



**INDEPTH Network**  
Better Health Information for Better Health Policy

## How to Collaborate with the INDEPTH Network

### Introduction

INDEPTH Network aims to conduct research studies and strengthen capacity to conduct studies that use the key demographic outcomes measured by HDSSs: fertility, all-cause and cause-specific mortality and migration. Priority is given to outcomes that are often measured poorly by other data collection systems, including neonatal, maternal and adult mortality and to answering questions that require research in more than one HDSS. The Network also focuses on translating research findings to maximise impact on policy and practice.

More details about the INDEPTH Network can be found in the Editorial by Sankoh and Byass (2012), *International Journal of Epidemiology*, Volume 41 Issue 5, pp 579-588 and in the 2002 book *Population and Health in Developing Countries – Population, Health and Survival at Health and Demographic Surveillance Sites* by Sankoh et al (eds.) published by IDRC, Canada.

### Types of Collaboration

INDEPTH Network is open and amenable to all types and forms of collaboration with external institutions that wish to engage in research in the network's core areas, particularly research that will involve more than two member HDSS field sites of the Network.

If the collaboration is forward looking and is not based on any specific project, a memorandum of understanding will be signed between INDEPTH and the collaborating institution. INDEPTH and the collaborator will agree whose institution's template to use for this MOU.

If the collaboration is based on a joint project to be implemented, either an MOU or a contract will be signed.

INDEPTH operates consultancy services. Hence INDEPTH can also be commissioned to implement a project, especially in the areas of impact evaluation, national surveys and health impact assessments. Organisations wishing to pursue utilisation of research to policy and programmes may seek collaboration with INDEPTH. Please see our website for more information.

## High Priority Topics for Collaboration

Working with the INDEPTH Scientific Advisory Committee (SAC), the network identified the following areas of health and demographic research as both high priority and areas which benefit from the existing longitudinal data that member centres have collected over the years – and that they continue to collect.

The longitudinal data the member centres collect enable low cost retrospective analysis to assess correlations across time, as well as providing an infrastructure that enables quick set up of implementation pilots in real life settings.

- The retrospective analysis has proven effective in monitoring the impact of vaccines, Retrovirals and other health care programmes that are rolled out, as well as enabled hypotheses about the impact of low cost interventions targeting malaria prevention and family planning, among others.
- The ability to set up intervention trials has led to demonstration of the efficacy of nutritional supplements, health system design changes, and others.

In the areas of **health**, INDEPTH member centres study – and have working groups and/or projects set up to help foster collaboration in:

- All *non-communicable diseases*, looking to analyse trends, identifying better ways to diagnose and test cost-effective interventions that can help alleviate these chronic conditions.
- All types of *infectious diseases*, including, Malaria, TB, HIV/AIDS – looking to optimal approaches to better diagnosis and treatment – as well as assessing low cost approaches to prevention.
- *Non-specific effects of vaccines on child survival* (Optimunise) – longitudinal studies document that non-specific effects are often more important than specific effects.
- *Genomic Studies* (AWI-Gen) – INDEPTH has set up with Wits University in South Africa a collaborative centre to study the impact of genome patterns in sub-Saharan Africa.
- *INDEPTH Health Transitions into Adulthood Study (IHTAS)* – seeks to define appropriate health services targeting adolescents, and to determine the best method of delivering them.
- *Improving family planning across low- and middle-income countries (EVIDENCE)* – Through this EVIDENCE project, the Population Council and its partners will address key issues including strengthening and integrating health systems to more effectively provide services at scale and more...
- *Adult Health and Aging* – aims to establish cohorts of older adults in a range of African and Asian settings at different stages of the health transition with an aim to generate information that can facilitate and optimise relevant health sector planning and intersectoral interventions.

- The impact of *health system* designs – from the ways to deploying health workers to the implementation of new Universal Health Coverage plans – on the utilisation and outcomes for populations. With longitudinal tracking, we are able to assess the impact of changes in systems on utilisation as well as track longitudinal outcomes.
- The impact of underlying *family economics* on ensuring health equity – HDSS sites track both health outcomes and measures of income and wealth and are able to assess cross-sectional correlation as well as the longitudinal impact of changes.
- *Maternal and newborn health*: With longitudinal tracking, we can monitor and measure the impact of interventions on maternal and newborn health.

In the area of **social and environmental dynamics**, INDEPTH member centres study – and have working groups set up to foster further collaboration on:

- *Causes of Death*: With our registry of deaths and utilisation of the Verbal Autopsy tool approved by the WHO, the network provides the most robust platform of mortality analysis available in low- and middle-income countries.
- *Migration* – the size and impact of the ongoing trend towards urbanisation across LMICs, including determining the increased demand on services in urban areas as well as the reliance on the economics of migration on rural areas from which people are migrating.
- *Family planning*: With longitudinal tracking, we can assess the impact of different family planning programs on family size, as well as the impact of family size on personal income and economic security, enabling the design of more effective programmes.
- *Household Dynamics* – the impact of ongoing (and growing) changes in household structure on the long term success of the members of the household.
- *Climate Change*: The impact of changes in climate on family and local economics.
- *Social Science* – group established to strengthen social science capacities within the various member centres and to help centres answer the whys behind the numbers being generated through longitudinal data from the centres.
- *iSHARE2* – is delivering a true global longitudinal platform of health and demographic data; supports the network in documenting, harmonising and ensuring the quality of data across all HDSS centres.
- *INTREC* – aims include: providing social determinants of health (SDH) related training for researchers from centres affiliated with INDEPTH, thereby allowing the production of evidence on associations between SDH and health outcomes.

