



INDEPTH Network – An Overview

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INDEPTH Network

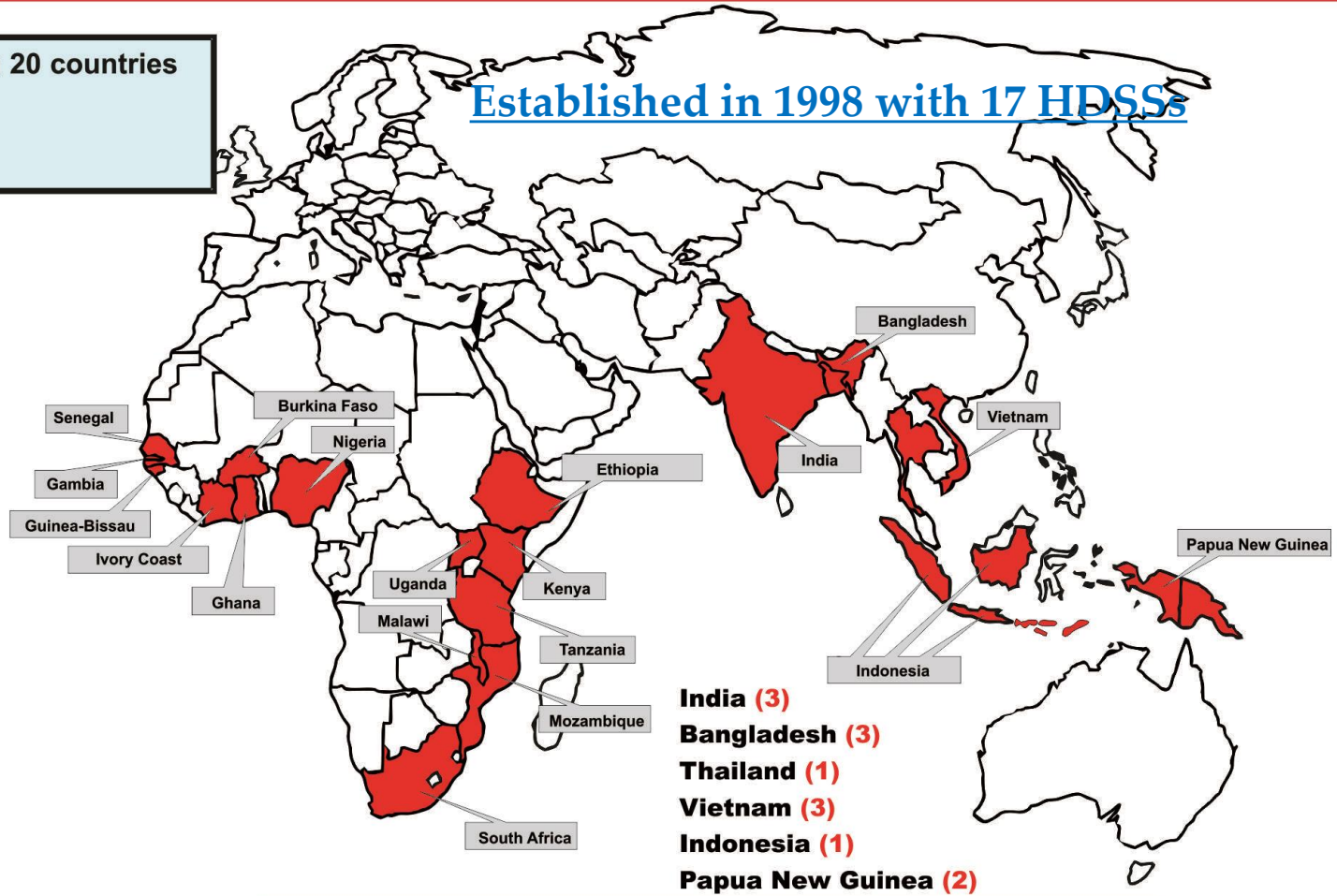
Better Health Information for Better Health Policy

Membership in 2014

Currently 52 HDSSs in 20 countries
39 HDSSs in Africa
11 HDSSs in Asia
2 HDSSs in Oceania

Established in 1998 with 17 HDSSs

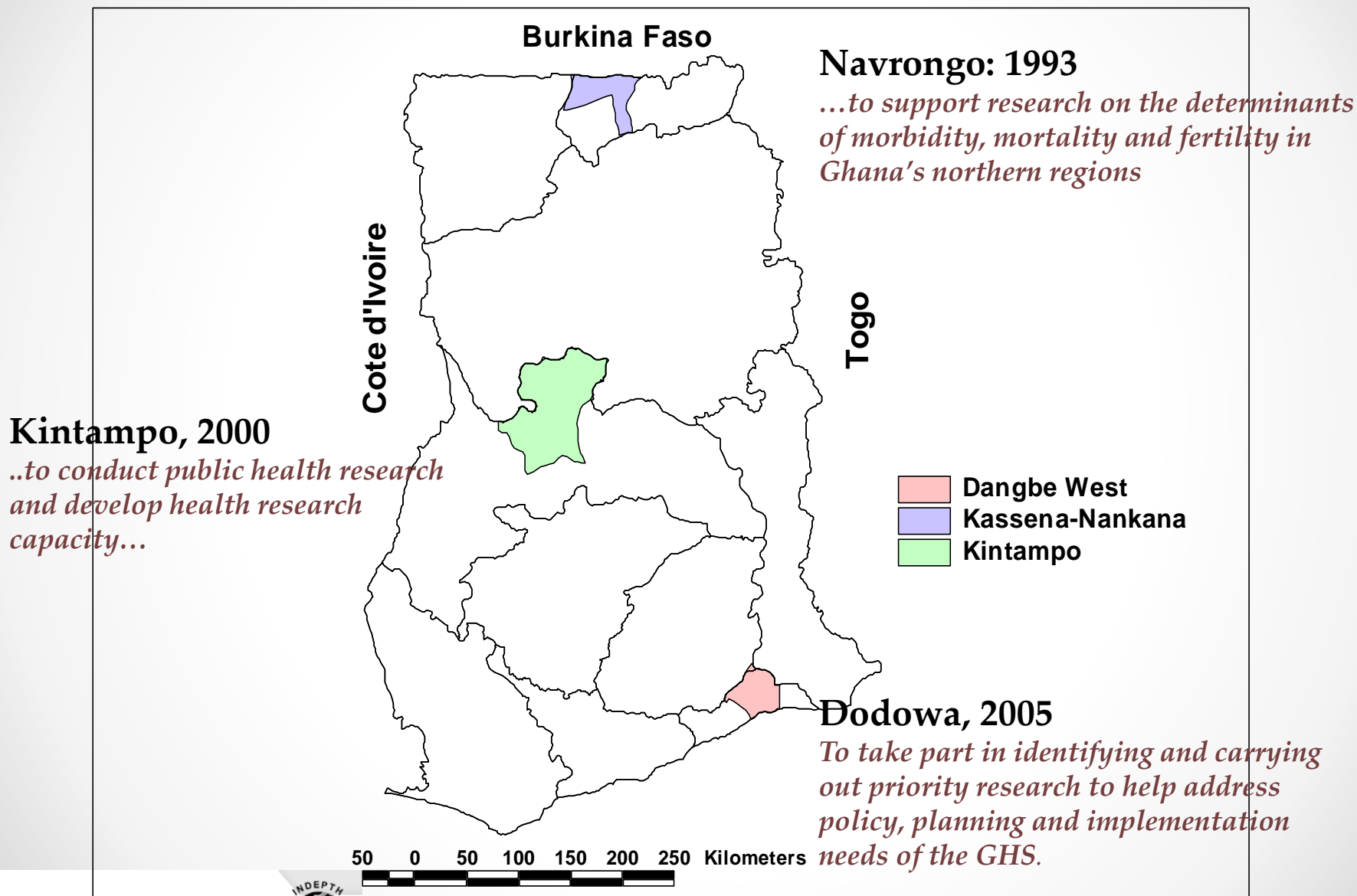
- Senegal (3)
- The Gambia (2)
- Guinea-Bissau (1)
- Burkina Faso (5)
- Ivory Coast (1)
- Ghana (3)
- Ethiopia (5)
- Uganda (3)
- Kenya (5)
- Tanzania (3)
- Malawi (1)
- Mozambique (2)
- Nigeria (2)
- South Africa (3)



