



The State of the Network in 2016

Osman Sankoh

Executive Director

On behalf of the INDEPTH Board

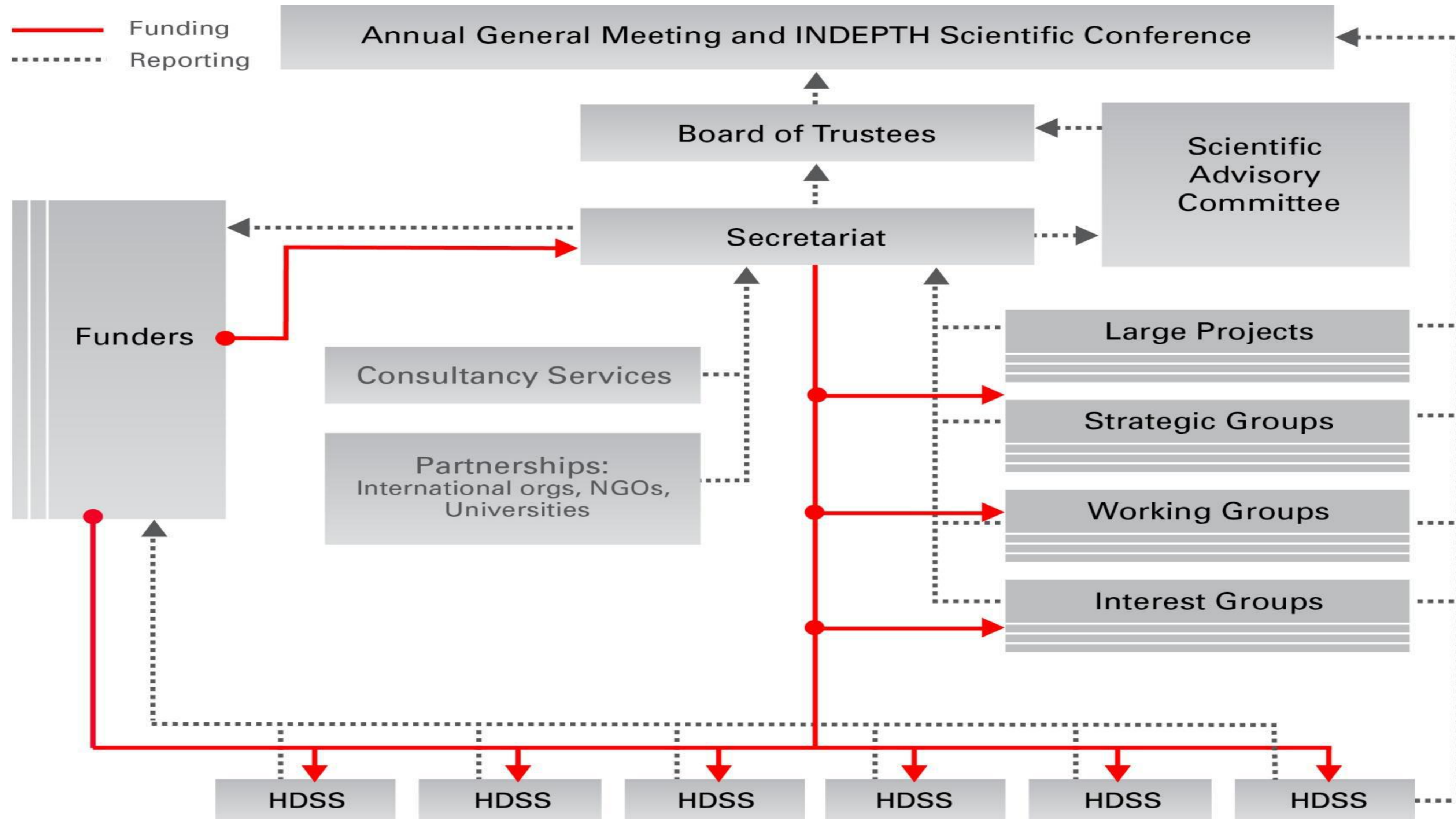
AGM 2016, Kampala, Uganda

16 November 2016

Structure – Follows our logframe/Strategic Plan

1. Governance issues
2. Membership: strengthen, sustainability
3. Scientific activities
4. Capacity strengthening and training
5. Data issues: quality, analysis and sharing
6. Policy engagement
7. Finances: status, projections
8. Aspirations: Strategic plan 2017-2021
9. Key challenges