## Approaching the Network through its Secretariat

The INDEPTH Secretariat facilitates knowledge sharing by disseminating data, convening analysis workshops, coordinating multi-centre research collaborations, funding cross-site scientific visits, and promoting on-site training courses and internships. The secretariat also engages in capacity strengthening and standardises research methods across the network.

Furthermore it provides practical tools for member centres. These include models for survey design, data processing and analysis and quality control.

As a highly respected, internationally acclaimed organisation that seeks to proactively collaborate with other institutions to deliver the highest of standards in research in health and demography, the network's secretariat endeavours in all its relationships to ensure a win/win platform for parties.

The principal responsibilities of the Secretariat are to:

- Identify key health and social issues and questions that need to be investigated
- Maintain funder relations and generate funding for network-level studies and evaluations
- Efficiently co-ordinate and support the conduct of network studies and evaluations
- Publish and disseminate results to impact health and social policy and practice
- Promote HDSSs and their capabilities
- Position INDEPTH among regional and international institutions; and
- Organise Annual General Meetings, INDEPTH Scientific Conferences and meetings of the Board of Trustees and the Scientific Advisory Committee.

In this regard, the Secretariat extends a general invitation to all institutions, organisations etc to collaborate with it to deliver world-class scientific research through the following procedures and processes.

## The Concept Paper

Procedurally, the initial step in a collaborative venture is the submission of a concept paper that describes the proposed research topic or area of collaboration.

This is critically reviewed by the team at either the Scientific Research and Coordination Section or the Capacity Strengthening and Training Section of the Secretariat. At this stage clarifications are sought where necessary. The managers review and discuss with the Executive Director. If the Executive Director is convinced of a potential win-win situation, he/she will recommend that the application is moved for external review.

## The Review Process

For Science-based collaborations: The internal review by the Secretariat and/or the appropriate working group leader / PI, is followed by a referral of the concept paper to the Scientific Advisory Committee (SAC) which consists of 16 members selected on their personal merits. The SAC advises the INDEPTH secretariat on matters relating to the scientific activities of the network thereby assisting it to focus on health, population and social issues of greatest potential policy impact. It is the SAC's responsibility to ensure that the highest scientific

standards are upheld, and to facilitate links and communication between INDEPTH and related agencies, research bodies, networks, donors and key scientific stakeholders.

For other types of collaboration: The internal review is followed by a referral of the concept to a sub-committee of the INDEPTH Board

At this stage of further review, depending on the comments from the SAC or the relevant sub-committee of the INDEPTH Board, it may become necessary for the Secretariat to commit time and resources to assist in developing the broad outline of a full proposal through technical meetings, brainstorming and consultations.

## **Project Management**

The Secretariat will identify member centres through transparent criteria to participate in a project. We will invest time, energy and resources to develop the project/proposal (rallying members to buy in, organising technical meetings, brainstorming sessions, and/or consultations). Such a project must then be co-ordinated / managed by the Secretariat.

## **Management of Financial Resources**

INDEPTH is an established institution with principles and procedures. We are proud of our achievement over the years that we have established transparent and accountable structures. We are audited under the International Public Sector Accounting Standard (IPSAS) by reputable international accounting firms such as PWC and KPMG. All our audited accounts are available on the INDEPTH website. We also comply annually with the United States IRS by submitting Form 990 to maintain our Public Charity Status 501(c)(3).

The Secretariat has successfully managed very large grants up to \$36M. All resources received directly from the funders / partners and disbursed directly to our member centres by the Secretariat in Accra. Hence we do have the expertise and capability to manage grants directly.

### **Important note:**

1. All funds that will be generated through the collaboration and meant for INDEPTH member centres MUST be channelled through the Secretariat.

## **The Issue of a Principal Investigator (PI)**

For effective management of any proposal or project, the collaborating institution may have already identified an overall PI, if, for instance, the collaborating institution wishes to take the lead.

However the Secretariat will also identify and appoint a Network PI (or co-PI) to lead from the network perspective. The Secretariat normally does this in consultation with network scientists and the SAC and based upon individual experience a network PI is appointed. The PI works on behalf of the Network and hence reports directly to the Executive Director and/or a Programme Officer in the Secretariat responsible for the specific project.

The INDEPTH PI may be appointed from outside the Network to be based in Accra, depending on the project. INDEPTH however strives to ensure that the Network's PI comes from one of the participating member centres.

Each participating member centre will nominate a centre champion who is responsible for the implementation of the project at the centre. This may not necessarily be the centre leader.

## The Data

Data generated by the research/study or made available for analysis are subject to all the terms and conditions applicable under INDEPTH's comprehensive Data Access and Sharing Policy (iDASP) available on the website [www.indepth-network.org](http://www.indepth-network.org) and published by Sankoh and Byass (2012), *International Journal of Epidemiology*, Volume 41 Issue 5, pp 579-588.

We encourage data sharing. Project data will be made available on the INDEPTH Data Repository ([www.indepth-ishare.org](http://www.indepth-ishare.org)) as soon as the first publication is accepted.