The Proposed INDEPTH Strategic Plan **2017-2021**

Osman Sankoh

Executive Director

On behalf of the INDEPTH Secretariat Team

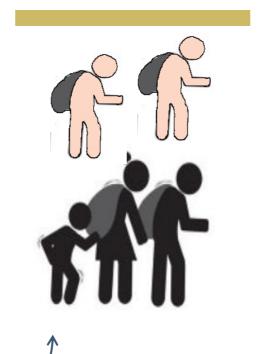
OPTIMUNISE Stakeholder Workshop – 26-27 August 2016, Accra, Ghana



Health and Demographic Surveillance System

HDSS Core Equation

Out-migrate after 6 months



Exit

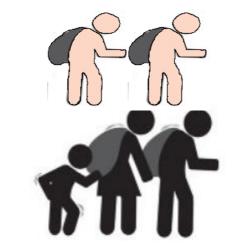


Verbal **Autopsy on** all deaths



Initial Census (Unique ID given) (Rural/Urban/ Peri-Urban)





Dynamic Cohort

after 6 months Ideal cycles of enumeration 2-4/year

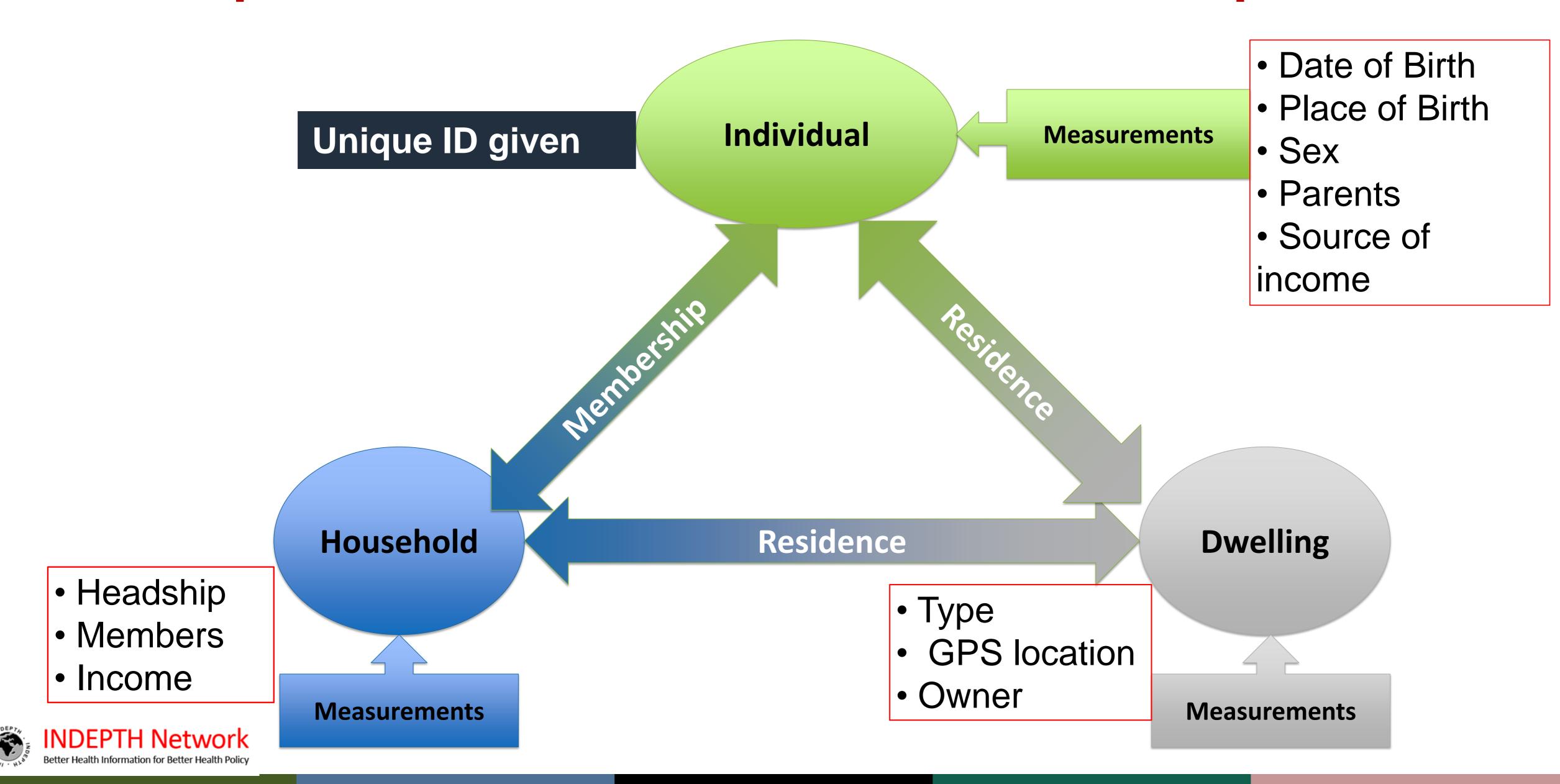








Population Data Structure – HDSS Participants



Key outputs from an HDSS

CORE

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

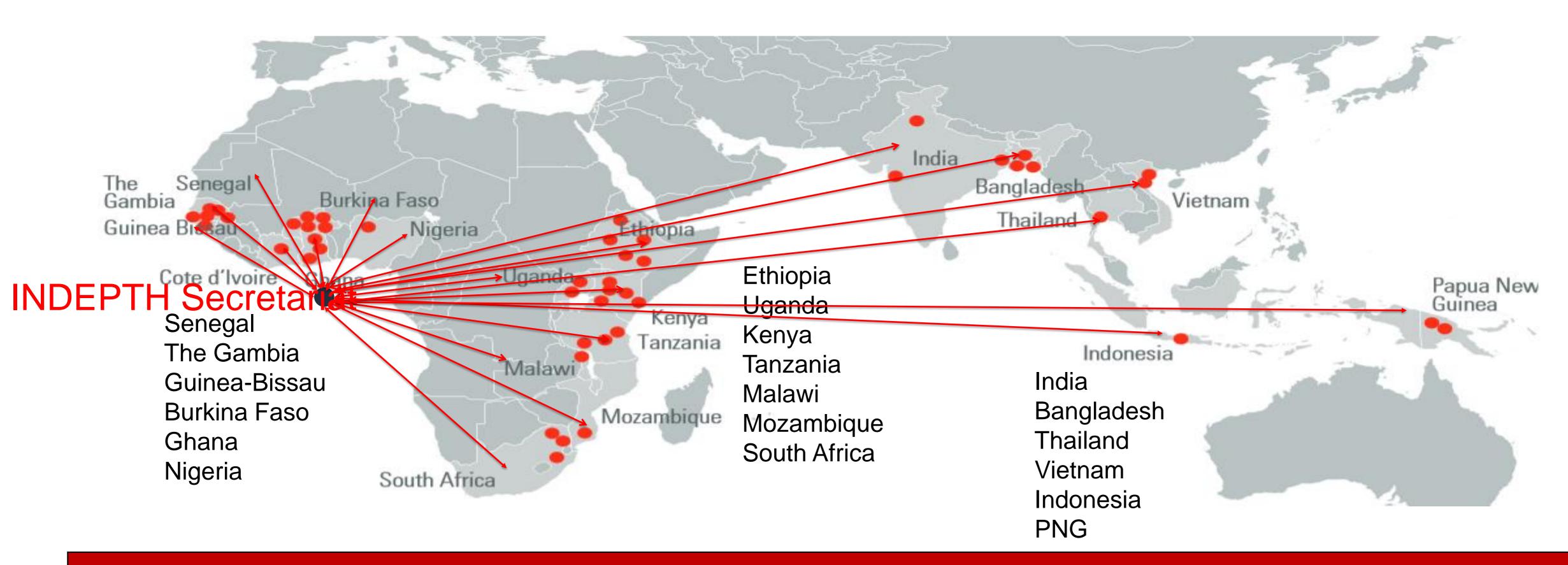
ADDITIONAL

- ✓ population characteristics
- √ household characteristics, assets, wealth indexing and expenditure
- √ 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