- India (3)
- Bangladesh (3)
- Thailand (1)
- Vietnam (3)
- Indonesia (1)
- Papua New Guinea (2)

Over 3,800,000 people under surveillance

In Ghana

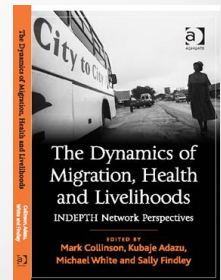
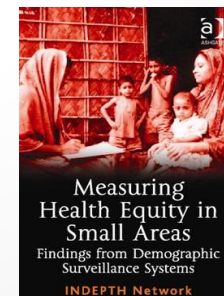
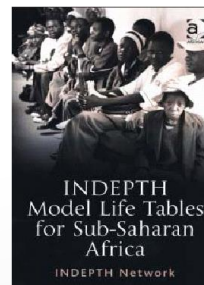
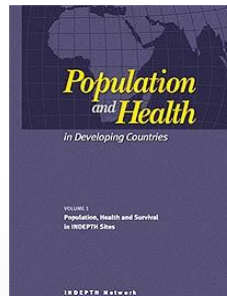
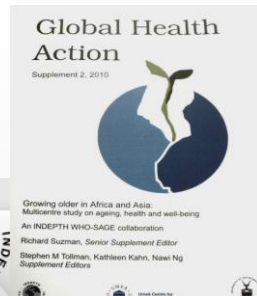


Sustainability

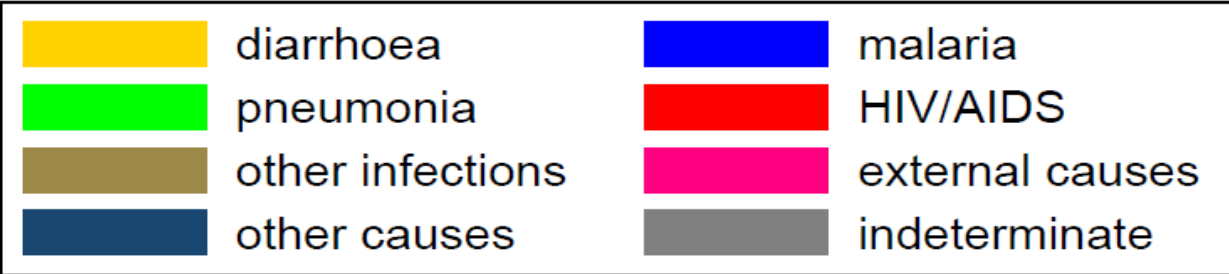
- 45 Research Centres – 52 Field Sites
 1. University Research – 21
 2. Long-term National/International Collaborations (IHI, Tanzania; IRD, Senegal; Wellcome Trust/KEMRI, CDC/KEMRI, Kenya) – 14
 3. Ministry of Health – 10
- Funding for HDSS work: Core / Project

