

INDEPTH NETWORK

ANNUAL REPORT

2005

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A. Introduction

INDEPTH's Vision

INDEPTH will be an international platform of sentinel demographic sites that provides health and demographic data and research to enable developing countries to set health priorities and policies based on longitudinal evidence. INDEPTH's data and research will guide the cost effective use of tools, interventions and systems to ensure and monitor progress towards national goals.

INDEPTH's Mission

To harness the collective potential of the world's community-based longitudinal demographic surveillance initiatives in resource constrained countries to provide a better, empirical understanding of health and social issues, and to apply this understanding to alleviate the most severe health and social challenges.

INDEPTH's Objectives

- To initiate and facilitate cross-site, longitudinal health and social studies and impact assessments in severely resource constrained populations.
- To disseminate study findings with all external stakeholders to maximize impact on policy and practice.
- To foster and support capacity building and cross-site collaborations among INDEPTH member sites.
- To facilitate the process for donors to fund multi-site health and social research projects in the developing world.

INDEPTH's Broad Activities

1. Cultivate cross-site activity through the:

- Execution of comparative studies and exchange of experiences on critical common problems.
- Creation and sharing of regional health status assessments relevant to global priority setting.
- Co-ordinated multi-site research collaborations that evaluate interventions in diverse socio-culture and geographic environments.
- Recruitment and/or creation of additional sites; particularly sites that provide INDEPTH with presence in current geographic gaps.

2. Generate longitudinal data and analysis that can impact on ongoing health and social reforms, inform health and social policy and practice and contribute to governmental, NGO, private and community health efforts.

3. Broaden the scope of health research by confronting the emerging agenda of non-communicable disease and aging, violence and injury, migration and urbanisation and the problems associated with vulnerable population segments.

4. Continually improve the methods and technologies used by member sites to ensure all participating groups have access to the most valid and appropriate methodologies available.
5. Generate visibility and recognition for INDEPTH and member sites among critical constituencies including academic, government and international agencies and donors.

INDEPTH's Key Strategies

The INDEPTH Secretariat supports its member sites in a number of ways. First, it facilitates knowledge sharing among sites. By disseminating data, convening analysis workshops, coordinating multi-site research collaborations, funding cross-site scientific visits, and promoting on-site training courses and internships, INDEPTH builds capacity and standardises research methods across the network. Second, it provides practical tools for sites. These include assistance with website development and dissemination of models for survey design, data processing and analysis, and quality control. Third, it raises the profile of DSS sites among the international policy community by synthesising and presenting results to governments, international agencies, donors and academics.

Scientific and Capacity Building Priorities: 2005-2009

INDEPTH has already started work on a set of seven priority scientific initiatives for the period 2005-2009. These initiatives have been selected based on the needs of the studied populations as well as the major concerns of public health authorities, NGOs and major donor organisations. The priority areas are:

1. Create the capability to design and test new effective and affordable interventions and delivery mechanisms by building an Integrated INDEPTH Health Intervention Trials Platform;
2. Malaria transmission and intensity and burden, and design, test and help roll out interventions and delivery mechanisms to control the disease;
3. Work to better measure the impact and burden of HIV/AIDS and design and test interventions to limit its spread and contain the disease;
4. Continue to pursue efforts at measuring the cost of health inequities and health impact of economic inequity;
5. Assess the impact of key demographic factors including migration and urbanisation on health;
6. Assess the impact of chronic illness and lifestyles on households and their productivity ;
7. Disseminate scientific findings through peer-reviewed publications and continue work on "Cause of Death at INDEPTH Sites"; and
8. Leverage the scientific findings from INDEPTH sites and studies into health policy/practice recommendations and changes.

INDEPTH organises capacity building initiatives across the lifecycle of both institutional DSS site development and individual professional training. These initiatives help the global public health sector get better information and scientific work from the efforts of the sites, and increase the scientific and operational strength of "South-based" institutions.

INDEPTH is building institutional DSS capacity by:

1. Helping sites develop regional groups and teams to focus on the specific issues facing their regions;
2. Developing and deploying new tools to help sites simplify the core DSS process;
3. Helping sites showcase their research and results for better policy influence;
4. Speeding the creation of new DSS sites/INDEPTH members;
5. Helping sites improve general management, financial and IT operations; and
6. Improving support and coordinating capacity at the Secretariat for more efficiency and effectiveness.

INDEPTH is building professional capacity at DSS sites by:

1. Improving the skills of the current leadership of DSS sites, through the ongoing activities of the working groups and interest groups, direct training of managers and active participation in the Annual General and Scientific Meeting (AGM) and other scientific meetings; and
2. Developing the next generation of DSS and other public health professionals through the creation of a joint Masters Program with the University of the Witwatersrand in epidemiology, biostatistics and social sciences.

B. Scientific Activities in 2005

1. Determining Causes of Death

This group has continued to make efforts to analyse cause of death data from INDEPTH sites. The analysis has been co-ordinated by the Secretariat and the data from the sites have been integrated and cleaned. In particular, causes of deaths have now been standardised in the ICD10 format. In sites where more than one coder assigned a cause of death, a weight was applied to the final cause of death. Summary tables of the number of deaths and person-years by subgroup of age, sex, site, region and cause were produced from which the mortality rates were calculated. Causes of death were mapped onto the corresponding Global Burden of Disease classification (GBD2000) scheme to summarise the more detailed ICD10 scheme.

Results of the analysis were circulated to the following collaborating sites for review and feedback: Agincourt, Africa Centre (South Africa), Manhica (Mozambique), Butajira (Ethiopia), Ifakara, Rufiji (Tanzania), Kisumu (Kenya), Navrongo (Ghana), Niakhar (Senegal), Nouna (Burkina Faso), Matlab and HSID (Bangladesh). A report was presented at the AGM in Durban in May 2005 on the preparation of the monograph. The group is now working on a monograph entitled "Causes of Death at INDEPTH Sites", which is expected to be published in 2006.

The group's current success is a paper entitled *Cause Specific Mortality Rates in Developing Countries*, based on the cross-site work, which has been accepted for publication in early 2006 by the WHO Bulletin. The paper shows that the causes of death in the African sites differ strongly from those in Bangladesh, where there is some evidence of a health transition, and little malaria. The effects of the HIV epidemic dominate mortality patterns in the South African DSS sites, which contrast with those in highly malaria endemic sites elsewhere in sub-Saharan Africa (even in neighbouring Mozambique). The contributions of measles and diarrhoeal diseases to mortality in sub-Saharan Africa are lower than has been previously suggested, while malaria is of relatively greater importance. This may be a result of recent changes in the availability and effectiveness of health interventions. Some results are shown in the figures below.

Another paper in preparation is on under-five mortality, considering the single-year mortality from age one to four.

