
Overview of INDEPTH's role in policy process

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INDEPTH Network



Outline

- Introduction
- Methods
- Results and discussion
- Summary of results
- Conclusions



INDEPTH Strategic group

- The potential for HDSS to inform policy decisions and programs
- Last ten years → quality control of the data and standardization of data collection methods
- Translation of the research findings into policy and practice
- Now → Focus on direct policy outreach



- INDEPTH Strategic group:
 - To identify and address research and policy questions
 - What policies have been instituted or changed because of the work that centres do?
 - What processes have been involved in bringing about the policy change?



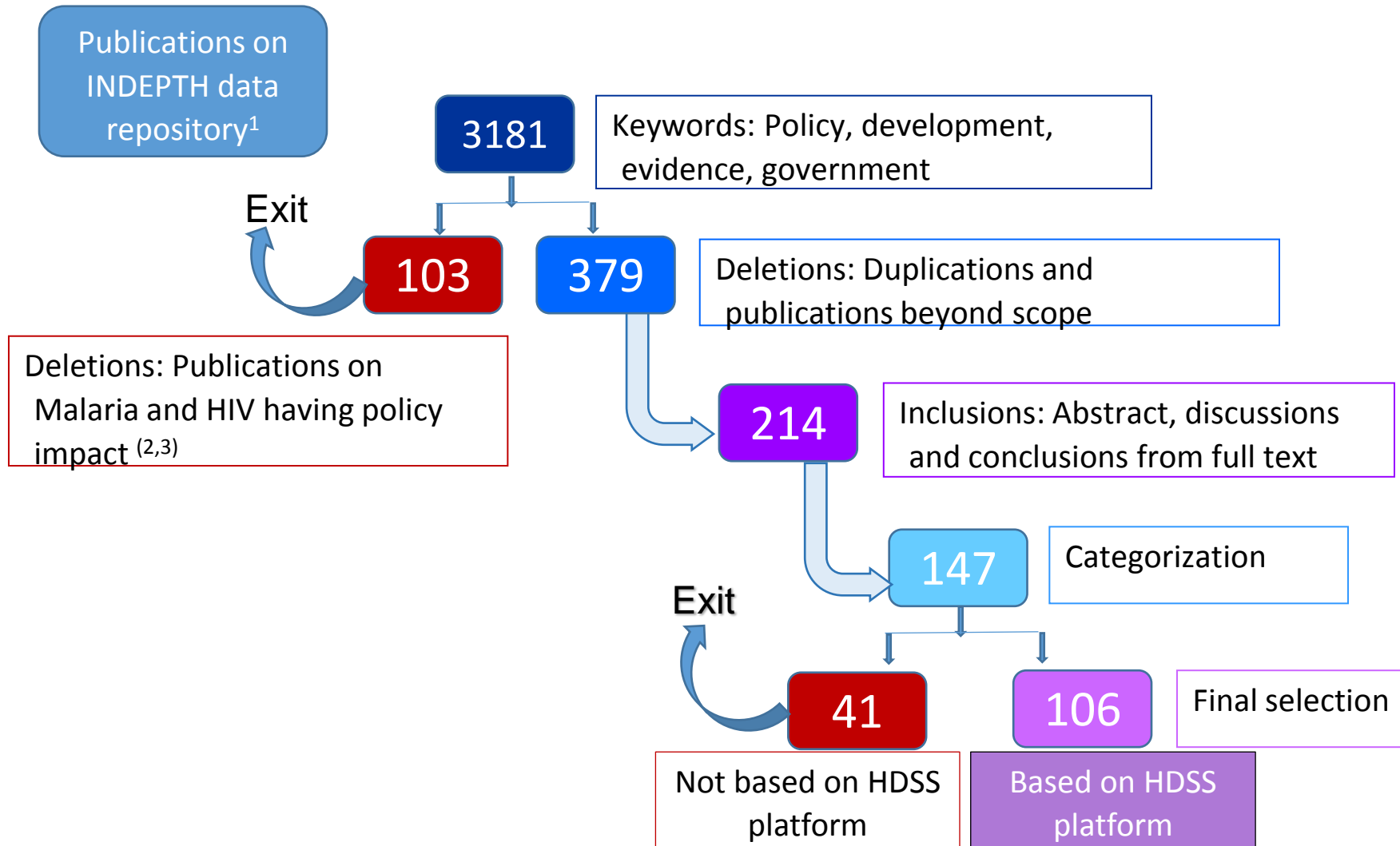
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- **Terms of Reference:**
 - ❑ Identify and document strategies
 - ❑ Enhance research to policy dialogues
 - ❑ Support development of communication focal points
 - ❑ Organize trainings and workshops
 - ❑ Support the Institutions/Centres

