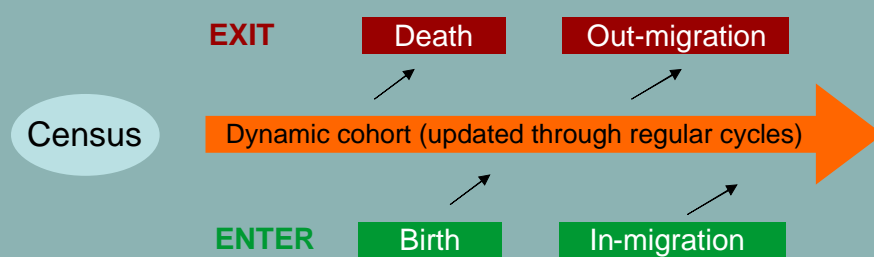


INDEPTH Network



Health and Demographic Surveillance System (HDSS)



Better Health Information for Better Health Policy

ANNUAL REPORT 2007



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Foreword

The year 2007 marked an important watershed in the history of the INDEPTH Network. It witnessed the exit of Professor Fred Binka as Executive Director, and the appointment of Dr. Osman Sankoh as the new Executive Director to propel the Network to what we now tend to term as INDEPTH Phase II.

I firmly believe that under the new Executive Director, the INDEPTH Secretariat will continue to encourage its member sites to investigate critical health-related issues that impact on the world's poorest populations.

Over the past few years of the Network's existence, we published the first in a series of books about the diseases that lead to most deaths in the areas in which we work. Promising work is also unfolding in the area of non-communicable diseases, especially in the Asian sites. The Network has also made great strides in the areas of adult health and aging, migration and urbanization and how they impact on household dynamics.

An important hallmark of the Network is strengthening various institutional and human resource capacities at our sites. In this regard, in 2007 the Secretariat provided small grants to at least three INDEPTH sites working together on some cross-site activity. The Network's scientific development and leadership programme continues to generate interest among young scientists from our sites and elsewhere who enrol in our M.Sc. in population-based field epidemiology course at the University of Witwatersrand in Johannesburg, South Africa.

One major challenge which continues to confront the Network is the capacity of sites to contribute data for cross-site scientific analysis. While the Network has undertaken a number of valuable multi-site investigations, including comprehensive studies of mortality patterns, causes of death, and model life tables for sub-Saharan Africa, much more remains to be done. INDEPTH sites are making remarkable investments in infrastructure and manpower for richer data collection. Collaborative efforts to pool these data meaningfully will result in better information on international health issues. To realize this objective, the Network is working on an INDEPTH Data System to improve the generation, capture and retrieval of high quality comparable analytical data sets from the HDSS sites. This will help improve access to research data and thus increase scientific productivity and knowledge production.

I will conclude by saying that the opportunities are bright if we continue to improve our collaborative efforts. On behalf of my colleagues on the Board and the entire Network, I wish to extend our profound appreciation and gratitude to our development partners, site leaders/scientists and the scientific advisory community for their support in the past year. We will continue to count on you as we prepare to take advantage of opportunities in the coming year.

Dr. Seth Owusu-Agyei
Chair, INDEPTH Board of Trustees
Director, Kintampo Health Research Centre, Ghana

Introduction

"Even Bill Gates mentioned him at a global conference in Seattle," I said to myself, looking at him with admiration and gratitude for what he had done for INDEPTH. It was at our 7th AGM in Nairobi, Kenya in September 2007. The Board thanked him. The Network thanked him. We all stood up and clapped.

I am talking about Prof. Fred Binka who handed over to me on 1st October 2007 as the Executive Director of INDEPTH. He should be writing this note for our 2007 Annual Report, for most of what is reported here is to his credit and that of his team. However, I was part of that team since I was Deputy Executive Director until the end of September, so I think it is all right for me to present this report to you after just three months in office. Don't you agree?

In case you missed what I said on the INDEPTH website in our new column "From the Executive Director", let me repeat it. But if you did read that, I believe you'd like to read this again: I have had an excellent start, thanks to the support received from an efficient team at the Secretariat, a committed Scientific Advisory Committee, a committed and determined-to-move-INDEPTH-to-the-next-level Board of Trustees, an understanding and willing-to-stay-on-with-INDEPTH funder community, and, of-course, a Network that is willing to continue to do its work and do it well.

Thanks to our funders who provided core support to the Secretariat in the last quarter of 2007, we are in a solid position to support more cross-site activities in 2008 and to focus on issuing concrete INDEPTH products. I shall particularly encourage our sites to contribute to the 2nd Edition of the Mortality Monograph, the Fertility Monograph and other publications.

The Network will continue to put emphasis on cross-site research and capacity strengthening activities. The establishment of the Malaria Clinical Trials Alliance (MCTA) project with a \$17m grant demonstrated the Network's ability to move into larger projects. Three working groups - Adult Health and Aging, NCD Monitoring in Asia, and Migration and Urbanisation - showed how committed leadership and site support can make these groups more effective. I hope that from 2008 INDEPTH will also have effective projects in other areas such as HIV/AIDS, Reproductive Health, Education, Cost of Illness, Epilepsy Study, and Climate Change and Health. The Secretariat will do everything possible to provide the requisite support to the groups.

Please note that we have again launched our cross-site small grants programme for collaborative activities involving at least three INDEPTH sites.

I am also encouraging sites in the HDSS-University collaboration to submit proposals for the second year of funds. My team is always happy to help you with your proposal.

I am happy to note that Navrongo HDSS in English-speaking Ghana will host a Portuguese-speaking scientist from Bandim HDSS in Guinea-Bissau for a month. We are committed to breaking the language barrier.

If I have not yet told you about our new initiative to have

a mentors programme for INDEPTH sites, listen to this: Experts on the Board, SAC, and from other institutions are willing to visit any of our sites that want to have someone with them for a week to instill new ideas and offer another opinion on current work. Isn't this fantastic?



I am a happy man, indeed. INDEPTH sites have agreed to submit annually a Minimum Dataset to the Secretariat which will help us better characterize our member sites. There can't be a better gift! Be assured that my team will help the sites to keep their promise.

We shall increase our efforts to improve the visibility of the Network and its member sites. We would appreciate suggestions from the INDEPTH family regarding ways in which the Secretariat can improve its services to the sites.

We are currently redesigning our website to make it more vibrant and useful to you and are open to any suggestions.

As you may now know, INDEPTH will celebrate its 10th anniversary at the White Sands Hotel in Dar es Salaam, Tanzania from 22-26 September 2008. Please block these dates so you can attend our 8th Annual General and Scientific Meeting. We expect the architects and leaders of INDEPTH to attend this very special meeting where contributions to the development of the Network will be recognized in the form of awards. This meeting will also bring together many other international participants from the scientific and funder communities.

The theme of next year's AGM is INDEPTH@10: From knowledge generation to improved health policy and practice. The Secretariat is now working on online registration and submission of abstracts on our website. Please visit our website which is updated regularly.

Please check out job opportunities on the INDEPTH website. We are looking for a Biostatistician to help our sites with issues of data analysis, and a Communications and External Relations Manager to focus on selling the Network better to the international community.

Let me again highlight my vision for the Network: INDEPTH shall become top-of-mind when donors and policy-makers are looking for empirical information to inform health policy in developing countries.

To end this very short note, let me remind you of the tag line which should always be associated with INDEPTH: Better Health Information for Better Health Policy

Dr. Osman Sankoh
INDEPTH Executive Director
31st December 2007

INDEPTH Network: Better Health Information for Better Health Policy

INDEPTH's Vision

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

INDEPTH's Mission

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

INDEPTH's Broad Activities

1. Cultivate cross-site activity through the:
 - Execution of comparative studies and exchange of experiences on critical common problems.
 - Creation and sharing of regional health status assessments relevant to global priority setting.
 - Co-ordinated multi-site research collaborations that evaluate interventions in diverse socio-culture and geographic environments.
 - Recruitment and/or creation of additional sites; particularly sites that provide INDEPTH with presence in current geographic gaps.
2. Generate longitudinal data and analysis that can impact on ongoing health and social reforms, inform health and social policy and practice and contribute to governmental, NGO, private and community health efforts.