Figure 1. All-cause mortality by age and site

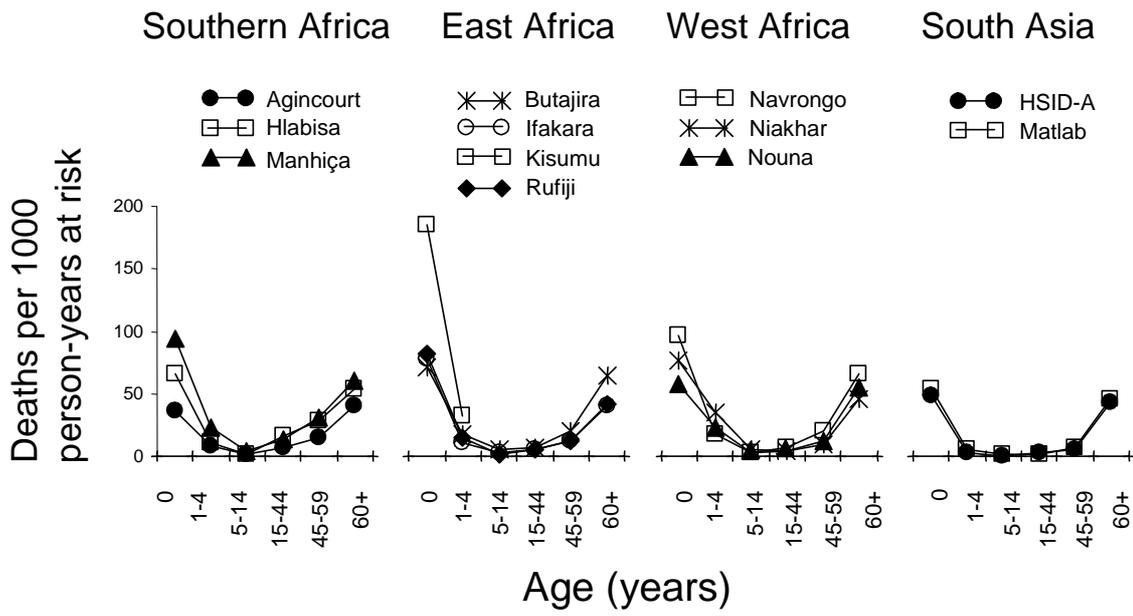


Figure 2. Cause-specific mortality by age, major infectious disease groupings

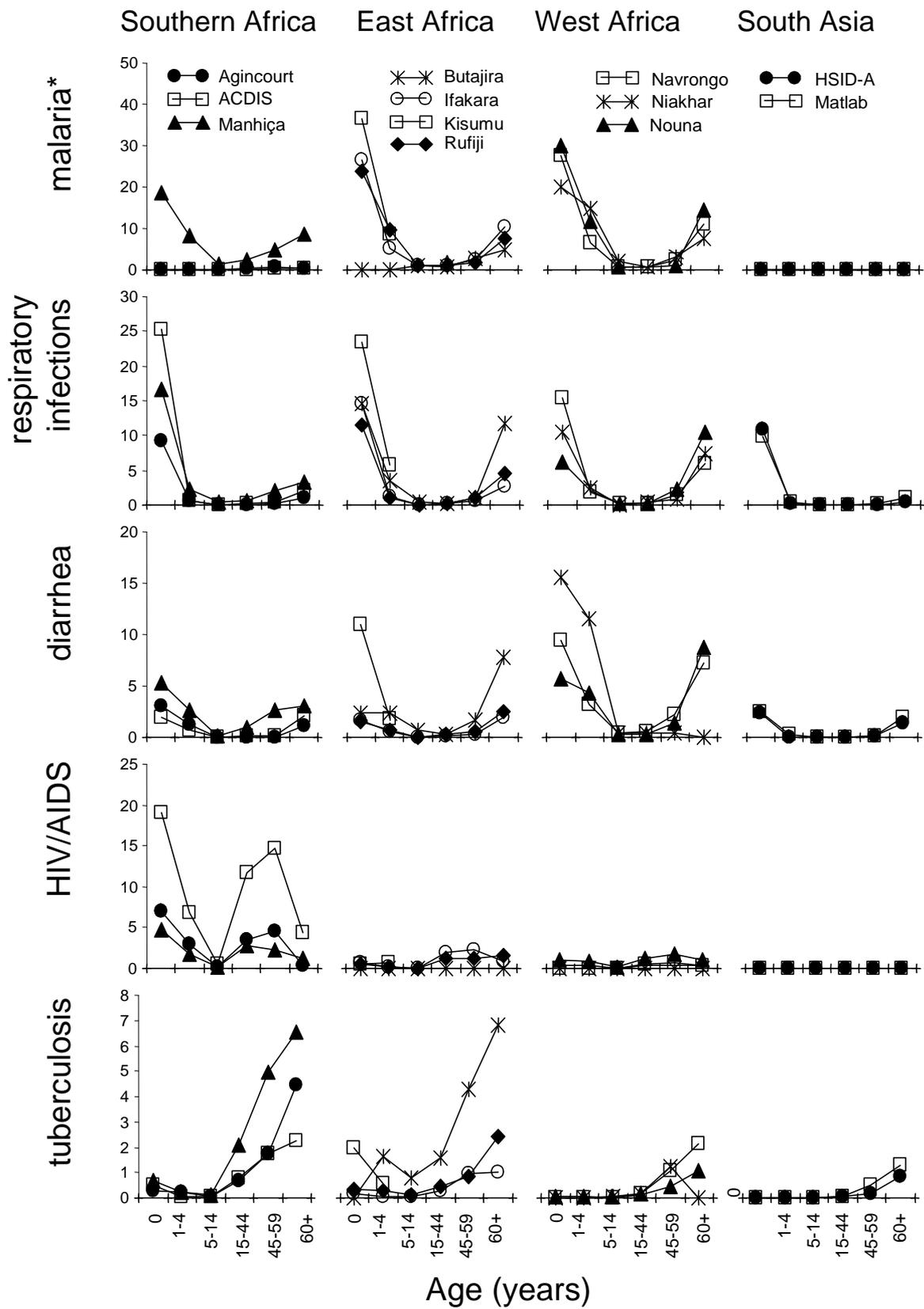
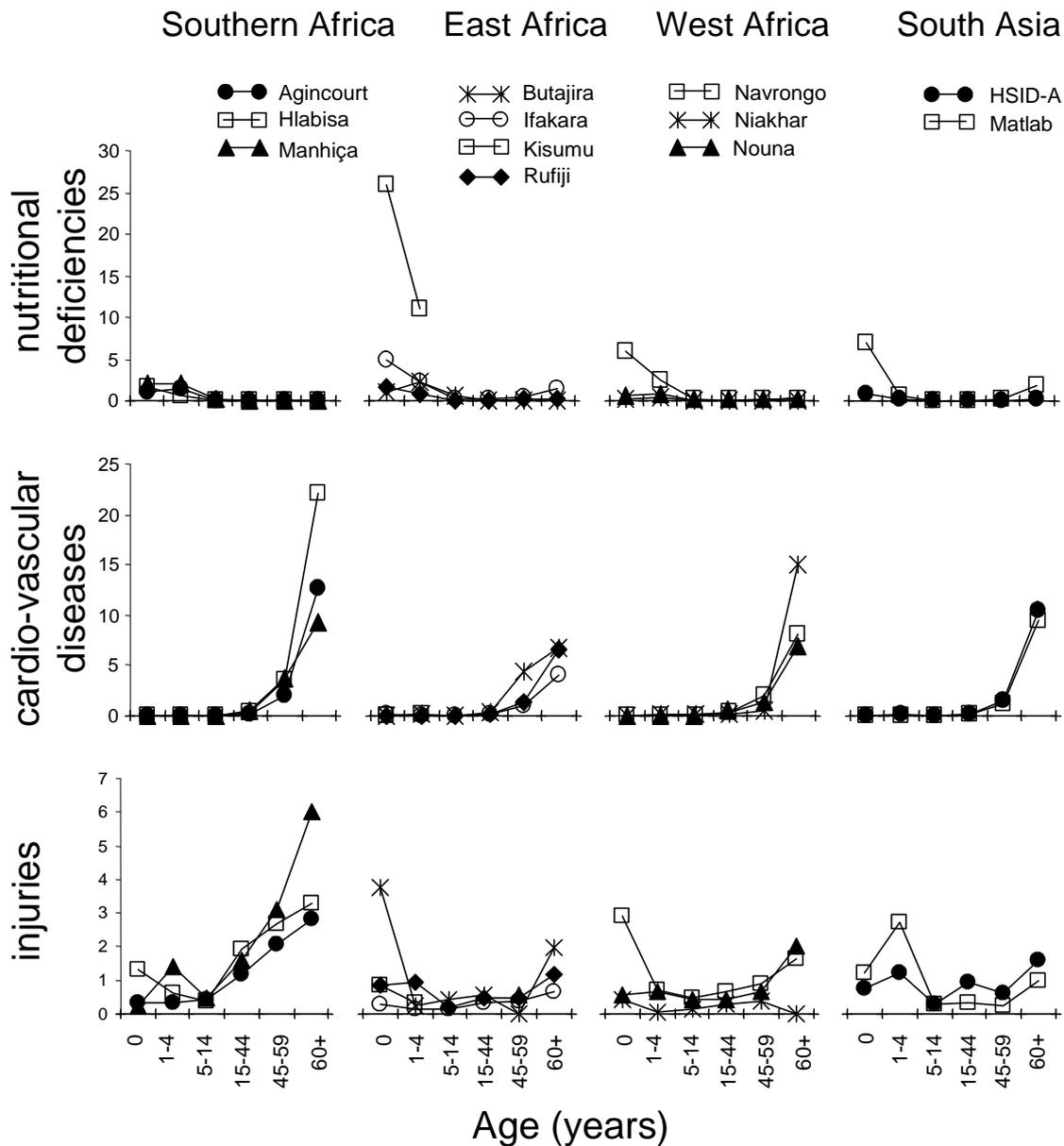


Figure 3. Cause-specific mortality by age, selected non-communicable disease groupings



2. Health Equity Platform

In 2004, INDEPTH funded the following sites to deploy the INDEPTH socio-economic status tool.