General Review

- What?
 - To facilitate the INDEPTH findings to maximize impact on policy and practice
- When?
 - INDEPTH strategic group meeting in March 2014
- How?
 - Contribute to global health and development agenda
 - Review and document INDEPTH's work



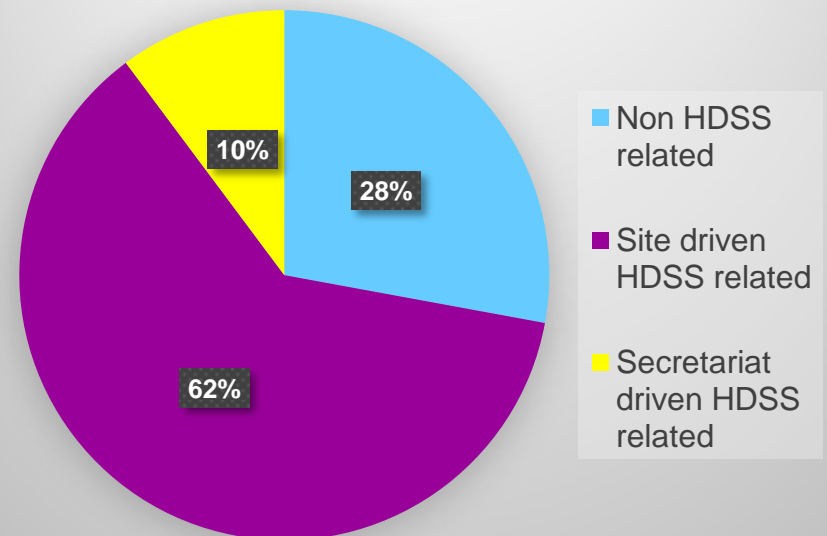
Methods



Results and discussions

- 147 of 3181 i.e. 4.7 % contribute to policy
- Not based on HDSS platform – 41
 - Ex: Anand, K., Pandav, C. S., & Kapoor, S. K. (2002). Consensus and conflicts in health sector reforms in India: A Delphi study. *National Medical Journal of India*, 15(4), 221–226.
- Based on HDSS platform – 106

Categorization of Publications



Order of graphical representation of results:

■ Year

- Site driven publications per year
- Secretariat driven publications per year

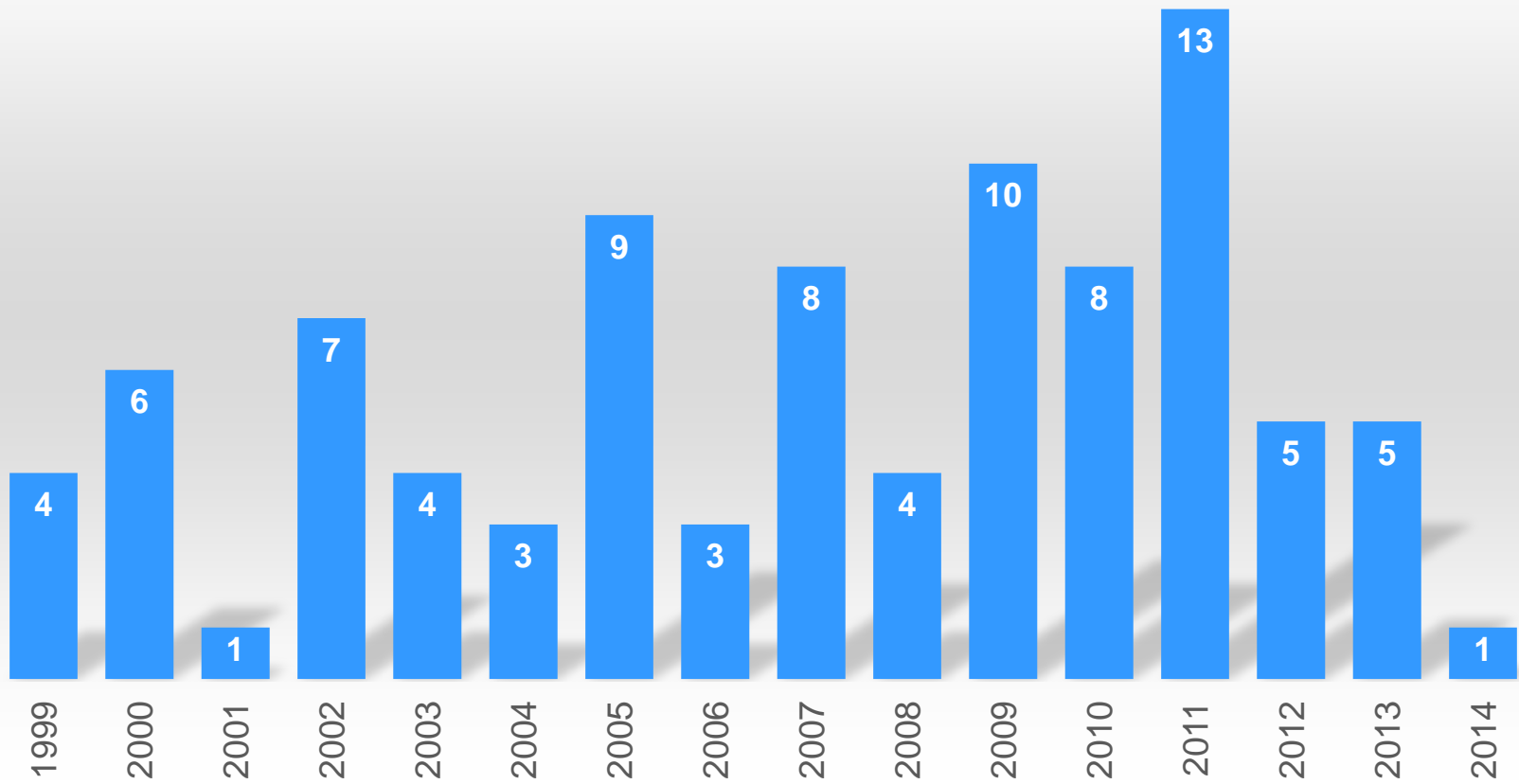
■ Country

- Site driven publications by country
- Secretariat driven publications by country