3. Broaden the scope of health research by confronting the emerging agenda of non-communicable disease and aging, violence and injury, migration and urbanization and the problems associated with vulnerable population segments.
4. Continually improve the methods and technologies used by member sites to ensure all participating groups have access to the most valid and appropriate methodologies available.
5. Generate visibility and recognition for INDEPTH and member sites among critical constituencies including academic, government and international agencies and donors.

INDEPTH's Key Strategies

During the year 2007, the INDEPTH Secretariat continued with its key strategies of promoting effective running of the network i.e., facilitating knowledge sharing among sites, helping to disseminate data and research outputs, convening analysis and capacity building/strengthening workshops and coordinating multi-site research collaborations. In addition, it continued to facilitate cross-site scientific visits, promote on-site training courses and internships and intensified efforts to standardize research methods and tools. The Secretariat also continued to support website development, dissemination of models for survey design, data processing and analysis and quality control. We have continued to establish and building collaborations with other institutions, particularly the universities in order to harness their comparative advantage in training for the benefit of its member sites.



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The 7th Annual General and Scientific Meeting, Nairobi, Kenya



Participants at the Nairobi AGM in 2007

The 7th INDEPTH Annual General and Scientific Meeting took place in the Kenyan capital of Nairobi, with a total of about 193 participants drawn from the scientific and donor community all over the world. The five days meeting, which took place at the Safari Park Hotel, from September 3-8, 2007, had the theme: *The Role of DSS in monitoring progress on the Millennium Development Goals (MDGs)*. The AGM was hosted on behalf of the INDEPTH Secretariat by the following DSS sites; Nairobi, Kisumu and Kilifi, all in Kenya.

Participants were drawn from INDEPTH member sites, the scientific advisory committee of the network, the board, donor partners, other collaborative research organizations/institutions and select African universities. The meeting was formally opened by the Kenyan Minister for Planning & National Development, Honorable Henry Obwocha.

Scientific programme

The scientific programme had a mix of both plenary and parallel sessions, with a diversified range of topics covering areas such as HIV/AIDS, malaria, childhood mortality, maternal health, education and poverty, all attempting to measure progress towards the MDGs. Presentations were also made on methodological innovations in data collection, such as the use of Personal Digital Assistants (PDAs) in demographic surveillance.

To help develop the next generation of scientists, INDEPTH awarded scholarships to young scientists from INDEPTH DSS sites to attend meeting to make poster or oral presentations. These awards brought to the AGM a total of ten (10) young scientists funded by INDEPTH. The best young scientist poster award was jointly won by Daniel Tindabil of Navrongo HDSS site and Zariba Abdhalah of Nairobi HDSS site.

Executive Director's Annual Report

The AGM represents an occasion when the Executive Director (ED) presents his annual report. This year's report was the last by Prof. Fred Binka who stepped down at the AGM as the ED after serving as ED since 2002. As with previous years, the ED noted that 2006 was a busy year with a lot of new initiatives embarked upon. He reported that the network continued in 2006 to enhance site capabilities and disseminate knowledge, generate new knowledge through cross-site research and improve the effectiveness and efficiency of research investments. In the scientific front, he mentioned that substantial progress had been made. He mentioned progress made both on the Causes of Death and Migration and Urbanization monographs. He noted that all chapters have now been written except the synthesis chapter. Adult health and aging work is also progressing well, he reported, with the completion of data collection and data entry progressing steadily.

He also reported that the network has also embarked on new initiatives – a new proposal has been completed that aims to examine the impact of anti-retroviral therapy rollout on the population and health systems, a proposal developed to conduct Phase IV safety and effectiveness studies of new antimalarial drugs in 9 countries and efforts underway to integrate health facilities data with demographic surveillance data. He also mentioned efforts being made to develop a new data system for INDEPTH sites with the aim of facilitating efficient use of data and dissemination, including data sharing. He also reported that a lot of progress has been made on the malaria clinical trials alliance project with ongoing site refurbishment and capacity strengthening activities.

In the area of capacity strengthening, the ED noted that the network continued with its capacity building efforts in 2006. He reported that scientific development and leadership program in Population-based Field

The 7th Annual General and Scientific Meeting, Nairobi, Kenya

Epidemiology has continued to attract attention and appealed to site leaders to encourage young scientist from the site to apply for the programme. He noted that the cross-site capacity research programme funded with funds from Sida/SAREC has also continued to attract interest.

INDEPTH has also continued with its collaborative activities both with ongoing projects with partner institutions such the London School of Hygiene and Tropical Medicine, University of Sussex, the World Health Organization, the Health Metrics Network, among many others. The ED noted that collaborations between INDEPTH HDSS sites and local universities is one major opportunity to leverage synergistic advantages from both the universities and the HDSS sites.

The ED concluded his report by thanking site leaders and partners for the support over the years. He noted that the achievements chalked by the network could not have been possible without the support of the site leaders and the development partners. He thanked all the funders who have supported the network over the years. He mentioned in particular the Rockefeller Foundation, Sida/SAREC, The World Bank, Bill and Melinda Foundation and the World Health Organization, Hewlett Foundation, Wellcome Trust and DFID. He ended by thanking APHRC, Kilifi and Kisumu sites for hosting the AGM on behalf of the Secretariat.

Appointment of New Executive Director

The 2007 AGM marked a very important milestone in the history of the network, as it witnessed a change in the leadership of the network. Professor Fred Binka who has headed the INDEPTH Secretariat as Executive Director since its inception, stepped down. The Board conducted interviews in Nairobi for a new Executive Director to succeed Prof. Binka and was able to announce the appointment of Dr. Osman Sankoh as the new Executive Director with effect from October 1 2007. Until his appointment Dr Sankoh had served in the Secretariat, first as Communications and External Relations Manager, and later as Deputy Executive Director.

The Executive Director designate thanked the INDEPTH Board for the confidence repose in him and also thanked outgoing Executive Director for setting up high standards of leadership of the network. He promised to live up to the challenge. He stressed the need to contribute to cross-site activities and that sites should support the Secretariat to help them. He noted that collaborations are important. He introduced his vision for the network to be: *INDEPTH will be top of mind when donors and policy makers are looking for empirical health information for health policy in developing countries.*

Following those brief remarks, he gave a brief profile of the network's current strategic plan 2004-2009 and noted some new scientific initiatives that are coming on board. He also emphasised that to the Secretariat will continue to

strengthen individual and institutional capacities at the sites. He mentioned the under-listed as some of the key challenges that needed to be overcome:

- How to make working groups more effective
- Need to identify new cross-site research activities that are not in the area of malaria research
- The Africa attraction: what can be done about Asia?
- Data sharing issues – what bold steps must we take?
- Core funding to the network -
- Need to interface with regional organizations
- Making sites see the value-added
- How to make sites identify themselves with the network
- Balancing the lean size of Secretariat with the expansion of network programmes

Finally he thanked the organisers for a well organised AGM. He also thanked the staff of the INDEPTH Secretariat for the hard work they have exhibited all these years and promised to continue with the collegial working relationship at the Secretariat. He called upon the INDEPTH family to use the new tag line for INDEPTH: *Better Health Information for Better Health Policy.*

Board elections

Dr. Seth Owusu-Agyei, Director, Kintampo Health Research Centre, Ghana, was elected as the new chair of the INDEPTH board. He succeeded Dr. Hassan Mshinda, Director, Ifakara Health and Development Centre, Tanzania. Dr. Siddhi Hirve (Vadu HDSS) was elected as vice chair of the board. The following were also elected as members of the INDEPTH board – Peter Aaby (Bandim HDSS), Thomas Williams (Kilifi HDSS),

Site visit

Participants at the AGM made field visits to the Nairobi slums of Kabera and Korogocho. The objective of the field visits was to afford participants the opportunity to see research site of APHRC and their field operations. During the visit, participants interacted with members of the slums.

Best poster awards

The best young scientists' poster award was jointly won Mr. Daniel Tindabel and Dr Abdhala Ziraba.

One of the host sites, Nairobi UHDSS, also presented a best poster award which was won by Rashid A Khatib of Ifakara HDSS for his poster on *"effectiveness of existing net distribution strategies for achieving community wide coverage and protection in rural Tanzania"*.



