The State of the Network

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The intention...

• By the end of these few minutes, you’d have an idea of...
  • Our membership criteria and strength
  • Our scientific framework & activities
  • Our capacity strengthening activities
  • Our efforts to engage policy makers
  • Our strides in data sharing
  • Our financial strength
  • Our aspirations
  • Our key challenges and the opportunities

PLEASE ATTEND THE SESSIONS FOR MORE DETAILS
INDEPTH Network
Better Health Information for Better Health Policy

Fulfilling the Goals: Role of the Secretariat

Strengthen Capacity
- Expand adoption and use of capacity strengthening initiatives

Conduct Research
- Ensure Working Groups identify new research initiatives
  - Focus Working Groups on high impact studies
  - Improve success rate of proposals

Publish & Share Data
- Increase number of centres meeting criteria
- Increase number of centres on INDEPTHStats
- Grow number of INDEPTH publications

P O L I C Y
Guide Cost-Effective Use of Tools, Interventions, Systems
- Implement programme for increasing impact of INDEPTH on policy
  - Build on members’ existing strength in policy & practice

ENGAGEMENT
Expanding Footprint of HDSS

Number of Sites (Bar)

Millions of Lives Under Surveillance (Line)

- 1998-2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015

Member HDSS Sites
INDEPTH Network
Better Health Information for Better Health Policy
Membership in 2015

Currently 52 HDSSs in 20 countries
39 HDSSs in Africa
11 HDSSs in Asia
2 HDSS in Oceania
Associate Members
5 HDSS in Asia
5 HDSS in Africa
1 HDSS in North America

Arba Minch HDSS, Ethiopia
**Prospective monitoring – the core**

- **Verbal autopsy for cause of death**

**Flowchart:**
- **INITIAL CENSUS**
- **ENTER**
- **DYNAMIC COHORT (updated through cycles of enumeration)**
- **EXIT**
- **DEATH**
- **OUT-MIGRATION**
- **BIRTH**
- **IN-MIGRATION**

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

**Capturing episodes of disease and hospital admission; clinical, molecular-genomic level**

INDEPTH Network
Our Research Strategy

• INDEPTH conducts studies that use the key demographic outcomes measured by HDSSs:
  - fertility, all-cause and cause-specific mortality, mobility and morbidity.

• 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

RESEARCH AREAS

1: Epi-demographic transitions
   - producing comparable indicators on levels, trends and transition dynamics

2: Social and economic determinants of health inequalities
   - investigating relationships between poverty, social determinants and health inequality

3: Health and welfare systems
   - investigating implications of epi-demographic change for health and social systems

4: Health across the life course
   - examining social/physical/genetic factors and health, change over the life course, pathways to risk or resilience, intergenerational effects

Influences across the life course

Population level

Individual level
   - Infants – children – adolescents – adults – older persons

Describe transitions

Explain transitions

Consequences of transitions
Working Group Strategy

1. Adult health & Aging
2. Migration & urbanization
3. Vaccination & child survival
4. Antibiotics Resistance
5. Cause of death determination
6. Environment & health
7. Sexual & Reproductive Health
8. Health Systems
9. Maternal & Newborn Health
10. Social Science
11. Education
Examples of big Projects

• Vaccination & Child Survival
• Effectiveness and safety studies of antimalarials in Africa
• Genomics

New in 2015
• Maternal & Newborn Health
• iHOPE (household out of pocket expenditures)
• Antibiotics Resistance

Some of these projects have resulted from investing our core funds
We support Masters/PhD Training...

**Masters Training**
- School of Public Health, University of the Witwatersrand, Johannesburg, South Africa (44 graduates)
- JP Grant SPH at BRAC University, Bangladesh (2 graduates)
- Health Economics and Health Care Management at Chulanlongkorn University in Bangkok, Thailand (2 graduates)

**PhD training support (direct or nested in Working Groups)**

- Data management support (Training workshops for data managers)
- Strategic Group on capacity strengthening and training issues

WE WANT TO BE ABLE TO SUPPORT MORE...
INDEPTH Member Centre Publications by Year
(1998-2014)
n=3811

- The Lancet, Nature, Science, IJE, ...
- KEY: multi-centre publications (Working Groups & Projects)
- Acknowledging INDEPTH / identifying with INDEPTH
2011

"... a balance lies in ensuring that the means and capacity to share and actively participate in the analysis of those data are in the hands of those who generate the data and not only in those who want to analyse it."