INDEPTH Governance Structure



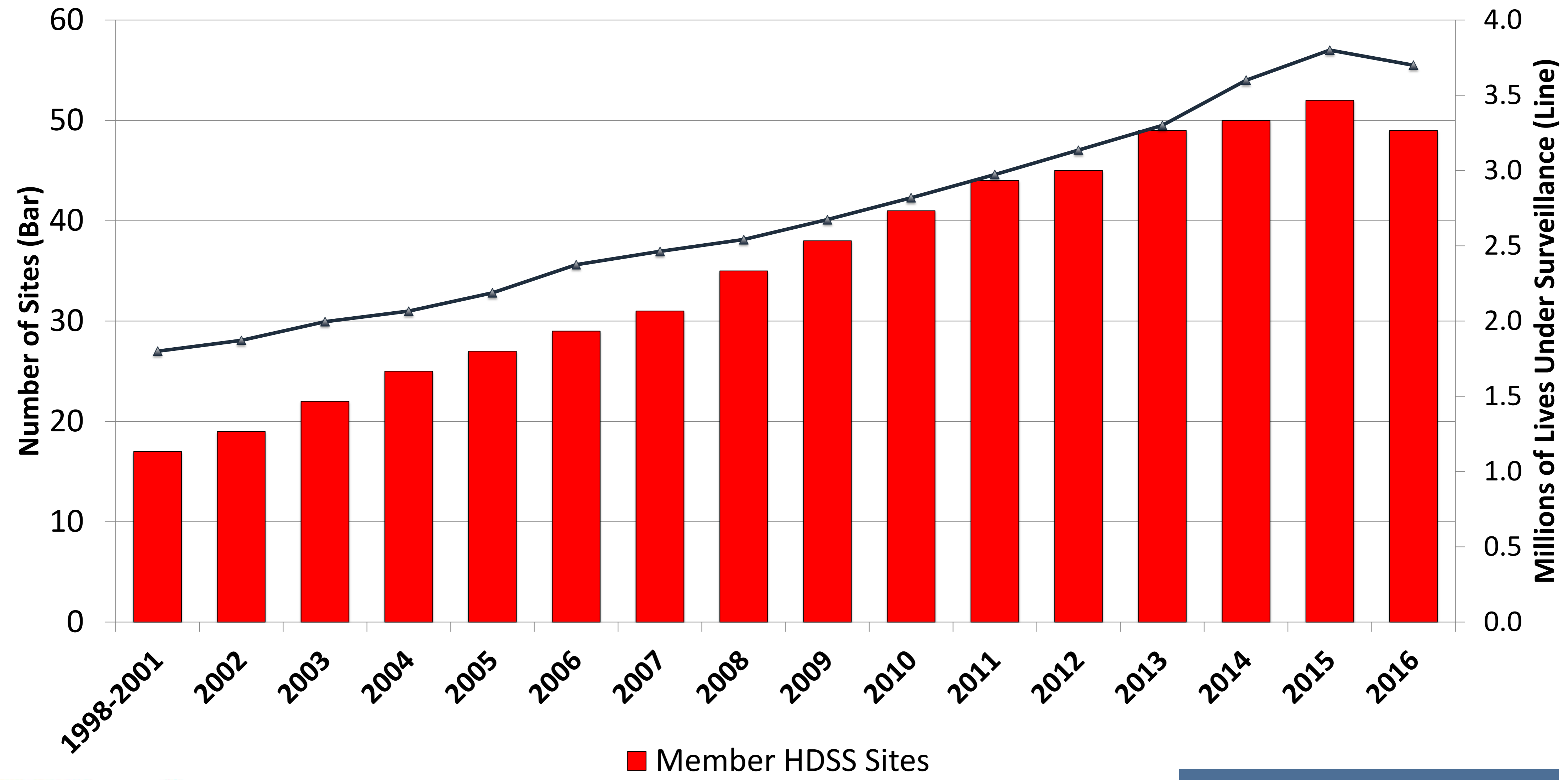
Governance & M&E

- INDEPTH Board meetings
 - *regular newsletters to the Board*
 - *Prof Marcel Tanner steps down from the Board*
- Interaction with the SAC on a continuous basis
 - *Conflict of Interest: SAC/Board – WHO-adapted Disclosure*
- Secretariat-Funder teleconferences; visits by funders
- INDEPTH audit by KPMG (previously PWC)
- INDEPTH filing regulatory documents to the Ghanaian and US authorities
- Weekly newsletters to Centre Leaders
- Quarterly newsletters to the INDEPTH family

INDEPTH Membership & Effectiveness

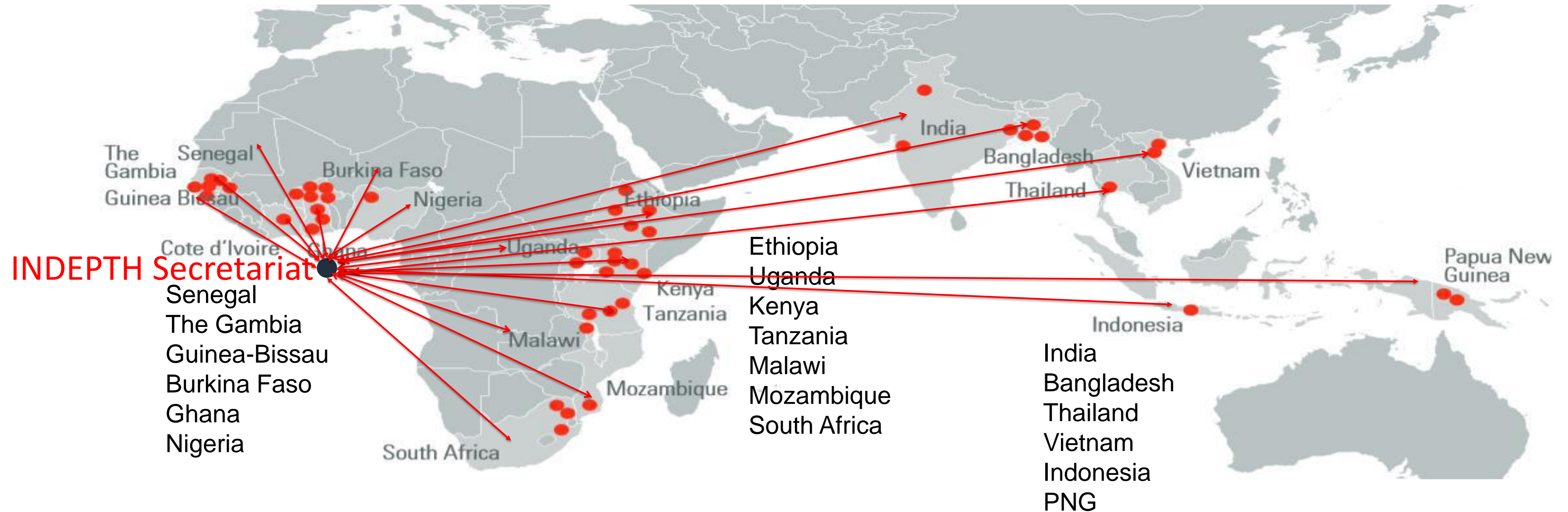
- 43 member institutions running 49 HDSS field sites
- 32/49 HDSSs on INDEPTHStats
- 26/49 HDSSs on INDEPTH Data Repository; 10 potentials
- 6/49 on the new OpenHDS; 15 in preparation
- 23 applied to start CHES; pilot in one, eventually 2
- 32/43 centres here in Kampala demonstrating togetherness
- Hard times for a few, hence sustainability discussion