Population-based longitudinal assessment of ART rollout: Effects on individuals, populations, and health systems

The provision of anti-retroviral therapy in developing countries is the largest and most intensive therapeutic initiative ever initiated in developing countries. It is the largest natural experiment ever to have been deployed in Africa and other parts of the world. Large-scale national programs are, with international assistance, trying to provide ART in coming years to a far higher proportion of those who need it. Because ART is lifelong treatment of a chronic disease and because HIV affects communities at many levels – individual health, family well-being, economic security, and the health care system – it is important to understand, over time, the effects of ART on individuals, populations, and health systems

Thus the proposed study plans to utilize the demographic surveillance systems at 5 participating INDEPTH sites in four African countries to conduct a five-year evaluation of ART rollout programmes. The five sites are Ifakara (Tanzania), Bandim (Guinea Bissau), Agincourt (South Africa) and Kisumu and Nairobi (Kenya).

The proposed research is divided into three projects, each of which can stand alone, that will attempt to answer the following questions:

1. Effect on Individuals Taking ART and Their Families:
 - a. What is survival after starting ART, and what factors are associated with a longer survival?
 - b. What is the quality-of-life of persons on ART, and what are determinants of improved quality of life?
 - c. What is the sexual behaviour of persons on ART?
 - d. What is the economic impact of ART on families with a member taking ART?
2. Effect of ART on the Population
 - a. What is the effect of ART and its delivery mode on trends in mortality, morbidity and survival in the INDEPTH populations under surveillance?
 - b. What is the effect of ART rollout on HIV prevalence and incidence in the general population?
 - c. What proportion of persons who need ART are receiving it? What are the barriers to access?
 - d. What is the effect of ART rollout on household structure?
 - e. What is the effect of ART rollout on stigma and sexual behaviour in the population?
3. ART and the Health System
 - a. How equitable is access to ART? What are the characteristics of those who are getting access to ART and how do these compare with those who need ART in the community?
 - b. How does ART rollout affect equity of access to other health services?
 - c. How can community-based information on ART be used to improve the effectiveness of ART scale-up and functioning of health care services?

Dr. Nyovani Madise who is PI for the project, made several presentations of the proposal as it was being developed to various audiences. In 2007, Dr. Nyovani presented the proposal in Stockholm in Sweden and again at the 2007 AGM in Nairobi. Comments received at those presentations helped in refining and fine-tuning the proposal.

The full proposal is available now and INDEPTH is looking for funding. The proposal development was supported by the Rockefeller Foundation.



Nyovani Madise is a Reader in Social Statistics and Demography at the University of Southampton where she is Director of the Centre for Global Health, Population, Poverty, and Policy. She previously taught at the University of Malawi, worked as a researcher at the African Population and Health Research Centre in Nairobi, and was first Director of the Centre for AIDS Research at the University of Southampton in 2003. Her research focus is on maternal and child health, HIV and AIDS, and reproductive health in low income countries.

Adult Health/NCD/Cause of Death

Improving Empirical understanding of Aging and Older persons in INDEPTH sites

Work on Adult Health and Aging is well advanced at eight INDEPTH sites that are field testing the WHO Global Survey on Adult Health and Global Aging (SAGE). This work followed initial work that was started by an INDEPTH Adult Health Working Group whose initial work was to look at comparative mortality and cardiovascular risk among adults at INDEPTH sites. Eight sites are involved in this work and these comprise of four sites in Africa and four from Asia. Three of the sites (Navrongo, Ghana; Agincourt, South Africa and Vadu (India), fielded a full version of a WHO-SAGE instrument and the rest of the five (Ifakara, Tanzania; Nairobi, Kenya; Matlab, Bangladesh; Filabavi, Vietnam; and Purworejo, Indonesia), fielded a summarized version of the instrument.

The study aims to improve an empirical understanding of ageing and older persons within and across countries and to assess follow-up strategies or test new survey methods.

Field work has now concluded at the sites and the data are being processed and cleaned for analysis to begin. Data analysis methodologies are being jointly designed by the adult health working group team and their WHO-SAGE collaborators. A data analysis meeting is planned for April 2008. It is expected that during this meeting the participating sites and WHO will share data dictionaries, draw analysis plans and coordinate analyses methodologies, including implementation of the analysis.

It is important to note that there are growing efforts underway to harmonise INDEPTH-WHO data collection with other long-term longitudinal studies on Adult Health & Aging occurring in both industrialised and developing settings

INDEPTH's work on adult health and aging has been recognised and referenced in a high profile general publication 'Why Population Aging Matters: A Global Perspective' produced by the NIH and US Dept of State. Conclusion states: "With support from the US National Institute on Aging, three important cross-national efforts have emerged to provide policymakers with information essential for understanding the complexities of our aging world". The three efforts which are then described are INDEPTH, WHO-SAGE and the European study, SHARE.

The National Institute on Aging, NIH, through WHO, provides major funding for the INDEPTH adult health and aging initiative.

Non-communicable Diseases Monitoring in Asia (NCD)

The NCD monitoring project funded by the INDEPTH network, aims at strengthening the capacity of INDEPTH Asian sites for NCD risk factors surveillance. The specific objectives of the study are: (i) to collect information on NCD risk factors using the WHO STEP approach for risk factors surveillance; (ii) to compare NCD risk factors across INDEPTH Asian sites; and (3) to build capacity across sites in NCD risk factors surveillance. The project includes eight INDEPTH Asian sites, namely Matlab (Bangladesh), HSID (Bangladesh), WATCH (Bangladesh), Kanchanaburi (Thailand), Filabavi (Vietnam), Chhillab (Vietnam), Vadu (India) and Purworejo (Indonesia). Each site collected data on NCD risk factors from 2000 individuals aged 25-64 years old. Data collection ended in December 2005.

Data analysis and writing of papers are currently on going. One paper was published in 2007 from this work – "Association between body mass index and blood pressure across three populations in Africa and Asia; Authors: F Tesfaye, NG Nawi, H Van Minh, P Byass, Y Berhane, R Bonita and S Wall; Journal: Journal of Human Hypertension.

Following this successful collaboration between these sites, the group has now developed a proposal entitled *Strengthening health systems for addressing chronic disease burden in Asia Pacific region*, which they have submitted to AusAID for funding.

Cause-Specific Mortality – What's killing the people at INDEPTH sites?

INDEPTH in 2005 started work to try to document the diseases that afflict people at its sites and lead to death. In 2006, great progress was made in this direction, culminating in the publication in the WHO Bulletin a paper on cause-specific mortality in Africa and Asia in 2006. In 2007, further was carried out on this in an effort to publish a monograph on cause-specific mortality at INDEPTH sites. Site specific chapters were completed and in 2007 a chapter on methodology was also completed.

What is left for this work to go to the printers is a synthesis chapter. In 2008, efforts will be made to have this chapter written so that the monograph can go to press. An agreement has already been reached with Ashgate publishers to publish the monograph.

Migration, Health and Poverty Dynamics at INDEPTH sites

The Migration and Urbanization Working Group (MUWG) that is currently working on a monograph looking at the relationship between migration, health and poverty at INDEPTH sites, aims to contribute to an empirical understanding of the dynamics between migration and health in Africa and Asia using DSS data. The preliminary title "Migration, Health and Poverty Dynamics, from the Ground Up". The monograph will have authors from eleven HDSS sites from nine countries in Africa and Asia, and six overview chapters that are being written by a scientific committee.

In March 2007 the scientific committee was able to meet at the annual meeting of the Population Association of America in New York. The group invited Dr. Cheikh Mbacke to join the scientific committee with the special role of coordinating the peer review process and also to contribute scientific expertise. The chapters from the sites have progressed at different paces over the course of the year. A quorum of the committee was able to meet in Nairobi prior to and during AGM, took stock of progress and worked on some of the overview chapters, especially the chapters on methods and age-sex profiles. A third opportunity for the scientific committee occurred at the Fifth African Population Conference at Arusha, Tanzania, in December 2007.

Overall, nine site chapters have been received which have been sent for peer review. Authors are now responding to the reviewers' comments while copyediting of the book is ongoing as well. A full manuscript is expected by May 2008 and a publication date around August 2008.

