

ANNUAL REPORT 2012



INDEPTH Network
Better Health Information for Better Health Policy

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Prof. Marcel Tanner
Director, Swiss TPH, Switzerland

A most stimulating and interesting year as Board Chair is already over. On behalf of the INDEPTH Network's Board, executive team and all its members, I am happy to present to you, the annual report for 2012.

The report describes the goals and achievements of a network of 47 health and demographic surveillance systems (HDSS) from 21 countries. We hope it gives you insights into how the INDEPTH community pursues its overarching goal which is to contribute to improving the health of populations at both national and global levels, and also, how the Network is organised. In addition, we hope that the report will generate even more interest in INDEPTH and encourage exchanges leading to new and stronger collaborations in 2013.

It is not possible to list all the highlights of 2012 in a short preface. However, we started the year with a strong emphasis on assuring that the Network became firmly based on sound science leading to data of a high quality for generating knowledge and evidence for science and broad national and global health use and action. We are on course to strengthen the science-based backbone of the Network as reflected in the various focused data quality and analysis workshops held in 2012, and the development of the 'Centre-in-a-Box': a system consisting of an integrated set of readily available software components to enhance data management at each participating INDEPTH member centre and ease the burden of producing comparable and fully

Message from the Board Chair

documented analytical datasets. Equally important was the internal launching of INDEPTHStats on November 23, 2012. The global launch will take place on 1 July 2013.

Looking ahead, we realise that if we wish to remain effective and become more directly and comprehensively involved in global health development, we need to continuously assure the two key principles of our Network, namely:

- (i) No compromise on science;
- (ii) Working in partnership in a spirit of mutual learning for positive change.

Besides pursuing our core business and projects, we will have to remain vigilant to the rapidly changing priorities and needs at national and global level and keep the spirit of the innovative thinking pioneers. In this respect, there is still a lot of room for improvement. For example, the Network and individual HDSS could do substantially more through innovative projects in the field of the effectiveness of health interventions, (building for example on INESS), household economics, food security, migration and population dynamics and epidemiological transitions, as well as overall determinants of well-being. It is through such approaches that we not only attract new partners and funders for project and core activities, but more importantly, provide the evidence that shows how health can be improved, societies changed and poverty alleviated.

We express our sincere thanks to all colleagues and collaborators and to all those who have supported our core business and projects in the past, and continue to do so. Without these crucial national and international partnerships, the work and accomplishments described in this report would not have been possible. Nor would we have been able to plan for the future.

It is a real pleasure and privilege to be working with you all. While thanking you for your trust and commitment, I wish INDEPTH another stimulating and productive year in 2013!

Message from the Executive Director

It is not easy even to begin to contemplate describing the year 2012 within the context of a Network that is as formidable as INDEPTH – challenging, difficult, successful, rewarding, hopeful, interesting? Indeed I think 2012 has been all of these both for the Network and for me as Executive Director.

Right from the start of the year, we stepped out as a network fully prepared to complete a cycle of activities. We began with the themes: **Quality, Focus and Innovation**. Our aims were high and expectations great.

Month after month, we rolled out new initiatives in the three critical areas of our work – scientific research; capacity strengthening and data management and sharing. Proposed programmes and projects in these areas took on a life of their own and became realities with potentially exciting outcomes.

Driving a scientific agenda to ensure that INDEPTH member centres continue to deepen and expand the boundaries of scientific knowledge requires an aggressive approach to capacity strengthening. We recognised this critical linkage very early in the year and introduced a package of multi-faceted training programmes to help meet this challenge.

We engaged Working Groups more vigorously during the year so that they, in turn, recognise their immense potential to conduct relevant cross-centre and multi-centre research. Our expectation is that their work will influence health policy worldwide in a positive way, thus making a significant contribution to improving the health conditions of populations in low- and middle-income countries (LMICs).

Throughout the year, we continued to passionately pursue the ideal of generating, managing and sharing statistically sound and internationally comparable data which will serve as key indicators for assessing the health situation in LMICs.



Prof. Osman Sankoh

To this end the INDEPTH Data Access and Sharing Policy, the iSHARE2 project and INDEPTHStats were given such a massive boost that by the end of the year, INDEPTHStats as a data sharing platform was almost set to become one of the Network's greatest contributions to the advancement of global health research.

The numerical strength of the Network increased by leaps and bounds with the admission of new members (now 46 HDSSs run by 40 research centres in 21 countries in Africa, Asia and Oceania). This gratifying development has added variety to the group but has also created a challenge for co-ordination. However, as is well-known, challenges can always be considered as opportunities. The team at the INDEPTH Secretariat and I welcome any opportunity to serve the Network

We have provided at the end of the Annual Report another unqualified audited annual financial report by our international auditors PWC. The Secretariat will continue to strengthen its controls in order to maintain prudent financial management of the Network's resources. We thank the INDEPTH Board for its effective oversight of our activities.

I trust that this short preview will encourage partners and friends of INDEPTH to read the entire Annual Report for 2012, and that they will enjoy doing so..

A handwritten signature in black ink, appearing to read 'Osman Sankoh', written in a cursive style.

INTRODUCTION

INDEPTH's Vision

INDEPTH will be an international network of 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's Mission

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.

INDEPTH's Strategic Objectives

1. To support and strengthen the ability of INDEPTH 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;
4. To stimulate and co-ordinate multi-site applications to research funding bodies for specific research activities;
5. To systematically apply comprehensive Results Based Management metrics to evaluate all activities.

INDEPTH's Broad Activities

1. Cultivate cross-site activity through:
 - i. Execution of comparative studies and exchange of experiences on critical common problems;
 - ii. Creation and sharing of regional health status assessments relevant to global priority setting;
 - iii. Coordination of multi-site research collaborations that evaluate interventions in diverse socio-culture and geographic environments; and
 - iv. Recruitment and/or creation of additional sites, particularly sites that provide INDEPTH with a presence in current geographic gaps;
2. Generation of longitudinal data and analysis that can impact on ongoing health and social reforms,

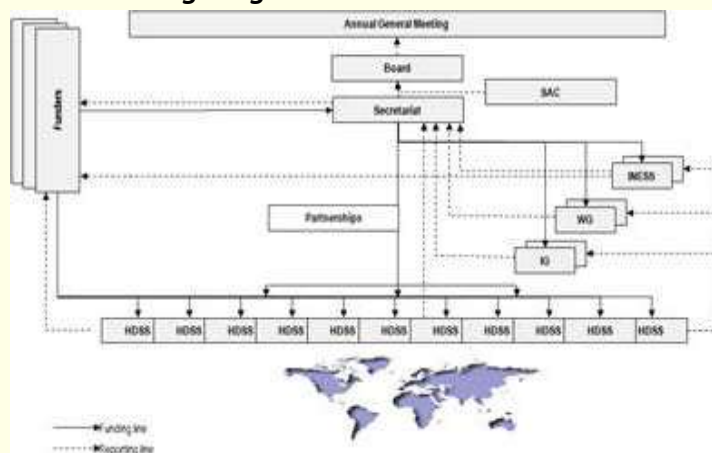
inform health and social policy and practise and contribute to governmental, NGO, private and community health efforts;

3. Broadening 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. Continuous improvement of the methods and technologies used by member centres to ensure all participating groups have access to the most valid and appropriate methodologies available;
5. Enhancement of visibility and recognition for INDEPTH and member centres among critical constituencies, including academic, government and international agencies and donors.

INDEPTH's Key Strategies

During the year 2012, the INDEPTH Secretariat continued to execute its mandate through the continued use of key strategies for the effective running of the Network. These strategies included facilitating knowledge sharing among centres, helping to disseminate data and research outputs, convening analysis and capacity building/strengthening workshops and coordinating multi-site research collaborations. In addition, throughout the year, the Secretariat consistently facilitated cross-site scientific visits, promoted on-site training courses and internships and intensified efforts to standardize research methods and tools. There was also support for dissemination of models for survey design, data processing and analysis and quality control. Furthermore, continuous efforts were pursued to establish and build collaborations with other institutions, particularly the universities, in order to harness their comparative advantage in training for the benefit of member centres.

INDEPTH Organogram



A: SCIENTIFIC ACTIVITIES

Working Groups

Throughout its existence, much of INDEPTH's health and demographic research has been dependent on the creation and use of Working Groups. These Groups are expected to act as generators and incubators for multi-site research. Through a practical and effective utilisation of the Working Groups, INDEPTH has successfully ventured into areas of interest to the Network and also recorded significant advancement in and contribution to global health research.

All INDEPTH Health and Demographic Surveillance Systems (HDSS) are encouraged to collaborate continuously through Working Groups to identify issues, conduct research and perform analyses so as to help shape the future of the Network. During the year 2012, the following Working Groups were active:

i. Adult Health and Aging

This Working Group aims to undertake research to help advance an empirical understanding of problems associated with the aged and older persons at INDEPTH member centres. The initial work of the group was to look at comparative mortality and cardiovascular risk among adults. The core Adult Health and Aging platform involves four African (Agincourt, Ifakara, Nairobi, Navrongo) and four Asian (Filabavi, Matlab, Purworejo, Vadu) INDEPTH member HDSSs. Considerable interest has been demonstrated by other centres, notably Dikgale, Iganga/Mayuge and Kanchanaburi HDSS.

The major activities carried out by this Working Group in 2012 included:

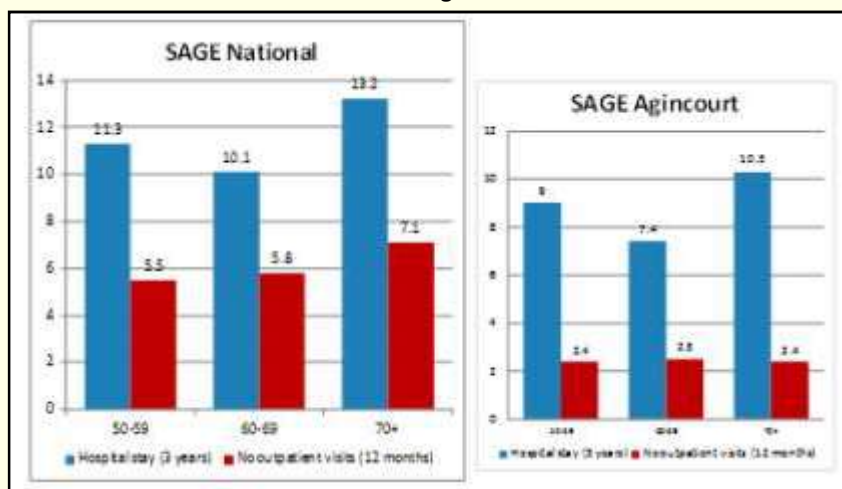
- ∞ A number of ongoing PhD and Masters studies that were conducted within the framework of the group and/or using group data along with a modest utilisation of the public access database – including a team at

Warwick University, UK (Stranges et al);

- ∞ Efforts to enrich the existing database with support from an NIH-RO3 grant proposal;
- ∞ Presentation of revised papers at the 2nd analysis and writing workshop funded by the National Institute on Aging, and jointly convened with the Harvard Center for Population and Development. Of the revised papers, two have been published/accepted (Ng et al *BMC Public Health*; Hirve et al *Int J Epi*), with a third under review (Gomez-Olivé et al *Int J Epi*). Three others - from Matlab, Nairobi and Navrongo HDSS are at advanced stages and likely to be submitted during 2013;
- ? Application of the 'long' WHO-SAGE instrument at member centres in countries where national SAGE surveys were previously conducted (Ghana, South Africa, India). Also, data entry began during the year after difficulties with the entry programme were resolved, paving the way for analyses, including national-HDSS comparisons, to commence.

In addition to these extensive efforts, during 2012 the group focused on preparing and submitting an application to the NIA-NIH which would involve collaboration between INDEPTH and the Centre for Population and Development at Harvard. The application entitled '*Health and Aging in Africa: Longitudinal Studies in INDEPTH Centres (HAALSII)*' and worth USD 7.5M has Steve Tollman as Principal Investigator (PI) and Lisa Berkman as Co-PI. Prior to the submission of the application, during July – August, 2012, a pilot study of migrant adult follow-up was undertaken in Agincourt, Ifakara and Navrongo HDSS (Collinson, Debpuur, Masanja et al).

Health care utilisation among older adults in South Africa

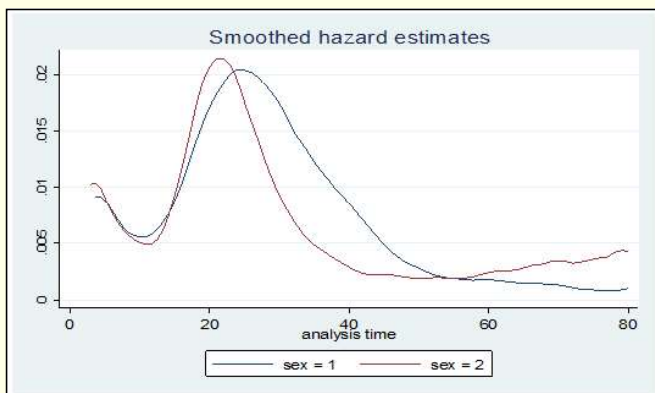
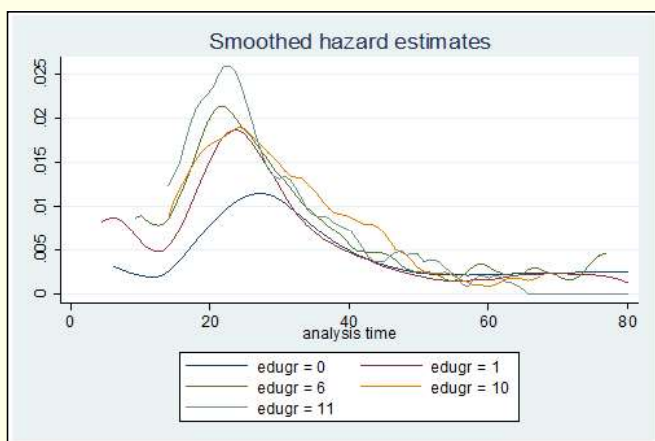


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ii. Migration, Urbanisation & Health

This group seeks to examine the relationship between migration, health and poverty at INDEPTH member HDSSs with the aim of contributing to an empirical understanding of the dynamics between migration and health in Africa and Asia using HDSS data. As a sequel to its earlier work, which culminated in the publication of their first monograph, the group then known as Migration and Urbanisation Working Group (MUWG) successfully launched the 2nd phase of its work under the theme: “Multi-centre Analysis of Dynamics in Migration and Health (MADIMAH).

Apart from being Instrumental in the first phase of the multi-country analysis of the dynamics in migration and health, MADIMAH has made efforts to establish methods and data preparation and enhance the analytic skills of researchers in 24 HDSS centres. Scientists in the centres gained the requisite skills and have become a large and enthusiastic Working Group. They undertook database management and statistical training on the methods required and how to prepare databases for analysis. The group is now capitalising on the preceding training to work towards archiving cleaned longitudinal datasets for analysis. This group was instrumental in defining the new HDSS data quality standards and evaluation metrics for the Network.



iii. Sexual and Reproductive Health (SRH)

The group aims at utilising the HDSS platform to evaluate the demographic and health impact of reproductive health and family planning interventions in low- and middle-income countries (LMICs), with particular focus on Adolescent Sexual and Reproductive Health (ASRH). The ultimate aim is to develop a cohort study on transitions to adulthood that will allow for a series of studies on ASRH.