Work on this is in progress, as sites are yet to submit their final reports. In October 2005, the network brought together sites in a workshop in Accra, to undertake cross-site analysis of data collected. Six sites participated in this workshop—Kanchanaburi, Purworejo, Vadu, Navrongo, Ifakara, Rufiji and Digkale. During the workshop, emphasis was placed on cleaning and harmonising the data. Participants were also taken through the methodology of analysing the data and the creation of a poverty index. At the end of the workshop, sites decided to develop their ideas and the work started in the workshop into a monograph. Consequently a five member

editorial team was elected to lead this effort. The editorial team would be responsible for the overall co-ordination of the monograph and will have the responsibility of writing a main chapter on methodology, background and a general chapter on cross-site comparisons. Sites will contribute individual chapters from their sites on specific outcomes relating these to the socioeconomic index.

3. INDEPTH-ACAP Research Collaboration

The main objective of the collaboration between the INDEPTH Network and the African Census Analysis Project (ACAP) which is based at the University of Pennsylvania, is to pool the resources and expertise of the two institutions to undertake high-quality joint research projects to inform demographic and health policy in Africa.

Three major activities were done under the ACAP-INDEPTH collaboration in 2005. These were joint analysis workshops organised in Ghana from February 16-19, 2005, between Navrongo Health Research Centre and Ghana Statistical Services; in Tanzania from March 6-9, 2005, between Ifakara/Rufiji Research Centres and the Tanzania National Bureau of Statistics; and in Burkina Faso, from May 3-5, 2005, between Nouna Health Research Centre and the Census bureau. The INDEPTH network sponsored all three meetings and the main objectives were to:

1. Enhance collaboration between the INDEPTH sites in the respective countries and the census or statistical offices in the countries;
2. Undertake joint analysis using both the DSS and the census data;
3. Exchange experiences and explore other avenues for future collaboration; and
4. Plan future activities.

In all three countries, the sites and the census bureaus shared presentations on their respective activities, including the sharing of data. They also undertook joint analyses of the census and the DSS data, comparing selected demographic and health indicators for areas covered by the DSS sites from the DSS data and data extracted from the census data covering those districts covered by the DSS sites. In all three countries, participants resolved at the conclusion of the workshops to work together more closely and to draw on the respective expertise and resources of both the DSS and census bureaus to improve on demographic and health data collection in their countries. Dr. Ayaga A. Bawah co-ordinated and facilitated the workshops on behalf of the INDEPTH Secretariat.

4. Health Intervention Trials Platform

INDEPTH has launched an effort to further develop infrastructure and human resource capacities at member sites to enable the sites conduct health intervention trials. Current focus is on malaria, HIV/AIDS, TB and rotavirus. INDEPTH sites have been working in particular to:

- Collect epidemiological data and other information for current and other diseases researched at the sites;
- Identify suitable cohorts for the conduct of clinical trials;
- Strengthen infrastructure and human capacity at sites with the basic infrastructure for intervention trials, and build it at interested member sites without the basic capacity
- Train site leaders to negotiate with various international sponsors of intervention trails in developing countries
- Establish quality-control, regulatory and ethical procedures, including helping participating

- sites get GCP and GLP accreditation
- Create a monitoring unit including a site assessment manual; and
- Establish INDEPTH data management, biostatistical and epidemiological procedures for trials.

In 2005 the group worked on several proposals. The following were not successful.

- Testing the efficacy, effectiveness and cost-effectiveness of new generation antimalarials in preparation for malaria vaccine trials at INDEPTH sites with varying transmission levels.
- Multi-centre efficacy trial of the ROTRIX rotavirus vaccine in three West African countries.

The following proposal was funded in late 2005.

- Multidimensional platform for social and interventions research across INDEPTH sites with a focus on HIV/AIDS.

5. Asia/Oceania Group

NCD Risk Factor Surveillance

The Asia/Oceania-specific Adult Health group was funded by INDEPTH to conduct a study that would strengthen the capacity of their sites for NCD risk factor surveillance. Specific objectives are to:

- Collect information on NCD risk factors using STEP 1 and STEP 2 approaches of WHO standardised methods;
- Compare NCD risk factors data across sites; and
- Incorporate appropriate elements of NCD risk factor module into regular surveillance of the DSS sites.

Participating Sites and PIs: MATLAB, Bangladesh (Dr. Abdur Razzaque); Kanchanaburi, Thailand (Dr. Uraivan Kranungsukaseam); Filabavi, Vietnam (Dr. Hoang Van Minh); Purworejo, Indonesia (Dr. Nawi Ng); HSID, Bangladesh (Mr. Ali Ashraf); Ballabgarh, India (Dr. Anand Krishnan); Vadu, India (Dr. Sanjay K Juvekar); Chililab, Vietnam (Dr. Tran Huu Bich). The co-ordinators are Sanjay Juvekar and Nawi Ng. Anand Krishnan is responsible for the training component.

Delhi meeting; 21-23 February, 2005

Two representatives from all participating sites attended. Also attending were Dr. Jerzy Leowski, Regional Adviser, NCD, SEARO/WHO and Dr. Bela Shah, Chief NCD in the Indian Council of Medical Research. The objectives of the workshop were to:

1. Introduce the WHO's STEPs approach to NCD Surveillance activities.
2. Finalise
 - a. Surveillance Instrument to be used by the sites for NCD Surveillance activities based on the above approach.
 - b. Sampling design and other methodological details of the proposed data collection
3. Training on the use of surveillance instrument including anthropometry.
4. Discuss the scope of integration and sustaining NCD surveillance activities as a part of the ongoing site activity.

The outcomes of the meeting included:

1. A final sampling methodology by the study sites.
2. Decision on whether to include or exclude questions / items in the instrument.
3. Trained participants in STEPs methodology for NCD Surveillance.

The participants seized the opportunity to visit the Ballabgarh DSS site. They were shown the Primary Health Centre Chhainsa and Dayalpur under Ballabgarh DSS and introduced to the computerised Health Management Information System which is also inherently linked to health care delivery. The quests were also taken to the secondary level hospital at Ballabgarh that houses the headquarters of the DSS.

On the last day of the workshop, the Asia-Oceania group held a special meeting with the larger INDEPTH Adult Health and Aging Working Group which had secured a WHO award. This special meeting discussed the potential of combining activities of the NCD study group and those of the larger group.

Johannesburg Meeting, 20-22 April 2005

Representatives of the Asia/Oceania group attended a workshop in Johannesburg organised by the INDEPTH Adult Health and Aging Working Group. See section 6 for further details.

Bangkok Meeting, 6-7 November 2005

The group met in Bangkok, Thailand to prepare a report of the NCD risk factors surveillance study which they have conducted collaboratively. Specifically, participants deliberated on cross-site data analytical methods and cross-site comparisons. Issues related to sharing of datasets, merging of the datasets and the expected final product were also discussed. Participants also agreed a plan of action for 2006. Present were PIs from the following sites: Kanchanaburi (Thailand), Chililab (Vietnam), Filabavi (Vietnam), Purworejo (Indonesia), HSID (Bangladesh), Matlab (Bangladesh), Watch (Bangladesh) and Vadu (India).

6. Adult Health and Aging Platform

INDEPTH is committed to developing a major R&D initiative in Adult Health & Aging that will advance understanding and inform interventions and policy development in sub-Saharan Africa and Asia. A lead group of some 14 INDEPTH sites make up an Adult Health & Aging platform.

Statistics on trends in adult morbidity or mortality are practically unavailable for most settings; in addition, better understanding of older adults' cognitive and physical function is required to inform health, social and wider policy and practice. Even when such data are available, they are either of limited value or the quality is suspect. Demographers have provided insights on levels of adult mortality through the use of indirect techniques, however the extent to which these estimates reflect reality is often questioned. Economists have drawn attention to both the growing costs of 'retirement' and, increasingly, to the productive roles filled by older people and the extensive social benefits that derive from pension grants. The situation is further complicated by the advent of the HIV/AIDS pandemic; for example, indirect methods for estimating adult mortality continue to be questioned because of the opportunistic infections that can result from HIV/AIDS. There is therefore a glaring need for population and health scientists in Africa and Asia to provide alternate avenues to monitor changes in morbidity and mortality, as well as develop insight into physical and cognitive function. The INDEPTH Adult Health and Aging Platform is striving to provide these alternative avenues.

Following-on from INDEPTH work on comparative mortality and cardiovascular risk, the Adult Health and Aging Group secured a supplementary grant from the National Institute on Aging of the National Institutes of Health, USA, as part of its investment in the SAGE Initiative (Survey on Adult Health and Global Aging) of the World Health Organisation – this to support collaborative work with the INDEPTH Network and its initiative on Adult Health and Aging.