INDEPTH Member HDSS Sentinel Surveillance Countries

Over 3,500,000 people under continuous surveillance in INDEPTH Network

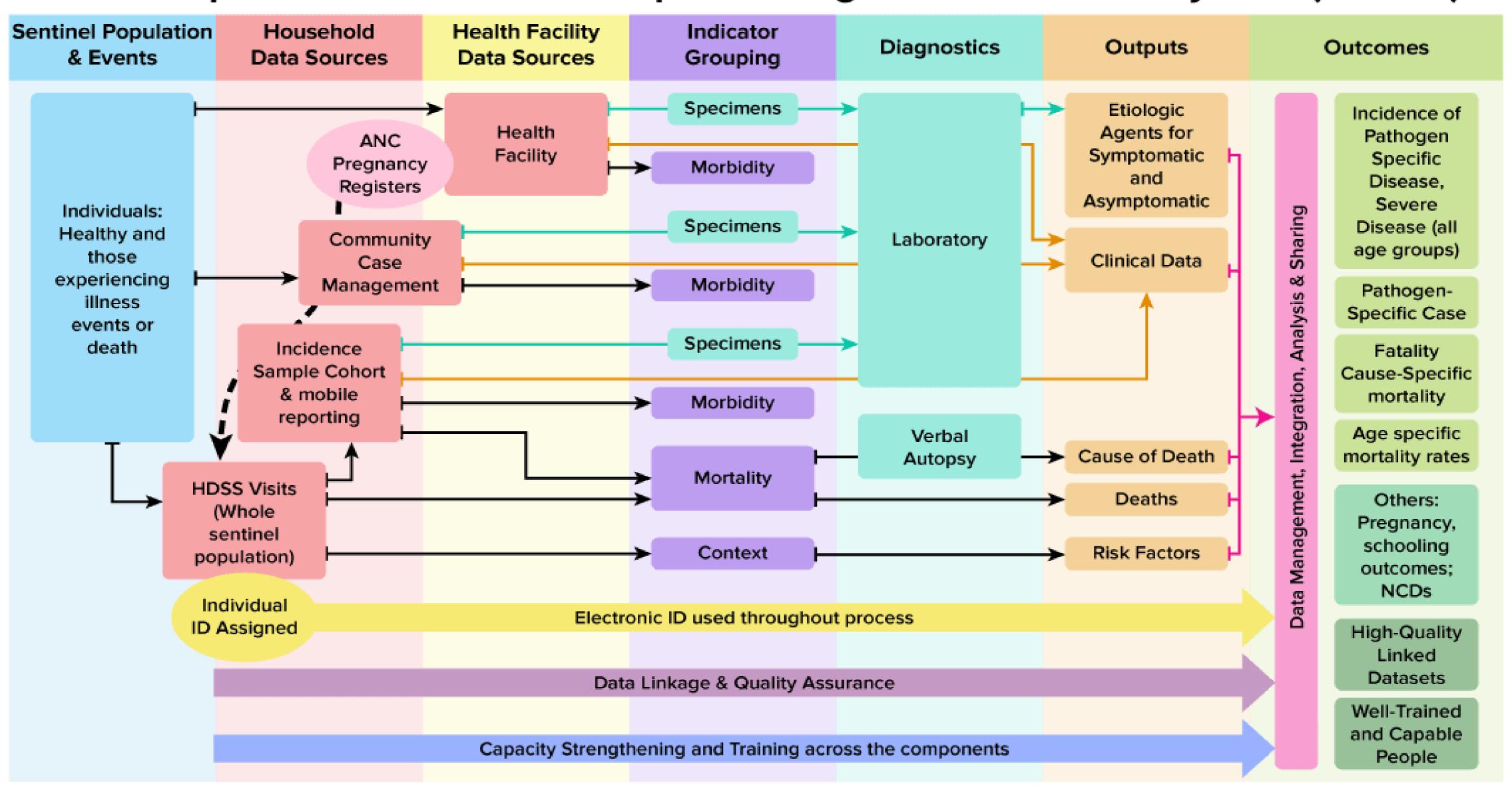


Through INDEPTH to diverse countries and continents



INDEPTH extends Core: HDSS+ (= CHESS)