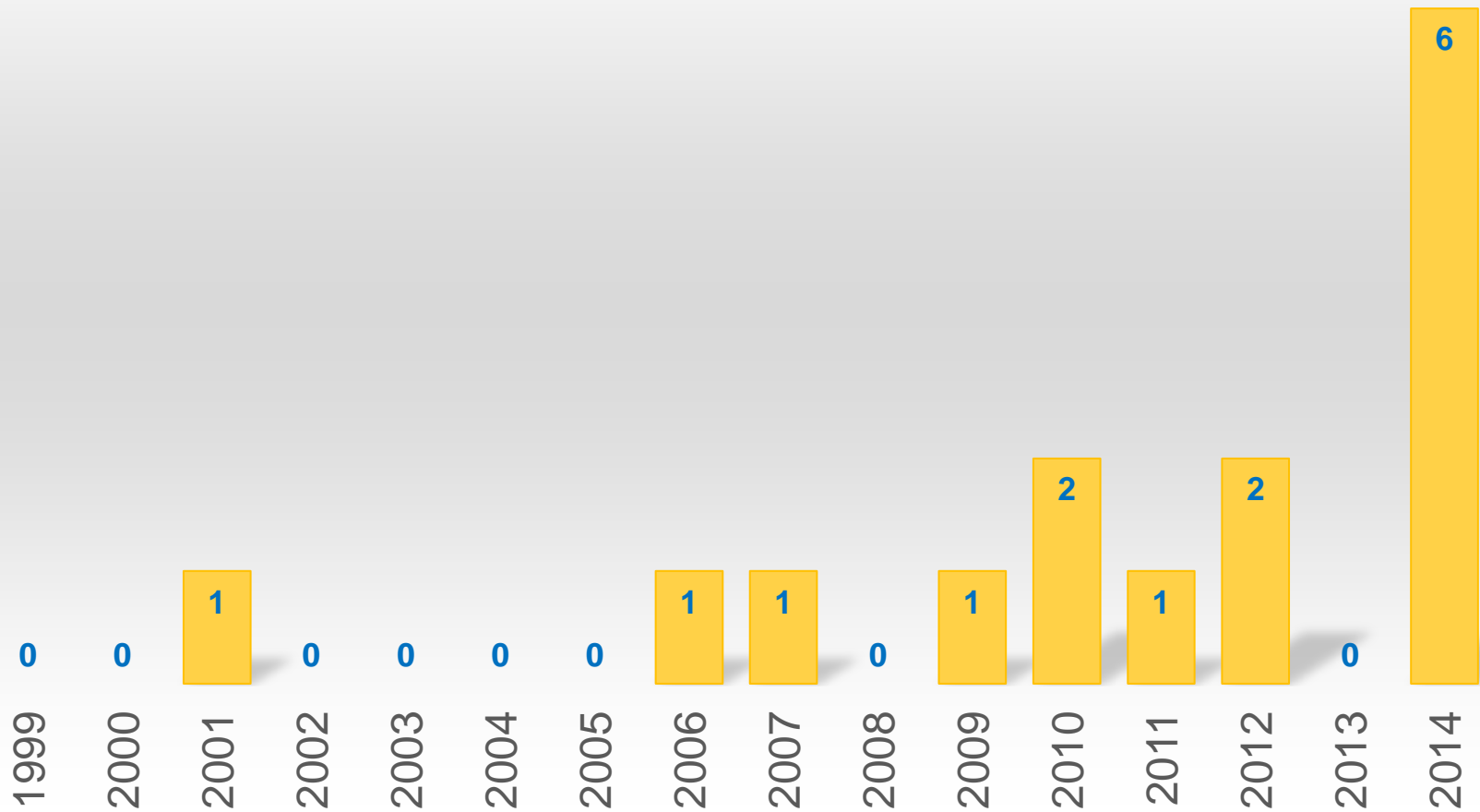
■ Topic

- Site driven publications by topic
- Secretariat driven publications by topic

Site driven publications per year



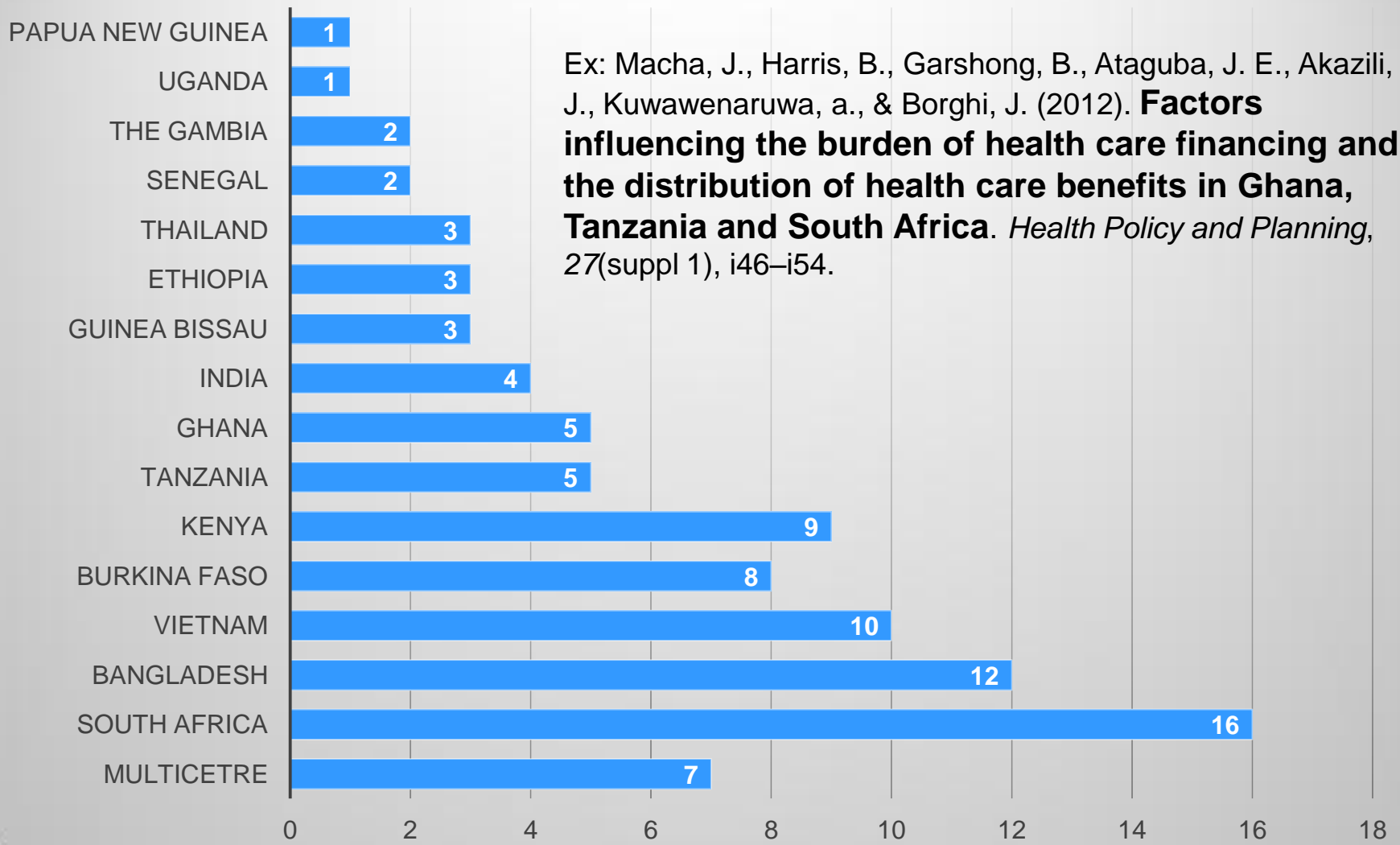
Secretariat driven publications per year