Throughout the year 2012, a number of consultative meetings were held to advance the development of the study concept. The first such meeting was held in Accra on January 22nd with the aim of reviewing initial ideas and brainstorming on the key issues for consideration in a funding proposal to be developed under the leadership of Professor David Ross. The SRH team converged again at the annual meeting of the Population Association of America (PAA) in San Francisco, USA, on 2nd May to discuss progress and outline the implementation component of the proposal. This was followed on May 4th by a meeting between the INDEPTH members of the team and representatives of the Hewlett Foundation to discuss all outcomes of the previous meetings. Finally, during the INDEPTH AGM in Hanoi, Vietnam, in November, there was a meeting, held to discuss the way forward. By the end of 2012, a completed funding proposal for an ASRH intervention (a pilot study) was ready and available to be used to attract funding. A consultant had also been engaged to undertake a systematic review of all ASRH intervention work in LMICs.



Prof. David Ross and Dr Ivy Kodji discussing the SRH project at the PAA conference

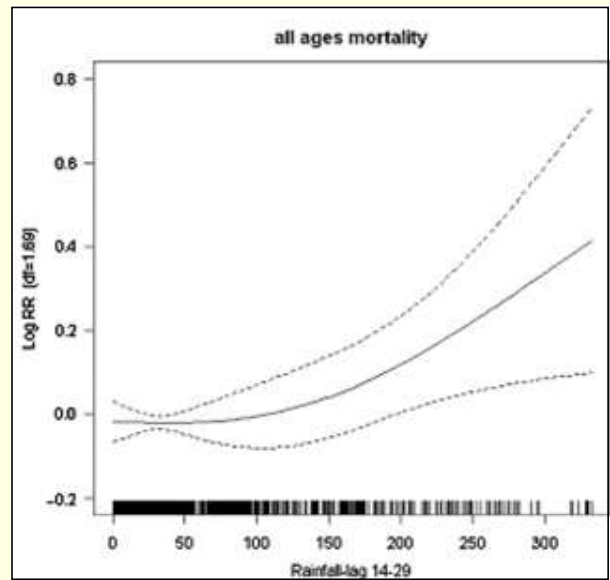
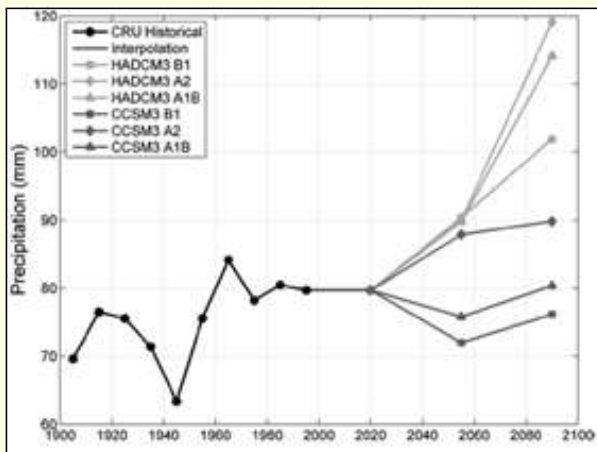
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iv. Environment and Health

The main focus of this group has been an effort to take advantage of the unique longitudinal data from member HDSSs to explore the relationship between climate change, migration and mortality under the acronym CLIMIMO. The Climate Change, Migration and Mortality (CLIMIMO) study/project has been the key focus of this Working Group. Through its work in 2012 this group has demonstrated with interesting preliminary results, the possibility of assessing the impact of climate change on health in small area populations.

Based on previous experience that the best and fastest way to expedite analysis and eventually obtain an output (a publication), is by assembling the scientists in one place for a data analysis workshop, the Secretariat facilitated a Data Analysis and Scientific Writing Workshop in Accra, Ghana, from 14 to 18 May, 2012. The specific objectives of the workshop included: drafting a proposal for funding the CLIMIMO Study activities, facilitating data analysis and production of high quality scientific papers from INDEPTH HDSS on the impact of climate extremes and weather pattern on mortality, and preparing manuscripts for inclusion in a special supplement of the Global Health Action Journal.

24 participants from 14 INDEPTH member centres in 6 countries attended the workshop under the leadership of Joacim Rocklöv (Umea University, Sweden), Sari Kovats (LSHTM, UK), David M. Hondula (University of Virginia, USA) and Rainer Sauerborn (Heidelberg University, Germany). While some of the papers from this workshop were published on November 23, 2012 as a Global Health Action Supplement titled, "CLIMO:—Climate and Mortality" (<http://www.globalhealthaction.net>), others are being revised to be published in due course.



Graph of rainfall and mortality

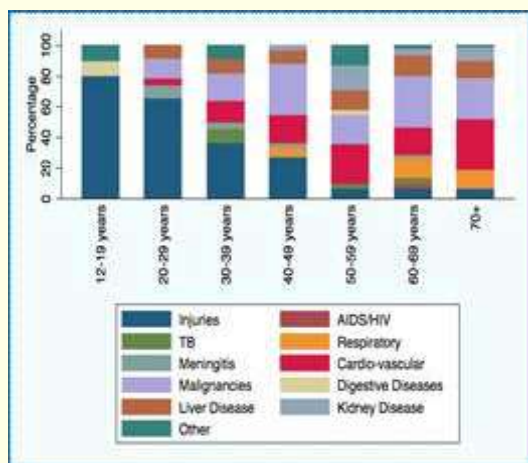
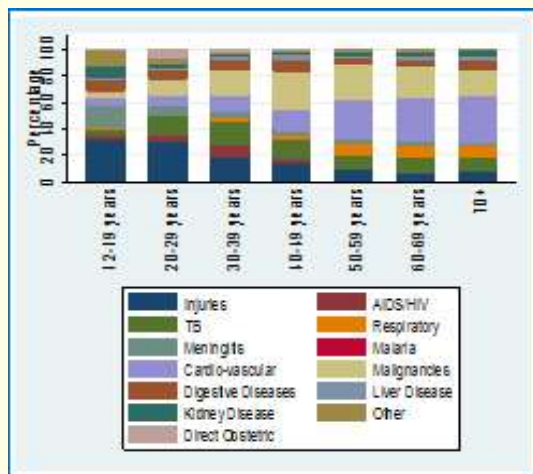
v. Cause of Death Determination (CODD)

In the absence of reliable vital registration systems in LMICs, the use of Verbal Autopsy (VA) has become the most acceptable alternative for understanding and/or ascertaining causes of death. To circumvent the challenges of clinician/physician coding, the Secretariat is encouraging/supporting the use of InterVA (a data driven algorithm tool that assigns causes of death using the Bayesian probabilistic methods). Led by Peter Byass a SAC member and Momodou Jasseh, Centre Leader, Farafenni HDSS, a series of activities were undertaken by the CODD Working Group in the course of 2012. Key among these was the updating and release of the current version of the cause of death analysis package (InterVA-4). The group also made major contributions to the revision of the VA tool.

Under the activities of this group, the Secretariat, in close collaboration with WHO, produced a short(er) VA tool and improved the analytical methods. From 21 to 22 January, 2012, a meeting was held in CapeTown, South Africa, on 'Improving Analysis of Cause of Death Information in LMICs'. It was under the auspices of Health Metrics Network (HMN) MOVE-IT project. A follow-up meeting was held in November, also in Cape Town, and in preparation for the second meeting, INDEPTH brought together the West Africa HDSSs located in the coastal zone of the sub-region, to examine the HIV-burden of mortality using the InterVA-4. This preparatory meeting took place in Accra, from 27 – 28 October, 2012.

INDEPTH also organised an analysis and writing workshop from 7 - 10 December, 2012 in collaboration with Catholic University of Louvain, in

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Cause of death by age group

Belgium, which was attended by participants from 23 HDSSs under the leadership of Peter Byass, Philippe Bocquier and Martin Bangha. More than 100,000 VAs were processed during this workshop. More importantly, it afforded the opportunity to assess data quality as well as the performance of the analytical method (InterVA-4) on centre-specific data. Participants pledged to produce draft manuscripts highlighting the major causes of death. The drafts are expected to be completed during a forthcoming workshop for consideration and publication in a TMIH Supplement.

vi. Mental Health and Neurology

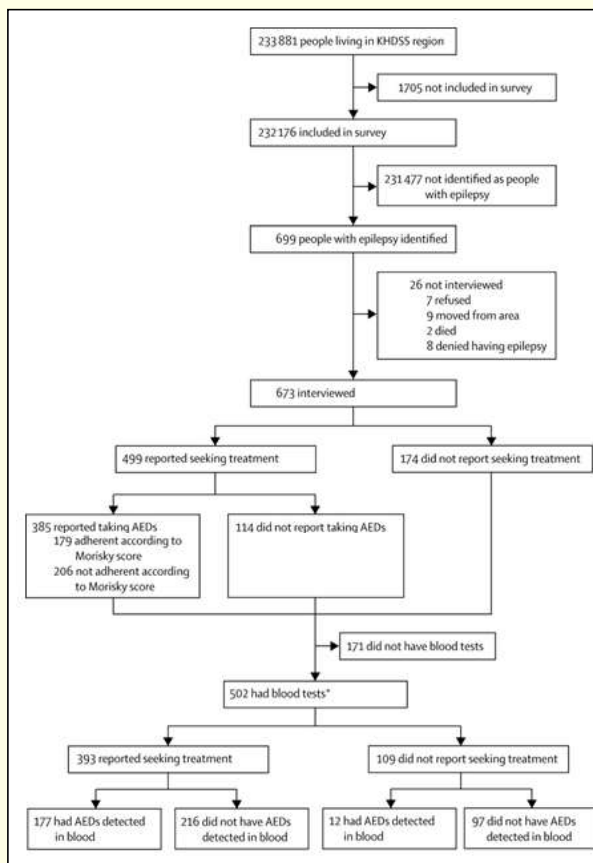
Among other things, the group's focus is on examining the burden of mental health at INDEPTH member HDSSs. The main area of activity of this working group is entitled: **Study of the Epidemiology of Epilepsy in Demographic Sites (SEEDS)**. Its overall aim is to study the prevalence, risk factors and outcome of epilepsy in five INDEPTH sites across sub-Saharan Africa. More specifically, it is to examine the prevalence of Active Convulsive Epilepsy (ACE) in the five HDSSs, the attributable fraction of preventable risk factors for ACE, the magnitude of excess mortality due to

epilepsy and the risk factors for mortality as well as the magnitude and risk factors of the treatment gap for epilepsy.

Survey of Risk factors associated with the epilepsy treatment gap in Kilifi

In 2012, the group continued to work on the cross-sectional surveys at the HDSS sites to identify cases of ACE and to match these cases with controls randomly chosen from the HDSS. Other activities included measuring exposure of cases and controls to parasites associated with the development of epilepsy, the determination of prevalence and risk factors for the treatment gap, supporting and setting up clinics for the treatment of epilepsy, following-up cohorts of ACE patients to determine the risk of death, and providing information for Ministries of Health and local organisations that support people with epilepsy.

One of the highlights of the group's activities during the past year was a meeting on Epilepsy in Africa held at St John's College University of Oxford, 15 - 17 April, 2012. The main objective was to review data from the prevalence and risk factor surveys across the sites and to agree on a data analysis plan as well as the definitions of variables. The group also discussed and agreed on a publication plan, lead authors and timelines as well as data sharing policies and future supplementary studies. Following the deliberations at this meeting the group drafted some manuscripts



Source: *The Lancet Neurology* 2012; 11:688-696

(DOI: 10.1016/S1474-4422(12)70155-2)

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LARGE PROJECTS

I. Vaccination and Child Survival

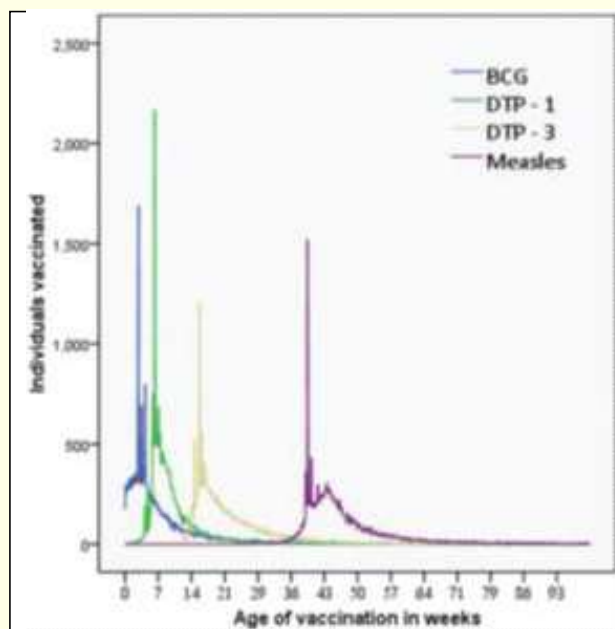
The large project, Vaccination and Child Survival, aims to examine broadly the impact of vaccinations on child survival at INDEPTH member HDSSs, including the nonspecific effects of specific antigens on child survival. Led by Professor Peter Aaby of Bandim HDSS, Guinea Bissau, the Working Group has been very active since its inception. The activities of the Group are being rolled out along two tracks. One of the tracks under the acronym, OPTIMUNISE, takes advantage of HDSSs within the INDEPTH Network to test the real life impact and cost effectiveness of child health interventions.

More specifically, the HDSSs provide a platform for 1) assessing the real life effect and cost-effectiveness of interventions in observational studies; 2) testing modifications of current programmes in RCTs, and 3) testing new interventions and interactions with existing interventions in RCTs. OPTIMUNISE is being implemented at three HDSSs in Guinea-Bissau, Burkina Faso, and Ghana. In this regard, OPTIMUNISE has modified the ongoing data collection systems at the participating HDSSs to include information on all routine and campaign interventions in childhood in order to conduct observational studies. The data collection measures the effect of major child health programmes with vaccines (BCG, DTP, OPV, and MV) and vitamin A controlling for determinants of compliance.

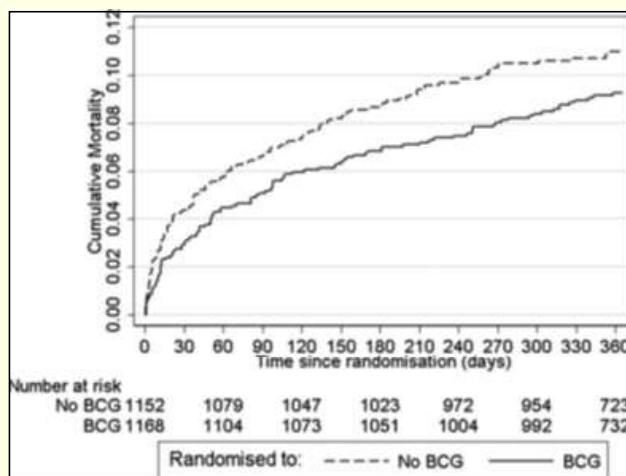
During the year 2012, data collection continued with a total of 7 data collection rounds in urban Guinea-Bissau, 4 in rural Guinea-Bissau, 5 in Nouna (Burkina Faso) and 5 in Navrongo (Ghana). The number of children followed in the three sites is around 7,600 in urban Guinea-Bissau, 18,000 in rural Guinea-Bissau, 11,900 in Nouna, and 11,200 in Navrongo. Experiences from the first rounds were discussed at a workshop in Guinea-Bissau in August, 2012 and summarised into a guide for routine data collection. In addition, a number of activities took place in the course of 2012 including a workshop on '*Logistic and survival regression analysis of epidemiologic data using STATA*' organised with the University of Ghana in January.