Expanding Footprint of HDSS



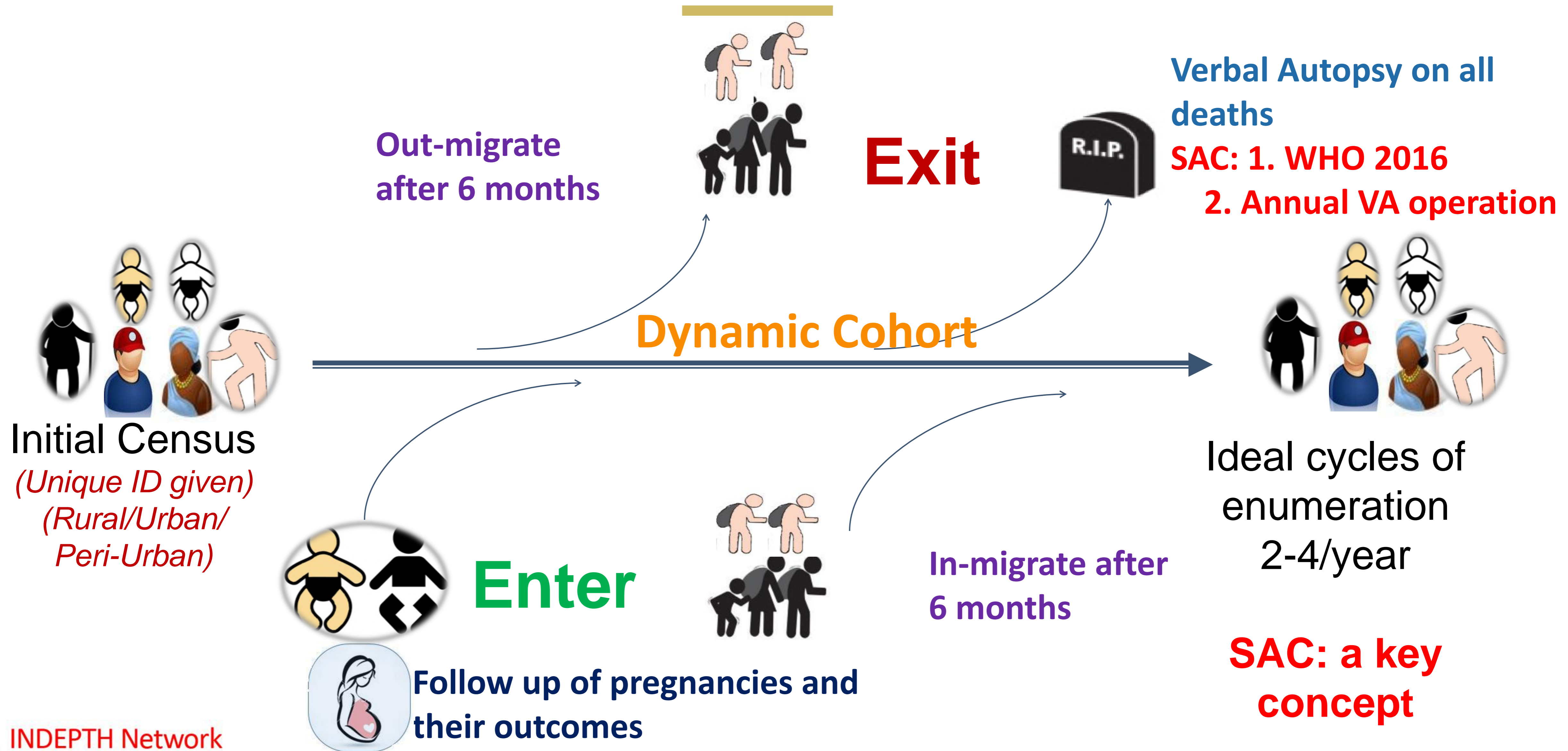
INDEPTH Member HDSS Sentinel Surveillance Countries