From the perspective of widening the resources of INDEPTH for migration studies, two particular issues can be reported. An initiative run by the Princeton University and Rockefeller Foundation on children and migration commissioned a report from the MUWG committee on how the study of children and migration can be furthered on the INDEPTH platform. This may be a prelude to further work on the subject. Secondly, at the AGM in Nairobi brilliant support for the group was shown from a range of sites. Ideas were put forward aiming to expand the role INDEPTH can play using prospective, longitudinal, population data to study migration, its determinants and consequences.

The Migration and Urbanisation Working Group (MUWG) is grateful to the Wits Mellon Migration Node which provided financial support in 2006 for this activity.

Some members of the INDEPTH M&U working group



TARGETS/Scientific Writing Workshop

Team for applied research to generate effective tools and strategies for communicable disease control

During the year 2006, INDEPTH initiated a cross-site study on "Community acceptability of artesunate-amodiaquine for the treatment of uncomplicated malaria in Ghana." This study was designed to assess community reactions towards the use of a new antimalaria drug-artesunate amodiaquine. Sites participating in the study are Dodowa, Kintampo and Navrongo HDSSs in Ghana. Specific objectives of the study are to:

1. Establish community perception, knowledge and attitudes towards the new malaria treatment
2. Assess health care seeking behaviour concerning the new drug
3. Examine the level of patient utilization and compliance to the new antimalaria drug-artesunate-amodiaquine
4. Assess the level of usage of chloroquine and other antimalaria drugs
5. Document some of the case reports on the side effects of the new drug

Data collection for the studies ended in December 2006 and data analysis began in early 2007. Preliminary results of the studies were presented to the national malaria control and other stakeholders in March 2007.

The following were summarized as the main results of the studies from the three sites

- Health Facility and chemical shops were observed to be the most common places for seeking care for malaria
- Artesunate Amodiaquine is stocked in health facilities whilst chemical shops stock mainly chloroquine and other preparations
- Chloroquine appears to be preferred anti malarial
- Awareness of artesunate amodiaquine is high in southern and northern sector but not as much in the middle belt.
- The main source of the information for the new drug is the health facilities. There is very little information in the media about the new drug
- Acceptability and compliance appears to be high despite side reactions
- If people understand the issues about the drug the chances are that despite the side reactions it will be used

The investigators submitted a report to the Secretariat and are now conducting further analysis for publication.

In addition, an analysis of data on child and maternal mortality is currently ongoing in an effort to monitor MDG 4 and 5.

The TARGET consortium is constituted by the London School of Hygiene and Tropical Medicine (LSHTM) – Lead partner, INDEPTH Network, Centre for Health Research and Development (India), KNCV Tuberculosis Foundation (The Netherlands), Makerere Medical College and Infectious Diseases Institute (Uganda), The Zambian AIDS-related Tuberculosis (ZAMBART) project.

Scientific Writing Workshop

From November 19-23, INDEPTH organised a scientific writing workshop in Accra, Ghana, at the Regional Institute for Population Studies of the University of Ghana. The objective of the workshop was to help young scientists who have full manuscript of draft papers they wish to further polish for publication. A total of 10 young scientists were funded to participate from the following HDSS sites – Agincourt (South Africa), Kanchanaburi (Thailand), Kintampo (Ghana), Kisumu (Kenya), Matlab (Bangladesh) and Nairobi (Kenya). Participants were guided by experienced facilitators from the University of Ghana to further work through their draft manuscripts for publication. The meeting was opened by the Executive Director, Dr. Osman Sankoh. Professor Francis Doodoo and Professor Samuel Agyei-Mensah, both from University of Ghana, and Dr. Ayaga Bawah from INDEPTH Secretariat, facilitated the workshop.



Some participants at the Scientific Writing Workshop at the University of Ghana, Legon

Matching analytic capacities at University-Population Programmes and at HDSS Sites

Taking advantage of existing collaborations between the William & Flora-Hewlett Foundation and population science training programmes at the Universities of Cape Coast and Ghana in Ghana, University of Nairobi in Kenya, and the universities of Cape Town and Witwatersrand in South Africa, the INDEPTH network was funded by the Hewlett Foundation to foster links between these training institutions with HDSS sites in the three countries. The collaboration seeks to draw on potential synergies between the HDSS sites as grounds for population and health research and the universities as institutions for training in population science.

The Secretariat launched a short-term fellowships programme in early 2007 and announced a call for proposals. Both the sites and the universities were slow in taking advantage of the opportunity. However, by the end of 2007, a total of five projects were funded. Although there was a slow start, momentum grew after the AGM in Nairobi where a roundtable was organized to discuss how to get the collaborating institutions to submit proposals. The Secretariat has developed an online database of the expertise available both at the participating universities and the HDSS sites. The database also includes a list of research areas the sites are interested in. Below are the projects that were funded in 2007.

i. Clustering Analysis of Child and Adult Mortality at INDEPTH Sites in Ghana

This study is collaboration between scientists at the University of Ghana Regional Institute for Population Studies (RIPS), Ghana, and their counterparts from the Navrongo and Kintampo HDSS sites, both in Ghana. The study aims to examine clustering of child and adult mortality at the Navrongo and Kintampo DSS sites in Ghana. Data for the analysis spans a period of 10 years. In addition to its substantive focus, it serves as an exploratory, technology transfer and capacity building initiative.

The group held two separate meetings in 2007. The first was held in August at the Kintampo Health Research Centre, and the second in December, at the Dodowa Health Research Centre. Participants were from the collaborating sites and colleagues from the RIPS. The objective of both meetings was to conduct analysis clustering of mortality at the sites.

ii. Is there any relationship between mortality clustering and malaria transmission in Ghana?

This study seeks to examine the relationship between the spatial distribution of mortality and malaria transmission in three districts in Ghana -- the Kasena-Nankana district in northern Ghana, and the Kintampo north and south districts in the middle belt of Ghana. These districts are endemic in malaria and are home to two of the three demographic surveillance sites in Ghana. The specific objectives of the study are to; 1.determine whether there is any mortality clustering in the three districts, and; ii. Whether this clustering related to the level of malaria transmission?

An analysis meeting was held in Navrongo, from November 29-December 1, 2007, and was attended by participants from Navrongo and Kintampo HDSS sites and their partners from the University of Cape Coast. Participants at the workshop discussed the analyses plan, data requirements and conducted preliminary analysis. Further analysis and writing of paper will be done in 2008. Dr. Ayaga Bawah provides technical support and facilitated at the Navrongo meeting.

iii. DSS-University networking and capacity building: a partnership between Dodowa Demographic Surveillance site and the Regional Institute for Population Studies.

The general objective of this project is to promote networking and build capacity among senior staff, researchers and students at the Dodowa HDSS site and the University of Ghana Regional Institute for Population Studies (RIPS). The project seeks to achieve this through field attachments of students from RIPS to the Dodowa site for a period of time for practical research experience and joint analysis of data from Dodowa HDSS by both researchers from the HDSS site and students and faculty from RIPS.

iv. Collaboration between Centre for Actuarial Research (CARE) and the Dikgale DSS, South Africa

This project aims to establish collaborative links between the Centre for Actuarial Research (CARE) of the University of Cape Town and Dikgale HDSS site, both in South Africa. The purpose of this collaboration is to explore and help analyze many years of unanalyzed data collected at the Dikgale DSS in the Limpopo Province of South Africa. During the course of the grant period, scholars and students of the University of Cape Town Centre for Actuarial Research will visit and spend extended periods of time at the Dikgale HDSS site to help work on the data and to offer opportunities for resident researchers at the site to tap on the technical and analytical expertise of the visiting scholars to increase the utility of the data. It will also offer opportunities to train students on analysis of longitudinal data.