The second consortium meeting which covered all aspects of the project with focus on the measles vaccine (MV) trials was held in Nouna, Burkina Faso, in March. Indeed, the protocol for early MV at 4 and 9 months of age and a risk assessment that was

developed in 2011 were finalised during this consortium meeting. The protocol was subsequently translated into Portuguese and French and submitted to the respective national committees and Ministries of Health. This was subsequently approved by the respective ethical committees in Guinea-Bissau, Burkina Faso, Denmark, and Germany, while the Ghana Health Services (GHS) exempted Ghana from the study, partly because three new vaccines have already been introduced in Ghana. The MV was pilot tested successfully in Guinea-Bissau with enrolment



Proportion of individuals vaccinated with age of vaccination (Ballabgarh): Source: Kapil Yadav et al 2012: *J Troped*



Cumulative mortality curves during the first year of life according to randomization group. Source: Aaby et al 2011, *JID*

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notably easier than initially envisaged.

ii. INDEPTH Effectiveness and Safety Studies of Antimalarials in Africa (INESS): A platform for Phase IV Trials

INDEPTH Network Effectiveness and Safety Studies of Antimalarials in Africa (INESS) is a platform with a goal to assess the safety and effectiveness of new combination therapies for malaria in 7 HDSSs in 4 African countries. The project will enable African countries to ensure rapid access to practical evidence on treatment effectiveness from local experience. Despite a few challenges, the project remained very much on course throughout 2012, and made considerable progress in achieving its main objectives. The main activities of the project in 2012 include: Governance Council meeting, a scientific writing workshop and preparation for a Phase IV study for the newly registered antimalaria, Eurartesim.

Governance Council

The Governance Council met in Ho, Ghana on the 26th and 27th July 2012, to review progress with the current activities and future plans of sustaining the platform. The work plan and the budget for 2012/2013 INESS activities were reviewed and approved. All the Task Team Leaders and the 3 Site Leaders in Ghana took part in the Council meeting. Among other things, the Council recommended that to maintain the usefulness of the platform, Sites should look at what they can do on the effectiveness module which might not be too resource intensive, example is SMS for Life, so that they can continue to support the Districts and the Service delivery system. The Sites are in discussion with the service providers to explore how resources can be shared to continue some of the modules on the effectiveness studies.

Preparation for a Phase IV study for the newly registered antimalaria, Eurartesim

A series of meetings have been held between Sigma Tau, MMV and INESS in preparation for a phase IV trial. The first investigators' meeting was held in May 2012 in Ho, Ghana. Participants at the meeting included all PIs from the 6 INESS participating sites, MMV representative, David Ubben, a team from Sigma Tau, Safety Task Team Leader, a Senior Clinical Research Associate/Clinical Monitor, the INESS PI and his team. During this meeting, the draft protocol for

the Eurartesim phase IV study and other relevant documents were reviewed. Relevant changes and inputs were made by participants and the team discussed the operationalisation of the study (sample 10,000 with 1000 participants for a nested study). All these changes have been systematically documented by all the sites.

Ethical clearance

For Manhica (Mozambique), ethical clearance has been obtained for both Local and National IRB. In the case of Rufiji (Tanzania), ethical clearance has been obtained only from the local IRB and an expedited review has been requested from the National IRB and the site hopes to get clearance before end of March, 2013. For Nouna (Burkina Faso), the protocol was submitted for local and National IRB clearance rather in late 2012. Ethical approval from local IRB has just been obtained while clearance from National IRB is outstanding.

For Dodowa, Kintampo and Navrongo (Ghana), the protocol was submitted by each site to all the Institutional local IRBs and the National Ethics Committee in Ghana. After initial challenges of addressing a long list of queries, the protocol was resubmitted and finally approved by the National Ethics Committee. Approval has also been obtained from all the local IRBs from the 3 Research Centers.

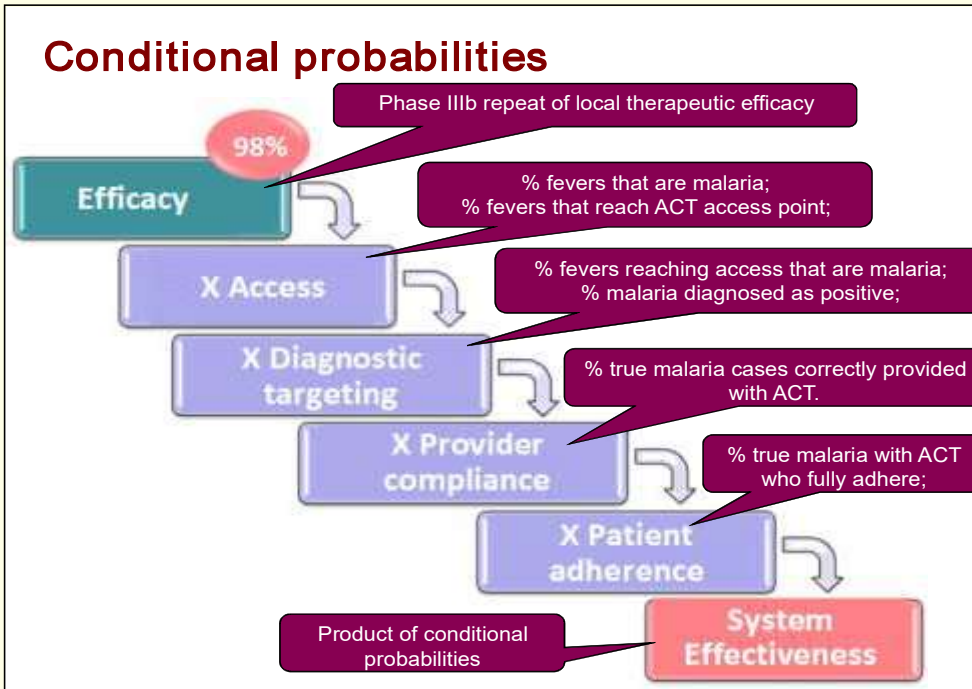
Registration status of Eurartesim in the participating countries

Dossiers were submitted and reviewed by the regulatory authorities in all four participating countries. The product was registered in Ghana in early January by the Ghana FDB. The certificate of registration was sent to Sigma Tau and a copy has been sent to INESS by Sigma Tau. Copies have been sent to all the 3 sites in Ghana for documentation and to the Ethical committee. In Burkina Faso however,

iii. **Health Systems Research**

The goal of this project is to utilise the INDEPTH HDSS platform to develop a tool to monitor need, utilisation and access to care under the universal health coverage framework. A pilot phase initially involving approval was expected in December, 2012 but there was a delay. In Tanzania the drug has been approved for registration in principle. However, the certificate of approval has not been issued due to the long processes and bottlenecks. This is being worked on by

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A roadmap from efficacy to system effectiveness

the Site PI to see how things could be facilitated.

In Mozambique, however, the drug has not been registered because the Regulatory authorities would like to register the product after receiving WHO pre-qualification. The dossier has already been submitted for WHO pre-qualification by Sigma Tau/MMV and is going through the various processes to pre-qualify it. The requirement of WHO pre-qualification by FDB in Mozambique might be very challenging since INESS does not have control over the time period in which WHO will pre-qualify the product. The Eurartesim study by INESS is suppose to be a phase IV study therefore the study can only take place after registration of the product. It cannot be done as an investigational product study or a phase III trial.

two HDSS centres, Navrongo (Ghana) and Filabavi (Vietnam) is being implemented under the title: INDEPTH Universal Health Coverage (IUHC) study. The IUHC study was effectively launched with a kick-off meeting in Accra from 13 - 17 February, 2012. It was attended by representatives of all HDSSs in Ghana and Vietnam. Twelve (12) participants from 6 member centres (Navrongo, Dodowa, Kintampo, Chililab, Filabavi and Dodalab) attended the meeting whose overall aim was to establish a platform for analysing the impact of National Health

Insurance on Universal Health Coverage. More specifically, the objectives were as follows:

- ? Standardise definition of concepts;
- ? Discuss the research questions;
- ? Develop and standardise tools (questionnaires) for measurement to enable comparison between sites;
- ? Discuss and agree on the work/ implementation plan.

The meeting afforded the team the opportunity to interrogate the protocol and understand the purpose and objectives of the project. Draft tools for data



Representatives from Navrongo HDSS (Ghana) and Filabavi HDSS (Vietnam) who attended the Health Systems Research meeting in Accra

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collection and a timetable were also developed together with a detailed project implementation plan. After the Accra meeting, the following activities were accomplished during the period under review: revision and finalisation of the data collection tools, recruitment and training of field staff and the launch of a data collection exercise.

By the end of the year, a total of 15,000 and 12,000 households had been interviewed at Filabavi and Navrongo HDSS respectively, the data entry screens had been developed and data entry had been initiated.

INTEREST GROUPS

In addition to the Working Groups, another interesting phenomenon of INDEPTH's research strategy is to encourage the establishment of various groups proposing cross-site activities. This approach has resulted in the emergence of what the Secretariat refers to as Interest Groups. While many of these groups do not go beyond the concept phase, others also have eventually become fully fledged Working Groups and have succeeded in raising funds to undertake projects in new and radically different areas of research. Occasionally, the Secretariat takes the risk to provide seed funding for some Interest Groups to convene workshops. This is normally done for those with a high potential to raise project funds. The following are some of the Interest Groups active during 2012:

I. Indoor Air Pollution (IAP)

The Group aims to conduct epidemiological studies using the HDSS platform to assess the burden of non-

communicable chronic respiratory diseases in LMICs and ultimately provide relevant information to assist policy makers to devise strategies for their prevention and management. Underlying the work of this group is the premise that exposure to indoor pollution is a major risk factor in a significant number of respiratory tract infections, asthma, lung cancer, chronic obstructive pulmonary disease (COPD), cataract and blindness. Amongst these, acute respiratory infections amongst children and COPD amongst adults seem to be of major concern. Furthermore, in LMICs, exposure to biomass fuel is considered the major risk factor for COPD though this has not been carefully studied in African and South-Eastern Asia countries.

Throughout the year 2012, this group focused its efforts on finalising a proposal and soliciting funding to carry out the proposed research. With a grant from the Swiss TPI, the group held a proposal finalisation workshop in Pune, India from 19 - 21 March, 2012. It was attended by 17 participants including representatives of 12 HDSSs from six countries. The main objectives of this

workshop were: to develop the IAP proposal; discuss the effects of IAP from biomass combustion on priority health outcomes in participating HDSSs; orient the participating HDSSs on methods for measuring IAP; develop an understanding of the economics of IAP interventions and build capacity of the participating HDSSs to diagnose Chronic Obstructive Pulmonary Disease (COPD) using Spirometry so as to create an understanding of the potential centre specific interventions for reducing the impact of COPD on health.



Participants who attended IAP the meeting in Pune, India

A: SCIENTIFIC ACTIVITIES

As a follow-up to the Pune workshop, a grant writing workshop was held in Basel, Switzerland, from 1 - 6 June, 2012 during which participants examined, among other issues, measurement, general project components/outcomes and data management/dissemination.. Finally, a concept note was drafted out of the proposal for circulation to funders in the hope of soliciting funds for the proposed activities.

ii. Tuberculosis: Population-based Research on TB (PoRT)

The main goal of the Population-based Research on TB (PoRT) Interest Group is to conduct cross-centre TB work to maximise the use of HDSS data to better understand the existence of TB suspected but untreated/undiagnosed cases. The group also seeks to evaluate the TB burden and associated risk factors in LMICs. To this end, the main PoRT activities for 2012 were:

1. The provision of a seed grant by the Secretariat to the TB suspect study group led by Bandim HDSS (Guinea Bissau) and involving Filabavi, Karonga and Kisumu HDSS (Vietnam, Malawi and Kenya respectively).
2. The provision of a seed grant by the Secretariat to the TB risk factors study group led by Vadu HDSS (India) and involving Bandim and Karonga HDSS.

These seed grants made it possible for the beneficiary centres to initiate limited data collection activities

thereby successfully establishing TB activities at centres such as Vadu that previously had no TB data collection. The seed grants were also used for activities that resulted in adding new perspectives to existing TB research at the HDSSs with ongoing TB research programmes. In addition, the grants supported considerable networking and experiential exchanges among the HDSSs involved.

Overall, the 2012 activities of the group confirmed that the lack of data linkage prevents most HDSSs from delivering population derived TB data. The future looks bright for the group as going forward INDEPTH will support a workshop on methods to link TB disease data from health facilities around the HDSSs with HDSS data.

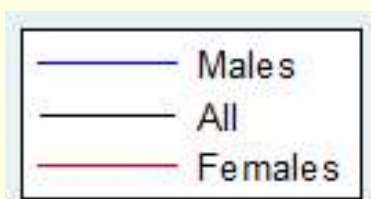
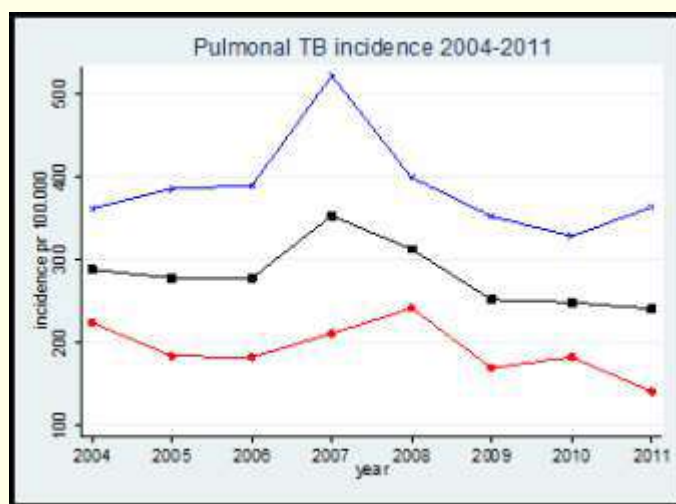
Other Scientific Activities

I. INDEPTH-African Census Analysis Project (ACAP) Collaboration and the Bellagio Conference on Using Longitudinal INDEPTH Data, National Censuses, DHS, and National Surveys for Better Health Policy in Africa

Under this collaboration, a significant milestone was achieved in 2012 with a conference in Bellagio, Italy from 13 - 17 February, on the analysis and use of HDSS data in combination with censuses/DHS data and other national surveys. The meeting brought together directors of national statistical offices from 9 African countries along with HDSS leaders to deliberate on avenues of collaboration especially in making census data available for triangulation with HDSS and DHS data. The Bellagio conference provided an opportunity for discussions and effective collaboration between the national statistical offices and the INDEPTH member HDSSs. More specifically, it facilitated a discourse on how the different data systems generated by the national statistical offices on the one hand and the INDEPTH member HDSSs on the other hand can be used to contribute towards better health policies and interventions in LMICs.

The key outcomes of the Bellagio deliberations include:

1. An agreement by the directors of statistical services to make census data available for research and training purposes, especially for multi-source integration (MSI) of various datasets (HDSS, census, DHS and other national surveys);
2. A demonstration of the urgent need for a better



A: SCIENTIFIC ACTIVITIES

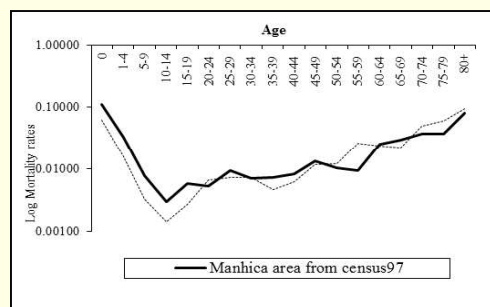
understanding of the determinants of population dynamics since this cannot be done from national statistics (census) alone.