Over 3,800,000 people under continuous surveillance in INDEPTH Network

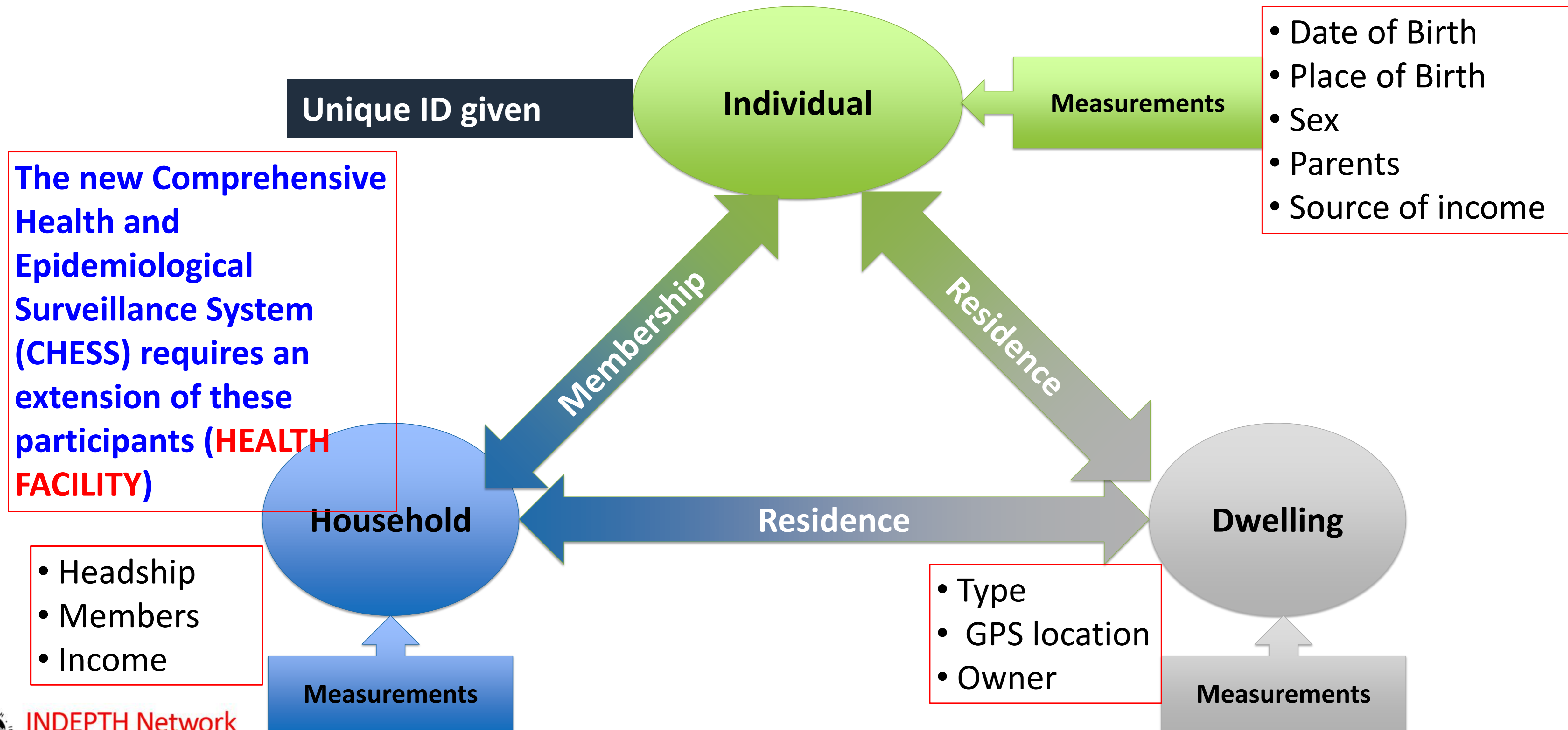


Through INDEPTH to diverse countries and continents





Population Data Structure – HDSS Participants



Outputs from an HDSS / CHESS

10

CORE

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

ADDITIONAL

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

Strategic Groups

- 1. Data Analysis**
- 2. Capacity Strengthening**
- 3. Research to Policy**
- 4. Data Systems**
- 5. Migration, urbanisation & health**

The Working Groups that were effective

1. Adult health & aging

- NIH grant

2. Migration & urbanization

- MADIMAH

3. Vaccination & child survival

- EC/DANIDA grant

4. Antibiotics resistance

- Wellcome Trust grant

5. Malaria

- INESS – Gates Foundation grant

6. Environment & health

- Submitted applications

7. Health Systems

- iHOPE – Gates Foundation grant

8. Maternal & Newborn Health

- ENAP – CIFF/LSHTM grant

9. Education

- Submitted an application

10. Genomics

- AWI-Gen: NIA grant



Grant proposal development

- **20 proposals submitted**
- **13 thematic areas**
- **11 funders**
- **Total amount - \$71,333,516 (at least 20% to core)**
- **4 led by the Secretariat**

Secretariat led proposals

1) Malaria: treatment, testing & tracking

Comic Relief & GSK; £822,801; 2017-2019

2) INESS on CHES

EDCTP; €3,000,000; 60 months

3) Conduct rigorous post-licensure effectiveness and safety studies on Pyramax and other interventions against malaria

The Gates Foundation; \$1,182,415 (successful)

4) How do accountability processes within education systems enable or inhibit the raising of learning outcomes – Ghana and Zimbabwe?