Dodowa, Kintampo & Navrongo HDSSs in Dodowa for their mortality clustering work in December 07

Developing an INDEPTH Data System for efficiency of data management and analysis



IDS workshop at the Africa Centre, South Africa

INDEPTH in 2006 started the process of developing a data sharing initiative to address a complex set of issues associated with improving the production of high quality comparable analytical data sets from INDEPTH demographic surveillance sites. This effort aims to improve the quantity and quality of experimental data in all sites in order to ensure that best practice in well developed sites can be used to strengthen data capture and analysis in less-well developed sites. It is hoped that through this initiative a new generation of data banks will be developed and ensure that access to data from sites and their scientific collaborators is significantly improved. Specifically, the initiative aims to address a set of underlying factors at INDEPTH sites in order to:

1. improve the efficiency of data management and analytical data set production at the individual site level;
2. manage controlled access to analytical data sets by data users;
3. facilitate data sharing and pooling across sites;
4. manage public access to research data;
5. facilitate the design and implementation of multi-site investigations; and
6. achieve compliancy to GCP, EU and FDA regulations on clinical trials as far as data management is concerned.

A proposal development workshop was held at the Africa Centre in South Africa, from February 27-March 2, 2007, to refine an initial proposal. The workshop was attended by IT experts and HDSS experts from the African Population and Health Research Centre (Kenya), the Africa Centre (South Africa), Agincourt HDSS site (South Africa), Navrongo HDSS site (Ghana), Vadu HDSS site (India), Iganga/Mayuge HDSS site (Uganda), Kisumu HDSS site (Kenya, Kanchanaburi HDSS site (Thailand) and two representatives from the INDEPTH Secretariat. Subsequently, the proposal went through a series of iterations and in May this year, the proposal was presented by Kobus Herbst of the Africa Centre, PI for the project, at the Phase IV meeting in Ho, Ghana, held during the period May 21-25, 2007. The proposal is being finalized for submission. The Wellcome Trust funded the proposal development and have expressed strong interest in the proposal.

Consortium to conduct Phase IV Trials of Anti-malarials in Africa

Some participants at the meeting in Ho, Ghana



The INDEPTH Network is leading a consortium of partners including the Swiss Tropical Institute (STI), London School of Hygiene and Tropical Medicine (LSHTM), Centers for Disease Control (CDC), the University of Ghana School of Public Health (SPH), the World Health Organization Special Programme on Tropical Diseases (WHO/TDR) and World Health Organization for the Africa region (WHO Afro). The consortium developed a proposal that aims to conduct Phase IV safety and effectiveness studies of new antimalarial drugs in 9 countries with a network of sites in Africa. This project creates the missing final section of the drug development pipeline for Africa to ensure rapid access to practical safety and effectiveness evidence from local experience. The main product of the platform is a longitudinal evidence base to allow assessment of efficacious drugs in real life settings to inform global and national policy and practice.

The selected countries represent a diverse range of health systems capacity, malaria endemicity and representative of enough evidence for policy making.

The project will operate with three specific objectives:

1. To evaluate safety of new malaria treatments through comprehensive pharmacovigilance in an African health systems context.
2. To assess the effectiveness of new malaria treatments and its determinants in real life.
3. To develop and maintain a Phase IV Safety and Effectiveness Studies Consortium in Africa.

Several meetings were convened during the development of the proposal since January 2007. The draft of the proposal was shared with participating sites and district directors of health services in participating countries in May 2007. Participants were drawn from several INDEPTH HDSS sites and partners of the Phase IV consortium (World Health Organization Africa Region (WHO/Afro), World Health Organization Special Programme for Research and Training in Tropical Diseases (WHO/TDR), Malaria Medicines Ventures (MMV), United States Centers for Disease Control (CDC), London School of Hygiene and Tropical Medicine (LSHTM), and the INDEPTH Network. The Phase IV consortium is being led by INDEPTH. Inputs of sites and district directors were incorporated in the proposal. The full proposal has now been submitted to a funder for consideration.



Some participants at the meeting in Ho, Ghana



Integrating demographic surveillance system and health facility data for improving population and health information systems in developing countries

In March 2007, a consultative meeting was held in Accra, Ghana, to brainstorm on matching data generated by HDSS sites and health facilities located in the DSAs. The following sites participated in the meeting – Ifakara, Iganga/Mayuge, Kilifi, Agincourt, Matlab and Dodowa. In addition to the sites were representatives from the World Health Organization, Ghana Health Service and the Noguchi Memorial Institute in Ghana. A list of 15 core indicators was agreed for which data could be collected by both HDSSs and health facilities. The fifteen indicators cover the following areas – mortality, morbidity, risk factors for non-communicable diseases, health intervention coverage and non-health interventions that have a health impact.

Consideration was given to the different data collection methods used for the same indicator since this could be a source of confusion where the distinction is not clearly understood.

The concept was further developed at a workshop in Ho, Ghana in late May. A good number of HDSS sites and District Medical Officers / Hospital Superintendants reviewed the draft concept prepared by the Secretariat. The following goal and objectives were agreed on.

Challenging our Young IT Experts at INDEPTH Sites

The Secretariat hosted a four-day workshop in Accra from August 14-17, 2007, for young IT experts working with INDEPTH sites. The workshop brought four young IT experts from Ifakara HDSS (Tanzania), Iganga/Mayuge (Uganda), Rakai HDSS (Uganda), Ouagadougou HDSS (Burkina Faso) and Navrongo HDSS (Ghana). The main objective of workshop was to develop prototype system for integrating health facility data with HDSS data.

At the conclusion of the workshop, the team developed document that laid out the infrastructure and system requirements for developing a data model that will help integrate health facility data with HDSS data. The document that was produced in Accra was further developed and presented at the 7th AGM in Nairobi. The proposal has been integrated into the Phase IV proposal and will be implemented as part of the Phase IV work.





Improving sexual and reproductive health for poor and vulnerable populations

INDEPTH in partnership with the Institute for Development Studies (University of Sussex, UK), African Population and Health Research Centre (Kenya), London School of Hygiene and Tropical Medicine (UK), EngenderHealth (USA), and BRAC (Bangladesh), formed a research consortium, funded by DFID, to examine issues related to reproductive health and rights of vulnerable populations. Specific aims of the consortium are to:

1. Improve the evidence base on levels of sexual reproductive health morbidity, mortality and unmet needs, and communicating it to relevant actors.
2. Find innovative ways to improve access to existing and new low cost sexual reproductive health technologies and services by poor women and men
3. Improve knowledge of the constraints to translating sexual reproductive health rights into reality

A workshop on contraceptive use dynamics was held in Nairobi where INDEPTH sites participated. The workshop was jointly organized by APHRC, INDEPTH and LSHTM and hosted by APHRC, from March 5-9, 2007.

INDEPTH sites that participated in the workshop included Agincourt, Ifakara, Karongo, Kilifi, Nairobi, Navrongo, Niakhar, and the Africa centre, as well as partners LSHTM. The aim of the workshop was:

1. To review the nature of data on fertility and other reproductive health issues being collected from the DSS sites.
2. To initiate joint analysis and writing based on the available data
3. To explore potential opportunities for developing proposals to collect longitudinal data to understand linkages between population dynamics and reproductive on the one hand and wellbeing in selected INDEPTH sites.

Funding for the workshop came from the British Council's Development Partnerships in Higher Education programme (DeIPHE) scheme.

We also concluded the reproductive health rights report. The report reviewed laws relating to reproductive health and related issues with respect to women and other vulnerable groups.

We started in 2007 analysis of contraceptive use dynamics in Africa. Preliminary results from this work were presented in the Union for African Population Studies (UAPS) conference held in Arusha, Tanzania, from December 10-14, 2007. The preliminary results show that

1. Uptake in contraceptive use has slowed down in most countries in Africa
2. Most users prefer barrier methods compared to non-barrier methods
3. Appears contraceptive use is more related to protection against STI and HIV/AIDS rather than as means for preventing pregnancy.

Further analysis is being done on this with the aim of publishing the results in a peer-review journal.

Second Edition of the INDEPTH Mortality Monograph

Since its publication in 2002, the first INDEPTH Monograph on Mortality has generated a lot of interest and has been widely cited around the world. Five years down the line, our sites have collected a lot more data which the Network believes would enrich the volume even more, especially since we can now look at trends of mortality in addition to levels and patterns. Consequently, the Secretariat is strongly supporting a team of editors to work on the second edition of the monograph. The publication will have separate chapters on child and adult mortality, as well as causes of death at the participating sites. While in Arusha in mid December at the UAPS conference, the editors met and interrogated 16 datasets already submitted by INDEPTH sites for the second edition. The Secretariat is currently encouraging all its member sites to ensure that their data form part of the cross-site analysis of this important publication.