The primary purpose of the INDEPTH-WHO collaboration is to draw on the complementary strengths and methodologies of INDEPTH – a community and household level health and demographic surveillance system platform covering prospectively some 22 African and 13 Asian field sites – and SAGE, an envisaged multi-round study of adults 50 years and older in six countries. Specific objectives include:

- implementing the full SAGE survey in three INDEPTH sites in countries where SAGE is also being implemented (South Africa, Ghana and India)
- piloting the implementation of a shortened ‘summary’ version of SAGE, with primary emphasis on physical and cognitive function, in several INDEPTH sites as part of routine health and demographic surveillance operations
- undertaking a series of analyses that will compare findings using these different approaches, and extend the analytic possibilities given the SAGE survey’s national scope and character and INDEPTH sites’ longitudinal and geographically defined focus.

Progress to-date

Scientists from all participating sites met over three days with WHO and Harvard collaborators at the Wits School of Public Health in Johannesburg in April 2005; this meeting thoroughly reviewed purpose, substance and methods for the INDEPTH-WHO collaboration. Planned work was further reviewed with WHO and Scientific Advisory Committee colleagues during the course of the INDEPTH AGM held in Durban, South Africa in May 2005. As we end 2005, we expect all field work and data entry to occur during 2006 – with nine sites undertaking the summary survey on all adults 50+ and three of these also applying the full SAGE survey (including measured performance tests).

The future

We expect this work to foster advanced INDEPTH-WHO comparative analyses, publication and further research. In addition, it should lay the foundation for future INDEPTH work on (a) the meaning and correlates of self-reported health across cultural and geographic settings; (b) ‘compression of morbidity’ among older persons; and (c) the applications of physical, cognitive and blood-based biomarkers in assessing adult health and functioning.

7. The 5th Annual General and Scientific Meeting – Durban, South Africa

The 5th INDEPTH Annual General and Scientific Meeting (AGM) was held from 23-27 May 2005 at the Royal Hotel in Durban and at the Africa Centre in Somkhele. South Africa. It was successfully organised on behalf of the INDEPTH Network by the Africa Centre for Health and Population Studies (an INDEPTH member site in South Africa) and its parent institution, the University of KwaZulu-Natal in Durban.

The theme of the conference was *Measuring and Responding to Health and Disease in Developing Countries*.

Opening

The AGM was opened by Prof. L Uys, Deputy Vice Chancellor Health Sciences, University of KwaZulu-Natal with a welcome address that gave insights into the University. Keynote addresses were delivered by Debbie Bradshaw (MRC, South Africa), Anne Case (Princeton University), Steve Tollman (University of the Witwatersrand/Agincourt DSS), Nyovani Madise (APHRC, Nairobi DSS), Michael Bennish (Africa Centre, Oxford University), Ties Boerma (WHO, Geneva) and Pascoal Mocumbi (EDCTP, Mozambique).

Scientific Programme

Participants were offered a rich scientific programme with 13 plenary sessions having presentations that focused on topical themes including the following: childhood mortality; health and wealth; adult health and aging; HIV/AIDS; sexual behaviour, reproductive health and fertility; cause of death; migration and urbanisation; measuring the impact of interventions against poverty related diseases; environment and health; and building research capacity at INDEPTH sites.

Panel discussions were introduced to the AGM for the first time. The exciting three topics addressed by teams of discussants were: HIV/AIDS; Data Access and Dissemination; and Measuring the Impact of Health Interventions against Poverty-related Diseases.

Fifteen young scientists from INDEPTH sites were awarded competitive scholarships by the Network to attend the meeting and present their DSS work. Of special note, members on the INDEPTH Scientific Advisory Committee held workshops for our young scientists. The presentations were on *Effective Grant Writing* by Wendy Ewart of the Imperial College London; and on *Maintaining Family Linkages and Permanent IDs in Demographic Surveillance Databases* by Basia Zaba of the London School of Hygiene and Tropical Medicine.

Several working group sessions were also held. These gave further opportunities for participants interested in specific areas of research to have focussed discussions on moving their agendas forward. In addition to the existing groups on Adult Health, Migration and Urbanisation, Cause of Death, Environment and Health, Health Equity, HIV/AIDS and Asia/Oceania, a new group on Orphanhood was introduced. The Reproductive Health Group was revived and members indicated commitment to move the group's agenda forward.

The University of the Witwatersrand in Johannesburg, South Africa took advantage of the Durban AGM to present the newly established Masters in Population-based Field Epidemiology. This course commenced in February this year with five students – four funded by the INDEPTH Network. The MSc programme was launched as part of the INDEPTH Scientific Development and Leadership Programme. Witwatersrand University pursues an effective partnership with INDEPTH to develop research capacity and scientific leadership at DSS sites. A considerable portion of the 18-month course will be spent on fieldwork at DSS sites.

Visit to the Africa Centre

The 5th AGM had another novel activity; for the first time, participants spent a whole day at a DSS site. The majority of the participants were hosted at the site of the Africa Centre Demographic Information System in Somkhele. Michael Bennish, Director of the Africa Centre, welcomed participants and gave an overview of the Centre. Several parallel sessions were held afterwards. These were on household and individual surveillance, clinical programmes, data processing, analysis and access, community and external relations, research operations matrix,

and household and community HIV testing. Participants also had the opportunity to go on a field visit to the surveillance area.

Participants

A record 150 participants attended the meeting. Among them were: funded representatives from 28 out of the 33 INDEPTH member sites in 19 countries in Africa, Asia and Oceania, with the first participation by our new member site in Nicaragua, Central America; members of the Board of Trustees and the Scientific Advisory Committee; colleagues from donors, including Rockefeller Foundation, the Wellcome Trust, Sida/SAREC and Hewlett Foundation; more than 30 self-funded participants; and staff from the INDEPTH Secretariat.

Executive Director's Annual Report

Besides the scientific component of the AGM, the General Assembly of the Network also meets at the AGM. The Executive Director presents the Annual Report of the preceeding year and Board elections are held. Site leaders also meet to deliberate on Network issues.

On Wednesday 25 May, the Executive Director Fred Binka delivered his Annual Report 2004 to the General Assembly. This covered scientific and capacity building activities undertaken by the Network in 2004, as well as institutional collaborations with INDEPTH.

Among the scientific activities reported on were: the publication during 2004 of the *INDEPTH Model Life Tables for Sub-Saharan Africa* (Ashgate, UK), *Measuring Health Equity in Small Areas* (Ashgate, UK), and the *INDEPTH Starter Kit for New Demographic Surveillance Sites* (INDEPTH Network); the planned publication of a monograph on determining causes of death at INDEPTH sites (intended publication date fourth quarter of 2005); development of a health equity platform with nine funded projects attempting to find better ways to reach the poor; a collaboration with the African Census Analysis Project (ACAP) at the University of Pennsylvania (USA), which provided a framework for in-country collaborations between DSS sites and census bureaus; a Network-funded meeting of an Asia/Oceania interest group to work on non-communicable disease risk factor surveillance; two meetings of PIs interested in developing a health interventions trials platform and grant proposals; updates on activities of the adult health and aging, environment and health, and migration and urbanisation groups; the 4th AGM in Hanoi, Vietnam in May 2004; and INDEPTH's participation at the Global Forum for Health Research conference in Mexico in which an INDEPTH poster was presented.

The Secretariat organised several capacity-strengthening workshops in 2004. Among them were those for DSS site leadership and management, finance managers, data managers, verbal autopsy coders, and scientific writing. The Network provided funding for technical support to the Kanchanaburi, Thailand DSS, and for staff from the Karonga DSS in Malawi to visit Ifakara DSS in Tanzania.

INDEPTH established collaborations with two UK universities; the London School of Hygiene and Tropical Medicine on Concepts, Research, Evidence and Action for Targeted Interventions to reduce Vulnerability and improve Equity, and the University of Sussex on Bridging the Gap: Translating Sexual and Reproductive Health Rights into Policy and Practice. Successful grant proposals emerged from these collaborations. The Network was also able to establish a collaboration on informatics training with the University of Ghana which is introducing a new M.Sc. programme in health informatics.

The Executive Director highlighted the role played the Board and the Scientific Advisory Committee, both of which had several meetings on Network issues in 2004. Finally Fred Binka expressed thanks to our investment partners (Rockefeller Foundation, Sida/SAREC, Wellcome Trust, World Bank, Bill and Melinda Gates Foundation, and NIA/WHO), site leaders and their staff, and many others who have contributed significantly to the success of the Network.