More than a decade of INDEPTH development

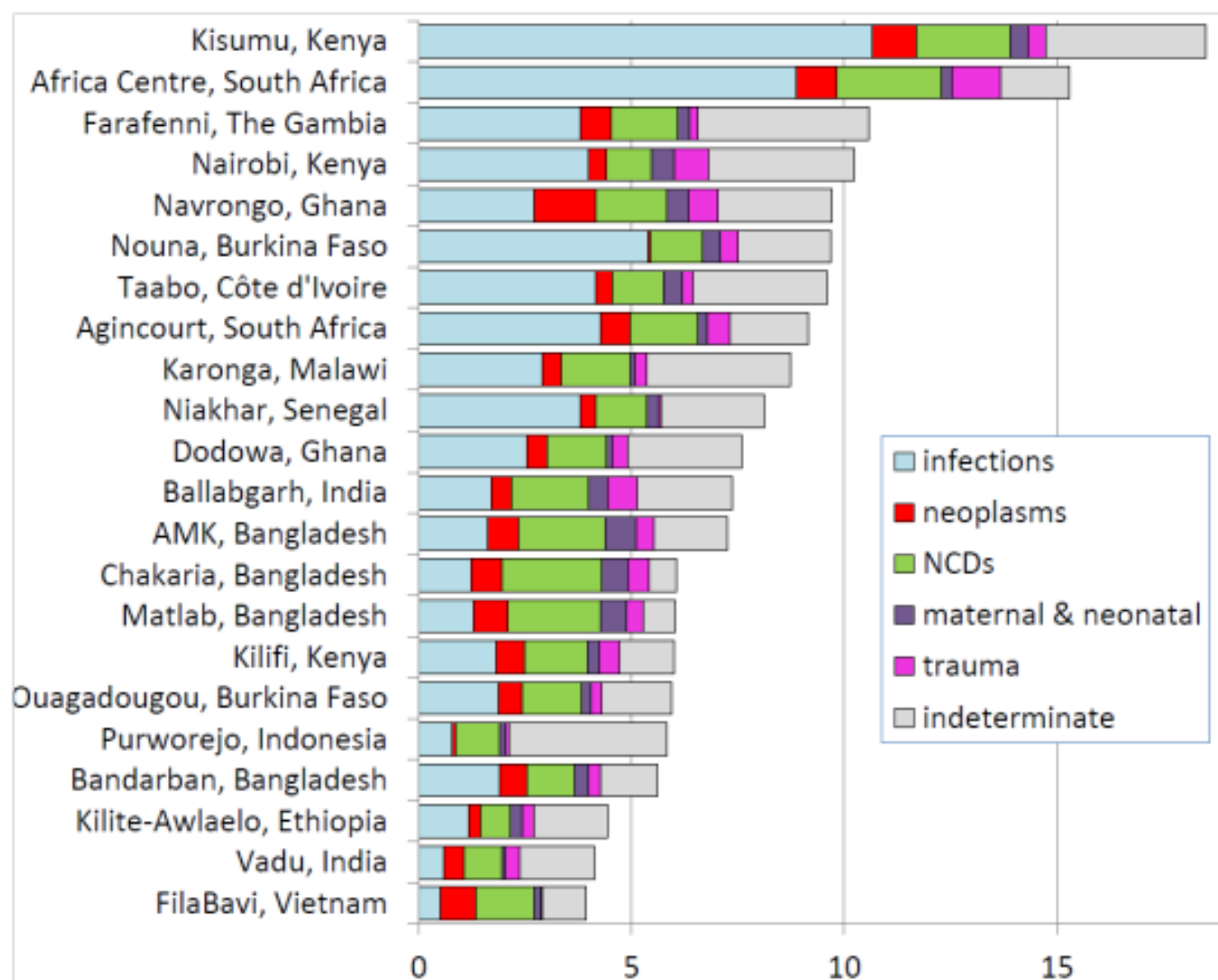
- Numerous gaps addressed by INDEPTH research:
 - from unrecorded trends in mortality and cause of death to life-course research
- Standardised survey instruments developed – e.g. Verbal Autopsy
- Multi-site analyses increasingly use harmonised variables and integrated datasets.



Age-sex-time standardised cause-specific mortality fractions (CSMF) for major cause of death groups for children aged 1-4 years at 18 INDEPTH sites during 2006-2012.



Cause-specific in Africa and Asia: evidence from INDEPTH HDSS Data



INDEPTH Builds on Two Competitive Advantages

Longitudinal Data (HDSS):

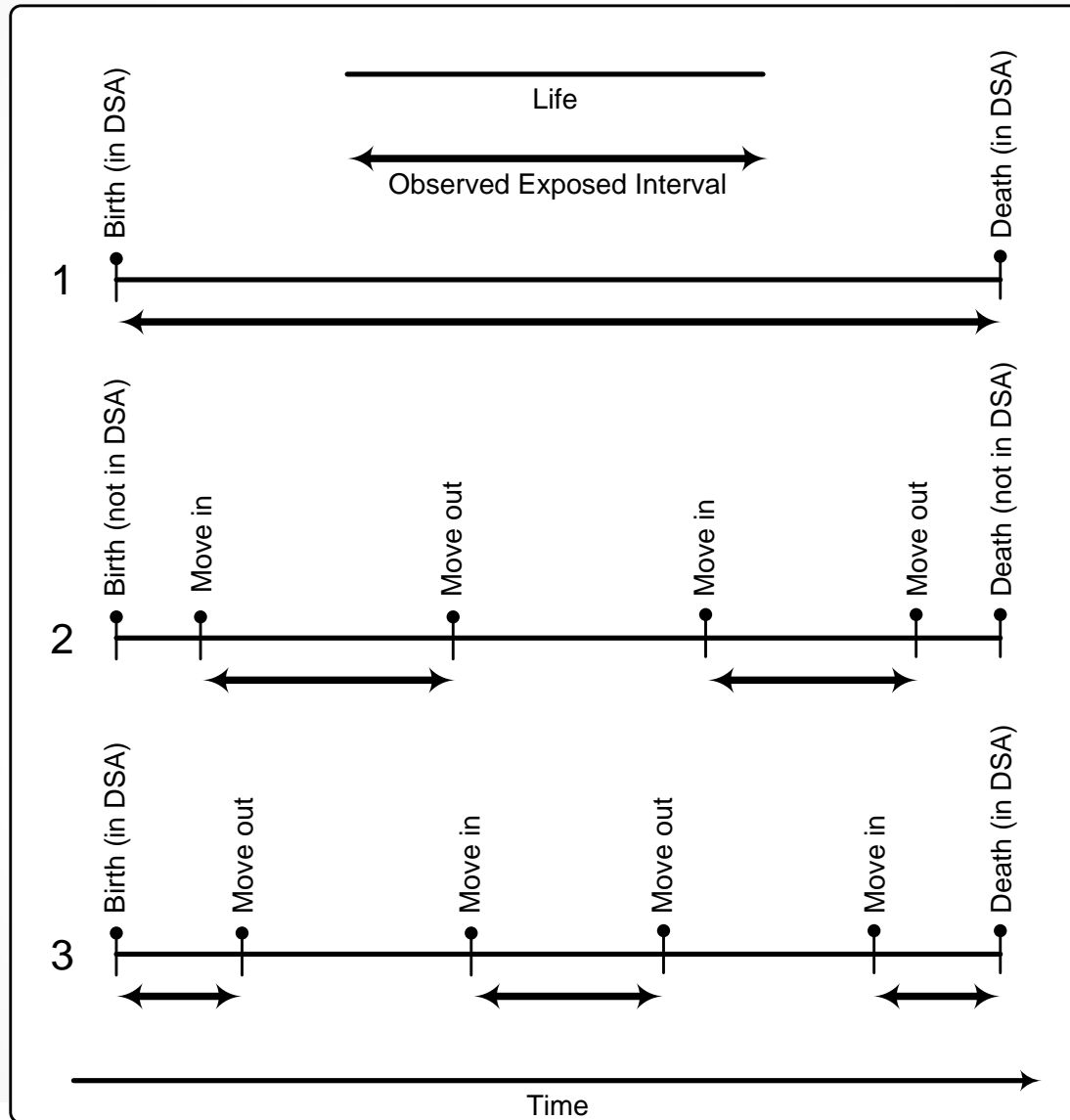
Enabling true analysis of changes, correlations and cause & effect

Network of Centres:

Leveraging capabilities from one centre across entire network.