ESRC UK; £689,612; 2018-2020



CHES = HDSS+

HDSS Core: all-cause & cause-specific mortality



HDSS+ (comprehensive package – expands HDSS)

- Communicable (disease & pathogen specific)

morbidity

- Non communicable disease **morbidity**
- External causes / injuries **morbidity**
- **Risk factors** for above mortality & morbidity
- Health systems & policies **contexts**
- Other contexts - e.g. education

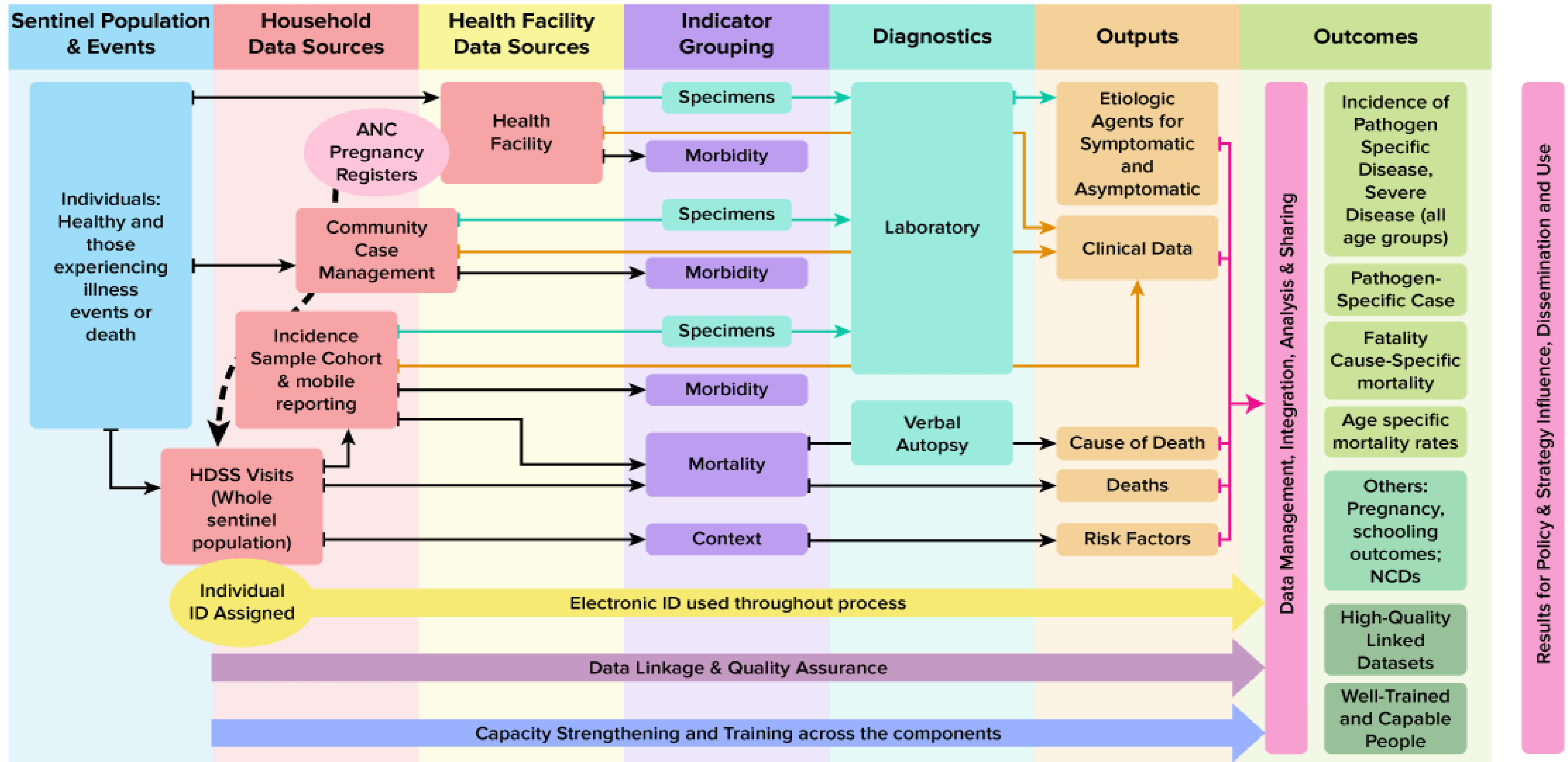


SAC: A transformational agenda



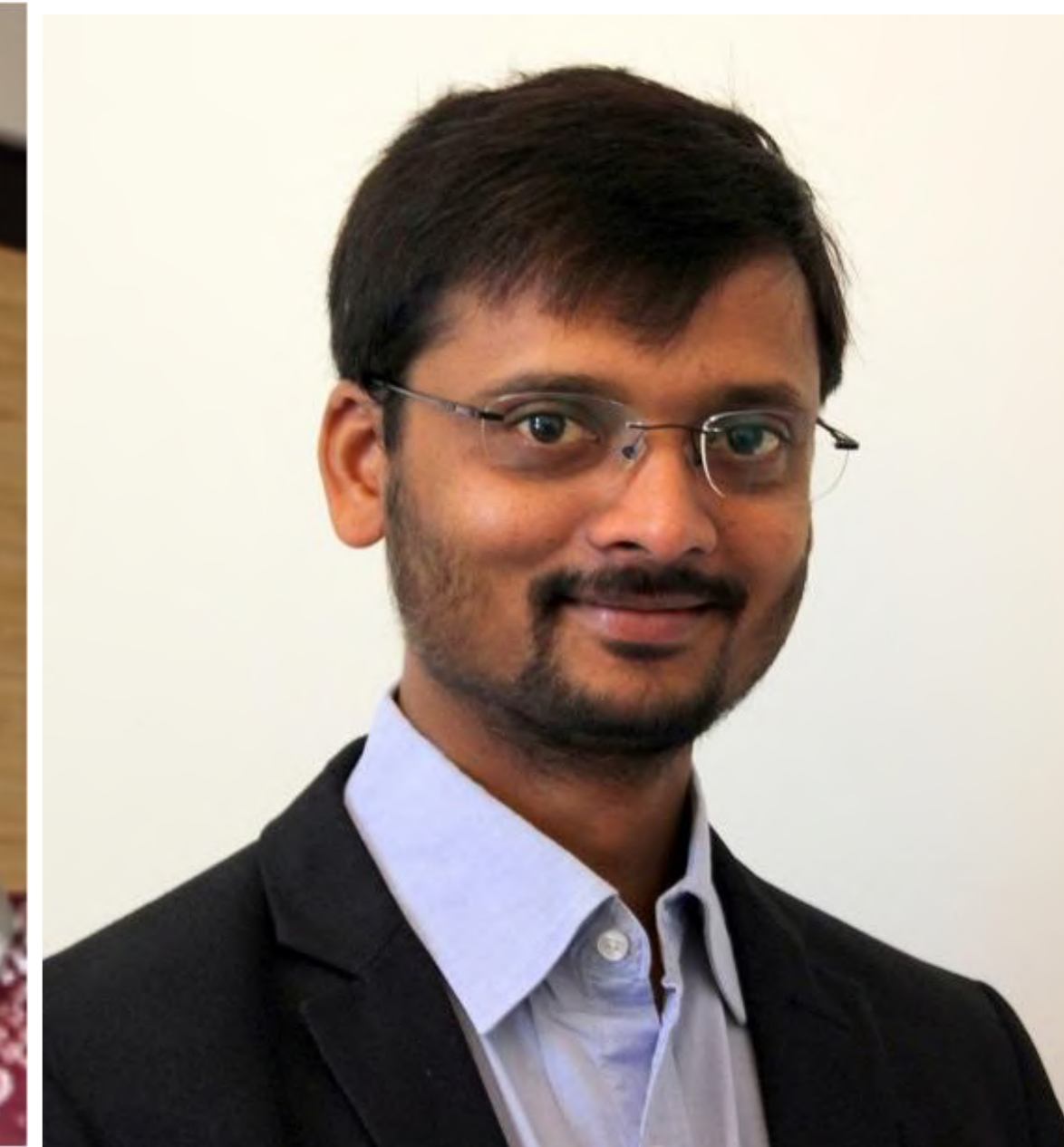
Crystallisation phase funded by Sida

