The State of the Network in 2016

Osman Sankoh
Executive Director
On behalf of the INDEPTH Board

AGM 2016, Kampala, Uganda

16 November 2016
Structure – Follows our logframe/Strategic Plan

1. Governance issues
2. Membership: strengthen, sustainability
3. Scientific activities
4. Capacity strengthening and training
5. Data issues: quality, analysis and sharing
6. Policy engagement
7. Finances: status, projections
8. Aspirations: Strategic plan 2017-2021
9. Key challenges
INDEPTH Governance Structure
Governance & M&E

• INDEPTH Board meetings
  o *regular newsletters to the Board*
  o *Prof Marcel Tanner steps down from the Board*
• Interaction with the SAC on a continuous basis
  • *Conflict of Interest: SAC/Board – WHO-adapted Disclosure*
• Secretariat-Funder teleconferences; visits by funders
• INDEPTH audit by KPMG (previously PWC)
• INDEPTH filing regulatory documents to the Ghanaian and US authorities
• Weekly newsletters to Centre Leaders
• Quarterly newsletters to the INDEPTH family
INDEPTH Membership & Effectiveness

- 43 member institutions running 49 HDSS field sites
- 32/49 HDSSs on INDEPTHStats
- 26/49 HDSSs on INDEPTH Data Repository; 10 potentials
- 6/49 on the new OpenHDS; 15 in preparation
- 23 applied to start CHESS; pilot in one, eventually 2
- 32/43 centres here in Kampala demonstrating togetherness
- Hard times for a few, hence sustainability discussion
Over 3,800,000 people under continuous surveillance in INDEPTH Network

INDEPTH Member HDSS Sentinel Surveillance Countries

Senegal
The Gambia
Guinea-Bissau
Burkina Faso
Ghana
Nigeria

Ethiopia
Uganda
Kenya
Tanzania
Malawi
Mozambique
South Africa

India
Bangladesh
Thailand
Vietnam
Indonesia
PNG

Through INDEPTH to diverse countries and continents
**Health and Demographic Surveillance System**

**HDSS equation for the denominator**

**Verbal Autopsy on all deaths**
- SAC: 1. WHO 2016
- 2. Annual VA operation

**Ideal cycles of enumeration**
- 2-4/year

**Dynamic Cohort**

**Enter**

**Follow up of pregnancies and their outcomes**

**Out-migrate after 6 months**

**In-migrate after 6 months**

**In** - migrate after 6 months

**Out** - migrate after 6 months

**SAC: a key concept**

**Initial Census**
- Unique ID given
- (Rural/Urban/Peri-Urban)
The new Comprehensive Health and Epidemiological Surveillance System (CHESS) requires an extension of these participants (HEALTH FACILITY)

- Date of Birth
- Place of Birth
- Sex
- Parents
- Source of income

- Headship
- Members
- Income

- Type
- GPS location
- Owner
Outputs from an HDSS / CHESS

CORE

✓ All cause mortality rates
✓ Cause-specific mortality proportions & rates
✓ Life table probabilities
✓ Fertility rates
✓ Migration rates

ADDITIONAL

✓ population characteristics
✓ household characteristics, assets and wealth indexing
✓ health status / disease burdens
✓ access, use and impact of health services
✓ health seeking behaviours for severe and fatal conditions
✓ environmental contexts, risks, exposures
✓ household food security
✓ impact of poverty reduction strategies
✓ impact of health interventions
Strategic Groups

1. Data Analysis
2. Capacity Strengthening
3. Research to Policy
4. Data Systems
5. Migration, urbanisation & health
The Working Groups that were effective

1. Adult health & aging
   • NIH grant

2. Migration & urbanization
   • MADIMAH

3. Vaccination & child survival
   • EC/DANIDA grant

4. Antibiotics resistance
   • Wellcome Trust grant

5. Malaria
   • INESS – Gates Foundation grant

6. Environment & health
   • Submitted applications

7. Health Systems
   • iHOPE – Gates Foundation grant

8. Maternal & Newborn Health
   • ENAP – CIFF/LSHTM grant

9. Education
   • Submitted an application

10. Genomics
    AWI-Gen: NIA grant
Grant proposal development

- 20 proposals submitted
- 13 thematic areas
- 11 funders
- Total amount - $71,333,516 (at least 20% to core)
- 4 led by the Secretariat
Secretariat led proposals