Board election

Voting for the Board of Trustees was held during the AGM. Dr. Hassan Mshinda (Ifakara DSS, Tanzania) was re-elected to the Board. Two new members elected were Dr. Xavier Petriopa (Oubritenga DSS, Burkina Faso) and Dr. Siddhi Hirve (Vadu DSS, India). Outgoing members were Prof. N.T.K Chuc (Filabavi DSS, Vietnam) and Dr. Bocar Kouyate (Nouna DSS, Burkina Faso).

INDEPTH Prize

The INDEPTH Prize for Innovative Research at DSS site was awarded by the Board for the first time. The 2005 INDEPTH Prize was awarded to the paper from the Filabavi, Vietnam DSS member site (Unintentional injuries over a 1-year period in a rural Vietnamese community: describing an iceberg. *Hang HM, Bach TT, Byass P. Public Health 2005: 119; 466-73*). The prize was shared equally between the authors and the Filabavi site.

Another first time activity was the presentation of an INDEPTH Prize for the best website of our member sites. First prize went to Ifakara DSS, Tanzania, second prize to Kintampo DSS, Ghana and third prize to Africa Centre, South Africa.

C. Capacity Building Initiatives in 2005

1. Scientific Development and Leadership Programme

One of INDEPTH's key missions is to strengthen the capacity of developing-country scientific research. In February 2005, it launched a Masters Programme in Population-based Field Epidemiology in partnership with the University of Witwatersrand in Johannesburg, South Africa. Commendable work was done by authorities at WITS University to develop the curriculum and get it approved by the University. INDEPTH and WITS were able to agree on a contractual agreement. A full-time course co-ordinator was recruited.

The eighteen-month course combines face-to-face teaching with at least six months of fieldwork at INDEPTH sites in Navrongo (Ghana), Africa Centre (South Africa) and Ifakara (Tanzania). A memorandum of understanding was signed between INDEPTH and each of the sites, with INDEPTH providing some core support to the sites. The fieldwork will enable students to benefit from the wealth of data available at DSS sites, as well as drawing on the experience of multidisciplinary teams of epidemiologists, biostatisticians, demographers and social scientists. During the fieldwork period, teaching will be conducted through a distance-learning module. Initial discussions have taken place between INDEPTH/WITS/LSHTM to explore the possibility of working together to develop the DBL component of the INDEPTH/WITS MSc.

The course focuses on five areas: Epidemiology; Biostatistics and data management; Demography and other social sciences; Information technologies for demographic and health surveillance; and Leadership.

The course aims to develop scientists who can identify and find solutions to key biomedical and public health problems that may be addressed by epidemiological or demographic studies. It will teach students how to plan, execute and analyse field-based scientific research, and give them the communication and leadership skills to explain and promote the research with different audiences, including policy-makers, donors and academics.

In its first year, the Masters programme trained five students, with four of them from INDEPTH sites. The funded students were selected by an independent and credible scholarship panel appointed by the INDEPTH Board.

INDEPTH funded WITS with a seed amount for three years for the development of the programme. It is hoped that after three years, the University of Witwatersrand will continue to develop the programme.

The first batch of students will be going for their DSS site placement from January to May 2005.

The Scientific Development and Leadership Programme has been successful in attracting funding from the Bill and Melinda Gates Foundation, the Rockefeller Foundation and Sida/SAREC.

2. INDEPTH Capacity Building Workshops

Good Clinical Practice (GCP) Training Workshop ends in Maputo, Mozambique

In collaboration with Glaxo Smith Kline Biologicals, the INDEPTH Network organised a GCP Training course in Maputo, Mozambique from 2nd to 3rd March 2005. The course was hosted by Manhica Health Research Centre (Manhica DSS). The main objective of the course was to strengthen the scientists at relevant INDEPTH member sites with knowledge of GCP for research according to international ethical and scientific quality standards. GCP details the quality processes required in the conduct of clinical trials. It helps to ensure that subjects (healthy volunteers or patients as appropriate) are appropriately protected during the course of a clinical trial. Also, GCP ensures that written informed consent is properly obtained and that each trial has the approval of an independent Ethics Committee before the study commences. INDEPTH-funded participants were from Kintampo DSS (Ghana), Wosera DSS (Papua New – Guinea), Rakai DSS (Uganda), Navrongo DSS (Ghana), Oubritenga DSS (Burkina Faso), Ifakara DSS (Tanzania), Nouna DSS (Burkina Faso), Africa Centre DIS (South Africa) and Manhica DSS (Mozambique). The lead facilitator was Opokua Opori-Anyinam (GSK Biologicals, Belgium) and other facilitators from Manhica were Esperanca Sevene, Pedro Aide, Jahit Sacarlal, Ricardo Thompson and Joan Vives.

Trainer of trainers course on experimental epidemiology and ethical issues of clinical research in developing countries

Dr. Salim Abdulla (Ifakara DSS, Tanzania) and Dr. Dr. Abraham Rexford Oduro (Navrongo DSS, Ghana) attended two training workshops organised to orient scientists on the current techniques in clinical and field trials and ethical issues associated with the research. The

workshops were also aimed to train the “Trainers” i.e. individuals who will be capable and willing to replicated such workshops in their countries or sub-regions.

Workshop 1: Experimental Epidemiology: Clinical and field trials 14 – 26 February 2005

This two-week experimental epidemiology workshop was conducted at the School of Public Health at the University of Western Cape in South Africa. The workshop facilitators were Dr Rajiv Bahl (CAH-WHO), Prof Charles Karamagi & Prof James Tumwine (Makerere University), Prof Halvor Sommerfelt (University of Bergen), Dr David Wendler and Prof Reidar Lie (NIH). The objectives were to make the participants: understand the principles of clinical and field trials; be able to plan and conduct trial in accordance with GCP and EU regulations hence be eligible for funding through the EU example EDTCP; and be conversant with the different designs in the conduct of clinical and field trials. The course had both lectures and practical work and had covered following topics: General principles of field trials; Review of basic statistics; Randomization and blinding; Trial size; Data collection, management and analysis; GCP; and Ethical issues.

Workshop 2: Ethics issues of clinical Research in Developing Countries 28 Feb – 2 March.

This workshop was made up of series of presentations on ethics including: Informed Consent; Inducements and incentives; Ethics of research on stored biological samples; Ethics of placebo control and standard of care; and Research with children. There were also case presentations and discussions on ancillary care, experiences of IRB, Research in the African setting etc.

3. ICT Initiatives to Strengthen the INDEPTH Network

In addition to maintaining its website, the INDEPTH Secretariat continues to help member sites develop their own websites by registering domains and creating websites. The INDEPTH ICT Manager was able to assist six member sites who requested for assistance. The Secretariat awarded prizes for the best website based on content and frequency of update. First prize went to Ifakara, Tanzania; Second prize to Kintampo, Ghana; Third prize to Africa Centre, South Africa.

4. Collexis® – Shared Knowledge (Sida/INDEPTH Project)

The main goal of the project is to install Collexis technologies and make them accessible from the INDEPTH Secretariat. INDEPTH databases were fingerprinted and connected interactively to major health information resources like the Cochrane Library, MedLine and Free Medical Journals. This will strongly support the networking objectives of INDEPTH and also increase the visibility of its experts around the world. A BETA version of the fingerprinting software was installed on the INDEPTH Server, and was tested by staff in the Secretariat. The INDEPTH ICT Manager took part in a technical training workshop on the development and use of the Collexis ASP application in Cape Town in August 2004. Thereafter, a revised version of the application was installed for continued testing. So far, 22 websites of INDEPTH member sites and the INDEPTH website have been fingerprinted and are now available in the INDEPTH ASP application.

Version 3.0 of the INDEPTH Application is available for use at the following URL: <http://violet.collexis.net/indepth> . It is also available on the INDEPTH Website under the “INDEPTH Expert Finder”. The next step is to notify sites of the application and how to use it.

Here you can search through millions of published papers and documents to find references and full text items, as well as the names experts and information about their other work in the specific fields covered by your search query.

Registered users can save searches and results in a virtual room, and set up their own current awareness services to find any new item added during a given period of time.

Registered users log in by clicking on the button at the top right. This will bring up extra menu items, saved searches and results.

For information about how to use Collexis, click the Help button.

Search	Options
[enter text here]	<input type="radio"/> Match all the concepts found (short input) <input checked="" type="radio"/> Match any of the concepts found (pasting text; natural language)

5. Developing a Resource Kit for DSS

Funding from the Rockefeller Foundation was secured by the Secretariat to develop an INDEPTH resource kit for DSS. The proposed modular resource kit will support routine and advanced operations in DSS sites especially immediately after start-up. This will be mainly published online. A book edition of the kit will also be published. The toolkit will include a master checklist, budget frameworks, survey instruments and methods, practical guidance on how to retain staff, do the training, and maintain the field and data systems. The INDEPTH resource kit will cover the most crucial aspects of running a DSS site.