3. A confirmation that the use of INDEPTH data is more effective at the local level than the old population models such as the Princeton model, which is only theoretically informative but not suitable for understanding African mortality patterns.
4. An offer by INDEPTH to be considered as a co-host with ACAP on the basis of INDEPTH's comparative advantage over other potential hosts by virtue of its being a global organisation with an added value of HDSS data that enriches censuses and national statistics;
5. An agreement that initial results of the in-country collaborations will be presented at the 2013 INDEPTH Scientific Conference (ISC) under the theme : *Fitting together the Health Data Puzzle: The contribution of INDEPTH (HDSSs) to strengthening of national health information systems (NHIS)*

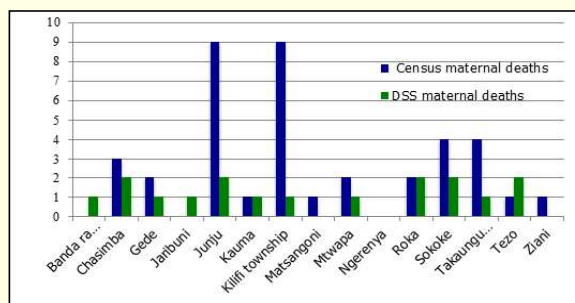
The Bellagio meeting was truly successful as there

was consensus that further analysis of datasets (national censuses/surveys and HDSS data) was needed in addition to the creation of training facilities. An agreement was also reached on strategies for advancing collaboration between HDSSs and national statistical offices. To this end, collaboration between HDSSs and statistical offices of the nine countries represented in Bellagio was adopted as the initial way forward – a move that will be facilitated by INDEPTH.

In keeping with the commitments of the Bellagio meeting, INDEPTH provided support for two major in-country collaborative meetings in Kenya and Burkina Faso. In Kenya, the in-country collaboration began with a stakeholders' meeting held in Nairobi on July 12th, under the theme: *Using Longitudinal HDSS Data in conjunction with National Censuses, and Large National Surveys to Explain Trends and Patterns of Mortality in Kenya*. While in the case of Burkina Faso, a similar meeting took place in Ouagadougou, from 17–18 July, under the theme: *Networking between HDSSs and national offices of population and health statistics to improve the understanding of population and health dynamics for better development policy in Burkina Faso*. It was organised by the 5 INDEPTH member HDSSs in that country: (Kaya, Nanoro, Nouna, Ouagadougou and Sapone).



Female mortality rates from census data isolated for Manhica area compared to DSS estimates for same



Maternal deaths in Kilifi HDSA compared to census reported maternal death 2009



Participants who attended the Bellagio meeting in Italy

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

∞ Scientific Development and Leadership Programme

The flagship of INDEPTH's capacity strengthening initiatives is the Scientific Development and Research Leadership programme organised through the 18 month MSc programme in Population-based Field Epidemiology. Now in its 7th year, the programme has supported a total of thirty five (35) MSc students since inception.

In June 2012, two students Abdul Ramadhani, Ifakara HDSS (Tanzania) and Alfred Manyeh, Dodowa HDSS (Ghana), completed the programme and returned to their home countries. Operated by the School of Public Health, University of the Witwatersrand, in Johannesburg, South Africa, the programme focuses on five areas: epidemiology, biostatistics and data management, demography and other social sciences, information technologies for demographic and health surveillance and leadership.

In January 2012, two female students: Ms. Anne Makumi from Kilifi HDSS (Kenya) and Ms. Georgina Badu-Gyan from Dodowa HDSS (Ghana) were enrolled onto the programme. They are scheduled to complete in June 2013. Their enrolment represents a tacit affirmation of INDEPTH's conscious effort and commitment to step up the gender quota of funded graduates.

In view of the success of the MSc initiative, several HDSS member centre leaders are anxious to have their staff go through the programme. However, INDEPTH is unable to cater for this growing need and so, to overcome this challenge and other difficulties faced by applicants from some HDSSs such as language barrier, the Secretariat has begun to extend other forms of opportunities to non-Anglophone young scientists through partial support. In the course of 2012 therefore, the Secretariat offered partial support for MSc. training in Health Economics and Health Care Management in Bangkok to Nghien Nguyen Minh Trang (Filabavi HDSS in Vietnam) and MSc in Geographical Information Systems in Ouagadougou to Seraphim Simboro (Nouna HDSS in Burkina Faso).

∞ Developing a Masters level degree for HDSS data managers through a Research Data Management (RDM) track

The processing and management of large scale prospective databases, data archiving, and data sharing in clinical, health and population studies



Anne (left) and Georgina (right), current MSc Students enrolled at Wits University, South Africa

requires well-trained data scientists with sound understanding of scientific principles and processes in clinical and population-based studies. In recognition of this need, INDEPTH initiated efforts to develop a new track in Research Data Management (RDM) to be incorporated into the existing partnership with the Wits University, South Africa. This track aims to develop RDM as a specialist qualification with specific reference to HDSSs and is expected to be embedded within the existing MSc in Population Field-based Epidemiology.

The proposed MSc track in RDM is expected to produce data scientists capable of understanding the research process, interacting with researchers and carrying out research specific responsibilities such as data collection and storage; managing the design, acquisition, implementation and operation of a system to extract, clean and produce analytical datasets from research databases for use by researchers and an international community of investigators under controlled access conditions. The graduates are also expected to lead data management teams, guide data management activities from data collection through to data processing, analyse data for publication and also collaborate with scientists to develop data structures and apply data management software during various stages of research projects.

Using an INDEPTH grant from Sida Research for Cooperation, Wits University made considerable progress towards putting in place an early roll out of the programme. During the year 2012 a job description and contract for the project coordinator were developed, and recruitment interviews were conducted. University processes were completed and provisional approval for the field of study was offered

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

by the Faculty of Health Sciences with first intake expected in 2014. To ensure sustainability, the proposed new modules will be run as pilot short courses from 2013. Participants will be offered certificates of competency. Participants from the pilot courses, who seek to pursue the MSc in 2014, will have those courses already taken waived.

A teaching and curriculum review was conducted of the MSc programme where the existing modules were extensively discussed to avoid content duplication with the proposed new modules. One new course is currently well developed and ready to be offered in 2013. Furthermore, an expert group workshop will take place in January 2013 to develop the content for the three new courses/modules. To facilitate the introduction of the new track, INDEPTH HDSS learning centres for the field-based component will be increased from three to five. A call was circulated to member centres to apply and the final selection will be done in 2013.

∞ **Creating Career Paths Beyond the Masters to Doctoral level training**

The MSc programme provides an opportunity for junior scientists who have a strong grounding in research to progress to doctoral level. As a medium to long-term strategy to strengthen scientific research leadership and in line with expressed needs, INDEPTH has equally embarked on efforts to create career paths for young HDSS scientists by facilitating their transition beyond the Masters to PhD level training. While exploring sources of funding to enable the Secretariat extend support to PhD students, this facilitation is essentially being extended through to

students on sandwich programmes and/or through partial funding.

In 2012, the Secretariat provided partial support for PhD training (field research component) in Global Public Health to Raymond Aborigo (Navrongo HDSS, Ghana) to facilitate completion of his studies at Monash University, Sunway Campus in Malaysia.

∞ **Training Workshops**

Training workshops are quick to mount and remain a primary vehicle through which specific skills and improved methodological developments are conveyed to the wider membership of the Network. The Secretariat places much emphasis on strengthening the capacity of its member centres in order to enhance their scientific and administrative productivity. In this regard, in 2012, a **comprehensive programme for training was implemented throughout the year**. The following workshops were organised for member centres:

∞ **HDSS Cohort Profile Writing Workshop in Collaboration with IJE**

A spectacular feat recorded by INDEPTH in 2012 was securing an agreement with the International Journal of Epidemiology (IJE; impact factor 6.414) to publish cohort profiles of all INDEPTH member HDSSs. In June 2012 the first set of profiles was launched with an editorial (Sankoh and Byass: **The INDEPTH Network: filling vital gaps in global epidemiology**) in the journal's June issue Vol. 41(3): 579-588; 656-685 with the following HDSS profiles: Kilifi (Kenya), Ouagadougou (Burkina Faso), Chakaria (Bangladesh) and Karonga (Malawi). These were followed in August



Profile writing workshop participants with the editor of the IJE, Jane Ferrie, 3rd right

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

with the publication of a set of three additional HDSS profiles in Vol. 41(4): 986-1001 namely: Agincourt (South Africa), Kisumu (Kenya) and Navrongo (Ghana). Finally, the profile of Nanoro HDSS (Burkina Faso) was published in Vol. 41(5).

Encouraged by this success, the INDEPTH Secretariat took a strategic step to provide the 'quiet space' for the remaining INDEPTH member centres to finalise their draft profiles for submission to IJE. To this end, INDEPTH, in collaboration with IJE convened a cohort profile writing workshop in Accra from 8 – 10 November to:

- Peer review draft profiles;
- Revise and finalise the drafts for submission to IJE.

In preparation for the workshop, which was facilitated by Jane Ferrie (IJE Academic Editor), 10 drafts were received and reviewed. These were from the following HDSS: Ballabgarh (India), Chillilab (Vietnam), Dodowa (Ghana), Kaya and Nouna (Burkina Faso), Manhica (Mozambique), Mbita (Kenya), Niakhar (Senegal), Magu and Rufiji (Tanzania). At the end of the workshop, participants were able to carry out further work on their manuscripts, obtain final inputs from their co-authors, and submit the second revised versions for further editing by IJE where necessary.

· **Training (of trainers) workshop in R/STATA for data management and survival analysis of longitudinal HDSS data**

In further fulfillment of its capacity strengthening mandate, the Secretariat held a training (of trainers) workshop on the use of R/STATA for data management and survival analysis of longitudinal HDSS data. The workshop took place in Accra, from

October 29 to November 6, 2012.

The need to provide training in the use of "R" is due to its comparative advantages in being a free to acquire software, user friendly and generally flexible in that it generates figures and graphics simultaneously once a command is issued. It was on the basis of these advantages that the Secretariat raised the requisite funds to support the training.

The workshop was designed to equip participants with the skills to train other colleagues at their respective HDSSs. It was also to provide INDEPTH data managers with statistical techniques for longitudinal data analysis using "R". Specifically the purpose was to:

- Instruct INDEPTH analysts (eventual trainers) on the use of R/STATA for data management and data quality checks;
- Train trainers on the use of R/STATA for survival analysis and basic plotting;
- Train trainers on advanced ways of doing event history analysis in STATA.

In all there were 37 participants, including researchers/analysts and data managers from 21 member HDSSs in 12 countries. Facilitators were from Wisconsin International University College, Accra. The workshop was conducted through practical sessions during which participants identified and applied appropriate statistical models for longitudinal data analysis to a dataset of their choice using "R". They also compared basic routines in "R" with their familiar routines in STATA and this enabled them to appreciate the power and beauty/flexibility of "R".

The training successfully produced a team of INDEPTH



R/STATA Trainers of trainers' workshop participants in Accra

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

R/STATA experts who would in turn provide needed training to groups at the national and regional levels.

∞ **Climate Change, Migration and Mortality (CLIMIMO) StudyData Analysis and Scientific Writing Workshop**

Held in Accra, Ghana from May 14 to 18, 2012, this workshop was attended by 24 participants from 14 INDEPTH member HDSSs in 6 countries. The overall aim was to create a platform for analysing data on climate change, migration and mortality. Specific objectives of the workshop were to:

- ? Draft a proposal for funding of the CLIMIMO Study activities;
- ? Facilitate data analysis and production of high quality scientific papers on the association of climate extremes and weather pattern on mortality and migration at INDEPTH HDSSs;
- ? Prepare manuscripts for inclusion in a special CLIMIMO supplement to be published in the Global Health Action Journal.

Funded partly with support from the Doris Duke Charitable Foundation, it was facilitated by experts from several collaborating institutions: Joacim Rocklov (Umea University), Rainer Sauerborn (Heidelberg University), Sari Kovats (London School of Hygiene and Tropical Medicine), and David M. Hondula (University of Virginia).

At the end of the workshop the following were achieved:

- ∞ Participating HDSS researchers made substantial progress in analysis of their respective data, assessing quality of

daily/weekly data and better interpretation of results;

Centres that had difficulty in locating climatic data for their areas were assisted to download the necessary data from the US National Data Climatic Centre (NDCC);

∞ Participants were assisted to resolve problems in the use of STATA and R;

∞ Consensus was reached on the contents of the various centre-specific papers given available data (variables) and current timelines;

∞ Researchers began drafts of papers to be included in the GHA supplement;

∞ Participants learnt how to assess quality of data and to analyse climate data from the NDCC.

Furthermore, participants had the opportunity to interact and share ideas as well as to offer assistance to colleagues. Also, with two representatives participating from each member centre, analysis was faster.

∞ **Workshops on Cause of Death Determination**

The Health Metrics Network, WHO, INDEPTH and ALPHA are collaborating on a major innovative initiative to strengthen the monitoring of vital events and provide a clear focus on the measurement of results, particularly those associated with the health-related MDGs. The aim is to gather detailed information on levels and causes of mortality across selected longitudinal HDSS members in Africa, and to develop improved methods for ascertaining mortality due to HIV and in particular for determining the relationship between HIV-related and maternal mortality. This collaboration has been instrumental in the development of the InterVA-4 technique that is now recommended for comparative analysis of



Participants listening attentively to proceedings during the meeting in Belgium

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

Verbal Autopsy (VA) for determination of cause of death. In 2012 a series of workshops on cause of death were organised and these were:

∞ Sahel Analysis workshop on HIV/AIDS Attributable Mortality

INDEPTH decided to pursue the development of a paper on HIV/AIDS attributable mortality using data pooled from the HDSSs in West Africa where the prevalence of HIV/AIDS has so far been contained and kept at a relatively low level compared to other parts of Africa. The purpose is to use a common method (InterVA-4) to analyse VA centre-specific data as well as pool data together for comparison. To this end, participants from four (4) HDSSs in three (3) countries attended a data analysis workshop in Accra from 27 - 28 October, 2012. As an outcome of this workshop participants were able to structure their data into InterVA-4 format and produce results on HIV/AIDS related mortality, comparing the period before and after the introduction of Anti-retroviral Therapy (ART).

∞ Cause of Death Analysis workshop using VA and InterVA-4

Following a mortality workshop in July, a number of INDEPTH HDSSs (who were not part of the INDEPTH/ALPHA/HMN collaboration) expressed interest in a cause of death analysis/writing workshop using VA with InterVA. INDEPTH therefore organised a COD analysis workshop in Belgium from 7 - 10 December, 2012. The choice of venue was based on the fact that the Université Catholique de Louvain held a special seminar on adult morbidity and mortality in early December which was attended by several INDEPTH researchers. It was therefore practical for INDEPTH to take advantage of this

opportunity and include the COD workshop in the seminar. The theme was *Cause of Death Analysis using VA and InterVA-4*. It was held at the Research Centre in Population and Societies, UCL, Belgium. The main aim was to conduct cross-site analysis and scientific writing on COD using interval-4. The workshop resulted in the drafting of manuscripts towards a journal supplement. In all, a total of over 100,000 VAs were processed. Inconsistencies were identified and some were resolved. There were 28 participants, representing 18 member HDSSs from 10 countries.