Comprehensive Health and Epidemiological Surveillance System (CHESS)



Capacity Strengthening and training

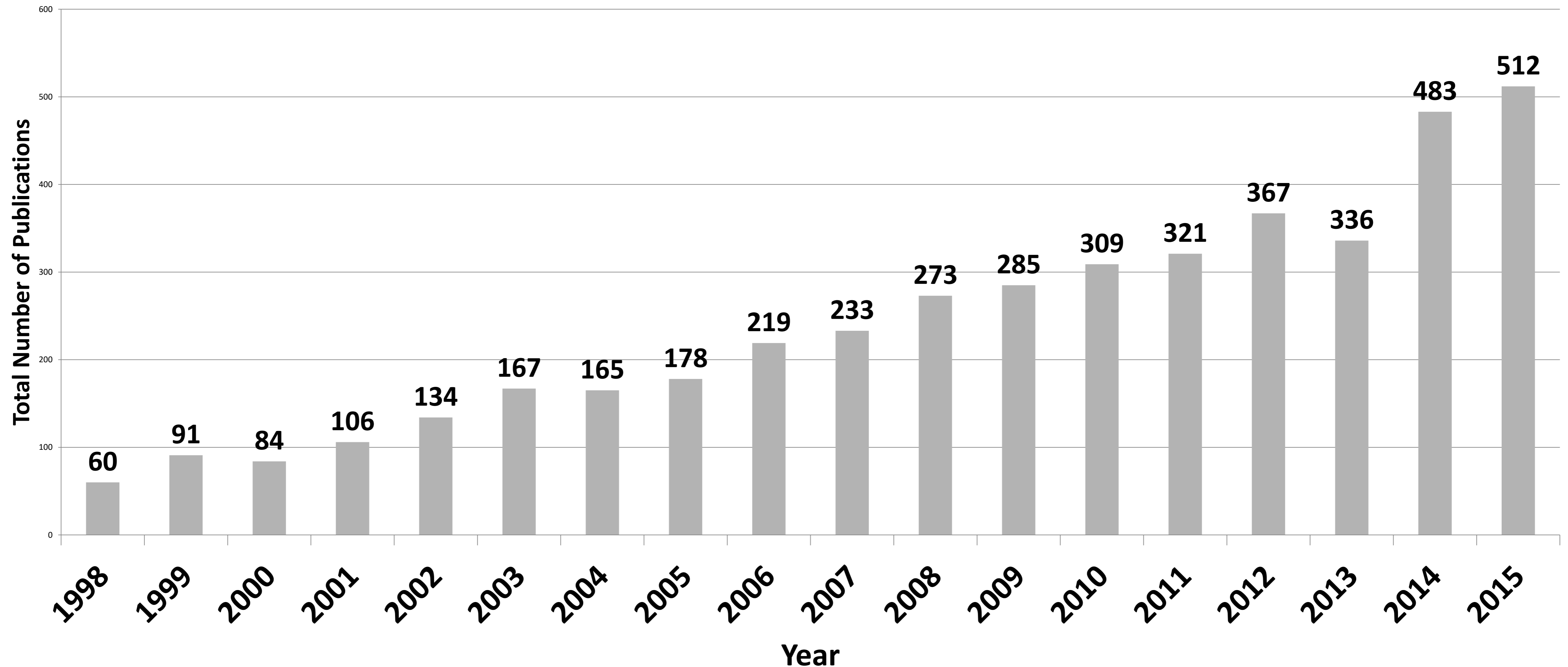
- Masters Training
 - 51 funded students in all; (None funded in 2016, seven continuing students) – **About \$2M spent**
- PhD training (direct or nested in Working Groups)
 - 8 Students (Two funded in 2016 & one successful completion)
- Data management support (Training workshops for data managers)
 - ✓ Three workshops: OpenHDS for 5 centres & Data management for 20+ centres in Dubai and Pune



WE WANT TO BE ABLE TO SUPPORT MORE...