A brainstorming meeting was hosted by the Swiss Tropical Institute in Basel, Switzerland on 5 May 2005 in which the first table of contents for the kit was generated. Participants were Don de Savigny, Oscar Mukassa, Tom Smith, Honarati Masanja and Osman Sankoh.



(L-R): Don, Tom, Oscar, Osman and Honarati brainstorming on the Resource Kit

From 6-9 December 2006 an invited group of INDEPTH sites based on criteria such as length of experience in running a DSS, use of innovative technologies, region, collaborations, and legal status, met in Ho, Ghana to develop the kit. At the end of the workshop participants produced a complete draft of the resource kit comprising the following sections:

- Section 1. Introduction and Navigation.
- Section 2. Site Start-up.
- Section 3. Core Baseline Round.
- Section 4. Core Update Rounds.
- Section 5 Optional Modules.

6. Cross-site capacity building seed grants

With initial funding secured in late 2005 from Sida/SAREC the Secretariat will start awarding in 2006 competitive grants to foster research collaboration and research training between INDEPTH sites in the developing world by providing seed grants of US\$25,000 per grant to at least three member sites participating in a cross-site activity. The Secretariat hopes to attract other funding agencies in the near future.

The seed grants are intended to facilitate stronger collaborations among INDEPTH sites. Specifically the objectives which are intentionally broad are to:

- Promote and fund research training;
- Promote equal opportunities, encouraging a gender and geographically balanced generation of scientists;
- Foster international, North-South and South-South collaborations;
- Encourage public health research methodology development and cost-effectiveness in research;
- Strengthen data collection systems at INDEPTH sites and their ability to share with other partners;
- Promote joint data analysis and develop analytical skills and techniques for data extraction;
- Provide the opportunity for young scientists at the sites to strengthen their skills in scientific writing and grant proposal development and possibly senior degrees; and
- Enable joint attendance at research training courses and workshops.

More information on the grants is provided on the INDEPTH website (www.indepth-network.org)

D. Collaborations

1. World Health Organisation

The primary purpose of the INDEPTH-WHO collaboration is to draw on the complementary strengths and methodologies of INDEPTH – a community and household level health and demographic surveillance system platform covering prospectively some 22 African and 13

Asian field sites – and SAGE, an envisaged multi-round study of adults 50 years and older in eight countries. Specific objectives include:

- implementing the full SAGE survey in 3 INDEPTH sites in countries where SAGE is also being implemented (South Africa, Ghana and India)
- piloting the implementation of a shortened ‘summary’ version of SAGE, with primary emphasis on physical and cognitive function, in several INDEPTH sites as part of routine health and demographic surveillance operations
- undertaking a series of analyses that both compare findings using these different approaches, and extend the analytic possibilities given the SAGE survey’s national scope and character and INDEPTH sites’ longitudinal and geographically defined focus.

See section on Adult Health and Aging for further details.

2. The London School: TARGETS

Collaborators: London School of Hygiene and Tropical Medicine (UK; lead), STI (Basel), KNCV Tuberculosis Foundation (Amsterdam), ZAMBART (Zambia), Ifakara Centre (Tanzania), Makerere University (Uganda), Centre for Health Research and Development (India), and INDEPTH Network. Proposal funded by DFID.

The Objectives of this grant proposal are to: improve health of the poor and vulnerable through generating and facilitating the uptake of evidence based policies, and approaches to effective control and prevention of communicable diseases; develop concepts, methods and tools to achieve the millennium development goals through effective interventions in vulnerable groups; build capacity in southern partner and collaborating institutions for conducting research to generate policy-relevant new knowledge; and facilitate effective and timely dissemination of new knowledge to policy makers and planners.

In line with the set goals of the consortium, INDEPTH undertook consultations with various stakeholders in the area of malaria and TB with view of identifying the challenges the health sector encounter in implementing intervention programmes in Ghana. Focus in-depth interviews were held with the Director of Public Health, National Malaria Control Program Manager, National TB Control Program Manager, Duty Program Manager (DFID), Health Advisor (The Netherlands Embassy in Ghana), Director of Kintampo Health Research Centre, Navrongo Health Research Centre and some District Director of Health Services.

3. The University of Sussex: Bridging the Gap: Translating Sexual and Reproductive Health Rights into Policy and Practice

Collaborators: The Institute of Development Studies, University of Sussex, UK (lead), London School of Hygiene and Tropical Medicine, Engender Health, African Population and Health Research Centre, BRAC Bangladesh, and INDEPTH Network. Proposal funded by DFID.

Morbidity and mortality arising from sexual reproductive health (SRH) problems represents a growing source of concern in many developing countries. It compromises poverty reduction efforts and bring untold hardships, pain and sufferings to families worldwide, particularly among the poorest in society. Although systematic efforts have been made in the past two decades to improve on sexual reproductive health, progress has been slow. And while it is a

fundamental right of all individuals to have access to reproductive health, these rights are poorly understood or appreciated. In response to this problem, the INDEPTH-network, in partnership with the Institute for development studies (IDS), University of Sussex, UK, and four other organisations, formed a research consortium to address these problems in order to provide evidence base for policy. The consortium aims to:

1. Improve the evidence base on the high levels of sexual reproductive health morbidity, mortality and unmet needs, and communicating it to relevant actors
2. Find innovative ways to improve access to existing and new low cost sexual reproductive health technologies and services by poor women and men
3. Improve knowledge of the constraints to translating sexual reproductive health rights into reality
4. Build national capacity to put sexual and reproductive health and rights onto the policy agenda and to contribute to the realization of the Millennium Development Goals (MDGs).

In order to implement the proposed objectives, a series of planning meetings were planned during the first six months known as the inception phase. To help in the planning of the proposed activities, partners were encouraged to hold stakeholder consultative meetings to identify priority areas. Consequently, the INDEPTH network held a stockholder consultative meeting with institutions/NGOs working in the area of sexual reproductive health to mop up ideas and to find out the current state of knowledge on sexual reproductive health and rights. The specific objectives of the workshop were to:

1. To assess the current state of research knowledge and policies in Ghana (West Africa) on SRH and rights
2. To identify gaps and issues that require further research and policy analysis

The workshop took place in Accra on October 18 and 19, 2005. Participants came from institutions in Ghana including: Graphic Communication Group Ltd., National Population Council, Ghana Health Service, Navrongo Health Research Centre, British Council, GrassRootsAfrica, Endanger Health, University of Ghana, and the INDEPTH Network.

At the conclusion of the workshop, the following salient points were noted:

1. A recognition that sexual reproductive health and the rights of individuals to information and services is critical for the attainment of the health related MDGs, but unfortunately, these have not been given the needed attention;
2. There is a lot of ignorance from the general population and health professionals about policies related to sexual reproductive health and rights; and
3. There is need to create an enabling environment and to get different stakeholders, including MDAs, CSOs and other advocacy groups, to put high on their agenda the importance of sexual reproductive health and the rights of individuals to services and information.

Following after the stakeholder workshops, which were convened by all consortium partners, a planning meeting was convened at the University of Sussex, UK, to put together a plan of work for the first year. Partners were grouped into areas of greatest expertise and comparative advantage. The network will be working with partners from the London School of Hygiene and Tropical Medicine and the African Population and Health Research Centre (APHRC), to examine and analyze data on sexual reproductive health.

4. The University of Ghana: Health Informatics

The INDEPTH Network is taking advantage of a new Masters programme in Health Informatics at the University of Ghana to develop capacity of INDEPTH member sites by supporting 2-3 students from INDEPTH sites to participate in this programme. The purpose is to train INDEPTH scientists in the development of the HRS software which is widely used in INDEPTH sites. INDEPTH has been contributing to the development of the programme's curriculum.

The new programme is a multi-disciplinary arrangement between the School of Public Health and the Computer Science Department, which will award an MPH in Health Informatics. The programme will encourage application from nurses, physicians, researchers, medical librarians, and other health research professionals.

The course was advertised locally and internationally in September 2005 and 2 prospective students from indepth sites applied (Navrongo and Ifakara). The candidate from Ifakara withdrew. Interviews have been conducted and we await final selection results.