∞ MADIMAH 3 Data Preparation Workshop

This workshop brought together a total of about 32 participants from 15 INDEPTH member HDSSs. The participants were members of the Migration and Urbanisation Working Group who had attended two previous workshops (MADIMAH 1 in Accra, April 2011 and MADIMAH 2 in Maputo, Mozambique, October 2011). Also in attendance were participants from Burkina Faso who had also benefited from a data preparation workshop held in April 2012. The facilitator was Prof. Philippe Bocquier of Université Catholique de Louvain, Belgium, a member of INDEPTH's Scientific Advisory Committee. It was conducted with partial support from an IDRC Asia grant.

The main objectives were to:

- ∞ finalise consistency checks and complete data preparation as well as introduce participants to time merging procedure;
- ∞ include fertility variables (in particular delivery events) and observation dates in the event history data preparation and generate fertility outputs in Events History Analysis (EHA);



Participants who attended the MADIMAH meeting in Accra

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

- ∞ Train potential facilitators (trainers) for the general mortality analysis workshop.

The achievements included the following:

- ∞ Participants were taken through the event matrix table with emphasis on some of the important errors it generates;
- ∞ Participants were given a clear understanding of EHA, the INDEPTH core minimum data specification and how to define, identify and resolve data inconsistencies;
- ∞ Participants learnt how to include the EHA data in fertility events which, unlike migration and mortality, are not directly linked to the residency status of individuals. In particular, the focus was on how to handle the possibility of delivery events occurring at the same time or date as the change of residency status;
- ∞ Participants learnt how to harmonise all the variables in the datasets according to the INDEPTH data specification standards;
- ∞ Most participants were able to produce the first smoothed curve/graph of Age Specific Fertility Rates (ASFR) directly in STATA while others were able to generate the table of ASFRs from their data.

∞ **INDEPTH Effectiveness and Safety Studies of Antimalarials in Africa (INESS) Scientific Writing Workshop**

During the first phase of the INESS project, some project researchers produced about 19 abstracts on various research topics. It was envisaged that these abstracts, or the fully developed scientific papers, would be presented by the lead authors at international scientific fora such as the INDEPTH Scientific Conference (ISC), specifically ISC 2011 in

Maputo or the ASTMH conference in Philadelphia.

However, by the beginning of 2012 most of the abstracts had still not been fully developed into papers. In March 2012, following concerns expressed about this situation, the Secretariat supported an INESS scientific writing workshop to enable the researchers/scientists to devote time to producing their papers.

The INESS scientific writing workshop took place in Ho, Ghana, and resulted in the completion of about 20 papers, which were included in the project report to the Gates Foundation (the project funders). Other finalised papers were submitted for publication in various international journals.

∞ **Data Linkage workshop**

Linking demographic surveillance data with health facility data provides enormous opportunities for expanding the usefulness of HDSS data for research and health policy formulation. The INESS centres in Ghana, Tanzania, Mozambique and Burkina Faso, along with several other HDSSs, have gained considerable insight in this direction over the past years. As a demonstration of this acquired expertise, a strategic workshop hosted by Kintampo HDSS on behalf INDEPTH was held from 6 - 8 February, 2012.

The aims were to: provide an opportunity for participants to share experiences in data linkage, focus on particular issues with a view to generating the most efficient approaches to data linkage and developing the most effective and cost-efficient approach(es) for future recommendation to members. Participants comprised delegates from the



Participants who attended the Ethics workshop in South Africa

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES



Participants from the 5 member centres in Burkina Faso who attended the in-country collaborative meeting

INESS centres and representatives of other centres that have effectively implemented a data linkage technique. They were selected based on their experience in data linkage. A total of 20 participants representing 11 member HDSSs, as well as emerging members in 6 countries, attended the workshop. There were also representatives from iNATHI Technologies, a group which was specifically invited to share its experience in developing an integral data linkage system for Manhica HDSS, Mozambique.

∞ **Workshop on ethical and legal considerations for genomic research and broad consent to share samples and data; Johannesburg, 10 - 12 December, 2012**

The INDEPTH-Wits Health Consortium has been awarded an NIH grant to perform a research project titled: *Genomic and environmental risk factors for cardiometabolic diseases in Africans*, involving research groups in South Africa, Ghana, Burkina Faso and Kenya, with the possibility of including Tanzania in future projects. This project is being implemented by the Human Health and Heredity in Africa (H3Africa) Consortium which aims to build sustainable capacity and infrastructure for genomic research in Africa. It seeks to foster wide collaboration within and beyond Africa to understand the genomic and environmental contributions to human health on the continent. Since the project is treading on a relatively new area of research – genomics, some preliminary dialoguing with the staff of the respective National Ethics Committees of the participating countries was required. Hence, INDEPTH funded the Consortium to convene an ethics workshop held at Wits University in Johannesburg, from 10 - 12 December, 2012. The main objectives of the workshop were to:

1. Debate and share information and experiences on ethical considerations in

genomic studies;

2. Discuss broad patient consent and sharing of resources across borders;
3. Understand the legal framework of each country with regard to sharing across borders.

It is noteworthy that most of the participants were high ranking members of the respective national ethics committees - chairpersons and other members rather than administrative staff. This facilitated decision making.

∞ **INDEPTH Secretariat's In-Country Collaboration Initiative**

The role played by the INDEPTH Secretariat in promoting collaboration among its member centres is demonstrative of that catalytic position that Secretariats of Networks must take to promote and strengthen the unity of the group and keep the momentum of activities high. In the light of this consideration the INDEPTH Secretariat has initiated an in-country collaboration programme in countries with multiple INDEPTH member centres. It provides them with a common platform for discussing ways of better utilising their cross-sectional and longitudinal data to inform better health policies and interventions and to enhance their engagement with the wider scientific community. To promote the envisaged collaboration, Kintampo HDSS, Ghana, hosted a pilot meeting in March 2012. It brought together the 3 Ghana-based HDSSs to examine their available data and generate comparable outputs, especially indicators for MDGs 4 and 5.

∞ **Nairobi Stakeholders' Meeting and Kilifi Workshop on mortality analysis and vital registration**

With financial support from the INDEPTH Secretariat,

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

Kenya stakeholders held a meeting in July, 2012 on the theme: ***Using Longitudinal HDSS Data in conjunction with National Censuses, and Large National Surveys to Explain Trends and Patterns of Mortality in Kenya.*** Its aim was the joint analysis of available census data, large surveys and longitudinal data so as to support the government's Ministries of Planning and National Development, Public Health and Sanitation, and also Migration and Vital Registration. Participants included representatives of the Kenya National Bureau of Statistics (KNBS), the 4 HDSSs (Kilifi, Kisumu, Mbita, and Nairobi), as well as officials of the Ministry of Planning and National Development, Ministry of Public Health and Sanitation, Civil Registration, etc. During the deliberations participants agreed to commit the national institutions to future collaborations through an MOU.

A follow-up technical meeting was held from 23 - 26 September, 2012, in Kilifi, to outline possible topics for analysis, examine the resources required and draw up a timetable. This technical meeting focused on mortality analysis and vital registration, data requirements and access, definitions, analytical methods, tabulations and cross-site indicators. Data gaps were also identified and a template developed for the Kenya National Bureau of Statistics to populate with census and survey data. There were also useful discussions on how the Kenyan HDSSs could contribute to completing the registration of vital events.

∞ **Ouagadougou Stakeholders' Meeting**

An INDEPTH-funded stakeholders' meeting was held at the National Statistical Office (INSD) in

Ouagadougou from 17 - 18 July, 2012, on the theme: ***Networking between HDSSs and national offices of population and health statistics to improve the understanding of population and health dynamics for better development policy in Burkina Faso.*** Its aim was to define and agree on areas and strategies for collaboration between partners in Burkina Faso. It brought together representatives from the 5 INDEPTH member HDSSs (Kaya, Nanoro, Nouna, Ouagadougou and Sapone), the INSD and the General Directorate for Information and Health Statistics (DGISS) at the Ministry of Health. Representatives of the National Population Commission (CONAPO) also attended the meeting which ended with firm commitments from all the stakeholders to advance the collaboration. A technical team was constituted and a follow-up meeting held in August to accelerate work on a joint report from the 5 HDSSs as a basis for combining census data.

∞ **INDEPTH Training and Research Centers of Excellence (INTREC)**

INTREC is an EU-funded project that aims to provide state-of-the-art, region-specific training on social determinants of health for researchers and other stakeholders, and to bring together researchers and decision-makers to ensure that the latter receive the best available information to support their work. The project is executed by a consortium of partners located oceans apart and represented by five university-based training and research centres namely: the Umeå Centre for Global Health Research, Sweden (which is the coordination unit for the project); the Institute of Public Health, Heidelberg, Germany; the Centre for Global Health and Inequality, Netherlands; the Center for Health Service



Representatives of INTREC partners who attended the kick-off meeting in Sweden

B: CAPACITY STRENGTHENING AND TRAINING ACTIVITIES

Management, Indonesia; the Harvard Center for Population and Development Studies, and INDEPTH. The ultimate goal of INTREC is to bring together researchers and decision-makers to develop joint strategies on how to take action on the social determinants of health. Structured in interrelated work packages (WPs), the INTREC activities, spread between January 2012 and June 2015, target three African countries (Ghana, South Africa, and Tanzania), and four Asian countries (Indonesia, Vietnam, Bangladesh and India) where INDEPTH member HDSSs are located. The basis for the selection is the availability of comparable longitudinal data. In effect, INTREC is capitalising on INDEPTH's well established and ongoing collaboration with WHO on multi-country ageing and adult health studies (SAGE), to provide research results that will facilitate the development of more effective policies to address health inequalities in LMICs. Under the project, a series of activities were undertaken in 2012, including the following:

∞ *INTREC Kick-off meeting in Umea*

From 11 - 13 January, a meeting was held at Umea University to signal the take-off of the project. It brought together representatives of the partners to discuss and review relevant details regarding the planning and implementation of the project. It also provided an opportunity to share knowledge on administrative and financial procedures required for efficient reporting.

INTREC Training workshop for ISS

The *objectives of the training workshop were to:* train the national social scientists and familiarise them with interview protocols; build a team of

trained INTREC Social Scientists (ISS); **provide** clear guidelines on conducting interviews, management and analysis, as well as revise data collection tools and reporting formats. The seven national social scientists (from the SAGE participating countries), work package leaders and regional coordinators participated in this training workshop which was held in Yogyakarta, Indonesia, from 20 - 24 February, 2012.

INTREC Partners Meeting and IAG Meeting

Following the training, the seven ISS embarked on country-specific needs assessments (curricula reviews, epidemiological reviews, literature reviews and interviews). The results of this exercise were compiled for discussion of WP4, i.e. development of training activities. This was launched during a partners meeting in Heidelberg, from 18 - 19 October, 2012. The general results of the needs assessment from WP1 were reviewed, based on the key findings from the seven country reports, especially the cross-cutting issues and the country-specific concerns in the area of Social Determinants of Health (SDH). Among these were issues of poverty, discrimination, geographic regions, literacy, and quality health care availability. The country-specific issues included sanitation and hygiene (Ghana), migration and social exclusion (South Africa), malnutrition and micronutrients deficiency (Tanzania), arsenic poisoning (Bangladesh), the caste system (India), tobacco abuse (Indonesia) and road traffic accidents (Vietnam). Differences between Asia and Africa in terms of SDH issues were also noted. The partners' meeting was followed by an International Advisory Group (IAG) meeting in Frankfurt, Germany, on 21 October, 2012.



Participants at the INTREC work package 4 meeting

C: DATA MANAGEMENT AND SHARING ACTIVITIES

INDEPTH Data Access and Sharing Policy (iDASP)

INDEPTH's ultimate goal is to ensure the widest use of its data by the global scientific community and eventually make a more meaningful contribution towards promoting societal well-being. However, it is equally important to remain mindful of the challenges and complexities of data sharing. To advance this objective, INDEPTH has developed a comprehensive data access and sharing policy.

In developing it, INDEPTH adopted a holistic approach to data sharing that ensures that available data is accurate, reliable, well managed and shared in a manner that is fair, equitable, justifiable and mutually beneficial to all parties.

The year 2012 was devoted to carrying out more practical work on the data access and sharing processes. In April 2012, a comprehensive Network-wide data access and sharing policy was finalised and circulated as a Version 1.0 document accessible on the INDEPTH website. It was also published in the International Journal of Epidemiology (IJE) with an editorial by Osman Sankoh, Peter Byass. ***The INDEPTH Network: filling vital gaps in global epidemiology.***

INDEPTH Shared Access Repository (iSHARE) Phase 2 – iSHARE2

Development of an INDEPTH Shared Access Repository (iSHARE) began on a modest scale in 2007 when the first step was taken to create a platform for exchange of scientific research data with three (3) HDSSs. In 2009 the project was expanded to include three more member centres. Bold as this initiative was, it became obvious that with time it would not be an adequate data management support capable of extension to all INDEPTH member centres. This necessitated further development and expansion. Work began in earnest in 2012 under the leadership of Dr. Abraham Kobus Herbst, centre leader of Africa Centre HDSS, (South Africa).

During the course of the year, efforts were intensified to support member centres to produce quality data and compute key demographic indicators. A series of activities, such as technical meetings, were conducted.

With a grant from the Wellcome Trust (UK), steps were taken to advance iSHARE2 with the aim of:

1. Producing fully documented and standardised datasets extracted from the operational databases of participating INDEPTH member centres;
2. Implementing a system consisting of an integrated set of readily available software component (Centre-in-a-box) CIB, which will enhance data management at each participating INDEPTH member centre, and ease the burden of producing comparable and fully documented analytical datasets;
3. Providing training, implementation support and on-going technical support to participating centres using the CIB to document their data, extract and share analytical datasets through centre-level data repositories in a standard format;
4. Implementing and managing a network-level data repository, using the same technology as contained in the CIB, to provide an index of the health and demographic surveillance data available at INDEPTH member centres;
5. Promoting the adoption of standardised data quality metrics and procedures through two support nodes, one in Africa at the Africa Centre for Health and Population Studies (South Africa) and one at Vadu (Pune, India).

During the year the following significant milestones and successes were recorded:

- ∞ Appointment of all the key technical staff needed at the iSHARE nodes;
- ∞ Various interactions with study investigators to define research data needs;
- ∞ A working visit in August, undertaken by Dr. Herbst, Mr. Somnath Sambhudas (Data Manager) and Neeraj Kashyap, to the offices of the ICPSR, an international consortium of about 700 academic institutions and research organisations that provides leadership and training in data access, curation and methods of analysis for the social research community. This successful visit explored ways in which ICPSR could actively support the iSHARE2 project such as by providing mentorship to the project data librarian;
- ∞ A follow-up visit by Somnath Sambhudas and Neeraj Kashyap to Africa Centre HDSS, where

C: DATA MANAGEMENT AND SHARING ACTIVITIES

- they received instruction on CIB configuration and development of a metadata template;
- ∞ Nomination of data managers and other key persons to participate in the first iSHARE2 training and setup session (ITSS), scheduled to take place in Pune (India), in January 2013.

Another development in relation to iSHARE2 was the holding of a ***Mortality Data Analysis Workshop: Data Preparation for All-Cause and Cause-Specific Mortality Analysis***, from 2 - 6 July, in Accra, Ghana. The overall aim was to harmonise datasets by jointly adopting the event history analysis format for data produced by INDEPTH member centres on mortality, migration, fertility and cause of death, as well as agreeing on dataset specifications for iSHARE.



Technical team of the iSHARE2 project who took part in a meeting at Mysore, India

INDEPTHStats

Throughout most of the developing world, billions of people are born and die without any registration; their lives go unrecorded and do not influence health and social policies and programming.