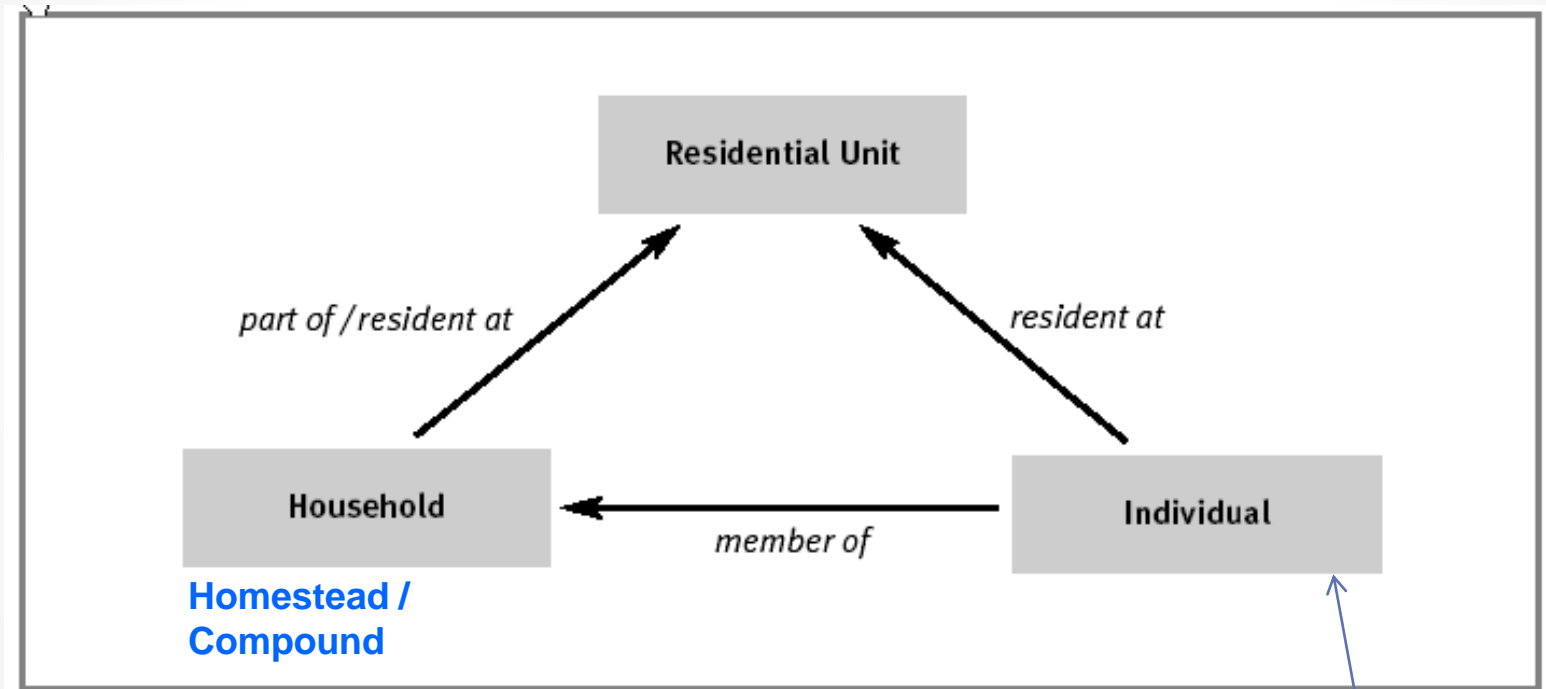
- Ensuring *efficiency*: leverage both ongoing data collection and the teams across the network
- Increasing *quality*: link top scientists across the 45 member centres
- Maximising *impact*: merge data across sites and assessing implications for science, practice and policy