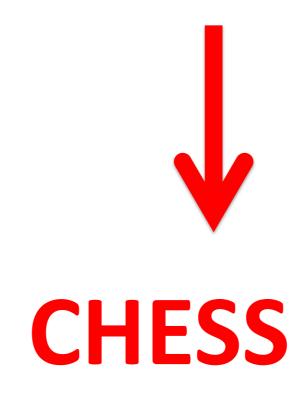
Comprehensive Health and Epidemiological Surveillance System (CHESS)



HDSS

Health and Demographic Surveillance System

[Sankoh & Byass (2012) Int. Journal of Epidemiology]



Comprehensive Health and Epidemiological Surveillance System

[Sankoh et al (2015) The Lancet Global Health]

Vision

2013-2016

2017-2021

INDEPTH is an international network of longitudinal demographic research institutions that provides health and demographic data to enable developing countries set health priorities and policies based on the best available evidence, and to guide the cost-effective use of tools, interventions and systems to ensure and monitor progress towards national goals

INDEPTH will be the trusted source for evidence supporting health and development



Mission

2013-2016

2017-2021

To harness the collective potential of the world's community-based longitudinal demographic surveillance initiatives in low and middle income countries to provide a better understanding of health and social issues, and to encourage the application of this understanding to alleviate major health and social problems

To lead a coordinated approach by the world's health and demographic surveillance systems to provide <u>timely longitudinal</u> evidence necessary to understand and improve population, health and development policy and practice



STRATEGIC OBJECTIVES

2013-2016

2017-2021

- 1. To support and strengthen the ability of INDEPTH member centres to conduct longitudinal health and demographic studies in defined populations.
- 2. To facilitate the translation of INDEPTH findings to maximise impact on policy and practice.
- 3. To facilitate and support research capability strengthening relevant to INDEPTH activities.

1. Enrich and guide policy that is community responsive: to

generate evidence and facilitate the translation of INDEPTH findings to maximise impact on policy, programme and practice – with a special commitment to community engagement in research and public engagement and its implications for society.

2. Enhance INDEPTH's capability:

to stimulate, facilitate and conduct cutting edge multicentre health and demographic research across the Network and ensuring that the research is ethically sound and sensitive to local circumstance

3. Strengthen the capacity of member and affiliate centres:

to strengthen the capacity of INDEPTH member centres, researchers to conduct high quality longitudinal health and demographic studies

4. Build effective partnerships:

to identify and work with key national and international partners including statistics offices, local government, key health and development ministries and agencies, as well as relevant research and educational institutions



Study Opportunities: 2017 - 2021

A. FOUNDATION **B. LIFE COURSE** 1. Maternal, newborn and child 1. Building CHESS health: a. Getting stillbirth and early a. Vital health monitoring: pregnancies neonatal deaths and outcomes, birth, deaths, b. Monitoring childhood migration, cause of death interventions b. Linkage to health services 2. Sexual reproductive health c. Morbidity/risk (burden of disease) a. Fertility and family planning d. Diagnostics 3. Adolescent risk resilience a. Include demographic dividend 4. Adult health and aging 5. NCDs and genetic susceptibility

Study Opportunities: 2017 - 2021

3. Leveraging longitudinal platforms	4. Social determinants and context
 Safety effectiveness, resistance and product quality monitoring Communicable diseases Migrant health Health interventions SDG – baseline and dynamics 	 Climate change Vaccines Health equity and poverty Nutrition, diet and food security Migration urbanisation and health Education Gender issues (beyond sex differentials) Health systems