INDEPTH Network

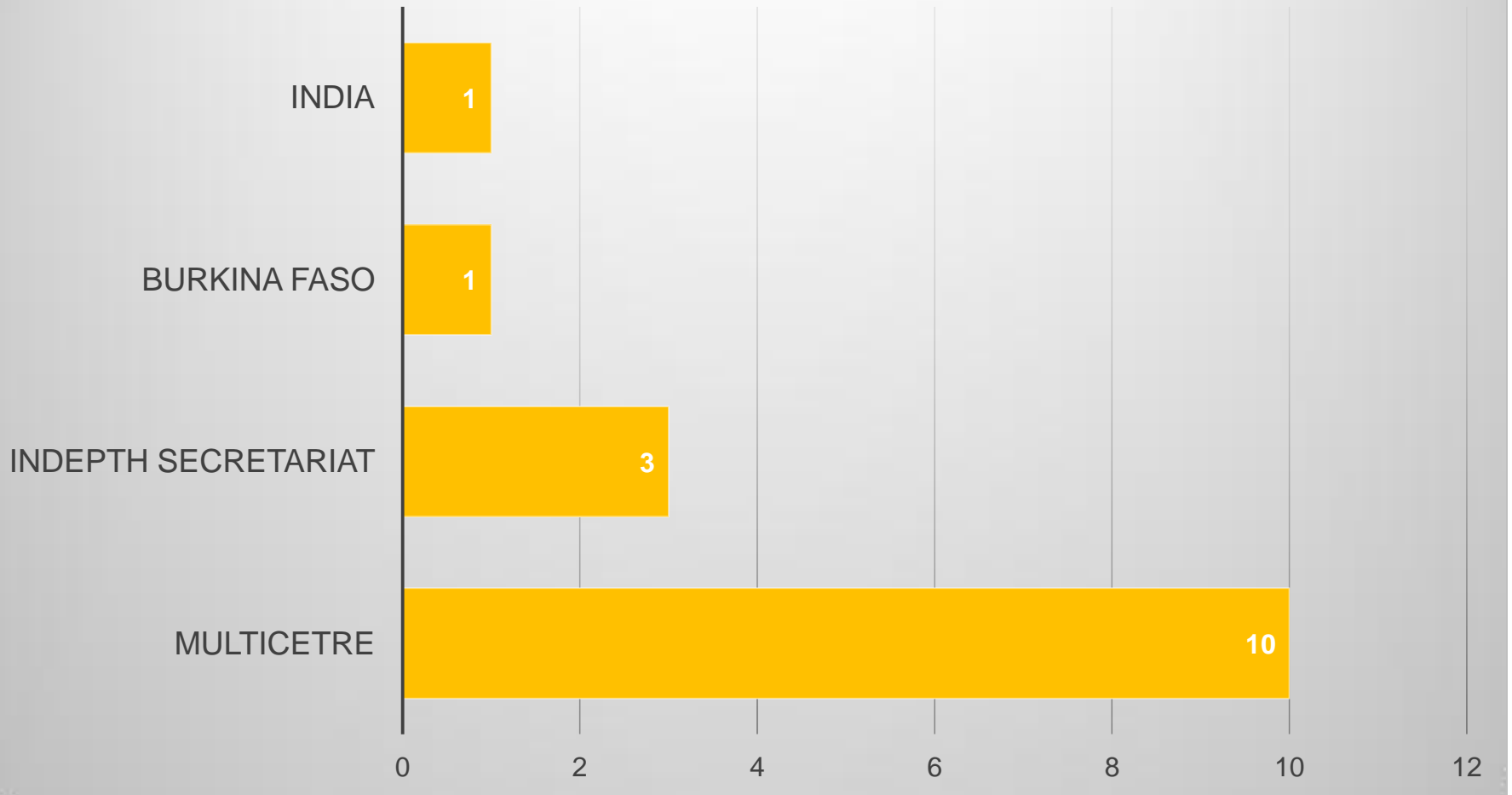


Site driven publications by country

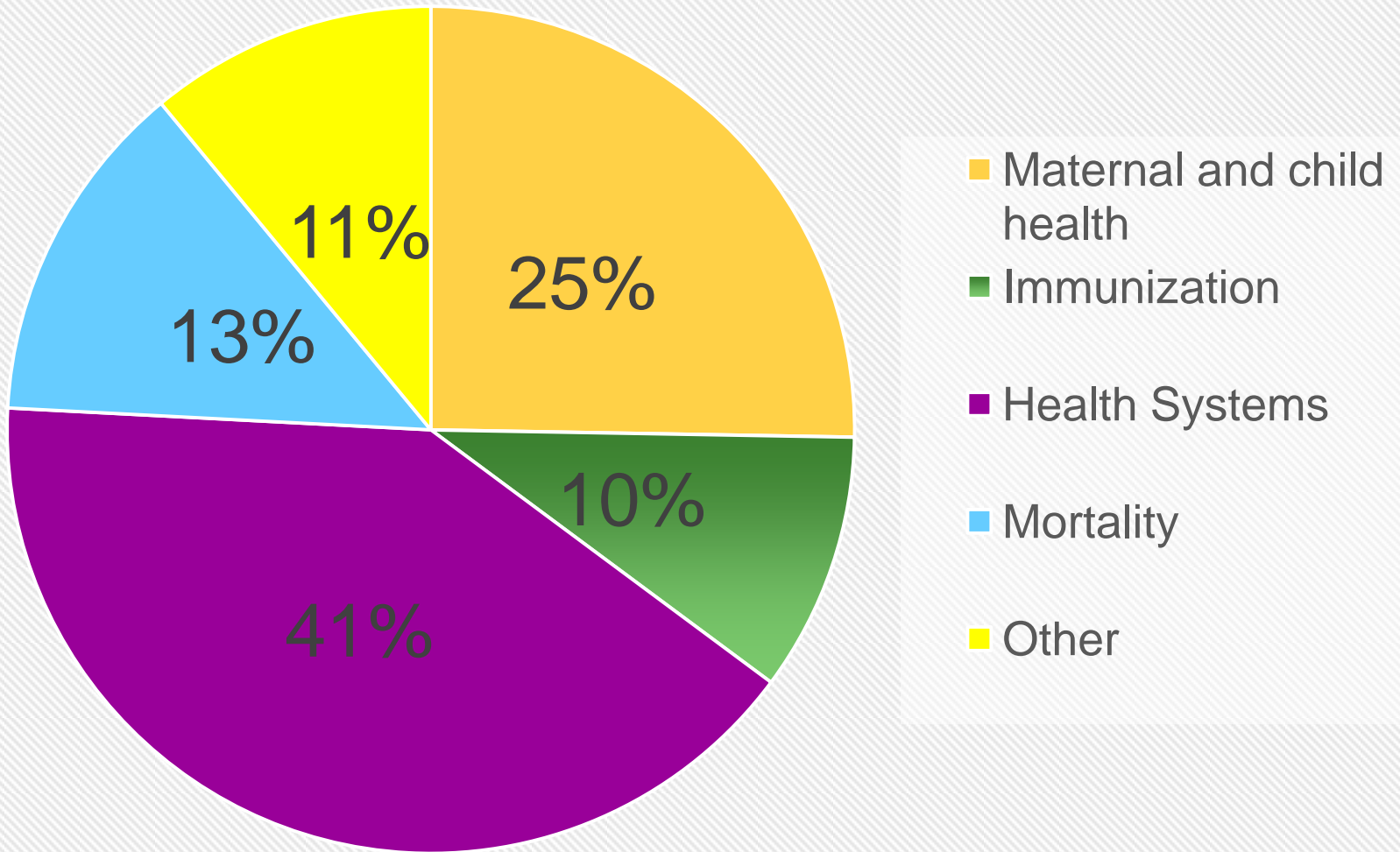


Ex: Macha, J., Harris, B., Garshong, B., Ataguba, J. E., Akazili, J., Kuwawenaruwa, a., & Borghi, J. (2012). **Factors influencing the burden of health care financing and the distribution of health care benefits in Ghana, Tanzania and South Africa.** *Health Policy and Planning*, 27(suppl 1), i46–i54.

