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| **IPD Data procurement Strengths** | **IPD Data procurement processes Challenges** |
| The team (including NIH Science Officers) has strong research networks, including data owner relationships | Data procurement is data owner pace based:   * Low or slow response |
| IPD Protocol (PROSPERO registered) | Some data owners have changed institutes alternative email addresses have to be sought out |
| Standardised approach to invitations: Peer reviewed and approved:   1. Email invitation letter 2. Study synopsis 3. Data sharing agreement 4. Authorship guidelines document 5. Data procurement Workflow | Documents were translated to French for the Francophone data owners (person-hours) |
| Well-integrated teams sharing lessons learned and challenges | The process requires many person-hours along with other tasks that need to be carried out by the team |
| Clearly documented and Flexible workflow process | The tailor-made data procurement process is for different data owners and cases after the initial email |
| Well structured teams | Some studies were carried out in 2012:   1. Data access 2. Data extraction process 3. Variables in the datasets are not known off hand (data owner has to check availability of data) |
| Centralised document platform (Teams and Box) | Data sharing procedures in countries:   1. Differ 2. Unclear procedures 3. New terrain (no Cases to learn from) |
| Well-structured update meetings (fortnightly) | limited funding for the data extraction process for the data owners |
| Strong, skilled multi-disciplinary team (clinical science, environmental science, ICT, data protection, legal) | Personnel time required to train team members that carry out the data procurement procedure in the different regions |
| Good collaboration with DSI ELSI groups  Assisting with legal advice for the data procurement processes: Data sharing agreements for countries | The process is personnel time heavy from following up with data owners, meetings for clarifications and queries, and going through documentation shared by data owners (informed consent forms, ethical approvals and study protocols) |
| Contacted data owners sometimes suggest other potentially eligible studies that may not have been picked up in the systematic review process | Personal information such as date of birth means Institutional Review Boards may need to approve the sharing of data |
| Building relationships and networks with PIs from across the continent | Data protection Acts differ across countries, with limited experience in appropriate processes in each country |
| The topic is of great interest and global health interest to data owners | Relevant data identified in over 20 sub-Saharan African countries |
| High rates of initial positive response from data owners | Health data is classified as ‘sensitive data’. |
|  | Data owners are not always aware of where data is stored (especially for older studies) |
| A weekly rhythm around following up on studies is becoming ingrained in team culture | The recipient follow-up and data tracking have not been automated and standardized sufficiently |
| Dedicated resources are now starting to be allocated to this data acquisition task. | There is insufficient visual management of these tasks, which results in our meetings not running through high level metrics on how we are progressing |
|  | Insufficient training and tooling have been given to data acquisition to those expected to do it. |
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