Study Opportunities: 2017 - 2021

5. Platform Development (extending R & D Infrastructure)

- 1. Civil Registration and Vital Statistics (CRVS)
- 2. Data Linkage
- 3. Sustainable Development Goal (SDG) Indicators
- 4. Cause of Death Determination and burden of disease Verbal and social autopsies
- 5. Data systems:
 - a. OpenHDS
 - b. Midata
 - c. Data VIZ

Number of member HDSSs over the years: 17 in 1998

2002-2004	2005-2009	2010-2012	2013-2016
1) AFRICA	1) AFRICA	1) AFRICA	1) AFRICA
• 21	• 25	• 34	• 41
2) ASIA	2) ASIA	2) ASIA	2) ASIA
• 7	• 10	• 11	• 12
3) OCEANIA	3) OCEANIA	3) OCEANIA	3) OCEANIA
• 1	• 1	• 1	• 2
4) LATIN AMERICA	4) LATIN AMERICA	4) LATIN AMERICA	4) LATIN AMERICA
• 1	• 1		
TOTAL: 30	TOTAL: 37	TOTAL: 47	TOTAL: 55



INDEPTH Multicentre Projects

2002-2004	2005-2009	2010-2012	2013-2016
 Mortality Monograph (core) Measuring Health Equity in Small Areas (World Bank/GFHR) Health Equity Phase 2 (World Bank/GFHR) INDEPTH /ACAP Collaboration (Rockefeller) INDEPTH HDSS Starter Kit (IDRC) 	 HDSSs/Universities collaboration (Hewlett) MCTA (Gates Foundation) Global aging and adult health (SAGE) (NIA/WHO) HIV platform (Rockefeller) Resource Kit (IDRC) Feasibility study for an INDEPTH Data System (Wellcome) INESS (Gates Foundation) Evaluation of reproductive health intervention at INDEPTH sites (Hewlett) Expanding data sharing (Hewlett) Demographic Transitions (IDRC) Partnership of DSS sites and University population centres in Kenya, Ghana and South 	 CLIMIMO (UNESCO) AWI-Gen (NIH) iSHARE2 (Wellcome) INTREC (EU/Umea) IUHC (Rockefeller) IDAMS (EU/Heidelberg) INESS (Gates Foundation) SEEDS (Wellcome) OPTIMUNISE (DANIDA/EU/SSI) Cause of death (WHO/HMN) Data Sharing (Hewlett) MADIMAH (IDRC/core) RealRights (DFID) VA Conf (IHME) 	 EMBRACE Prep (JICA) MADIMAH (Sida) ABACUS (Wellcome/VW) ENAP (CIFF) IHTAS (Hewlett) CHESS (Sida) INESS-2 (Gates Foundation) Social Autopsy (Core) Adolescent fertility analysis (PopCouncil, Core) Cause of death determination with interVA-4 (core) iHOPE (Gates Foundation) Analysis fully immunized children (FIC) (GAVI) VA Phy Code (ICFI/Macro) OpenHDS (SwissTPH)
INDEPTH Network Better Health Information for Better Health Policy	Africa (Hewlett Foundation)		

Funders Attracted so far...

2002-2004	2005-2009	2010-2012	2013-2016
A. CORE	A. CORE	A. CORE	A. CORE
1) Rockefeller Foundation	1) Hewlett Foundation	1) Sida	1) Hewlett Foundation
2) Wellcome Trust	2) Sida	2) Hewlett Foundation	2) Sida
3) Sida	3) Rockefeller Foundation	3) Wellcome Trust	3) Wellcome Trust
	4) Gates Foundation		4) UCGHR, Umea University
B. PROJECTS	5) Wellcome Trust	B. PROJECTS	
1) World Bank		1) Rockefeller Foundation	B. PROJECTS
2) Volkswagen	B. PROJECTS	2) Hewlett Foundation	1) UNESCO
3) Gates Foundation	1) DFID	3) Inst of Intern Education	2) ICF Macro Int.
	2) Rockefeller Foundation	4) UNESCO	3) Save the Children
	3) Hewlett Foundation	5) Wellcome Trust	4) PopCouncil/USAID
	4) Gates Foundation	6) IDRC	5) GSK
	5) Wellcome Trust	7) Danida/SSI	6) GAVI
	6) WHO/NIA	8) SwissTPH	7) DDCF
	7) CIDA	9) IHME	8) Gates Foundation
	8) IDRC	10) European Commission/	9) Wellcome Trust
	9) IHI (AGM 2008)	SSI/Heidelberg/Umea	10) European Commission/
		11) JICA	SSI/Heidelberg/Umea
		12) GSK	11) IHME
		13) DDCF	12) CIFF/LSHTM
		14) IDRC Southeast Asia	13) SwissTPH
INDEPTH Network		15) NIH/WITS Consortium	14) PIK, Potsdam