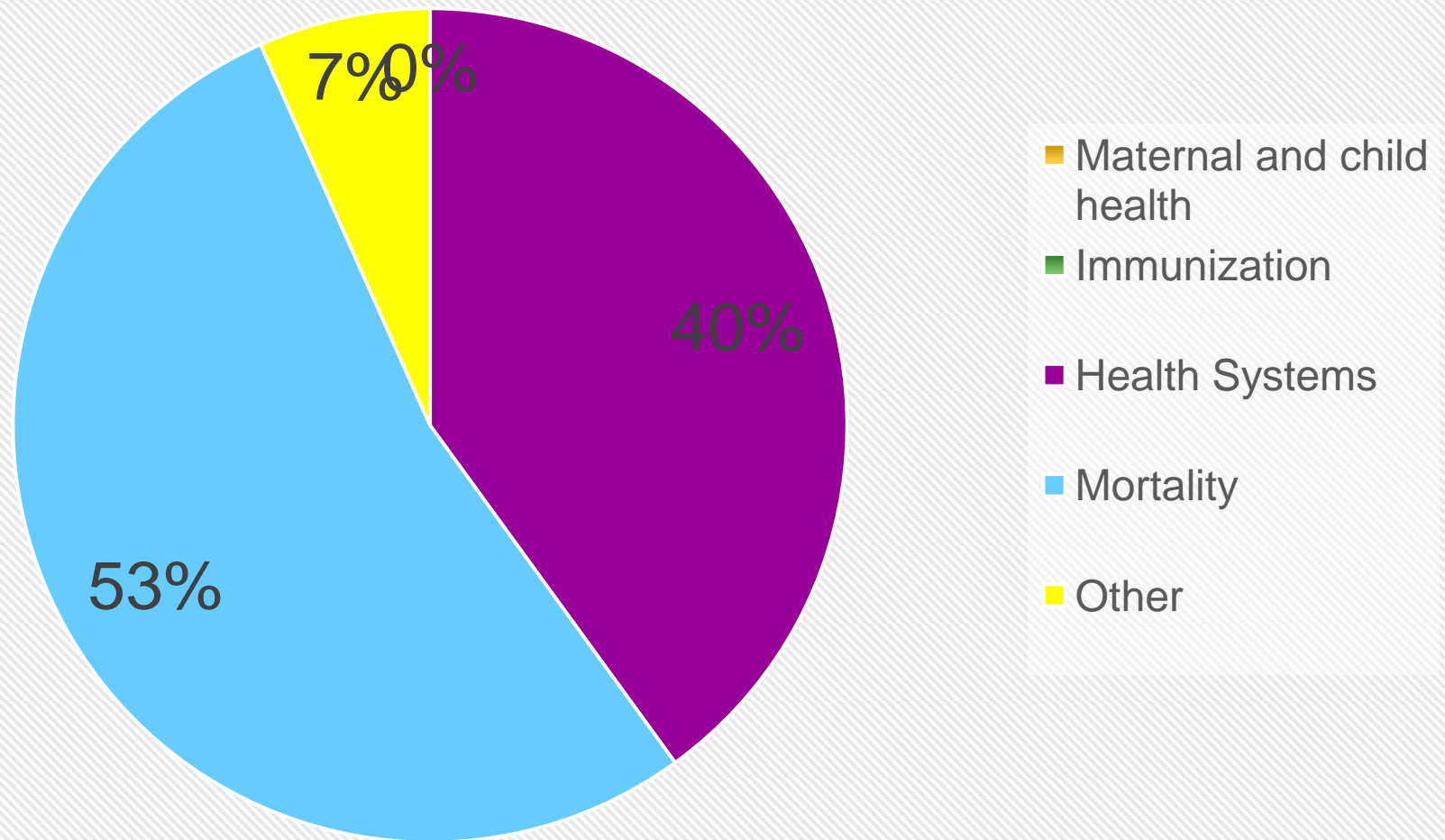
Secretariat driven publications by country



Site driven publications by topic



Secretariat driven publications by topic



■ Health Systems

- ❑ 41% of the total 106 are the ones influencing health systems
- ❑ Mainly finance related publications including finance for health care delivery and insurance
- ❑ Secretariat driven
 - Review or concept paper
- ❑ Site driven
 - Child health, finance, infectious diseases
 - Largest contributor: South Africa
 - Association as INDEPTH member centre: One paper



- *Ex:*
- Ngom, P., Binka, F. N., Phillips, J. F., Pence, B., & Macleod, B. (2001). **Demographic surveillance and health equity in sub-Saharan Africa.** *Health Policy and Planning*, 16(4), 337–44.
- Khe, N D, N V Toan, L T T Xuan, B Eriksson, B Höjer, and V K Diwan. "**Primary health concept revisited: where do people seek health care in a rural area of Vietnam?**" *Health Policy* 61, no. 1 (2002): 95-109.