Examples of Observed Exposed Intervals



HDSS participants

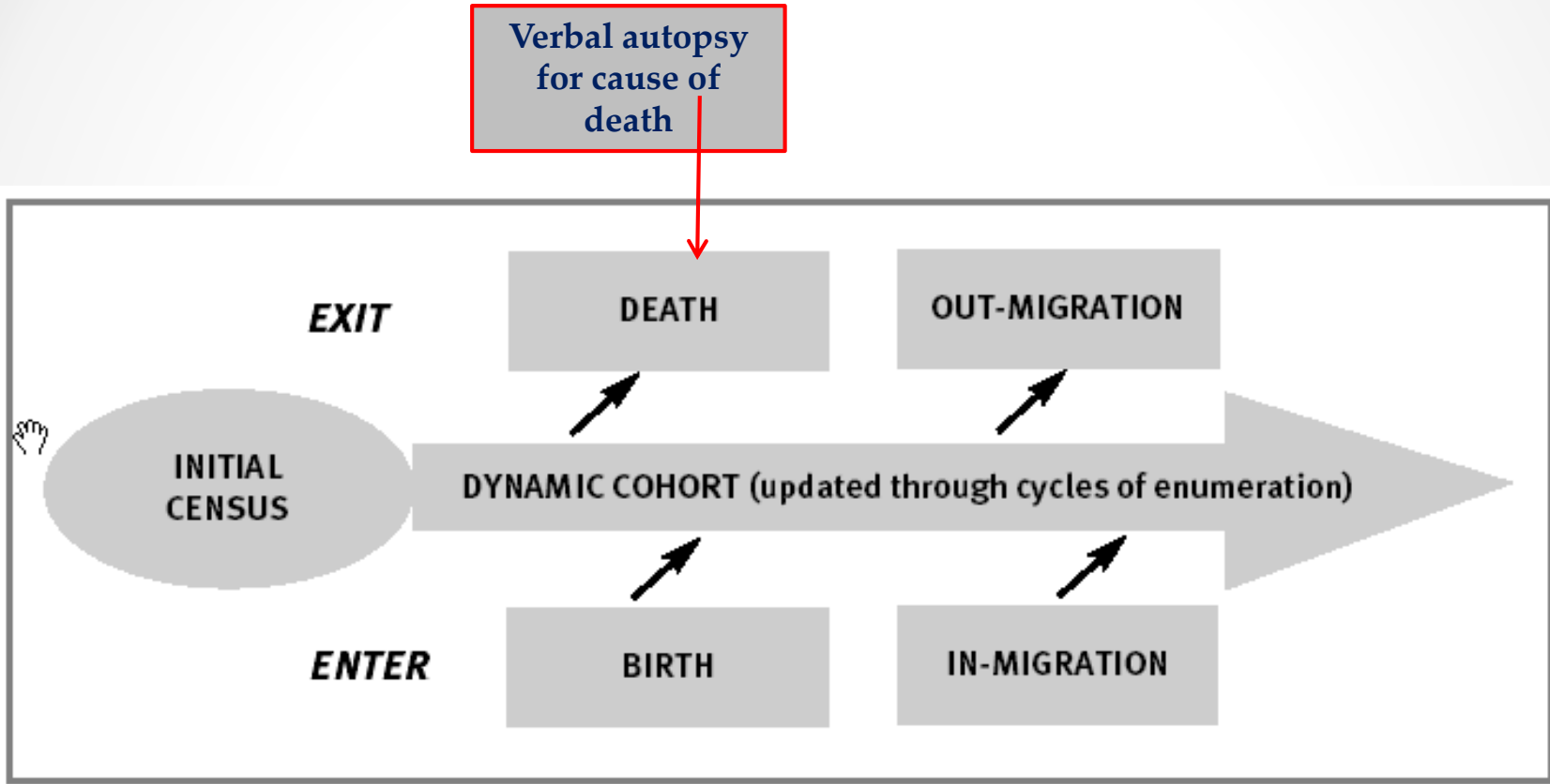
In Community / Population



Unique ID given to individuals

Prospective monitoring – the core

RURAL - URBAN



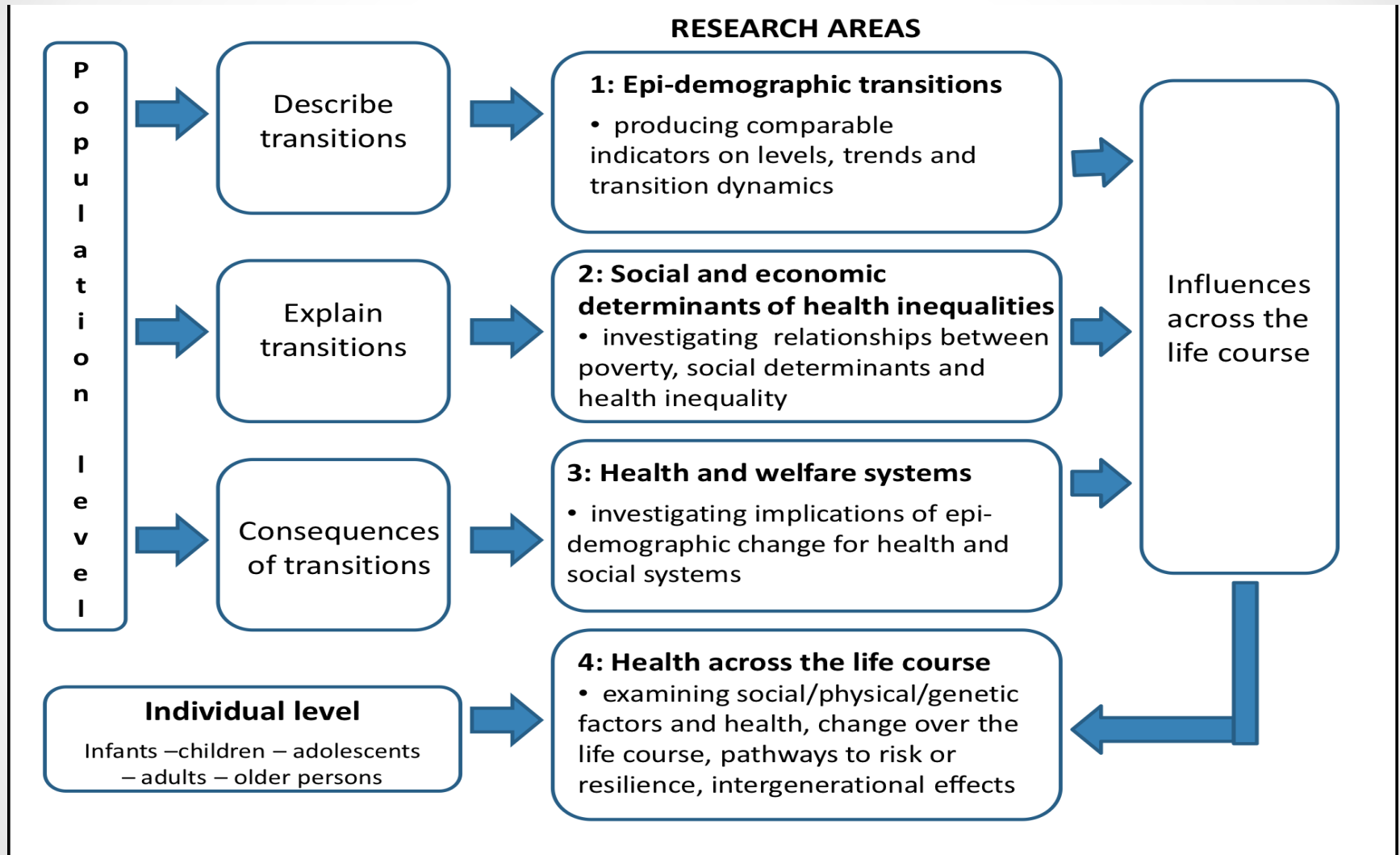
Measure characteristics of environment or household members (e.g. SES, vaccines, HIV, nutrition)

Capturing episodes of disease and hospital admission

Our Research Strategy

- INDEPTH conducts research and strengthens global capacity to conduct studies that use the key demographic outcomes measured by HDSS:
 - fertility, all-cause and cause-specific mortality, morbidity and mobility.
- **Priority is given to:**
 - Outcomes that are **measured poorly** by other data collection systems
 - Answering questions that require research in more than one HDSS.