5. The University of the Witwatersrand: The INDEPTH Leadership Programme

INDEPTH and the University of the Witwatersrand in Johannesburg, South Africa are forging a successful partnership that has established a Masters degree in population based field epidemiology. Please refer to section C1 on our scientific development and leadership programme for further details.

6. Malaria Vaccine Initiative

The INDEPTH Network hosted a Technology Roadmap Stakeholder Meeting of the MVI on Sunday, May 22, in Durban, South Africa. The meeting discussed strategies and priorities for accelerating development of malaria vaccines. The Bill and Melinda Gates Foundation and The Wellcome Trust are jointly sponsoring the road-mapping process and this meeting.

The meeting was conveniently timed to coincide with the INDEPTH Annual Meeting, and was held at the same location in Durban.

The aim of the Stakeholder Meeting was to garner broad participation by the malaria vaccine community in the ongoing roadmapping process. Participants heard about the results of earlier Vision and Technology Roadmap meetings, held in October 2004 and March 2005, respectively. The results included strategic goals and "big questions" that must be addressed to develop a successful vaccine, and the activities, priorities, and time lines needed to do so. Participants had opportunities to offer their thoughts on these important issues, providing valuable input to the development of a Malaria Vaccine Technology Roadmap.

7. DSS and Universities in Ghana, Kenya and South Africa

The Secretariat secured funding in 2005 from the Hewlett Foundation to organise a consultative meeting of DSS sites and University population programmes in Ghana, Kenya and South Africa.

This consultative meeting between DSS sites and population programmes at selected universities in Ghana, Kenya and South Africa will deliberate on opportunities of a partnership between the two types of institutions and sketch out a grant proposal for such a partnership.

Objectives of the proposed partnership include:

1. To create relationships between the universities and DSS sites to access analytical capacity from scholars in population programmes at the universities;
2. To expose scholars in the population programmes at the participating universities to DSS research work and offer them the opportunity to work with INDEPTH researchers; and
3. To provide an opportunity for researchers and trainees in population programmes to work with longitudinal data generated at DSS sites, and to explore possibilities for collaborations.

Participating universities are: University of Cape Coast, Ghana; University of Ghana, Ghana; University of Nairobi, Kenya; University of Cape Town, South Africa; and University of the Witwatersrand, South Africa.

Participating DSS sites are: Kilifi, Kenya; Nairobi, Kenya; Kisumu, Kenya; Navrongo, Ghana; Kintampo, Ghana; Dodowa, Ghana; Agincourt, South Africa; Africa Centre, South Africa; and Dikgale, South Africa.

E. The INDEPTH Secretariat

1. Participation at international conferences/workshops

Conference on Global Environmental Change and Health in Heidelberg, Germany

Osman Sankoh contributed to a roundtable conference funded by the German Research Society on Global Environmental Change and Health, organised by Prof. Rainer Sauerborn at the University of Heidelberg Medical School. About 35 participants met in Heidelberg, Germany from 17 to 19 July 2005 to produce concept papers on diverse research themes based on the following core project areas: Modeling the impact of climate change on health; Biodiversity and health; Protection of human health; Health surveillance and early warning; and Fresh water scarcity and health. The conference agreed on sub-Saharan Africa as its focus and many of the research areas would require collaboration with INDEPTH sites.

Workshop on Using Science to Fight Emerging Threats from Infectious Diseases in Africa in Entebbe.

Osman Sankoh participated at a Foresight Workshop in Entebbe, Uganda from 2-4 August 2005. The workshop looked 10-20 years into the future to consider future risks from infectious diseases in plants, animals and humans in Africa. The workshop also considered options for responding to those challenges.

Global Forum for Health Research - Forum 9, Mumbai, India

On invitation from the Swedish Development Agency (Sida), Fred Binka attended the Forum 9 Meeting in Mumbai, 12-16 September. He presented the paper *Building National Capacity for Health Research – The Role of South-based Networks such as INDEPTH* in a session entitled "Build national capacity for health research in all countries." Among many things, this session examined successes and failures, methods and approaches.

Networks Leadership Summit in Halifax, Canada

Osman Sankoh was among select experts in the field of networks at a Networks Leadership Summit in Halifax on October 25, 2005. The purpose of the Networks Leadership Summit was to bring experts together to debate and discuss issues relevant to networks and to tap into the abundance of tacit knowledge that exists on the topic. The roundtable discussion shed light on best practices in initiating, sustaining, and evaluating networks, in addition to providing a forum for summit participants to share knowledge, progress and challenges related to networking initiatives.

African Health Research Forum (AfHRF) Custodial Group Meeting in Nairobi, Kenya

Osman Sankoh participated at the AfHRF's second Custodial Group meeting in Nairobi, Kenya on 23-24 April 2005. The meeting addressed three major issues: Formalising the Forum Structure; Reviewing the Changing Realities Regarding Interest in Health Research in Africa and Exploring the Implications for the Forum; and Moving the Forum from a Good Idea to a Great Organisation.

CHFP/CHPS Without Borders – International Exchange

Based on lessons learned from Navrongo DSS, the Ghana Health Service is now promoting the Community-based Health Planning and Services (CHPS) initiative as its primary strategy for realising universal access to health care. Launched in 1999, CHPS currently operates at varying levels in 105 of the country's 110 districts. CHPS spreads the process of community health service development by utilising Navrongo for demonstration to visiting district health implementation teams, practical tasks involved in programme implementation, fostering the development of lead districts where further demonstration can progress, and sponsoring the spread of pilot implementation and community demonstration of the programme throughout the country. To share this successful experience with other countries, a workshop was held in Navrongo from 12-17 May. Sierra Leone and Burkina Faso were invited. Fred Binka attended this unique meeting.

Challenges in Addressing Health-related Millennium Development Goals

Fred Binka gave a talk on using DSS-generated data for measuring MDG progress. The talk made use of empirical examples from DSS sites in Ghana and Tanzania. Among the audience was the Ghanaian Minister of Health. Following this talk, the Ministry of Health announced financial support to the three DSS sites in Ghana for the collection of MDG-specific indicators.

RTS,S Clinical Trials Partnership Committee Meeting

Fred Binka attended a meeting in Brussels from 26-27 September sponsored by MVI and GSK the Clinical Trials Partnership Committee for the RTS,S project. Two people from each of the eight MVI associated sites participated in the committee structure.

Symposium in Washington DC, USA

Fred Binka delivered a talk entitled "Finding the invisible victims: uncovering the hidden burden of malaria" at Symposium 22 held in Washington DC, organised by the American Society of Tropical Medicine and Hygiene during the association's 54th Annual General Meeting. The theme was *Facing the Challenge – Invisible victims, new tools and capacity building in the fight against malaria*. The Symposium was held on 12 December. Other speakers were Chris White, Malaria Programme Leader for the African Medical and Research Foundation (AMREF), Vinand Nantulya, Senior Health Advisor with the Global Fund to Fight AIDS, TB and Malaria, and Simon Crift, R&D Director for Drugs for Neglected Diseases Initiative (DNDi).

INDEPTH at Sida/SAREC in Sweden

Fred Binka and Osman Sankoh paid a visit to Sida/SAREC in Stockholm, Sweden in early May. The purpose of the visit was to have a face-to-face meeting with one of INDEPTH's committed funders. In a presentation attended by the Director of Sida/SAREC and other key officials, Fred Binka gave an update on the INDEPTH Network, focusing on past, ongoing and future scientific and capacity building activities.

EDCTP conference, Durban, South Africa

In order to seek collaboration opportunities for the INDEPTH programme on health interventions focusing on HIV/AIDS, malaria, TB and rotavirus, Fred Binka and Osman Sankoh attended a conference held in Durban, South Africa from 3-5 October by the European and Developing Countries Clinical Trials Partnership (EDCTP) on *HIV/AIDS, Tuberculosis and Malaria in Africa - From Knowledge Sharing to Implementation*.

2. Visit to Member Sites

Nairobi DSS, Kenya

Osman Sankoh visit Nairobi DSS on 22 April. While at the African Population and Health Research Centre, the centre that runs the Nairobi urban DSS, Osman delivered a paper on "Disease Cluster Detection Methods in Epidemiology - Opportunity for cross-site applications" at the centre's brown bag seminar series. The talk emphasised the general characteristics of the various groups of tests in a way that facilitated a quick decision on which test to use. An illustration of the application of the space scan statistic to data on childhood mortality from a demographic surveillance system in rural Burkina Faso will be provided.

Africa Centre, South Africa

Osman Sankoh was in Somhkele, South Africa from 5-8 April to give support to the Africa Centre during the Wellcome Trust pentennial review of the centre's accomplishments since its inception in 1998, and strategic plan for 2006-2010. Osman made a presentation on the contribution of the Africa Centre to INDEPTH network activities.