Editors of the 2nd Edition in Arusha, Tanzania

Capacity Strengthening Activities



Multi Radiography System
– INDEPTH/MCTA provides WHIS RAD
for clinical trial sites in Africa



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Cross-Site Capacity Strengthening Programme

The goal of this programme was to foster research collaboration and research training in INDEPTH sites by providing seed grants of up to \$25,000 per grant to at least three member sites participating in a cross-site activity. The following grants were awarded in 2006. Six grants were awarded, all have now concluded. Below is a summary of projects

i. Development of Next Generation Data Systems for INDEPTH Sites

The main objective of this project was to conduct a workshop on the Development of *Next Generation Data Systems for INDEPTH sites*, to investigate the viability of using a new HDSS data collection and management system – MobileHRS – at other INDEPTH sites. The workshop demonstrated the use of handheld computers for HDSS data collection, assessed the viability of using this technology at other HDSS field stations, and developed an agenda for future data systems development, grant writing, and technical collaboration. Overall, the workshop demonstrated that the use of handheld computers can be a complementary time and cost saving means to improve the efficiency and timeliness of data collection and management in INDEPTH DSS sites. Thus the group recommends using this new and emerging technology. The following sites participated in the project - Iganga (Uganda), Ifakara (Tanzania), Africa Centre (South Africa) and Ouagadougou (Burkina Faso). The Principal Investigator was George Pariyo of Iganga/Mayuge

ii. Capacity building for Chronic Disease Research and Prevention in INDEPTH Sites

The aim of this project was to strengthen ongoing collaboration between three INDEPTH sites - Purworejo (Indonesia), Filabavi (Vietnam) and Butajira (Ethiopia). Specifically, the project was aimed at: facilitating cross-site sharing of research results and experiences on chronic disease research and intervention; and strengthen capacity of researchers in the three sites to write scientific papers.

This project provided intensive opportunities for young researchers from the three countries to build their capacity in conducting high quality epidemiological research on chronic disease research and its risk factor surveillance. Most important, it allows researchers to engage fully in analyzing, interpreting and disseminating research results to scientific community through peer-review journal. The key result of this effort is the publication of a joint paper on BMI and blood pressure entitled *"Association between body mass index and blood pressure across three populations in Africa and Asia."*



iii. Developing a Prototype for Data Sharing – Building Capacity in Data management across India, Thailand and Papua New Guinea

Three INDEPTH sites in Asia – Vadu (India), Kanchanaburi (Thailand) and Wosera (Papua-New Guinea), have developed a data-sharing protocol dubbed *A Prototype for Data Sharing: Building capacity in Data management across INDEPTH Member sites*. The aim of this project was to strengthen data collection systems within INDEPTH sites and prepare the sites for sharing data with other partners. The specific aims of the project was to: 1. define minimal and optimal data sets that will allow for sharing and analysis amongst the sites; 2. develop and standardize a system of Unique ID amongst INDEPTH sites to allow for data sharing and merging; 3. build institutional capacity through training of data managers and site scientists in data management; and 4. strengthen data collection systems at INDEPTH sites and create data sharing mechanism amongst partners safeguarding site and citizen interests.

The ultimate aim is to develop a prototype for data sharing. The project was formally launched on December 28, 2007 (<http://www.indepth-datasharing.org>)

iv. Mainstreaming gender into Demographic Surveillance Sites

The project aimed at integrating gender as an analytical tool into the demographic surveillance sites in order to improve the quality of data collected and the methodology used within the sites. Filabavi HDSS in Vietnam and Leon HDSS in Nicaragua collaborated with Iganga/Mayuge in East Africa to, 1. identify and define the nature, scope and importance of gender issues in the HDSS as baseline information; 2. analyze how interview answers are influenced by the gender of the interviewers and the respondents, respectively; explore interviewers' and respondents' experiences and perceptions of the interview situation with regard to gender; and 3. develop a manual for gender-based methodology in the demographic surveillance sites, and to support HDSS in the implementation of this manual.

The pilot studies were conducted in February 2007 in Iganga/Mayuge (Uganda), CIDS (Nicaragua), Fila Bavi (Vietnam), all members of the INDEPTH network and Ujjain (India) (non INDEPTH member). The findings showed that the interview situations were strongly influenced by social norms and expectations of how men and women should talk and behave.

Cross-Site Capacity Strengthening Grants Programme

v. Making Usable Knowledge Available to Research Participants - How best to communicate scientific results in various socio-cultural contexts

The aim of this project was to break the boundaries between expert and layperson knowledge and go beyond the monologue characterizing the transmission of information. The idea was to enable the development and refinement of communication tools that would be applicable to populations differing in terms of socio-cultural backgrounds and particularly to those with a low literacy level as this is often the case in rural areas in West Africa. The project further aimed at providing a step by step methodology that could be followed in different contexts but will at the same time lead to a variety of communication strategies and tools packages for each site.

The following sites were involved in the project - Ouagadougou (Burkina Faso), Niakhar (Senegal), Nouna (Burkina Faso), Mlomp and Bandafassi (Senegal). The Principal Investigator for the project was Younoussi Zourkaleini of Ouagadougou HDSS site.

vi. Strengthening Research Capacity through Collaboration among HDSS Sites in Ghana

The main objectives of this project were: i. to collaborate in identifying and carrying out cross-site priority research to help address policy, planning and implementation needs of the Ghana Health Service, through the use of public health methodology and cost effectiveness in research; ii. build multidisciplinary capacity in the relevant disciplines needed to carry out the necessary research in the Site; iii. help build the capacity to undertake research and find more efficient/cost effective solutions and implementation alternatives to identified needs and problems; and iv. build capacity in the dissemination of results of research findings in a meaningful way.

The grant fostered cross-site visits among the three participating HDSS sites and allowed them to agree on common research agendas and are developing a common proposal to undertake cross-site analysis. It also led to the development of a common proposal which has been submitted to the national malaria control program for funding to undertake further research. Sites involved in this collaboration are Dodowa, Navrongo and Kintampo HDSS sites, all in Ghana.



Workshop in Hanoi on mainstreaming gender into HDSS

Scientific Development and Leadership Programme

The INDEPTH Scientific Development and Leadership Programme is in its third year and has produced the first batch of students. The Leadership Programme, an MSc Programme in Population-based Field Epidemiology, is run by University of Witwatersrand in Johannesburg, South Africa. The course focuses on five areas: Epidemiology; Biostatistics and data management; Demography and other social sciences; Information technologies for demographic and health surveillance; and Leadership. The course takes two years with a substantial amount of field-based training component at three learning sites. The learning sites are Navrongo (Ghana), Africa Centre (South Africa) and Ifakara (Tanzania) HDSS sites.

Four new students admitted for 2007. They are Cornelius Nartey (Dodowa HDSS); Oscar Bangre (Navrongo HDSS); Justice Ajaare (Kintampo HDSS) and Daniel OGOLA (Kisumu HDSS). They started course work at Wits in February 2007 and are expected to complete in June 2008. The 2006 students completed their studies in June 2007 and were expected to graduate in November 2007.

Students at the INDEPTH-Wits MSc Programme on Population-based Field Epidemiology



Bridging Language Barrier / MCTA

Bridging Language Barrier

As the reach and breadth of INDEPTH continues to expand, some challenges become manifest. One of the key challenges preventing some of our member sites from participating in network level activities is the language barrier. As you know INDEPTH mostly conducts its business in English so that sites from non-English-speaking countries face more challenges. Overcoming the language barrier and sharpening the scientific skills of young researchers from non-English-speaking countries is one way to strengthen research capacity and increase contributions to future INDEPTH activities.

INDEPTH has therefore launched a new initiative to strengthen the communication skills of young scientists from non-English-speaking countries. Details of this programme can be assessed from our website.

In 2007 the Secretariat started to link up a lusophone scientist in Bandim HDSS in Guinea-Bissau with Navarongo HDSS in Ghana.