1) Malaria: treatment, testing & tracking
   Comic Relief & GSK; £822,801; 2017-2019

2) INESS on CHESS
   EDCTP; €3,000,000; 60 months

3) Conduct rigorous post-licensure effectiveness and safety studies on Pyramax and other interventions against malaria
   The Gates Foundation; $1,182,415 (successful)

4) How do accountability processes within education systems enable or inhibit the raising of learning outcomes – Ghana and Zimbabwe?
   ESRC UK; £689,612; 2018-2020
CHESS = HDSS+

**HDSS Core**: all-cause & cause-specific mortality

**HDSS+ (comprehensive package – expands HDSS)**

- Communicable (disease & pathogen specific) morbidity
- Non communicable disease morbidity
- External causes / injuries morbidity
- Risk factors for above mortality & morbidity
- Health systems & policies contexts
- Other contexts - e.g. education

**SAC: A transformational agenda**
Capacity Strengthening and training

- Masters Training
  - 51 funded students in all; (None funded in 2016, seven continuing students) – About $2M spent

- PhD training (direct or nested in Working Groups)
  - 8 Students (Two funded in 2016 & one successful completion)

- Data management support (Training workshops for data managers)
  - Three workshops: OpenHDS for 5 centres & Data management for 20+ centres in Dubai and Pune

WE WANT TO BE ABLE TO SUPPORT MORE...

KEY: multi-centre publications (Working Groups & Projects)

Acknowledging INDEPTH / identifying with INDEPTH

2016: counting ...

Similar trend...

AUTHORSHIP ISSUES...

INDEPTH Member Centre Publications by Year
(1998-2015) n=4,323
INDEPTH Repository: Shared Individual Level Data in 2016

Cause of Death
- 111,910 Deaths
- 98,429 Verbal Autopsies
- 22 Sites

PLOS One recognises INDEPTH Repository for publication datasets

1600 downloads
- 800 – Africa
- 250 – Asia

26 Sites
- 20 Sites
- 13 Sites
- 6 Sites
INDEPTH Analysis of data on INDEPTHStats
Meeting in Kampala – Strategic Group on Data Analysis

• Population structure
• Fertility
• Mortality (morbidity)
• Cause of death
• Migration

✓ Produce a report on the available data on INDEPTHStats
✓ Do annual updates

SAC: Annual update accompanied by a high-level commentary piece published in a journal
INDEPTH continues to play a key role in the data sharing debate

- INDEPTH publications on data sharing have appeared in
- Kobus Herbst and Osman Sankoh invited to several international workshops to present INDEPTH’s example
- INDEPTH hosted a workshop led by Chatham House in Accra to discuss data sharing (*Product: a joint statement*)
- INDEPTH co-organised a workshop in Cape Town by many funding organisations (*Product: an NIH report*)
Policy Engagement
Research to Policy Country Meetings

INDIA

ETHIOPIA

GHANA

TANZANIA
### Financial Performance – 2014-2016 (Income/Expenditure)

- **Board review**
- **International audit**
- **Funder scrutiny**
  - Funder selected auditor
  - Discussion with Programme officers
- **Annual submission of financial statements to US IRS and Ghanaian authorities**

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<tr>
<td><strong>A) Core Support</strong></td>
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<tr>
<td></td>
<td>2,120,417</td>
<td>1,965,524</td>
<td>2,529,580</td>
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<td><strong>B) Projects</strong></td>
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<td></td>
<td>1,313,662</td>
<td>3,340,650</td>
<td>4,686,139</td>
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<td><strong>CORE AND PROJECTS</strong></td>
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<td><strong>TOTAL</strong></td>
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<td>3,218,677</td>
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## Financial Status in 2017 and beyond…

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<tr>
<td>Core</td>
<td>US$ 2,120,000</td>
<td>US$ 2,000,000</td>
<td>US$ 1,400,000</td>
<td>US$ 1,100,000</td>
<td>US$ 1,100,000</td>
<td>US$ 1,100,000</td>
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<tr>
<td>Target</td>
<td>US$ 2,000,000</td>
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New projects
Our Aspirations

Leads to our new Strategic Plan 2017-2021

A gist of it now; details in a specific session

All stakeholders have contributed to the development of the new Strategy
### NEW STRATEGIC PLAN