This is, however, not true of the over 3 million people, who live in the population areas covered by HDSSs that are members of the INDEPTH Network. Making their lives count for health and social policy has been the aim of INDEPTH since its start in 1998.

As part of this effort and in furtherance of INDEPTH's underlying concept, the Network strives to enhance understanding of the levels, trends and patterns of all

causes of death at its member centres. It also goes further to develop model life tables for LMICs using HDSS data. Inherent in the mission of the Network therefore is the production/collection of accurate quality health and demographic data to provide the much needed evidence for social policy formulation. During the year 2012, to advance this mission, INDEPTH progressively pursued processes towards the development of a tool (INDEPTHStats) for displaying and disseminating longitudinal HDSS data from its member centres. The aim is to provide researchers, government officials, policy makers, academia and the general public with basic health and demographic information that can guide a better understanding of health issues and population trends. The data includes crude birth and death rates, age-specific fertility and death rates, infant, child and under-five mortality rates as well as numerous other health and demographic indicators. It is also designed in a way that allows the indices to be displayed either by a single centre over time, or across multiple centres. New data will be added annually on 1 July each year. Additional indicators, such as death rates by cause of death, are expected to be added in the future.

As part of the processes of developing this tool, from 13 – 14 March, a workshop was held in Accra at which participants from a number of INDEPTH member centres were assisted to undertake the requisite data checks aimed at ensuring standardisation. The specific objective of the workshop was to outline a common strategy for assisting member centres to resolve data quality challenges and data quality checks prior to inclusion in INDEPTHStats.

During the workshop sessions some members of the INDEPTH Scientific Advisory Committee (SAC) made presentations on data quality. There was an insightful presentation on the plausibility of fertility indicators based on 24 HDSS datasets and an equally stimulating one on mortality indicators based on 32 available HDSS datasets.

Strategic decisions emerging from the deliberations included a recommendation that INDEPTHStats should work from the level of pre-calculated vetted rates. This would make it a website and not a

C: DATA MANAGEMENT AND SHARING ACTIVITIES

database, so as to eliminate errors in the backend. It was also agreed that there was a need to finalise all outstanding data implausibility issues. Finally there was consensus that a call be issued to member centres which had not submitted mortality and fertility data, to do so in fulfillment of a key membership criterion.

Another important activity undertaken in 2012 was a technical meeting in Accra, from 7 - 8 September. Its main goal was to finalise and compute agreed indicators for display, and generally prepare for an internal launch of INDEPTHStats.

In all, a select team of nine (9) HDSS experts participated: Dr. Frank Odhiambo – Kisumu HDSS (Kenya), Dr. Momodou Jasseh – Farafenni HDSS (The Gambia), Dr. Abraham Herbst – Africa Centre HDSS (South Africa), Dr. Carolyne Ndila – Kilifi HDSS (Kenya), Ms. Laetitia Douillot – Mlomp HDSS (Senegal), Messrs. Charles Zandoh and Ernest Nettey – Kintampo HDSS (Ghana), Ms. Elizabeth Awini – Dodowa HDSS (Ghana), Mr. Sigilbert Mrema – Rufiji HDSS (Tanzania) and Mr. George Wak – Navrongo HDSS (Ghana).

As part of the meeting, Dr. Kobus Herbst, Centre Leader, Africa Centre HDSS, gave a presentation on iSHARE2, while Mr. Somnath Sambudhas, Data Manager for the iSHARE2 project, demonstrated the visual features of INDEPTHStats.

The agreed list of indicators under the different modules is:

- ∞ **Population:** Person-years by standard age/sex groups, overall sex ratio, proportion under age 15, proportion 15-59, and proportion aged 60+;
- ∞ **Fertility indicators to include:** crude birth rate (CBR), age-specific fertility rates (ASFR),

total fertility rate (TFR), mean age at childbearing (MAC) and sex ratio at birth (SRB);

- ∞ **Migration:** Indicators include crude in-migration rate (CIMR), crude out-migration rate (COMR), age-specific in-migration rates (ASIMR), age-specific out-migration rates (ASOMR), crude net-migration rate (CNMR) and crude gross-migration rate (CGMR);
- ∞ **Mortality indicators include:** crude death rate (CDR), age-standardised crude death rate (ASCDR), age-specific mortality rates (ASMR), neonatal mortality rate, infant mortality rate 1q0, child mortality rate 4q1, under-five mortality rate 5q0, adult mortality rate 45q15 and life expectancy at birth e0.

Finally, in November 2012, at the 12th INDEPTH Annual General Meeting in Hanoi, Vietnam, INDEPTHStats was launched internally with restricted access through a provisional test website link made available for limited official use prior to full deployment in 2013.

As at the end of 2012 therefore, INDEPTHStats as a project was fully on course to deliver timely, accurate and quality data for global sharing, thus fulfilling INDEPTH's raison d'être as key provider and source of reliable data to help guide better health policies that are critically needed to address health challenges in low- and middle-income countries.

All this was made possible with generous funding from the Hewlett Foundation and other funders, as well as through the commitment of member centres, who willingly made data available, and allowed them to be subjected to rigorous technical checks, first at the individual HDSS level, and then within the Network.



Participants of an INDEPTHstats technical meeting in Accra

D. 12TH ANNUAL GENERAL MEETING

INDEPTH has consistently held its Annual General Meeting (AGM) in compliance with the regulations and articles of incorporation stipulated under the Companies Code of Ghana. Since 2000, the Network has held the AGM annually in the form of combined general and scientific meetings in various countries where there are INDEPTH members. Traditionally, these meetings are preceded by rigorous preparation, including months of meticulous planning in collaboration with the host member centre(s) and local collaborators in the respective countries.

Combining the scientific conference every year with the AGM has proved to be extremely demanding in terms of human and financial resources. As such, at the October 2011 AGM in Maputo, Mozambique, the Network collectively took a strategic decision to decouple the AGM from the INDEPTH Scientific Conference (ISC).

In 2012 therefore, the Network for the first time held an exclusive AGM. This took place in Hanoi, Vietnam from 22 to 23 November. It was strictly a General Assembly convened to discuss matters affecting the Network.

Participants at the 12th AGM

The 12th INDEPTH AGM came off successfully in Hanoi, Vietnam, from 22 - 23 November, 2012, and brought together a variety of participants. In all, 57 accredited participants attended the various sessions which were held in both plenary and parallel sessions. Participants were made up of Board and SAC members, centre leaders, representatives of funding organisations, consultants, principal Investigators, as well as Secretariat staff and local participants.



Group photograph of 2012 AGM Participants

D. 12TH ANNUAL GENERAL MEETING

Opening Ceremony

In his opening remarks, the Vice-Minister of Health of the Socialist Republic of Vietnam, Mr. Nguyen Viet Tien, commented on the importance of scientific research to national development and noted that the three health research centres in Vietnam: Filabavi, Chililab and Dodalab, who are INDEPTH members, are recognised as ideal centres for conducting diverse important researches whose results have influenced policies in the area of healthcare delivery and other pro-poor interventions. He urged the participants to collaborate and acquire more funding to conduct research that would help improve the health of populations in LMICs.



Vice-Minister of Health Mr Nguyen Viet Tien delivering the opening address

The State of the Network Address

Delivering the State of the Network address, Executive Director of INDEPTH, Professor Osman Sankoh, recounted the Network's activities and achievements since the last AGM held in Maputo, Mozambique in October 2011.

Professor Sankoh mentioned the significant progress registered in the area of scientific research and said the Network had maintained its focus on generating quality health and demographic data which forms the backbone of the Network. He referred to an editorial by Sankoh and Byass (*INDEPTH Network: filling vital gaps in global epidemiology*) published by the International Journal of Epidemiology (IJE) in 2012, as evidence of the Network's innovative stride towards standardising and pooling data to facilitate extrapolation.

He pointed out that during the period under review

INDEPTH strengthened the capacity of its members to improve upon the quality of their data through templates developed by INDEPTH scientists and data managers. The Network also trained researchers and data managers from some member centres to analyse their data critically and identify major problems.

The Executive Director emphasised that "Focus, Quality and Innovation" were key to maintaining the Network's relevance, adding that new data platforms would be rigorously tested and promoted among member centres.



Executive Director of INDEPTH Prof. Sankoh delivering the state of the Network address

Scientific Presentations

There were presentations by representatives of some member centres and consultants. Below are the titles of the presentations:

1. **Comparison of direct age-component probability models and continuous period survival models to determine childhood mortality ratios and life expectancy at birth: advantages of INDEPTH longitudinal surveillance data for accurate and precise analyses** By John Ojal, Kilifi HDSS, Kenya
2. **Impact of Community Management of Fever (Using Antimalarials With or Without Antibiotics) on Childhood Mortality: A Cluster-Randomized Controlled Trial in Ghana** By Margaret Gyapong, Dodowa HDSS, Ghana
3. **Impact Assessments as Potential Service Component of the INDEPTH Network.**

By Mirko Winkler, Swiss TPH and Seth Owusu-Agyei, Kintampo HDSS, Ghana

4. **The INDEPTH Network: Mid-term Strategy Reflection and Review.**

By Paul Rosenberg, Independent Consultant to the INDEPTH Network

D. 12TH ANNUAL GENERAL MEETING



Dr. Margaret Gyapong, Centre leader of Dodowa HDSS delivering a presentation

Field Trip

As part of the AGM activities, participants undertook a field trip to a typical household in Dodalab to observe the procedures for demographic surveillance and data collection. The group had the opportunity to interact with two different families and to have an idea of the socio-economic characteristics of the Dodalab population. Additionally, the participants visited a clinic where they were shown round the facility by a team of clinicians to view, at first hand, the process of conducting different trials leading to better understanding of the functionality and importance of morbidity surveillance.

Election of New Board Members

There was an election of new members to the Board of Trustees, preceded by the candidates making brief presentations about themselves, emphasising their ability to serve effectively on the Board. The prospective candidates then subjected themselves to a process of secret balloting after which Dr. Momodou Jasseh, Centre Leader of Farafenni HDSS, The Gambia, was elected for a two-year term, while Prof. Kathleen Khan of Agincourt HDSS, South Africa was re-elected for a second one year term. Dr Tran Huu Bich Centre Leader, Chililab HDSS, Vietnam, was appointed to fill a casual vacancy on the Board.



Some AGM participants interacting with a typical family during the field trip to the Dodalab study area

Poster Exhibitions

The host centres of the AGM - Filabavi, Chililab and Dodalab HDSSs and some other member centres displayed posters to demonstrate various research activities at their HDSSs.

Concluding Remarks

The two-day AGM ended on 23 November with a closing statement by Board Chairman, Professor Marcel Tanner, Director of Swiss TPH, who called on members of the Network to endeavour to generate empirical data since this was the strength of the Network, and encouraged all centre leaders to explore new ideas for producing good quality data to help solve the world's myriad of health problems.



A section of AGM participants viewing displayed posters

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

1. Outreach Activities

During the year 2012, some members of staff at the INDEPTH Secretariat travelled to different parts of the world on official missions.

While each trip had specific purposes and objectives, they all provided the staff members with exclusive opportunities to share the Network's experiences, mission, vision, achievements and challenges with different groups and audiences. They also served the purpose of strategically building and strengthening collaborations with key institutions around the world. The following missions were undertaken in the course of the year:

Umea, Sweden (11 - 13 January): The Capacity Strengthening and Training Manager and the Finance and Administrative Manager participated in a kick-off meeting of the INDEPTH Training and Research Centres of Excellence (INTREC) project.

Cape Town, South Africa (21 - 22 January): The Communication & External Relations Manager participated in a technical meeting of the "MOVE-IT project. The project is in collaboration with the Health Metrics Network and WHO to strengthen the monitoring of vital events. This meeting brought together statisticians, the MOVE-IT Principal Investigators and other experts to present and discuss the initial findings of various MoVE-IT projects. Dr. Momodou Jasseh (Centre Leader of Farafenni HDSS, The Gambia) presented an update of the status of the INDEPTH study to obtain cause of death levels and trends from HDSSs in 12 countries.

Bellagio, Italy (13 - 17 February): The Executive Director, the Capacity Strengthening and Training Manager and the Information and Communications Technology Officer joined directors of national statistics offices from 9 African countries to deliberate on avenues of collaboration, especially making census data available for purposes of triangulation with HDSS data.

Freetown, Sierra Leone (22 March): The Executive Director was the keynote speaker at a meeting of the Sierra Leone Health and Biomedical Research Group. His talk was on the **Importance of HDSS Research for Health in LMICs**. He informed participants that in

most LMICs reliable demographic and health data such as, births, deaths, and causes of death are lacking and are usually not registered.



Executive Director delivering the keynote address in Freetown, Sierra Leone

London, UK (29 - 30 March): The Executive Director and Dr. Momodou Jasseh, Centre Leader for Farafenni HDSS, The Gambia, attended a symposium at the London School of Tropical Hygiene and Medicine (LSTHM) on: **Intervention Research to Improve Health in developing countries: Progress and Future Challenges**. The symposium was organised as part of the 40th anniversary of MRC Tropical Epidemiology Group.



Dr. Momodou Jasseh (left) and the Executive Director Prof. Sankoh at the Symposium in London

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

Belgium, (16 - 17 April): The Executive Director participated in the European Commission's conference on: **Innovation in Healthcare without Borders**.



Prof. Hannah Akuffo (left) and the Executive Director Prof. Sankoh

Cape Town, South Africa (21 - 28 April): The Capacity Strengthening and Training Manager participated in the 2012 COHRED Global Forum for Health Research.

San Francisco, USA (May): The Executive Director participated in the conference of the Population Association of America (PAA). He took part in a meeting on the status of INDEPTH's Adolescent Sexual and Reproductive Health (ASRH) proposal development that was held on the sidelines of the conference with representatives of the William and Flora Hewlett Foundation.

Johannesburg, South Africa (6 - 8 June): The Grants Manager joined representatives of NIH and Wits Health Consortium to discuss organisational and logistical issues related to management of the grant for the Human Heredity and Health in Africa (H3Africa) project.



The Grants Manager (3rd left) with representatives of NIH and Wits Health Consortium in Johannesburg

Stockholm, Sweden (13 - 17 August): The Executive Director and the Finance and Administration Manager were at the offices of the Sida Unit for Research and Cooperation to defend INDEPTH's proposal for core support. They also presented the Secretariat's 4-year report of activities (2009 – 2012 under a Sida grant. They were assisted by the chair of the Scientific Advisory Committee (SAC).



Sida officials at the meeting

Ibadan, Nigeria (27 - 30 August): INDEPTH's Research Fellow attended the CARTA Partners Forum and Board of Management meeting held at the University of Ibadan Centre for Sustainable Development (CESDEV). This was to further advance a proposed INDEPTH-CARTA collaboration to expand mutual opportunities and impact and to examine modalities for fully engaging in the area of capacity strengthening. The meeting provided an opportunity to make a presentation on INDEPTH and to participate in the process of selecting the third cohort of CARTA PhD fellows in population and health.



Participants who attended the CARTA management meeting. Samuelina Arthur, front row, 3rd from right, from INDEPTH.

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

Addis Ababa, Ethiopia (8 - 12 October): The Executive Director, as co-Principal Investigator of the Human, Heredity and Health in Africa (H3Africa) project attended a technical meeting with the Principal Investigator, Prof. Michele Ramsay (Wits Health Consortium), Prof. Nigel Crowther (Agincourt HDSS), Prof. Marianne Alberts (Dikgale HDSS), Dr. Catherine Kyobutungi, (Nairobi UHDSS), Dr. Hermann Sorgho (Nanoro HDSS) and Dr. Abraham Oduro (Navrongo HDSS) to discuss project milestones to be achieved throughout the 5-year implementation period. The discussions focused on strategies for advancing project implementation.