2013

INDEPTH is a leader in sharing data!!
Cause of Death
- 111,910 Deaths
- 98,429 Verbal Autopsies
- 22 Sites

PLOS Journals recognise INDEPTH Repository for publication datasets
INDEPTH in the near future

Comprehensive Health and Epidemiological Surveillance System (CHESS)

Sentinel Population & Events

Individuals: Healthy and those experiencing illness events or death

Household Data Sources

ANC Pregnancy Registers

Community Case Management

Incidence Sample Cohort & mobile reporting

HDSS Visits (Whole sentinel population)

Individual ID Assigned

Health Facility Data Sources

Health Facility

Community Case Management

Specimens

Specimens

Specimens

Morbidity

Mortality

Context

Data Linkage & Quality Assurance

Capacity Strengthening and Training across the components

Indicator Grouping

Laboratory

Diagnostics

Etiologic Agents for Symptomatic and Asymptomatic

Clinical Data

Cause of Death

Deaths

Risk Factors

Outputs

Data Management, Integration, Analysis & Sharing

Incidence of Pathogen Specific Disease, Severe Disease (all age groups)

Pathogen-Specific Case

Fatality Cause-Specific mortality

Age specific mortality rates

Others: Pregnancy, schooling outcomes: NCDs

High-Quality Linked Datasets

Well-Trained and Cepable People

Results for Policy & Strategy influence, Dissemination and Use

Electronic ID used throughout process
INDEPTH/MCTA
HDSS SITES: DEVELOPING CAPACITY FOR MULTI-CENTRE STUDIES

MCTA sites in 10 countries

- Senegal
  - UCAD
- The Gambia
  - Farafenni
- Ghana
  - Kintampo
  - Kumasi-Agogo
- Gabon
  - Lambarene
- Burkina Faso
  - Nanoro
- Nigeria
  - Ibadan
  - Maidiguri
- Kenya
  - Kilifi
  - Kisumu-Siaya
  - Kisumu-Kombewa
- Tanzania
  - Korogwe
  - Bagamoyo
- Mozambique
  - Manhica
- Malawi
  - QE Hospital
  - Ndirande
  - Lilongwe
## Existing Laboratory capacities in INDEPTH

<table>
<thead>
<tr>
<th>Existing Capacities</th>
<th>Centres</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operate a clinical Lab</td>
<td>24</td>
<td>82.8%</td>
</tr>
<tr>
<td>Perform Malaria microscopy</td>
<td>26</td>
<td>89.7%</td>
</tr>
<tr>
<td>Malaria Rapid Diagnostic test</td>
<td>26</td>
<td>89.7%</td>
</tr>
<tr>
<td>Culture Bacteria and organisms</td>
<td>27</td>
<td>93.1%</td>
</tr>
<tr>
<td>Identify organisms cultured</td>
<td>26</td>
<td>89.7%</td>
</tr>
<tr>
<td>Perform antimicrobial sensitivity test</td>
<td>25</td>
<td>86.2%</td>
</tr>
<tr>
<td>Culture viruses</td>
<td>7</td>
<td>24.1%</td>
</tr>
<tr>
<td>Perform serology test on viruses</td>
<td>19</td>
<td>65.5%</td>
</tr>
</tbody>
</table>

Based on responses from 29/45 centres
• Research to Policy Strategic Group
• Full-time Policy Engagement and Communications Manager recruited
• INDEPTH in-country policy engagement meetings (India, Ghana, Tanzania)
• Policy Engagement and Communications Strategy developed
Resources by Activity: Secretariat Budget 2015-2016

Budget Highlights ($K)

- Scientific Activities: $1,400
- Capacity Strengthening: $500
- Policy Engagement: $300
- Operations/AGM/Board: $1,300
- Total: $3,500

Ideal:

- Core - $2,200,000 (secured until 2016)
- Own efforts: $1,300,000 (Working Groups and Consultancies)
Core Support Catalyzes Multi-Centre Research

Investment in core activities launched in 2010-2014 at least 3x additional investment in research, capacity, data sharing and other initiatives
The Way Forward ...1/2

• Continue to invest in the backbone of the science of INDEPTH
  ➢ Deliver high quality research evidence to guide policy and planning processes

• Invest in the implementation of CHESS and position the Network to contribute to similar initiatives

• Get the entire Network to participate in iSHARE2
• Attract new research opportunities that match global health challenges
• Play a pivotal role in strengthening civil registration and vital statistics systems (CRVSs) in our countries
• Position the Network for the assessment of progress in the Sustainable Development Goals (SDGs)
• Work towards INDEPTH’s financial sustainability
  ➢ The INDEPTH Endowment Fund launched
Acknowledgements

• **Current Funders of the Network**

  Bill & Melinda Gates Foundation  
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  NIH/NIA  
  Save the Children  
  Sida/Research Cooperation  
  USAID/PopCouncil  
  Wellcome Trust  
  William & Flora Hewlett Foundation

• Board / SAC / Centre Leaders / Working Group Leaders / Project Leaders / Collaborators / Secretariat

• All the HDSS teams, host institutions and the communities

THANK YOU