#### Our Vision

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<th>2013-2016</th>
<th>2017-2021</th>
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<td>INDEPTH will be an international network of HDSS centres that provides data to enable LMICs set health priorities and policies based on the best available evidence, and .... to ensure and monitor progress towards national goals</td>
<td>INDEPTH will be a trusted source for evidence supporting and evaluating progress towards health and development goals</td>
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## NEW STRATEGIC PLAN

### Our Mission

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<th>2013-2016</th>
<th>2017-2021</th>
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<td><strong>To harness the collective potential of the world's community-based</strong></td>
<td>**To lead a <strong>coordinated approach</strong> by the world’s health and demographic</td>
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<td><strong>longitudinal demographic surveillance initiatives in low and middle</strong></td>
<td>surveillance systems to provide <strong>timely longitudinal evidence</strong> across the</td>
</tr>
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<td><strong>income countries to provide a better understanding of health and social</strong></td>
<td>**range of transitioning settings to <strong>understand and improve population</strong></td>
</tr>
<tr>
<td><strong>issues, and to encourage the application of this understanding to</strong></td>
<td><strong>health and development policy and practice.</strong></td>
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<td><strong>alleviate major health and social problems</strong></td>
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INDEPTH Network
Better Health Information for Better Health Policy
# NEW STRATEGIC PLAN

## Our Strategic Objectives

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<th>2013-2016</th>
<th>2017-2021</th>
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<td><strong>1.</strong> To support and strengthen the ability of INDEPTH member centres to conduct longitudinal health and demographic studies in defined populations.</td>
<td><strong>1.</strong> <em>Enhance the INDEPTH Network's capabilities:</em> improve and expand the underlying longitudinal tracking platform</td>
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<td><strong>2.</strong> To facilitate the translation of findings to maximise impact on policy and practice.</td>
<td><strong>2.</strong> <em>Conduct population-based research, leveraging its longitudinal tracking:</em> stimulate, facilitate and conduct cutting-edge multi-centre research</td>
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<td><strong>3.</strong> To facilitate and support research capability strengthening</td>
<td><strong>3.</strong> <em>Enrich and guide policy that is community responsive and closely linked to the SDGs:</em> INDEPTH will continue to generate evidence and facilitate the translation of INDEPTH findings to enrich and provide evidence on policy, programmes and practice</td>
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<td><strong>4.</strong> <em>Strengthen capacity of INDEPTH member centres and researchers</em></td>
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<td><strong>5.</strong> <em>Build effective partnerships:</em> national and international partners including statistics offices, local government, health and development ministries and agencies, as well as relevant research and educational institutions</td>
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Broad Research / Activity Areas

1. Implement CHESS at all sites to deepen the longitudinal platform to answer new scientific questions: make morbidity surveillance routine

2. Provide timely metrics based on real data: make the best out of INDEPTHStats

3. Conduct studies across the life-course: from pregnancy to adult health and ageing; identify relevant practices and interventions

4. Expand the utility of the platform to generate and analyse SDG indicator baseline & dynamics; conduct safety and effectiveness studies of drugs and vaccines

5. Assess scientific- and policy-relevant determinants & context of outcomes: Nutrition, diet and food security; Environment, climate, indoor air pollution; Health equity, migration and poverty; Vaccines: safety, effectiveness and efficacy; Sex differentials/gender; Education-based analysis and interventions; Health system assessments
Capacity Issues 2017-2021

1. Strengthen the capacities of people and institutions

2. Expand the INDEPTH Scientific Development and Leadership Programme including the MSc programmes
Policy Engagement 2017-2021

1. Tailor, package and direct research outputs for different stakeholders to stimulate public appreciation of findings

2. Leverage engagement with policy makers to attract more funding for research-into-practice activities
Ensuring Financial Sustainability 2017-2021

1. Continue to look for both core and project support from funding partners.

2. Strengthen the efforts at building an INDEPTH consultancy that leverages the skills and advantage of the Network.

3. Growing the INDEPTH Endowment Fund
   • Construction of an INDEPTH Training Centre
Some Key Challenges... opportunities

Science:

Leadership, new cross-site research opportunities / productivity

Capacity:

Achieving tailored capacity strengthening

Funding

Core support / Project funding / Network-Centre interests

Policy Engagement and Communications

Getting the INDEPTH brand

Engaging with policy makers at various levels
Our Key Partners