The Executive Director also met with leaders of

INDEPTH member centres in Ethiopia namely: Butajira HDSS (a founding member of INDEPTH); Gilgel Gibe HDSS; and Kilite Awlaelo HDSS. The meeting was hosted by the School of Public Health of Addis Ababa University, the parent institution of Butajira HDSS.

As a clear evidence of the increasing desire of various institutions to gain membership of the INDEPTH Network, representatives of three other HDSSs that are aspiring to attain INDEPTH membership (Kersa HDSS, Dabat HDSS and Arbaminch HDSS) were present at the meeting together with the Coordinator of the Ethiopian Public Health Association (EPHA).



Reps from various HDSSs in Ethiopia with the INDEPTH ED, 4th from left.

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

Heidelberg and Frankfurt, Germany (18 - 20 October): The Capacity Strengthening and Training Manager participated in a mid-project review and a meeting for Work Package 4 of the INTREC project. This was followed by a meeting of the International Advisory Group.

Bellagio, Italy (24 - 27 October): The Communication and External Relations Manager represented INDEPTH at a meeting organised by COHRED on

negotiating fair contracts in health research. The 3-day meeting ended with firm commitments by participants to develop a checklist to guide southern-based research institutions in scrutinising contracts, a manual/handbook to assist various parties in negotiating fair contracts, and the formation of a steering committee to lead a process of engaging with research funders and northern-based research partner institutions.



Participants at the COHRED meeting in Bellagio, Italy; Prof. IJsselmuiden, ED, centre back row

Hangzhou, China (26 - 29 October): The Executive Director joined a team of researchers from the Institute of Public Health, University of Heidelberg, Germany to participate in a seminar to commemorate the launch of Hemudu cohort, a potential HDSS in China. The Hemudu cohort's activities are being

operated by Zhejiang University School of Public Health in Hangzhou.

Mozambique, represented the Executive Director at a meeting of the European and Developing Countries Clinical Trials Partnership (EDCTP). Known as the EDCTP-II high level meeting, the session deliberated on the second phase of the EDCTP programme which is expected to start in January 2014 as part of an overall EU 2020 framework of activities to accelerate the development of new drugs including microbicides and vaccines in the areas of Tuberculosis and Malaria prevention. There were also discussions on strategies for building capacity of African research institutions in a more sustainable way.



Researchers of Hemudu cohort during the launching

Kuala Lumpur, Malaysia (17 - 20 November): The Executive Director presented INDEPTH's activities to faculty and students of the Jeffrey Cheah School of Medicine and Health Sciences at Monash University, Sunway Campus. This was part of a visit to the Global Public Health Programme.

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES



The Executive Director (middle) with two faculty members of Monash University

Beijing, China (30 October – 3 November): The Executive Director was at the 2nd Global Symposium on Health Systems Research, and presented a progress report on work being done on VA and InterVA-4 by INDEPTH and ALPHA Network.

Cape Town, South Africa (4 - 6 November): INDEPTH Board member and Centre Leader for Manhica HDSS,

was based on a paper recently published by the Executive Director and others in *BioMedCentral – Public Health*.

Johannesburg, South Africa (10 – 11 December): The Executive Director participated in a *workshop on: Ethical and Legal Considerations for Genomic Research and Broad Consent to Share Samples and Data*. The workshop was held as part of the processes of implementing an NIH supported project titled *Genomic and Environmental Risk Factors for Cardiometabolic Diseases in Africans*.



Participants who attended the Ethics workshop



The Executive Director delivering the progress report

Hanoi, Vietnam (19 – 24 November): The Executive Director, Capacity Strengthening Manager, IT and Projects Administrator, Grants Manager and one Accountant participated in the INDEPTH Board of Trustees meeting and the 12th Annual General Meeting.

Yamoussoukro, La Cote d'Ivoire (27 – 29 November): The Capacity Strengthening and Training Manager participated in the 8th Africa Symposium on Statistical Development and gave a presentation on **HDSSs as stepping stones toward civil vital registrations in low- and middle-income countries**. The presentation



The Finance and Admin. Manager (2nd from left) with two of INDEPTH's accountants (3rd from left and 1st from right) and the Auditor General of Ghana (2nd right) and the Deputy Controller Accountant General at the Conference

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

2. Grants Administration (Supporting Member Centres through Sub-grants)

The INDEPTH Network's funding portfolio has expanded over the years. Since 2008 a progressive trend in fundraising has been recorded. The Grants Administration Unit of the Secretariat is dedicated to and focused on administering all grants to INDEPTH as well tracking sub-grants to member centres.

Activities performed by the section are:

- o Ensuring proper documentation of all grants received - from proposal development to approval;
- o Developing spreadsheets for all grants to reflect timelines, reporting schedules and any conditions of an award to ensure full compliance;
- o Liaising with the Executive Director and the Finance and Admin. Manager regarding spending of grants to ensure that grants funds are utilised in a proper and timely manner;
- o Initiating and coordinating reports to various funders on core support to INDEPTH;
- o Preparing contracts for sub-grants and working with the legal advisor on reviewing of sub-grant contracts;
- o Sending reminders to grantees to ensure compliance with reporting deadlines;
- o Performing initial reviews on reports to INDEPTH and engaging sub-grantees on the correctness of their reports;
- o Following up on reviewers comments of reports;
- o Ensuring internal reviews of reports;
- o Following up on internal project managers compliance with funders reporting requirements;
- o Preparing quarterly reports to the Executive Director on the status of grants to and from INDEPTH;
- o Collating data on Results Based Management.

During the year 2012, the following grants/subgrants were processed and disbursed.

3. Communication and External Relations

The department is charged with the key responsibility to promote and sustain INDEPTH's interaction with various stakeholders, including collaborators such as

scientists, researchers, funders, policy makers and media, among others. To do this effectively, the section employs appropriate communication tools, activities and channels to ensure the projection and promotion of the INDEPTH Network as a relevant, reputable organisation that consistently provides health and demographic data to guide the setting of health priorities and policies.

During the year 2012, the Communication and External Relations section employed a number of strategies and mechanisms in fulfillment of this and other tasks. The section enhanced visibility and publicity through the issuance of press releases and ensured extensive media coverage and placement of INDEPTH activities such as workshops and the 2012 Annual General Meeting. In addition, the section prepared special INDEPTH messages to commemorate international days designated by the UN, such as World Health Day and World TB Day. These messages were disseminated through the Secretariat's comprehensive listserv. Combined with other strategies, these published messages helped project the Network.

Recognising that influencing policy requires constant engagement with policy makers at all levels, the Communication Section during the year 2012 set in motion a process of reaching out to some relevant policy makers by inviting them to participate in and play key roles in INDEPTH activities. This approach was buttressed with further acquainting them with the Network's activities and achievements through a strategic distribution of the Secretariat's 2011 Annual Report.

Various other partners and potential collaborators also received the 2011 Annual Report, with an electronic version being made available for those with more technologically advanced preferences.

Five highly informative FACTSHEETS were compiled in the year 2012. Two of them were published.

- ? INDEPTH-Africa Census Analysis Project (ACAP) Collaboration and Hosting of African Census Data;
- ? Geographical Distribution of INDEPTH Network Member Centres Across Africa;
- ? Geographical Distribution of INDEPTH Network Member Centres Across Asia and Oceania;
- ? The INDEPTH Scientific Development and Research Leadership Programme- Masters

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- Programme in Population Based Field Epidemiology and developing a Research Data Management Track;
- ? INDEPTH Network What it is and how it Works.

The Section dutifully discharged the responsibility of producing and disseminating 4 lively and interesting issues of the Quarterly Electronic Newsletter in the year 2012 and ensured a strong and stimulating presence of INDEPTH on social media platforms FACEBOOK and TWITTER, with weekly and sometimes daily postings.

Throughout the year the INDEPTH Website was progressively transformed into a massive source of information with systematic content management resulting in the home page in particular becoming a timely, regularly updated news page.

Maintaining regular communication with all member centres is critical to the survival of the Network and as such, during the year, the section consistently sustained a regular weekly mail to centre leaders and their alternates. Through this mechanism several pieces of important information reached all member centres simultaneously.

4. Information Technology and Projects Administration

The key role of this section is to provide technical support to the Secretariat and also at member centre level through a number of critical technical services. It also performs the role of monitoring the network's membership by ensuring their strict adherence to membership criteria as well as by promoting the use of INDEPTH's well crafted and designed ready-to-use tools.

During the year 2012, the section carried out a number of activities to support member centres and also improve IT functionality at the Secretariat. These interventions helped to improve efficiency of the Secretariat's coordinating role to member centres. The activities implemented by the Section in the year 2012 included:

- ? A pilot study to improve the rate of Verbal Autopsy (VA) coding at Health and Demographic Surveillance System (HDSS) sites. Specifically, the aim of the project is to test new thinking through the use of web-based technology to improve the rate at which VAs are coded at the HDSSs. The

project envisages the possibility of physicians being able to code VAs by logging into a domain in anticipation of reducing the turnaround time for VA coding.

- ? Piloting an Open HDS at one member centre: This activity involved testing an Open HDS at the Cross River State HDSS in Nigeria. Progress was also made in the area of documentation.
- ? Providing support to new and emerging HDSSs: During 2012, work in this area entailed coordinating technical support to 3 new HDSSs in Nigeria, while ensuring that 2 new HDSSs in Ethiopia received full membership and, at the same time, 7 new applications were reviewed with 3 being recommended to the Board and 4 being accorded associate membership.
- ? Improving IT functionality at the Secretariat which involved the maintenance of the LAN and WAN infrastructure at the office, supervision of internet bandwidth, backups and an efficient preventive maintenance for all office equipment.
- ? Promoting the use of INDEPTH-developed tools: Efforts were made towards reviewing the INDEPTH Resource Kit with a view to bringing it into conformity with technological developments in the use of electronic gadgets for data collection.

At the Secretariat level the section provided the requisite platform for INDEPTH on FACEBOOK and TWITTER. In this regard, it carried out the necessary technical work to enable the creation of INDEPTH's FACEBOOK wall and TWITTER handle.

Finally in the year 2012, the IT Section also successfully migrated the Secretariat network platform from a Workgroup status to a Domain - a move which greatly improved documentation.

5. Finance and Administration

Implementing sound and prudent financial policies as well as maintaining vigilant oversight of disbursements is crucial for any organisation that seeks to comply with international best practices in the exercise of financial management.

These are some of the standards that the Finance and

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

Administration Section of the Secretariat set itself to meet at the Secretariat and Centre level. The section provided other support to INDEPTH member centres such as: organising workshops to promote experience sharing and address professional challenges and embarking on centre visits to review their accounts and advice on best financial practices and standards.

In the year 2012, significant progress was made by the section in the following areas:

- ? The section ensured the preparation of a reliable, consolidated financial statement for 2011. This was followed by an annual audit that was carried out smoothly by PriceWaterHouse Coopers (PWC) with an unqualified opinion.
- ? The section drew up a comprehensive budget for 2012 based on the entire organisational work plan. Both the 2011 financial statement and the 2012 budget were presented to the Board and were subsequently approved and adopted.
- ? Throughout the year, the section meticulously completed and submitted several donor specific financial reports in a timely manner to the satisfaction of donors.
- ? Drawing up specific budget components to support various proposals and activities, such as workshops, meetings, travels and retreats, to mention a few, were also prepared throughout the year.

In compliance with USA IRS regulations the section ensured the filing of Form 990 in well ahead of the stipulated due date. The same was done in respect of monthly returns required by the statutory regulatory bodies in Ghana.

Overall, during the year 2012, all the necessary internal financial control mechanisms, including maintenance of physical assets and corresponding assets register, monthly bank reconciliation statements, budgeting and budgetary controls and human resource/staff management, were duly adhered to, thereby greatly enhancing donor confidence in INDEPTH.

6. Fundraising Strides

Research funding, particularly from international donors and development partners, has in recent times proved quite challenging to obtain. This



Mr Hayfron Aboagye of PriceWaterHouse Coopers presenting a report on the 2011 audited account to the AGM Assembly



Mr Adam Osman, a chartered accountant at INDEPTH presenting the financial status of the Network to the AGM Assembly

notwithstanding, INDEPTH has, through a demonstration of its excellent and judicious use and application of funds, been able to attract much needed core funding alongside project funds. In the year 2012 some funds were procured to enable work to continue. Below are the grants that the Secretariat was able to secure to support various activities during the year:

1. Strategic Award from The Wellcome Trust

In April 2012, the Wellcome Trust, UK, awarded the INDEPTH Network a grant of up to \$3,287,292 over a five-year period to implement a project under a proposal entitled 'Informing global efforts to improve the health and well-being of low- and middle-income populations: The INDEPTH Network of Health and Demographic Surveillance Systems'.

The proposal sought to utilise INDEPTH's exceptional potential through a profound transformational shift from its current status to a world-class African-Asian-Oceanian platform of HDSS centres engaged in ground-breaking comparative and collaborative population-based research.

The grant is to support INDEPTH to position itself to harness its scientific potential, accelerate the output of knowledge to guide policy in health care delivery and support the evaluation of programmes and interventions nationally and internationally.

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

2. Leveraging Wellcome Trust Funds - Contribution by Sida Unit for Research and Cooperation (Sweden)

The Strategic Award proposal to the Wellcome Trust contained an integrated science-data-capacity framework that builds on their linkages and synergies. Based on the Wellcome Trust's willingness to fund the data management component of the application and also to contribute to the Secretariat's operational costs, the Secretariat approached Sida to fund the implementation process of the scientific programme. In a prompt and favourable response, Sida provided an amount of SEK5M (about US\$750,000) to enable the Network to recruit Postdocs, contribute to the development of the study areas, develop proposals for funding and increase the number of scholarships for MSc and PhD studies in HDSS work.

3. Grant for H3Africa from National Institutes of Health (NIH) USA

In collaboration with the joint Faculty of Science and Health Sciences Initiative, University of the Witwatersrand, South Africa and the INDEPTH Network received one of nine prestigious grants awarded worldwide by the NIH for Human Heredity and Health in Africa (H3Africa) research. The grant amount of US\$235,000, over a five year period, is being used to study genomic and environmental risk factors for cardiometabolic disease in Africans.

4. Grant from International Development & Research Centre (IDRC) Asia Office for MADIMAH

In June 2012, the Asia office of IDRC funded an INDEPTH workshop on using the existing data of thirteen HDSS centres in Asia/Oceania to analyse migration and health dynamics through analysis-oriented longitudinal data management training, and the development of a longitudinal comparative analysis framework. The total amount awarded was CAD49,700.