Research Framework



INDEPTH Strategic & Working Groups

Strategic Groups

1. Research to Policy
2. Capacity Strengthening and Training
3. Data Analysis - Cause of Death, Mortality, Morbidity
4. INDEPTH Data Management Programme

Working Groups Investigating Important Scientific/Practice Questions

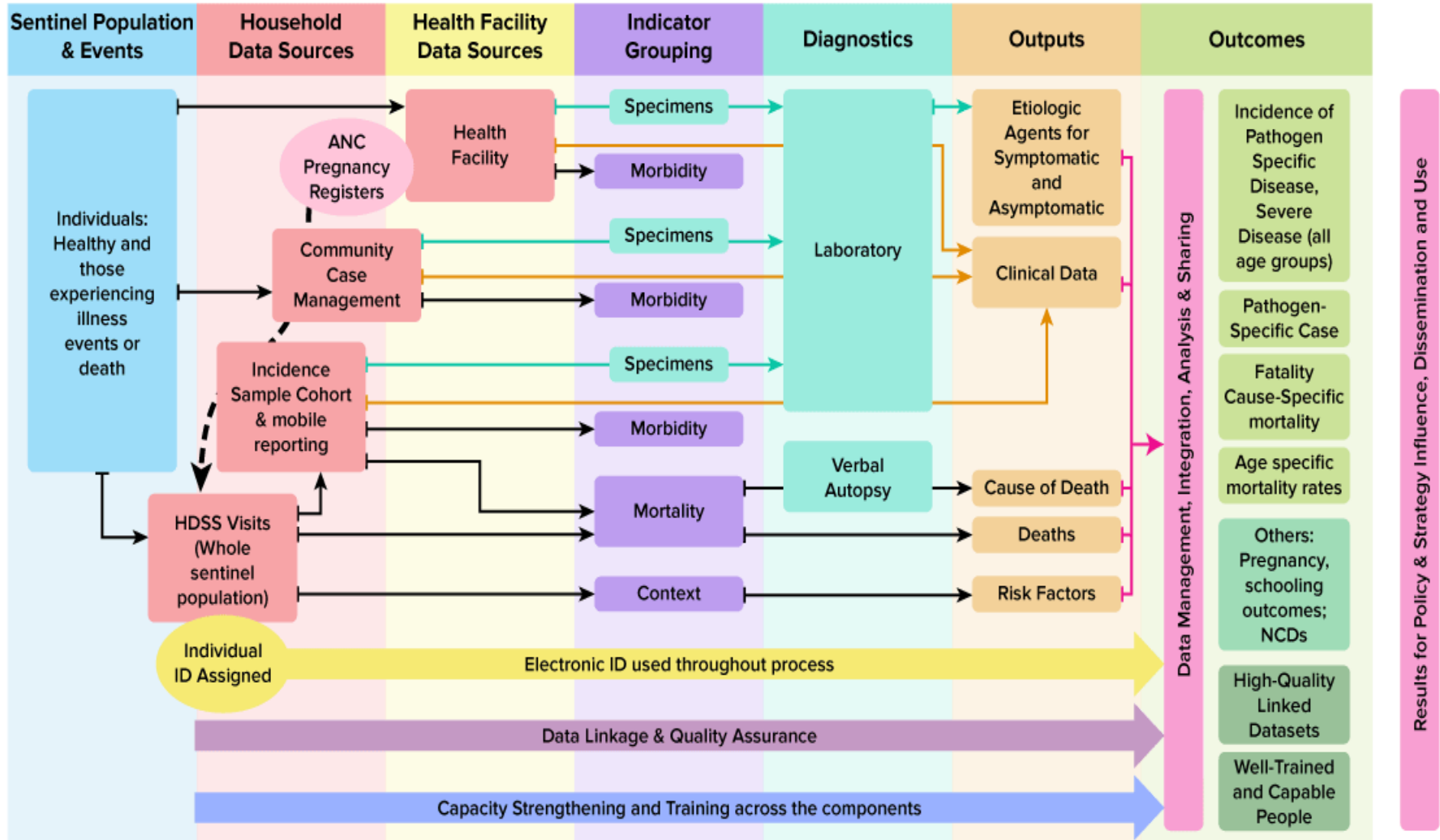
1. Adult Health & Aging
2. Environment & Health
3. Maternal & New Born Health
4. Migration, Urbanisation & Health
5. Social Science
6. Health Systems
7. Education
8. Vaccination & Child Survival
9. Antibiotics Resistance
10. Sexual & Reproductive Health
11. Malaria
12. HIV/AIDS
13. TB

Capacity strengthening & training efforts

- INDEPTH Scientific Development and Leadership Programme
 - Masters (at Wits & elsewhere), PhD, Short Courses
- Training workshops:
 - Scientific Writing, Data Management, Longitudinal Data Analysis, Proposal Development, etc..
- INDEPTH Fellows to Centres
- Technical exchange
- Mentorship (SAC, Centre to Centre networking, experts, etc.)

Looking into the future

Comprehensive Health and Epidemiological Surveillance System (CHESS)



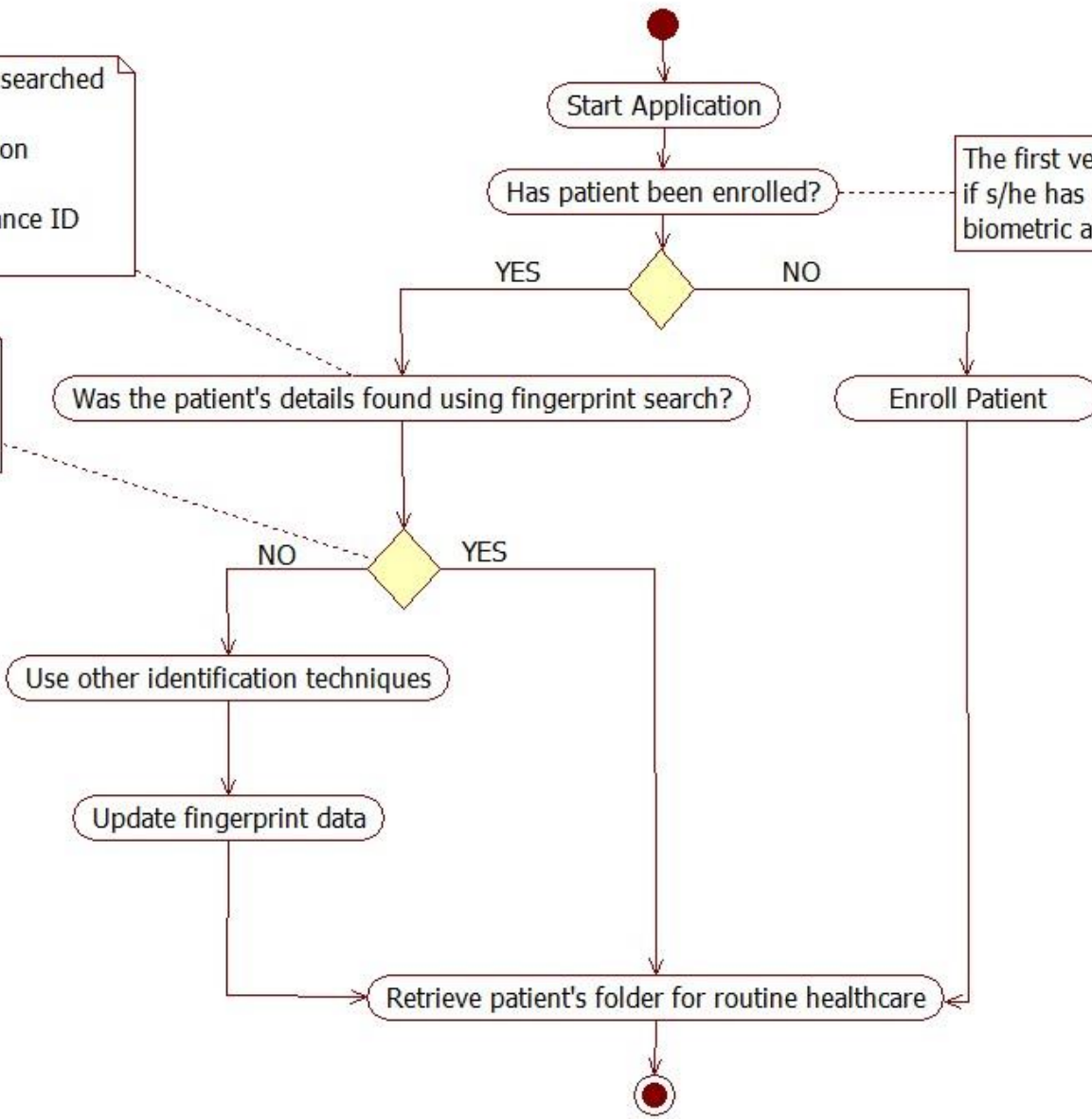
Also look at: Sustainable Development Goals, CRVS, Health Systems