■ Maternal and child health

- Topics covered are
 - Health facilities for child birth
 - Financial support during deliveries
 - Nutrition
 - Child mortality
- Bangladesh is the highest contributor
- Association as INDEPTH member centre: One from Bangladesh

- *Ex:*
- **Ahmed, S., Parveen, S., & Islam, A. (1999). *Infant feeding practices in rural Bangladesh: Policy implications.* *Journal of Tropical Pediatrics*, 45(1), 37–41.**
- **Bellows, B., Kyobutungi, C., Mutua, M. K., Warren, C., & Ezeh, a. (2013). *Increase in facility-based deliveries associated with a maternal health voucher programme in informal settlements in Nairobi, Kenya.* *Health Policy and Planning*, 28(2), 134–142.**

■ Immunization

□ Topics covered

- Immunization program
- Effects of immunization
- Impact of the immunization program

□ Guinea Bissau is the largest contributor

□ Two of the nine have acknowledged INDEPTH



- *Ex: Yadav, K., Srivastava, R., Kumar, R., Chinnakal, P., Rai, S. K., & Krishnan, A. (2012). **Significant Vaccination Delay can Occur Even in a Community with Very High Vaccination Coverage: Evidence from Ballabgarh, India.** Journal of Tropical Pediatrics, 58(2), 1–6.*
- *Fischer, T. K., Valentiner-Branth, P., Steinsland, H., Perch, M., Santos, G., Aaby, P., ... Sommerfelt, H. (2002). **Protective immunity after natural rotavirus infection: a community cohort study of newborn children in Guinea-Bissau, west Africa.** Journal of Infectious Diseases, 186(5), 593–597.*

■ Mortality

- Nearly equal contribution from secretariat and sites
- Secretariat driven
 - Six of the eight secretariat driven publications are published in 2014
- Site driven
 - Two papers mention INDEPTH and other two acknowledged INDEPTH in the site driven papers



- *Ex*
- *Delaunay, V., Etard, J. F., Préziosi, M. P., Marra, a, & Simondon, F. (2001). **Decline of infant and child mortality rates in rural Senegal over a 37-year period (1963-1999)**. *International Journal of Epidemiology*, 30(6), 1286–93; discussion 1294–5.*
- *P. Kim Streatfield, Wasif A. Khan, Abbas Bhuiya, Nurul Alam, Ali Sie´,Shashi Kant, Sanjay Juvekar, Osman A. Sankoh, M. T. and P. B. (2014). **Cause-specific mortality in Africa and Asia: evidence from INDEPTH health and demographic surveillance system sites**. *Global Health Action*, 25362(Suppli 7: INDEPTH Network Cause-Specific Mortality), 1–10.*



■ Other

- The other publications include work from
 - Education
 - Non-communicable diseases
 - adolescent health, contraceptive usage, communication, migration, socio economic status and women health.
- Education work is mostly conducted in Nairobi, Kenya
- In addition to Kenya, South Africa has published one article on education which has policy implications
- All publications on non-communicable diseases in this section were based on the HDSS data and one of which was driven by Secretariat.

- *Ex:*
- *Razzaque, A., Nahar, L., Van Minh, H., Ng, N., Juvekar, S., Ashraf, A., ... Huu Bich, T. (2009). **Social factors and overweight: evidence from nine Asian INDEPTH Network sites.** *Global Health Action*, 2(3), 54–59.*
- *Krishnan, A., Dwivedi, P., Gupta, V., Byass, P., Pandav, C. S., & Ng, N. (2013). **Socioeconomic development and girl child survival in rural North India: solution or problem?** *Journal of Epidemiology and Community Health*, 67(5), 419–26.*



Summary of results

- Secretariat driven publications are mainly multicenter
- The rest are either review or concept papers or part of multicenter studies
- Secretariat driven research mainly talks about policies relevant to LMICs
- 10% of the site driven policy relevant research mentions INDEPTH



Conclusions

- The work done by sites is more country specific and are relevant for respective countries
- Studies driven by INDEPTH have uniform methods
- Global representation
- Publish research? Or Communicate research?
- Meningitis example: No studies or publications on the policy implications and impact of meningitis
- Secondary data analysis

Acknowledgements

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References

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- 2) Prevention, treatment and future challenges of HIV/AIDS: A decade of INDEPTH research. Sankoh, Osman; Arthur, Samuelina; Nyide, Bongiwe; Weston, Mark (2014), *HIV & AIDS Review* vol. 14 (1) p. 1-8
- 3) AFIDEP, INDEPTH. The Contribution of the INDEPTH Network to Malaria: A Synthesis of Research Evidence Published from 1998 to 2009. *Distrib Res Inbr.* 2012;1–8.





Thank You