Malaria Clinical Trials Alliance

The Malaria Clinical Trials Alliance (MCTA) was established in 2006 as a project of the INDEPTH Network with initial funding from the Bill and Melinda Gates Foundation. The main objectives of MCTA are 1) to facilitate the development of sufficient near-term research capacity in Africa for the conduct of GCP-compliant malaria drug and vaccine clinical trials and 2) to support, strengthen, mentor and network trial sites to facilitate their progression towards self-sustaining clinical research centres. Thirteen research sites in 9 African countries were involved in the project at its inception. MCTA has formed a partnership with the PATH Malaria Vaccine Initiative (MVI) and the Medicines for Malaria Venture (MMV) to drive this initiative.

The first year of the project marked the establishment of the MCTA Secretariat and the Management Board. Site audits were performed and sub-grants for refurbishment were awarded to 5 sites in 2006. A series of training activities were developed and the mentoring program was launched.

In 2007 site visits and infrastructure development activities took centre stage and were successfully conducted as per work plan. Ten sites were visited, 4 sites awarded grants for refurbishment, and 6 recommendations for grant award. Negotiations for the acquisition of X-ray equipment were initiated and completed with procedures for the payment of companies supplying the equipment in progress.

Two Good Clinical Practices (GCP) training workshops, one GCP certification course and two malaria diagnosis training workshops were conducted to ensure well trained human resources are available at the sites for the conduct of clinical trials in compliance with regulatory requirements. These workshops were attended by 90 participants. Nine people from the Kenyan sites sat the certification exams.

To create conditions for sustained research capacity at the sites, the MCTA secretariat brought sites together to develop strategic plans and facilitated discussions between the sites and their mentors.

MCTA supported a workshop for training members of the African Media and Malaria Research Network (AMMREN) to improve interaction between media practitioners and scientists for better reporting on health issues. Collaboration between MCTA and AMMREN has been effective leading to the production of documentary on the Kintampo Health Research Centre (KHRC), which will contribute to branding KHRC and MCTA image. In the context of communication strategy, the MCTA secretariat contracted a communication consultant who visited the Secretariat and made recommendations on how MCTA can best raise its profile.

New staff were recruited to support the secretariat and the Alliance membership increased with three new sites joining to take part in the RTS'S vaccine trial. The staff from the Secretariat attended several meetings and conferences and held discussions with several partners and product developers to facilitate development of linkages.



Collaborations



Colleagues at the University of Bergen, Norway present to a visiting INDEPTH team in December

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INDEPTH and the Health Metrics Network

Data on vital events such as births and deaths are essential for policy planning and implementation. However, such data are currently lacking for most of the countries where the burden of disease is highest. In partnership with several stakeholders including INDEPTH, the Health Metrics Network convened several meetings around an evidence-based strategy for improving the availability and quality of vital statistics. During 2007, this initiative, called MoVE, resulted in the production of a resource kit of guidance materials and innovative strategies from which decision-makers can draw. In addition, the effort culminated in a series of papers published in the Lancet (Published online October 29, 2007) and launched during the Global Forum for Health Research meeting in Beijing in October 2007. The title of the series is "Who Counts?" The series provides a solid basis of evidence, making the case for strengthening civil registration and enhancing statistics on births, deaths and cause of death.



INDEPTH and the Centre for International Health in Bergen, Norway

The Executive Director, Osman, and Dr Yazoume Yé, Associate Research Scientist at the African Population and Health Research Centre (APHRC/Nairobi HDSS, Kenya) visited the Centre for International Health in Bergen, Norway, from 18-19 December 2007, to dialogue on collaborative projects especially in the area of Climate Change and Health.



Partners at CIH, Bergen listen to Osman Sankoh

They presented INDEPTH and the Network's research plans in the area of climate change and health. Professor Bernt Lindtjørn and his colleagues presented the Centre for International Health, Climate Health Research at the University of Bergen and ongoing CIH research collaboration at some INDEPTH sites. INDEPTH and CIH ended their dialogue with concrete plans for the way forward. The Secretariat will try to revive the INDEPTH Environment and Health interest group to see how the network can collaborate on the Bergen initiative.

Dodowa, Ghana / UAPS

Dodowa HDSS in Ghana hosts a scientist from Sierra Leone

The Dodowa Health Research Centre (DHRC) which runs the Dodowa Health and Demographic Surveillance System (DHDSS) is one of the three health research centres of the Ghana Health Service tasked with the responsibility of conducting research within the health sector. It is sited as the name suggests in Dodowa, the district capital of the Dangme West District of the Greater Accra Region. The district is rural but is gradually catching up with the rapid urbanization of the peripheral areas surrounding the city of Accra.

Dodowa HDSS is a member of the INDEPTH Network. Among several other activities, DHRC takes part in identifying and carrying out priority operational/health systems / applied research to help address policy, planning and implementation needs of the Ghana Health Service (GHS); builds multi-disciplinary capacity in the relevant disciplines within the research centre to provide technical support for research in the GHS; builds capacity in finding effective solutions and implementation alternatives to identified need and problems; disseminates results of research findings to key people, policy makers and anyone responsible for health care in a meaningful way; and serves as a resource centre for training in Health Social Sciences for implementation research.

In line with its activities, the Dodowa team hosted in December 2007 Mr. Mohamed K. Kamara, a scientist from Sierra Leone to have experience in how the Dodowa HDSS operates. Mr. Kamara, a graduate from the INDEPTH-MSc programme in Population-based Field Epidemiology at Wits University in South Africa, is trying to position himself well in his country where he sees the need for the establishment of HDSS sites in the near future.



Dr. Margaret Gyapong, Director of the Dodowa Health Research Centre presenting the Dodowa HDSS to a visiting Gates Foundation delegation



Prof. Francis Dadoo and students at the Regional Institute for Population Studies (RIPS) at the University of Ghana visiting Dodowa under an INDEPTH funded programme



Mohamed K Kamara, Scientist from Sierra Leone in Dodowa

INDEPTH at Union for African Population Studies (UAPS) Conference

The Union for African Population Studies (UAPS) is a scientific, panafrikan, non-profit organization. The UAPS was created at the initiative of the Economic Commission for Africa ECA at the end of the Third Joint Conference of African Planners, Statisticians and Demographers which took place in Addis Ababa in March 1984. The main objective of the Union is to promote the scientific study of population in Africa through Research, Training, Information, technical Assistance and Cooperation.

UAPS organised their 5th African Population Conference in Arusha, Tanzania from 10-14 December 2007. Dr. Ayaga Bawah (INDEPTH Network) chaired the session on Understanding Health and Population Dynamics through Longitudinal Demographic Surveillance Systems. The following six papers were presented:

1. Determination of the causes of death by verbal autopsy in rural Senegal: A study of malaria mortality,
2. Adult mortality estimations from cohort and census/survey data: A comparison of direct and indirect methods in rural Malawi
3. Modeling spatial effects on childhood mortality via geo-additive Bayesian discrete-time survival model: a case study from Nigeria
4. Ensuring the sustainability of DSS by making scientific results available to lay persons: case studies in Senegal and Burkina Faso
5. Measuring cause-specific mortality burden in low-income countries: Experiences from a feasibility study of a post-census mortality survey using verbal autopsy
6. Population modeling for a small area: a comparative analysis of census and demographic surveillance system data in South Africa



INDEPTH at UAPS in Arusha, Tanzania





Prof. Fred Binka (left) former Executive Director handing over to Dr. Osman Sankoh on 1st October 2007

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Secretariat Retreat

On assumption of office on 1st October 2007, the new Executive Director Dr Osman Sankoh organised a 2-day retreat in Accra from 16-17 October. Participants included representatives from the INDEPTH Board and Scientific Advisory Committee, member sites, Dalberg management consulting firm, private consultants and the Secretariat staff. The main objectives of the retreat were to: discuss plans to restructure the Secretariat for greater effectiveness and efficiency; review the current scientific and capacity strengthening programmes of the Network; look at strategies to increase the effectiveness of working groups; and consider other issues such as fundraising and visibility of member sites and the network as a whole. Some of the recommendations of the retreat included the following points.