INDEPTH Member Centre Publications by Year

(1998- 2015) n=4,323



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

2016: counting ...
Similar trend...
AUTHORSHIP ISSUES...

INDEPTH Repository : Shared Individual Level Data in 2016

Cause of Death

- 111,910 Deaths
- 98,429 Verbal Autopsies
- 22 Sites

PLOS One recognises INDEPTH Repository for publication datasets

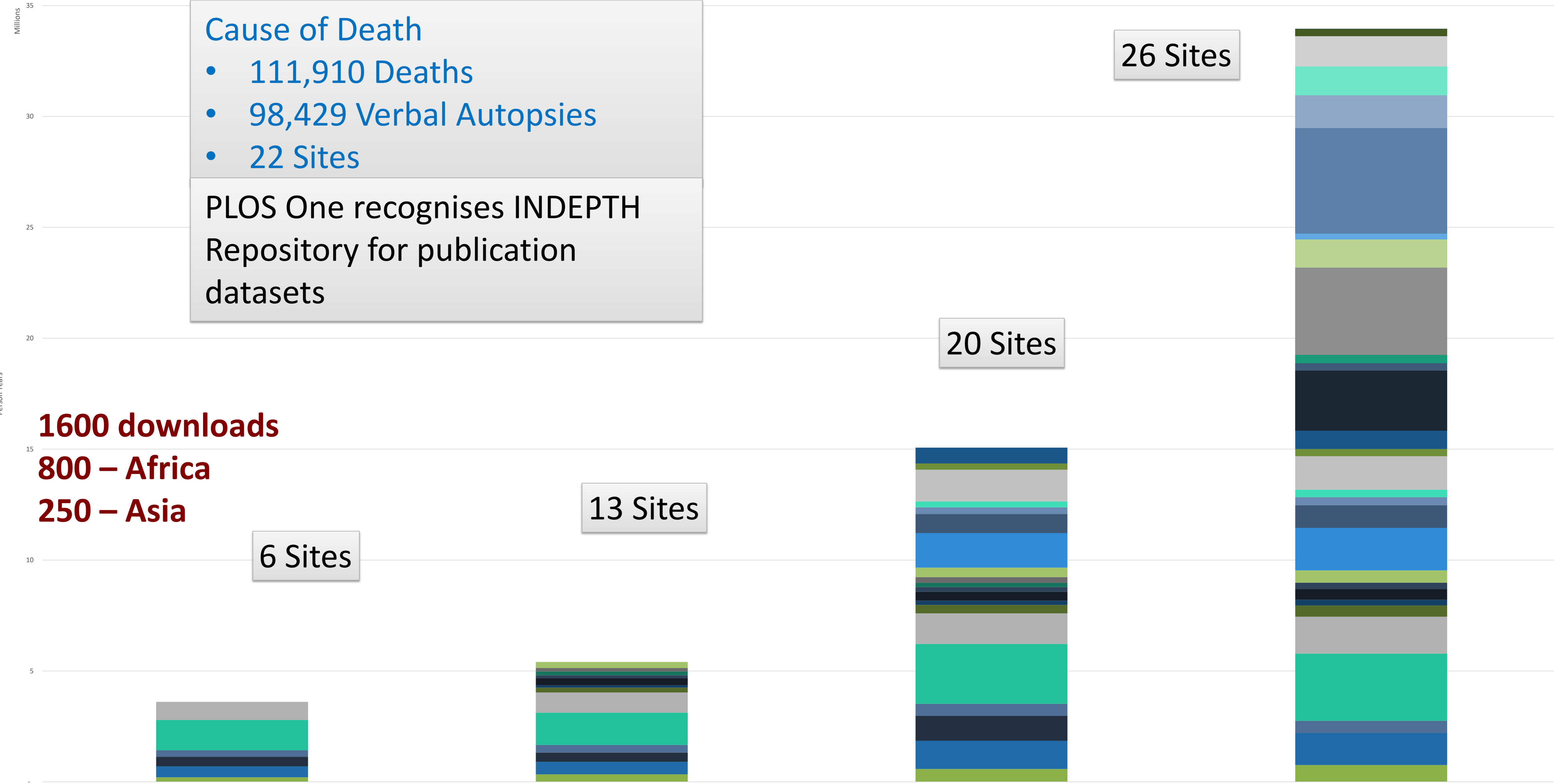
1600 downloads
800 – Africa
250 – Asia

6 Sites

13 Sites

20 Sites

26 Sites



- Vadu
- Nairobi
- Magu
- ChilliLab
- Agincourt
- Africa Centre
- Ouagadougou
- Taabo
- Gilge Gibe
- Kilite Awlaelo
- Dabat
- Mbita
- Karonga
- Rufiji
- Filabavi
- Kersa
- IRD - Mlomp
- IRD - Niakhar
- Dikgale
- Iganga/Mayuge
- Ifakara Rural
- Nanoro
- Ifakara Urban
- Kilifi
- Butajira
- Arba Minch
- Navrongo
- Kintampo
- Dodowa
- Farafenni
- Chokwe
- Cross River

