care facilities, private clinics, and hospitals. He also said that Indonesia is a country with dual burden of TB, TB-HIV and MDR-TB. Therefore, every TB case that is found needs to be tested for HIV, and any HIV case found needs to be screened for TB. During workshop, there were also updates about the latest laboratory examination of TB and TB-HIV treatment.

It was a very informative workshop, and we thank INA-RESPOND Secretariat for giving us the opportunity to take part in it.

INA-RESPOND Newsletter

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Thanks to

: INA-RESPOND Network and Partners

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