The patient's details was searched in the following order:
 1. Fingerprint Identification
 2. Hospital ID
 3. National Health Insurance ID
 4. Name of Patient

Outcomes for patients whose details were searched by fingerprint was recorded.

The first verification was to ask if s/he has ever been enrolled on the biometric application since the date

Data collected during enrollment are:
 1. Basic data
 2. Fingerprint data
 3. Passport-size photo



Linking Community data with health facility data.
Activity Diagram for identification processes



INDEPTH Network Data Repository

INDEPTH iSHARE2



Africentre HDSS, South Africa

The service facility survey catalog provides access to data along with accompanying survey documents from facility level surveys conducted by the World Bank. Service delivery surveys are tools to measure the effectiveness of basic services such as education, health, and water and sanitation...The Africa Centre Demographic Information System (ACDIS) started data collection in January 2000. [Read More »](#)

Central Data Catalog

The Central Data Catalog is a portal for all surveys and datasets held in catalogs maintained by the INDEPTH Network and a number of contributing external catalogs.



[View all Surveys »](#)

INDEPTH iSHARE2 REPOSITORIES



Network Catalog

iSHARE takes the next step, launching of all new Next Generation iSHARE2 Data Repository. Until then, bear with us as no data are currently shared. Please checkout this space regularly for updates



As of November 18, 2012 the Library contains

2 surveys
2 citations
12 variables

FAQ'S

- ▶ How can I contribute to improving the catalog?
- ▶ Can you help with analyzing the data?
- ▶ Can I get help in implementing a survey catalog in my agency?

[Click here for more...](#)

NEWS

- ▶ 1st INDEPTH iSHARE2 workshop in Pune, India

[... More](#)

- ▶ Call for INDEPTH member





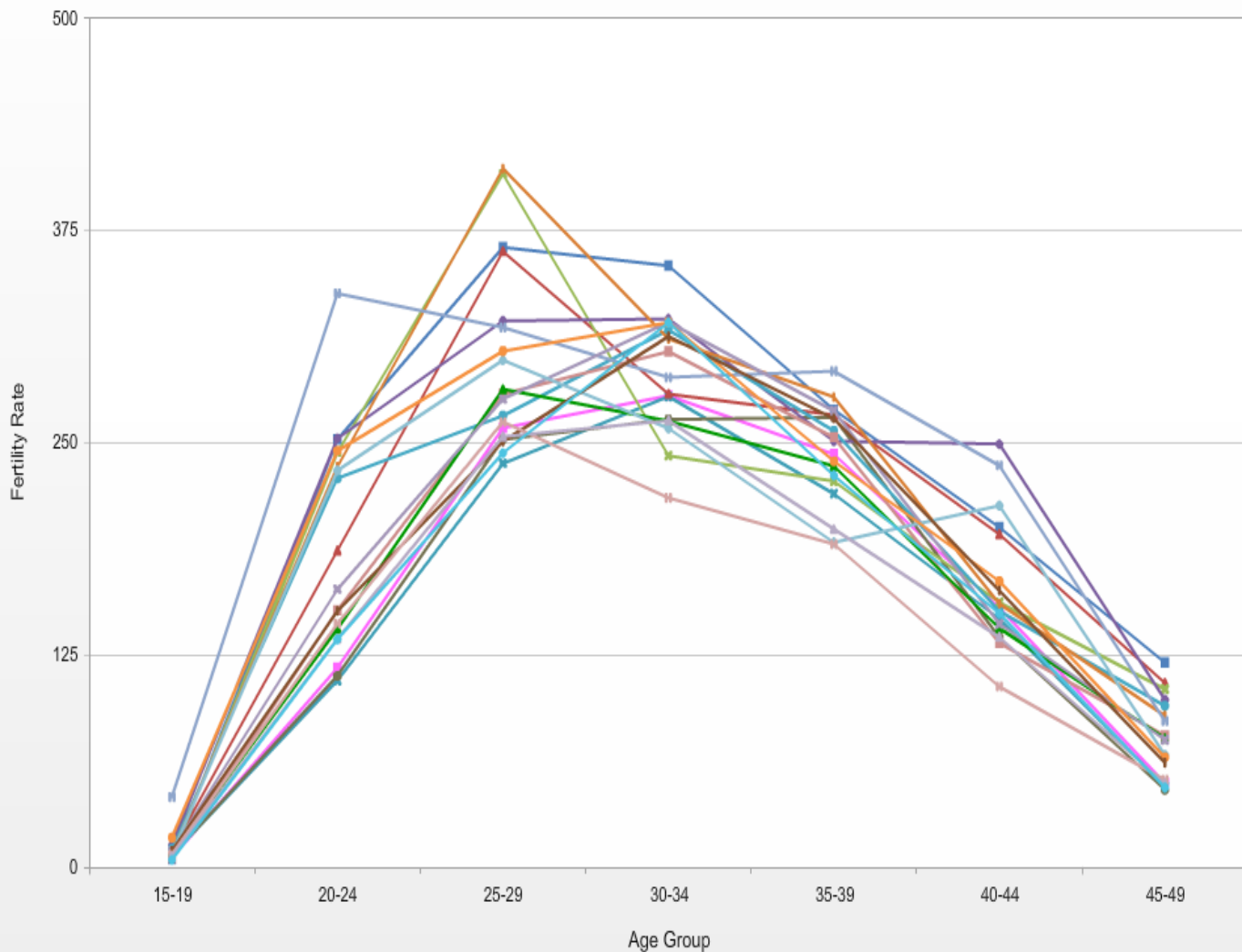
INDEPTHStats

Displaying longitudinal health and demographic indicators from INDEPTH member centres in Africa, Asia and Oceania