3. Running of the Network

INDEPTH is led by a permanent executive body ("the Secretariat"), which is headed by a full-time Executive Director. Additional network support capabilities are to be provided by the Secretariat through a Communications and External Relations Manager, IT Manager, Accountant, Administrative Officer and Administrative Secretary.

The principal overall responsibilities of the Secretariat are to:

- Identify key health and social issues and questions that need to be investigated;
- Maintain donor relations and generate funding for network-level studies and evaluations;
- Efficiently coordinate and support the conduct of network studies and evaluations;
- Publish and disseminate results to impact health and social policy and practice;
- Promote DSS and its capabilities;
- Position INDEPTH among regional and international institutions; and
- Organizes meetings of the Board of Trustees and the Scientific Advisory Committee.

In identifying key issues and raising funds for network studies, the Secretariat maintains ongoing dialogues with sites and with key donors and other stakeholders. In developing specific proposals the Secretariat will work closely with interested sites to build a Working Group and nominate the Principal Investigator.

Secretariat Staff

1. **Fred Binka** - Executive Director
2. **Osman Sankoh** - Communications and External Relations Manager
3. **Kwabena Owusu-Boateng** - ICT Manager
4. **Felicia Manu** - Administrative Secretary
5. **Sixtus Apaliyah** - Accountant
6. **Titus Tei** - Administrative Officer

4. The Board of Trustees

The Board consists of 9 total members: 6 Elected Members representing the sites and selected by them; 2 Appointed Members selected by the Elected Members to reflect donor perspectives, and 1 unaffiliated member, also selected by the Elected Members. The Board of Trustees' primary role is to provide oversight and accountability for the activities of the Secretariat and network as a whole. The Board had two face-to-face conferences and one telephone conference in 2005.

The following was the composition of the INDEPTH Board of Trustees in 2005.

1. **Steve Tollman (Chair)**, Health and Population Division, Agincourt Health and Population Unit, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa.
2. **Nguyen Thi Kim Chuc**, Filabavi Field Site, Institute of Health Strategy and Policy, Hanoi, Vietnam.
3. **Alex Ezeh**, African Population and Health Research Centre, Nairobi, Kenya.
4. **Bocar Kouyate**, Centre de Recherche en Sante de Nouna, Nouna, Burkina Fasso.
5. **Regina Rabinovich**, Bill & Melinda Gates Foundation: Infectious Diseases, Global Health Program, Seattle, USA
6. **Anita Sandstrom**, Swedish HIV/AIDS Team for Africa, Embassy of Sweden, Zambia
7. **Donald de Savigny**, Swiss Tropical Institute, Basel, Switzerland.
8. **Peter Kim Streatfield**, Matlab, ICCDR,B, Dhaka, Bangladesh.
9. **Hassan Mshinda**, Ifakara Health Research Centre, Tanzania

5. The Scientific Advisory Committee

The INDEPTH permanent Scientific Advisory Committee (SAC) assists in maintaining the focus of INDEPTH on health, population and social issues and areas of greatest potential impact; encourages linkages between INDEPTH and related agencies, research bodies and networks; and helps maintain the highest scientific standard for INDEPTH studies. In addition, the SAC facilitates ongoing communication between INDEPTH and donors and key scientific stakeholders. The SAC currently consists of 11 members selected on their personal merits and representing diverse constituencies including NGOs, academic institutions pharmaceutical and

clinical research organizations, etc. In 2005 the SAC had one face-to-face and one telephone conference.

Members on the INDEPTH SAC are as follows:

1. **Jane Menken** (Chair), Demography, University of Colorado at Boulder, USA.
2. **Stig Wall** (Deputy Chair), Epidemiology, Umea International. School of Public Health, Sweden.
3. **Pham Huy Dung**, Health Policy, Institute of Reproductive Health, Hanoi, Vietnam.
4. **Bruce MacLeod**, Information Technology, University of Southern Maine, USA.
5. **Soulaymane Mboup**, Infectious Diseases, Laboratoire de Biologie Cellulaire, Senegal.
6. **Anne Mills**, Health Economics, London School of Hygiene and Tropical Medicine.
7. **James Phillips**, Demography, Population Council New York, USA.
8. **Rainer Sauerborn**, Public Health, University of Heidelberg, Germany.
9. **Joanna Schellenberg**, Statistics/Epidemiology, London School of Hygiene and Tropical Medicine, UK.
1. **Thomas Smith**, Biostatistics/Epidemiology, Swiss Tropical Institute, Switzerland.
2. **Basia Zaba**, Demography, Centre for Population Studies, London School of Hygiene and Tropical Medicine, UK.

6. Visitors to the Network in 2005

Name	Institution
1. Michael J White	Population Studies and Training Centre, Brown Univ
2. Sandy Caincross	London School of Hygiene and Tropical Medicine
3. Gareth Jones	Swedish Embassy, Zambia
4. Anita Sandstrom	Swedish Embassy, Zambia
5. Modrenhaupt Frank	Institute of Tropical Medicine, Berlin
6. Tinofa Mutevedzi	Africa Centre, South Africa
7. Eleuther Mwageni	Rufiji DSS, Tanzania
8. Syed Shalaoddin	Matlab DSS, Bangladesh
9. Hannah Akuffo	Sida/SAREC, Sweden

F. Membership in 2005

There are two categories of INDEPTH membership. A **full member** is any demographic surveillance system (DSS)-based site with existing or committed funding, and the DSS site fulfils the following characteristics:

- A geographically defined population is under continuous demographic monitoring, with timely production of data on all births, deaths, and migrations — sometimes called a demographic surveillance system (DSS); and
- This monitoring system provides a platform for a wide range of health-system innovations, as well as social, economic, behavioural, and health interventions, all closely associated with research activities.

Interested professionals, research institutions and donors are eligible to participate as **associate members**.

List of full members in 2005

West Africa

Bandim (Guinea Bissau), Farafenni (The Gambia)
Mlomp, Bandafassi and Niakhar (Senegal)
Dodowa, Kintampo and Navrongo (Ghana)
Nouna, Ouagadougou, Oubritenga and Sapone (Burkina Faso)

East Africa

Butajira (Ethiopia), Kilifi, Kisumu and Nairobi (Kenya)
Ifakara, Rufiji, and Magu (Tanzania)
Iganga/Mayuge and Rakai (Uganda)

Southern Africa

Karonga (Malawi), Manhica (Mozambique)
ACDIS, Agincourt, and Dikgale (South Africa)

Asia/Oceania

Chililab and Filabavi (Vietnam), Matlab, HSID, and Watch (Bangladesh)
Ballabgarh and Vadu (India), Purwojoro (Indonesia), Kanchanaburi (Thailand)
Wosera (Papua New Guinea)

Central America

Leon (Nicaragua)

G. Financial Report 2005

INDEPTH NETWORK INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER 2005

	2005 US\$	2004 US\$
Receipts		
Grants	1,589,274	2,268,523
Total Receipts	1,589,274	2,268,523
Expenditure		
Meeting Expenses	449,113	993,188
Workshops	145,919	707,186
Development and maintenance of Websites	16,553	19,372
General Expenses	550,043	588,830
Leadership Programme	324,996	0.00
Total Expenditure	1,486,624	2,308,576
(Deficit)/Surplus of Income over Expenditure transferred to Accumulated Fund	102,650	(40,053)

INDEPTH NETWORK BALANCE SHEET AS AT 31st DECEMBER 2005

	2005 US\$	2004 US\$
Current Assets		
Rent prepayment	43,900	31,600
Cash and Bank Balances	1,451,153	1,174,727
	1,495,053	1,206,327
Current Liabilities		
Grants	(1,206,986)	(1,020,910)
Net Assets	288,067	185,417
Represented by:		
Accumulated Funds	288,067	185,417



**OPINION ON THE MANAGEMENT ACCOUNTS OF
INDEPTH NETWORK
FOR THE YEAR ENDED 31ST DECEMBER 2005**

We have reviewed the financial statements of Indepth Network for the year ended 31st December 2005 set out on pages 5 to 12.

The financial statements referred to above are based on the local statutory accounts of Indepth Network.

In our opinion, the financial statements which have been prepared in accordance with Ghana Accounting Standards, give for the purposes of our review a true and fair view of the financial position of the company at 31st December 2005 and of the results of its operations and cash flows for the year then ended.

**CHARTERED ACCOUNTANTS
25 LIBERIA ROAD
P. O. BOX 242
ACCRA**

....., 2006