INDEPTH Analysis of data on INDEPTHStats

Meeting in Kampala – Strategic Group on Data Analysis

- Population structure
- Fertility
- Mortality (morbidity)
- Cause of death
- Migration

**SAC: Annual update
accompanied by a high-level
commentary piece published
in a journal**

- ✓ Produce a report on the available data on INDEPTHStats
- ✓ Do annual updates

INDEPTH continues to play a key role in the data sharing debate

- INDEPTH publications on data sharing have appeared in
 - *Lancet, Lancet Global Health, International Journal of Epidemiology, British Medical Journal*
- Kobus Herbst and Osman Sankoh invited to several international workshops to present INDEPTH's example
- INDEPTH hosted a workshop led by Chatham House in Accra to discuss data sharing (**Product: a joint statement**)
- INDEPTH co-organised a workshop in Cape Town by many funding organisations (**Product: an NIH report**)
- INDEPTH hosted IHME in Accra – Ebola preparedness (**Product: a joint paper in *Emerg Inf Diseases***)

Policy Engagement

Research to Policy Country Meetings

INDIA



GHANA



ETHIOPIA



TANZANIA

Financial Performance – 2014-2016 (Income/Expenditure)

- Board review
- International audit
- Funder scrutiny
 - Funder selected auditor
 - Discussion with Programme officers
- Annual submission of financial statements to US IRS and Ghanaian authorities

A) Core Support	2016 US\$	2015 US\$	2014 US \$
	2,120,417	1,965,524	2,529,580
B) Projects	2016 US\$ (Unaudited)	2015 US\$	2014 US\$
	1,313,662	3,340,650	4,686,139
CORE AND PROJECTS	2016 US\$ (Unaudited)	2015 US\$	2014 US\$
TOTAL	3,434,079	5,306,174	7,215,719

Expenditure	2016 US\$ (Unaudited)
TOTAL	3,218,677

Financial Status in 2017 and beyond...

Source	2016	2017	2018	2019	2020	2021
		US\$	US\$	US\$	US\$	US\$
Core	2,120,000	2,000,000	1,400,000	1,100,000	1,100,000	1,100,000
Target		2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Projects		2,300,000	225,000			
		New projects	New projects	New projects	New projects	New projects

Our Aspirations

Leads to our new Strategic Plan 2017-2021

A gist of it now; details in a specific session

All stakeholders have contributed to the development of the new Strategy

NEW STRATEGIC PLAN

Our Vision

2013-2016

INDEPTH will be an international network of HDSS centres that provides data to enable LMICs set health priorities and policies based on the best available evidence, and ... to ensure and monitor progress towards national goals

2017-2021

INDEPTH will be a trusted source for evidence supporting and evaluating progress towards health and development goals



NEW STRATEGIC PLAN

Our Mission

2013-2016

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

2017-2021

To lead a **coordinated approach** by the world's health and demographic surveillance systems to provide **timely longitudinal evidence** across the range of transitioning settings to **understand and improve population health and development policy and practice.**



NEW STRATEGIC PLAN

Our 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 findings to maximise impact on policy and practice.
3. To facilitate and support research capability strengthening

1. **Enhance the INDEPTH Network's capabilities:** improve and expand the underlying longitudinal tracking platform
2. **Conduct population-based research, leveraging its longitudinal tracking:** stimulate, facilitate and conduct cutting-edge multi-centre research
3. **Enrich and guide policy that is community responsive and closely linked to the SDGs:** INDEPTH will continue to generate evidence and facilitate the translation of INDEPTH findings to enrich and provide evidence on policy, programmes and practice
4. **Strengthen capacity of INDEPTH member centres and researchers**
5. **Build effective partnerships:** national and international partners including statistics offices, local government, health and development ministries and agencies, as well as relevant research and educational institutions



Broad Research / Activity Areas

- 1. *Implement CHES at all sites to deepen the longitudinal platform to answer new scientific questions*** : make morbidity surveillance routine
- 2. *Provide timely metrics based on real data*** : make the best out of INDEPTHStats
- 3. *Conduct studies across the life-course***: from pregnancy to adult health and ageing; identify relevant practices and interventions
- 4. *Expand the utility of the platform to generate and analyse SDG indicator baseline & dynamics; conduct safety and effectiveness studies of drugs and vaccines***
- 5. *Assess scientific- and policy-relevant determinants & context of outcomes***: Nutrition, diet and food security; Environment, climate, indoor air pollution; Health equity, migration and poverty; Vaccines: safety, effectiveness and efficacy; Sex differentials/gender; Education-based analysis and interventions; Health system assessments

Capacity Issues 2017-2021

1. Strengthen the capacities of people and institutions
2. Expand the INDEPTH Scientific Development and Leadership Programme including the MSc programmes

Policy Engagement 2017-2021

1. Tailor, package and direct research outputs for different stakeholders to stimulate public appreciation of findings
2. Leverage engagement with policy makers to attract more funding for research-into-practice activities

Ensuring Financial Sustainability 2017-2021

1. Continue to look for both core and project support from funding partners.
2. Strengthen the efforts at building an INDEPTH consultancy that leverages the skills and advantage of the Network.
3. Growing the INDEPTH Endowment Fund
 - Construction of an INDEPTH Training Centre

Some Key Challenges... opportunities

Science:

Leadership, new cross-site research opportunities / productivity

Capacity:

Achieving tailored capacity strengthening

Funding

Core support / Project funding / Network-Centre interests

Policy Engagement and Communications

Getting the INDEPTH brand

Engaging with policy makers at various levels

Our Key Partners



National Institutes of Health



Swiss TPH