Total funding raised for the periods

2002-2004	2005-2009	2010-2012	2013-2016
1) CORE	1) CORE • \$10,254,804 2) PROJECTS • \$50,652,125	1) CORE	1) CORE
Total: \$5,192,193	Total: \$60,906,929	Total: \$5,859,174	Total: \$11,946,756
		Funding periods cross strategic plan periods	



Some Key Achievements - RESEARCH

- Adoption of comparative VA instruments and refinements to the HRS database used by several sites
- Enabling trials of Malaria Vaccines
 and Therapies Establishment of \$17m MCTA

- Evaluating Child
 Health Interventions
 start of
 OPTIMUNISE
- Understanding
 Impact of Aging in
 LMICs Survey on
 adult health and
 ageing as part of
 WHO's SAGE
- Identification of risk
 factors for epilepsy –
 largest study to
 reveal true extent of
 the problem
- Testing Malaria
 Therapies INESS
 (\$36m Grant)
- Cause-specific mortality partners published in special supplement of Global Health Action

- More project grants
 secured: Universal
 Health Coverage,
 Antibiotics Resistance,
 Newborns
- CHESS concept developed, funding secured for pilot
- INDEPTH work
 highlighted in top
 global journals: IJE,
 The Lancet, Science,
 Nature, BMJ

Key Achievements – Capacity

- HDSS resource kit developed, published and disseminated: modular guide to routine and advanced HDSS operations esp after start up
- Launch the Scientific
 Development and
 Leadership Programme
 MSc Wits University
 partnership: more than
 40 students funded
- Developed INDEPTH
 Data System (IDS)
 concept to improve
 generation, capture &
 retrieval of high quality
 data
- Comprehensive
 Network-wide data
 access and sharing
 policy finalised,
 discussed, adopted and
 published in IJE
- Support to develop
 OpenHDS (electronic data capture system)
- Launched the world's first online data repository and online visualisation **INDEPTHS**tats (over 66 datasets)



International Partners Attracted

- Heidelberg University
- London School of Hygiene and Tropical Medicine
- University of Sussex

Excludes

- Host institutions of HDSSs
- Institutions of our SAC members

- University of Pennsylvania
- Centers for Disease
 Control, Atlanta (CDC)
- WHO/TDR/AFRO
- PATH Malaria Vaccine Initiative (MVI)
- Medicines for Malaria
 Venture (MMV)
- African Medical
 Research Foundation
 (AMREF)
- Council on Health
 Research for
 Development (COHRED)

- University of Umeå,
 Sweden
- EARSS/ReAct (Netherlands)
- Global Campaign for Microbicides/PATH
- UNESCO
- ACAP
- Statistics South Africa (Stats SA)
- Swiss TPH
- Harvard Center for Population and Development Studies
- CARTA
- IHME

- University of Southampton, UK
- South African Medical Research Council
- PopCouncil, US
- Stanford University
- Hamburg University
- University of Ghana (SPH/RIPS)
- University of Health and Allied Sciences, Ho, Ghana
- ETHZ, Switzerland
- Kings College London
- UNECA
- Njala University, Sierra Leone
- MRC, Sierra Leone



Signing an MOU is necessary...

A BIG THANK YOU

www.indepth-network.org