Fertility - Age Specific Fertility Rate - 2011

Gambia - Farafenni HDSS

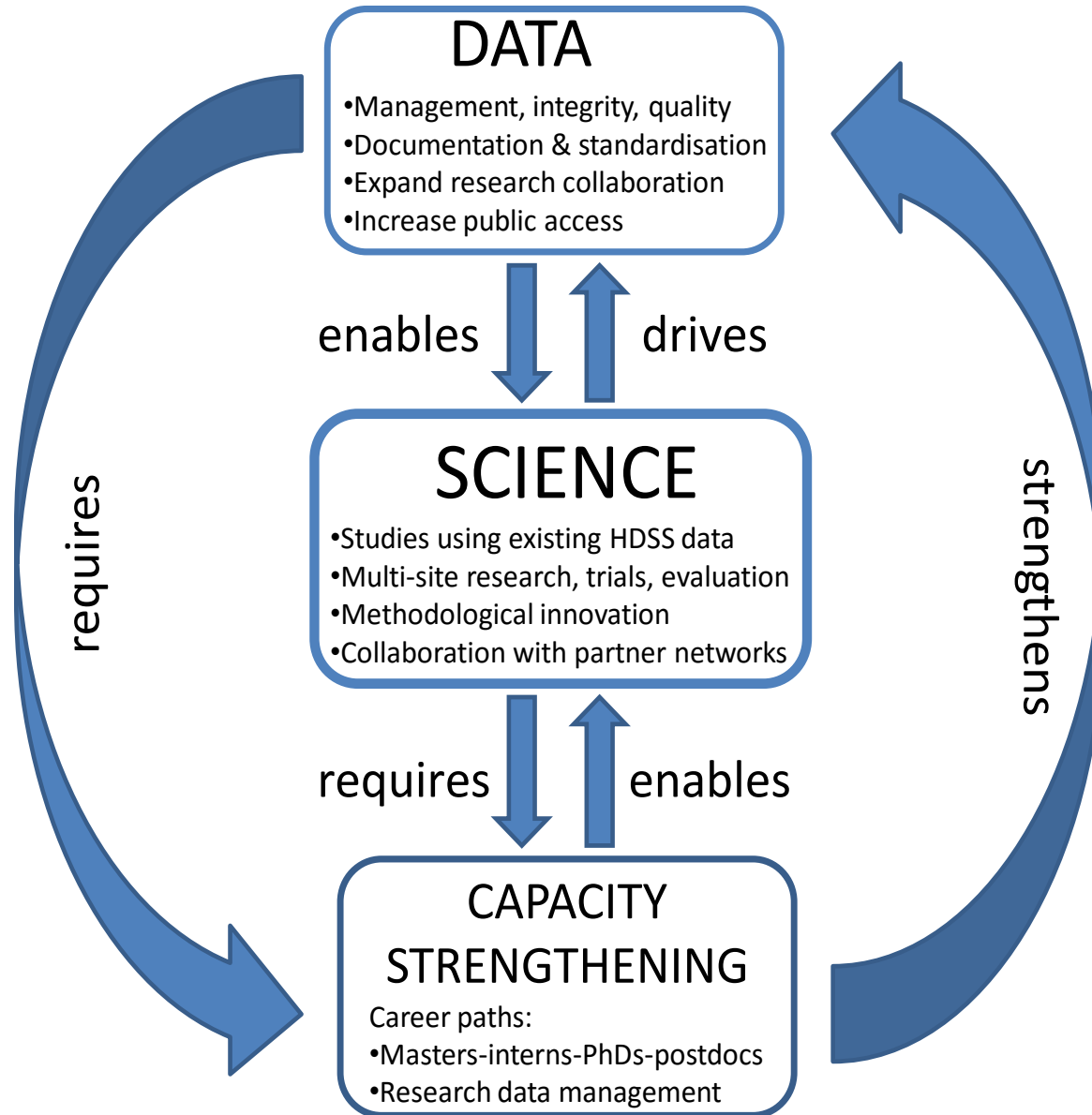


All HDSS

- Bangladesh - Chakaria HDSS
- Bangladesh - Matlab HDSS
- Burkina Faso - Ouagadougou H...
- Côte d'Ivoire - Taabo HDSS
- Ethiopia - Dabat HDSS
- Ethiopia - Gilgel Gibe HDSS
- Ethiopia - Kilite Awlaelo HDSS
- Gambia - Farafenni HDSS**
- Ghana - Dodowa HDSS
- Ghana - Kintampo HDSS
- Ghana - Navrongo HDSS
- India - Vadu HDSS
- Kenya - Kilifi HDSS
- Kenya - Kisumu HDSS
- Kenya - Mbita HDSS
- Kenya - Nairobi HDSS
- Malawi - Karonga HDSS
- Mozambique - Manhica HDSS
- Senegal - Mlomp HDSS
- Senegal - Niakhar HDSS
- South Africa - Africa Centre HD...
- South Africa - Agincourt HDSS
- South Africa - Dikgale HDSS
- Tanzania - Ifakara HDSS
- Tanzania - Ifakara Urban HDSS
- Tanzania - Magu HDSS



Our core business deals with...



Some Key Challenges... opportunities

- **Science:**
 - *Leadership, new cross-site research opportunities*
- **Capacity:**
 - Achieving tailored capacity strengthening
- **Funding**
 - *Core support*
 - *Project funding*
- **Policy Engagement and Communications**
 - *Getting the INDEPTH brand*
 - *Engaging with policy makers at various levels*

Acknowledgements

- Current Funders of the Network

*Hewlett Foundation, DANIDA/SSI,
EU/(SSI, Heidelberg, UCGHR), Gates Foundation,
MOH (Ghana), MRC-S/Africa,
NIA/NIH, Rockefeller Foundation,
Sida, UCGHR, Swiss TPH,
Wellcome Trust, Wits SPH*

- Board / SAC / Centre Leaders / Working Group Leaders
/ Project Leaders / Collaborators / Secretariat
- All the HDSS teams and the communities and friends



Thank you