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Board of Trustees in 2012



Prof. Marcel Tanner,
Board Chair Director, Swiss TPH, Switzerland



Dr. Sanjay Juvekar
INDEPTH Centre Leader, Vadu HDSS, India



Dr. Honorati Masanja
Centre Leader, Rufuji HDSS, Tanzania



Prof. Margaret Gyapong
Centre Leader, Dodowa HDSS, Ghana



Dr. Ali Sie
Centre Leader, Nouna HDSS, Burkina Faso



Prof. Kathleen Kahn
Centre Leader, Agincourt HDSS, South Africa



Dr. Eusebio Macete
Centre Leader, Manhica HDSS, Mozambique



Dr. Timothy Evans
James P. Grant School of Public Health, Bangladesh



Prof. Hans-Olov Adami
Harvard School of Public Health, USA



Prof. Osman Sankoh
Executive Director INDEPTH Network Secretariat, Ghana



Dr. Kofi Baku
Senior Lecturer, Univ. of Ghana, (Secretary)

Incoming Board Members

At the 12th Annual General Meeting in Hanoi, Vietnam, two Board members in the persons of Dr. Margaret

Gyapong and Dr. Ali Sie, stepped down while two new members were received onto the Board. The incoming members effective November 2012 were:



Dr Momodou Jassesh
Centre Leader Farafenni HDSS, The Gambia



Dr Tran Huu Bich
Centre Leader, Chilillab HDSS, Vietnam

Recollections of Outgoing Board Members



Dr Ali Sie, Centre Leader, Nouna HDSS

I got onto the INDEPTH Board of Trustees when I was elected at the 10th Annual General Meeting (AGM) held in 2009 in Pune, India. Coincidentally, my exit from the Board occurred during the 13th AGM in Hanoi, Vietnam.

Surprisingly all these two important events in my life occurred in Asia.

Serving on the Board was a great honour to me, trying as much as possible to place my health research knowledge and skills at the disposal of the Network. Indeed with all new endeavours there is always a learning curve and this served as the learning process for me while striving also to meet the expectations of those who elected me. Fortunately for me, the fears I entertained disappeared as I quickly settled and began working closely with colleague Board members who offered as much support as possible.

Being a Board member and also wearing the cap of a Centre Leader and a Working Group Leader, enabled me to table before the Board the challenges being faced by the Francophone sites and solicit much assistance for these sites which are trying to make a headway, in view of the fact that most HDSSs are located in rural areas where major health problems and concerns abound. Contributing my quota to ensure that these sites gain ground was a priority for me.

My service on the INDEPTH Board also enabled me to appreciate the quantum of work HDSSs are offering and the health impact and benefits INDEPTH member centres are creating for the majority of people in Africa, Asia and Oceania. For me it was also another opportunity to influence decision making which could result in the success and growth of the Network.

One of the things I loved most was the cordial and friendly atmosphere in which members discussed the meeting agenda and the transparency of the decision-making processes. Given the chance I would have loved to serve on the Board again but, unfortunately for me, there is no easy way to get the Network constitution to be changed and sadly I have to leave the Board for others to continue with a new spirit and much dynamism for the development of the Network. I did my best while serving the Network and I do hope that my contribution was useful for the Network. However, I am leaving the Board more

committed than ever to serve the Network to the best of my ability. I will be happy to come back once the opportunity presents itself.

Long live the INDEPTH Network and best wishes to the new Board.



Prof Margaret Gyapong, Centre Leader, Dodowa HDSS

During the Accra AGM In 2010, I decided to offer myself to serve on the INDEPTH Board. My reasons were simple: first of all, my institution had been a part of the Network for almost 5 years. I was responsible for setting up

the Dodowa HDSS from scratch, based on the years I had spent at the Navrongo HDSS in the early 1990s and so I understood the intricacies of setting up an HDSS. I had also had the experience of working with a site. My second reason was that I was eager to see more females on the male-dominated board and, last but not the least, with my background in the social sciences, I wanted to see social science issues receive more attention within the Network.

Between 2010 and 2012, I served under 2 board chairs (Dr. Kayla Larserson and Prof. Marcel Tanner), and on the Sub-committee on Administration.

Being a Board member of the Network afforded me the opportunity to better understand the operations of the INDEPTH Secretariat and other HDSS sites. I had the opportunity of reviewing applications from various centres who wanted to become Network members and I fully understood that, contrary to what I thought when I was applying for my own centre's membership, it was not just a formality but a real screening exercise with objective assessments. I had the opportunity to interact more closely with the Scientific Advisory Committee and funders of the Network.

The period I served found the Board having to take some strategic decisions in the face of increasing awareness of the activities of the Network and increasing requests for the Network to make its data available. We had to put together a data sharing policy, create iSHARE and INDEPTHStats, and develop the concept of plausibility checks for datasets submitted to the Network. I remember the first time datasets were screened. Dodowa's data was said to be 'suspect' and I was upset because I did not like the

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word. Other sites were also unhappy. I went to the Executive Director and we had long discussions which led to visits by the Secretariat team to many sites where, together with the staff, they had a second look at the data. Through this exchange, the Network was able to put in place a system which enabled centres to check their own data and decide for themselves which datasets were ready for submission to the Secretariat for final checks.

Indeed, being on the Board was hard work but we found time to laugh and share jokes which eased some of the tension

In the two years, I was just about finding my feet within the Board and had not yet had an opportunity to lead a Working Group; but I managed to support the Secretariat in ensuring that a social science presence was felt. I was asked to represent the Network on the African Social Research Network and got some members of the Secretariat to attend annual meetings so as to understand the importance of social science issues. I was part of the Social Autopsy Group, started the discussion on the need to

use the narratives on the Verbal Autopsies to better explain the cause of death and the quest for therapy prior to death. Dodowa was one of the HDSS centres selected to be a part of INTREC.

At the last AGM, I took on the responsibility to lead a Working Group on Social Determinants of Health. A concept note has been produced and our first meeting will be held in February, 2013.

8. Proud and Inspirational Moments

Processes of institutional development and growth are sometimes characterised by momentous instances. Quite often however, research institutions in LMICs are not accorded their deserved places of honour internationally and globally. As a result of the relevance of its work however, INDEPTH and some of the personalities associated with the Network continue to receive awards in recognition of their achievements.

This 2012 Annual Report recounts some symbolic moments that inspire hope and pride in INDEPTH's stakeholders and help to stamp the Network's footsteps in the sands of time.



The Executive Director being honoured with a professorship at the Hanoi Medical University



Board Chair Prof Marcel Tanner (middle) displays his award

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9. Scientific Advisory Committee

The Scientific Advisory Committee (SAC) of INDEPTH provides guidance, scientific review and leadership to the Secretariat and the Board, by maintaining focus on critical health, population and social issues and highlighting areas of greatest potential impact. The

SAC provides advice and recommendations on the research and development portfolio of the Network.

In 2012, the SAC held one face to face meeting, as well as a joint meeting, with the Board of Trustees in Hanoi, Vietnam on October 22nd during the 12th AGM.



Prof. Peter Byass,
Chair, Sweden



Prof. Anastasia Gage,
Member, USA



Dr. Halima Mwenesi,
Member, USA



Dr. Carla Abouzahr,
Vice-Chair, Switzerland



Mr. Dave Gwatkin,
Member, USA



Prof. David Ross,
Member, U.K



Dr. Ime Asangassi,
Member, Norway



Prof. Ruth Bonita,
Member, New Zealand



Prof. Lucy Gilson,
Member, South Africa



Prof. Don de Savigny,
Member, Switzerland



Dr. Cheikh Mbacke,
Member, Senegal



Prof. Sam Clark,
Member, USA

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Centre Leaders List



Prof. Seni Kouanda
Kaya HDSS, Burkina Faso



Prof. Margaret Gyapong
Dodowa HDSS, Ghana



Dr. Ali Sie
Nouna HDSS, Burkina Faso



Dr. Seth Owusu-Agyei
Kintampo HDSS, Ghana



Dr. Clementine Rossier
Ouagadougou HDSS, Burkina Faso



Dr. Abraham Oduro
Navrongo HDSS, Ghana



Prof. Halidou Tinto
Nanoro HDSS, Burkina Faso



Dr. Kayla Laserson
Kisumu HDSS, Kenya



Dr. Sodiomom Sirima
Sapone HDSS, Burkina Faso



Prof. Masaaki Shimada
Mbita HDSS, Kenya



Prof. Bassirou Bonfoh
Taabo HDSS, Ivory Coast



Prof. Thomas Williams
Kilifi HDSS, Kenya



Mr Mark Urassa
Magu HDSS, Tanzania



Dr. Alex Ezeh
Nairobi UHDSS, Kenya

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Centre Leaders List (Cont.)



Prof. Nelson Sewankambo
Rakai HDSS, Uganda



Ms Mia Crampin
Karonga HDSS, Malawi



Prof. Elizeus Rutembeberwa
Iganga/Mayuge HDSS, Uganda



Dr. Valerie Delaunay
Bandafassi, Mlomp and Niakhar HDSSs, Senegal



Dr. Momodu Jasseh
Farefenni HDSS, Gambia



Dr Salim Abdullah
Ifakara HDSS, Tanzania



Mr Bakary Sonko
West Kiang HDSS, Gambia



Dr. Honorati Masanja
Rufiji HDSS, Tanzania



Prof. Peter Aaby
Bandim HDSS, Guinea Bissau



Dr. Mitike Molla
Butajira HDSS, Ethiopia



Dr. Tran Huu Bich
Chililab HDSS, Vietnam



Dr. Eusebio Macete
Manhica HDSS, Mozambique



Dr. Tran Khan
DodaLab HDSS, Vietnam



Prof. Steve Tollman
Agincourt HDSS, South Africa



Prof. Nguyen Thi Kim Chuc
Filabavi HDSS, Vietnam

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

Centre Leaders List (Cont.)



Prof. Marriane Alberts

Dikgale HDSS, South Africa



Dr. Wasif Khan

Bandarban HDSS, Bangladesh



Prof. Shashi Kant

Ballabgarh HDSS, India



Dr. Kim Streatfield

Matlab HDSS, Bangladesh



Dr. Sanjay Juvekar

Vadu HDSS, India



Dr. Suparat Phuanukoonnon

Wosera and PIH HDSS,
Papua New Guinea



Dr. Poch Bunnak

Mekong HDSS, Cambodia



Dr Abbas Bhuiya

Chakaria HDSS, Bangladesh



Prof. Sureporn Punpuing

Kanchanaburi HDSS, Thailand



Prof. Fasil Tessema

Gilgel Gibe HDSS, Ethiopia



Prof. Siswanto Wilopo

Purworejo HDSS, Indonesia



Mr Berhe Waregawi

Kilite Awlaelo HDSS, Ethiopia



Dr. Abraham Jakobus Herbst

Africa Centre HDSS, South Africa



Mr Yigzaw Kebede

Dabat HDSS, Ethiopia



Mr Alabi Oluoyomi Olatunji

Nahuche HDSS, Nigeria

E. SECRETARIAT AND ADMINISTRATIVE ACTIVITIES

11. Secretariat Updates

- ? **Secretariat Staff**
With the exception of one recruitment, the staff remained intact in 2012, with one upgrade.
- ? **Recruitment:**
Mr. Henry Tagoe (Ghanaian) Research Fellow
- ? **Staff Upgrade:**
Miss Felicia Manu was upgraded from Grants Administrator to Grants Manager to reflect the expanding grant making portfolio of the Secretariat
- ? The full staff for 2012 was as follows:

∞ Additional Office Premises for INDEPTH Secretariat

For many non-governmental, non-profit making organisations, networks and institutions in LMICs, the acquisition and maintenance of office space or physical infrastructure to accommodate core staff presents a perennial and daunting challenge. Through strategic thinking, collective decision making and a forward looking approach however, INDEPTH has surmounted the problem of office space by successfully acquiring a building located right next to

the current Secretariat. In the year under review therefore, the overcrowding at the single office was brought to an end with some core personnel and project staff moving into the new building. The acquisition of the new office has addressed the problem of congestion and also enhanced productivity through the provision of a more conducive working environment.



*Newly rented building for secretariat staff
38 & 40 Mensah Wood Street at East Legon in Accra, close to GHANA LINK.*

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∞End of Year Staff Retreat

In July and December of 2012, staff of the Secretariat participated in two retreats as part of its annual activities. . The first retreat was to undertake a mid-term review of its activities, map out strategies to address challenges faced in the first half year, and discuss planned activities for the second half. The retreat was an opportunity for staff also to familiarise themselves with the organisation's log-frame and a results-based management approach for assessing progress towards the attainment of INDEPTH's objectives.

To set the ball rolling, the Executive Director,

Prof. Sankoh made a presentation on the State of the Secretariat while sectional heads presented a review of their activities within the first half of the year. In a concluding statement, Dr Paul Rosenberg, a consultant, urged the staff to work as hard as possible and continue to exhibit a team spirit. Also present was Dr. Kofi Baku, legal adviser to INDEPTH and Board Secretary.

Subsequently, the Secretariat held an end of year retreat in Accra from 21 – 22 December, to review activities of 2012, assess the Secretariat's overall performance during the year, as well as formulate a work plan for 2013.



Secretariat staff at the end of year retreat

F. NOTABLE VISITORS TO THE INDEPTH SECRETARIAT

Over the years, the INDEPTH Secretariat in Accra, Ghana, has played host to many high profile visitors and guests such as funders, collaborators and partners (both current and potential), who wish to further acquaint themselves with the coordinating work of the Secretariat as well as Network activities in general.

During these visits, presentations are made on general as well as specific activities of the Network

and also on the role of the various departments at the Secretariat. There are also interactions with the Secretariat's management and staff. Visitors are given the opportunity to state their expectations of the Network's future and to give their overall impressions about its work.

A list of some notable visitors to the Secretariat during the year 2012 is presented below:

Pictures of Notable Visitors



Prof. David Lam from Univ. of Michigan USA (2nd left) and Prof. Murray Leibbrandt from Univ. of Cape Town South Africa (1st right) paid a visit to the Executive Director (1st left) and Dr Martin Bangha (2nd right), INDEPTH's Capacity Strengthening and Training Manager



The Executive Director received two students from the Institute of Health Metrics and Evaluation (IHME) in Seattle, Washington, USA: David Chou (left) and Thomas Roberts (right)

F. NOTABLE VISITORS TO THE INDEPTH SECRETARIAT



Dr. Didier Lapierre (middle) and Dr. Roset Edith (left) from GSK with Prof. Osman Sankoh after a dialogue on a collaboration between INDEPTH and GSK on the implementation of RTS,S phase IV studies.



The Director for Population and Global Development at the Hewlett Foundation, Dr. Ruth Levine (back row 4th left) visited the Secretariat with her team: Associate Programme Officer, Mr. Paul Rosenberg (back row, left), Consultant, Dr Peter da Costa (back row, 3rd from right) and Programme Officer, Ms Helena Choi (front row, 1st left)



Managing Director of the Rockefeller Foundation, Dr. Jeannette Vegas (centre) visited the Secretariat with her team: Associate Director Mwhaki Kimura (front row, 3rd from right) and Robert Marten (back row, centre)

F. NOTABLE VISITORS TO THE INDEPTH SECRETARIAT



Prof. Richard Adanu (2nd left, front row), Dean of the School of Public Health, University of Ghana, visited the Secretariat to discuss collaborative avenues. With him was Dr. Richmond Aryeetey (2nd right), Head of Biostatistics (back, centre)



Dr. Jimmy Whitworth (3rd from right row), Head of International Relations at the Wellcome Trust, UK visited the Secretariat to be updated on progress with the Network's Strategic Award from the Trust which supports the development of the INDEPTH data repository



Prof. Loyiso Nongxa (2nd from right,) immediate past Vice Chancellor of the University of the Witwatersrand and Deputy Vice Chancellor Prof. Rob Moore (1st right,), Mr Oliver Seale (1st right), visited the Secretariat. INDEPTH is a strong partner of Wits University which runs an INDEPTH-supported MSc in population-based field epidemiology.

F. NOTABLE VISITORS TO THE INDEPTH SECRETARIAT



Jane Kengeya-Kayondo (1st right) Special Advisor for African Affairs from the Wellcome Trust and Dr Margaret Gyapong (1st left) visited the Secretariat to have some discussions with the Executive Director