A. Key Network Activities

- Phase IV
- INDEPTH Data System
- ART Rollout Study
- Adult Health / NCD
- Reproductive Health
- Health Systems
- MCTA
- Strategic Planning for Sites
- Workshops for strengthening site capacities in various areas

B. How do we get sites to contribute more to INDEPTH activities?

- Site visits
- Provide technical support
- Assist with English language efficiency (francophone, lusophone, etc)
- Capacity strengthening workshops
- Exchange programmes

C. How do we make INDEPTH more relevant to member sites?

- Determine site needs
- Access to experts (technical exchange)
- Access to funders
- Access to capacity strengthening initiatives
- Improve global/local profile of sites
- Use the website
 - Area for sites on INDEPTH website
 - Advertise funding and other opportunities for sites
- Networking
- Events-based calendar



Highlights of the Retreat

The INDEPTH Network Secretariat
11 Mensah Wood Street in East Legon - Accra, near Ghana Link



Fund Raising / Board of Trustees

Fund Raising activities

In January 2007 the Secretariat (Fred Binka and Osman Sankoh) invited a few site leaders and site scientists (Hassan Mshinda – Ifakara, Steve Tollman - Agincourt, Alex Ezeh - Nairobi, Kobus Herbst – Africa Centre) to join an INDEPTH delegation to the Gates Foundation in Seattle. While in Seattle, the INDEPTH team held discussions with Dr Tachi Yamada, President of Global Health and the Health Information Systems working at the Foundation. The INDEPTH team also made presentations to the Global Health Team at the Foundation and to PATH.

While in Seattle, the Rockefeller Foundation organised a funders' forum on behalf of the INDEPTH Network. This followed the funders' forum hosted in late May in London by the Wellcome Trust. One set of goals of the meeting was to hear from the INDEPTH team about the Network's strengths, the difficulties in interacting with donors, its assessment of what is needed in the short and long term, and how the donors might be most helpful. Another goal was to develop mutual understanding about each others' concerns and constraints.

The Board of Trustees

The Board of Trustees provides oversight for the activities of the INDEPTH Secretariat. A Chair, elected from among the 6 site members, leads the Board of Trustees. The Board consists of 9 total members: 6 Elected Members representing the sites and selected by them; 2 Appointed Members selected by the Elected Members to reflect donor perspectives, and 1 unaffiliated member, also selected by the Elected Members. The Board of Trustees' primary role is to provide oversight and accountability for the activities of the Secretariat and the network as a whole. The Board appoints the Executive Director of the INDEPTH Network.



Dr. Seth Owusu-Agyei (Chair)
Kintampo Health Research Centre,
Ghana



Dr. Siddhivinayak Hirve (Vice chair)
Vadu Rural Health Project, India



Dr. Abdur Razzaque (Member)
International Centre for
Diarrhoeal Diseases
Research, Matlab, Bangladesh.



Dr. Hassan Mshinda (Member)
Ifakara Health Research and
Development Centre
Tanzania



Prof. Peter Aaby (Member)
Bandim Health Project
Guinea Bissau



Dr. Sureeporn Punpuing (Member)
Institute for Population and
Social Research,
Mahidol University, Thailand.



Dr. Thomas Williams (Member)
Kilifi Epidemiologic Demographic
Surveillance System, Kenya



Dr. Regina Rabinovich (Member)
Bill and Belinda Gates Foundation
USA



Dr. Cheikh Mbacke (Member)
Senior Advisor, Rockefeller Foundation,
Senegal

4 The Scientific Advisory Committee

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

1. Dr. Wendy Ewart (Social Science), Imperial College, London, UK
2. Prof. James Phillips (Demography), Columbia University, New York, USA
3. Prof. Thomas Smith (Biostatistics/Epidemiology), Swiss Tropical Institute, Basel, Switzerland
4. Prof. Don de Savigny (Epidemiology and Public Health), Swiss Tropical Institute, Basel, Switzerland
5. Prof. Bruce Macleod (Information Science and Technology), University of Southern Maine, USA
6. Prof. Di McIntyre (Health Economics), University of Cape Town, South Africa
7. Prof. David Ross (Epidemiology), London of School of Hygiene and Tropical Medicine, London, UK
8. Dr. Halima Abdullah Mwenesi (Social Science/Health Care), Academy for Educational Department (AED), Washington, DC, USA
9. Prof. Rosalia Sciortino (Medical Anthropology/Sociology), Mahidol University, Thailand
10. Prof. Pedro Alonso (Epidemiology), Barcelona Center for International Health Research and University of Barcelona, Barcelona, Spain



The INDEPTH Secretariat

The responsibilities of the Secretariat are to:

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

Four new staff members were recruited on the MCTA in 2007. They are Dr. Diadier Diallo (Clinical Trialists), Dr. Bernhards Ogutu (Senior Clinical Trialist), Dr. Rita Baiden (Clinical Trialist) and Ekow Hagan (MCTA IT Manager).

Two Satellite Offices, one at University of Witwatersrand, South Africa, and the other in Nairobi, Kenya, have been opened to support activities of the network.

SECRETARIAT STAFF

INDEPTH Core

1. Dr. Osman Sankoh - Executive Director
2. Dr. Ayaga Bawah - Senior Research Associate
3. Mr. Kwabena Owusu-Boateng
Information Systems Manager
4. Mr. Sixtus Apaliyah - Acting Finance Manger
5. Mr. Titus Tei - Administrative Manager
6. Mrs Felicia Manu Asamoah - Executive Assistant
7. Ms. Beatrice A. Mensah - Administrative Secretary
8. Benjamin Anewena – Driver
9. Mr. Isaac Odamba – Security man
10. Mr. Patrick Antwi - Security man
11. Mr. Fuseini Montana - Security man
12. Mr. Alhassan Bambara- Security man
13. Mr. Peter Bokuntey - Office Maintenance Assistant

MCTA

1. Prof. Fred Binka - Project Manager
2. Dr. Bernhards Ogutu - Senior Clinical Trialist
3. Dr. Diadier Diallo - Clinical Trialist
4. Dr. Rita Baiden - Clinical Trialist
5. Mrs Margaret Bugase - Administrative Secretary
6. Mr. Raymond Akparibo - Accounts Officer



Visits to INDEPTH Sites and Other Engagements



Kwabena meets Kanchanaburi staff



Meeting centre



George, Kwabena and Edward

1. INDEPTH visits Kanchanaburi HDSS in Thailand 31
2. INDEPTH visits Rakai HDSS in Uganda 32
3. INDEPTH visits Iganga/Mayuge HDSS in Uganda 33

INDEPTH visits Kanchanaburi HDSS in Thailand

In October 2007 Kwabena Owusu-Boateng, our Information Systems Manager, visited Kanchanaburi HDSS in Thailand. Started in 2000 with assistance from the Wellcome Trust, Kanchanaburi HDSS is situated approximately 129km west of Bangkok. The climate is tropical and the economy is mainly Agriculture-based. Kanchanaburi is the third largest province in Thailand covering an area of 19,486 square kilometers, and the population under surveillance is approximately 50,000 with 12,000 households. The institute has been funded by the Wellcome Trust, Rockefeller Foundation and the NIH.

The parent institution is the Institute for Population and Social Research, Mahidol University- Thailand. The objectives of the site are: Monitoring population change; Evaluating the effects of intervention based research; and Studying health consequences of population change. The priority research areas are: Demographic, health, social and economic database of field station population; Adolescent reproductive health outcomes; Migrants and health; Population and environment; Elderly care; and Vital registration.

Kanchanaburi HDSS is an active member of the Migration and Urbanisation Working group of the INDEPTH Network. It is also a member of the INDEPTH NCD working group. Like several HDSS sites, the major challenge facing the site is getting funding for HDSS activities.



Interview in Progress



Filing Operations



Checking the day's work

INDEPTH visits Rakai HDSS in Uganda



Counselling centre



Data Centre



Lab

In November 2007 Kwabena visited Rakai HDSS in Uganda. Started in 1988 as the RAKAI project - a research project in the Makerere University, Uganda, the RAKAI Project has twenty years down the line increased and diversified its research activities, and has been fully transformed itself to the Rakai Health Sciences Programme with support from the NIH (USA), the Gates Institute for Population and Reproductive Health at John Hopkins University, Bill and Melinda Gates Foundation, Doris Duke Charitable Foundation, Rockefeller foundation, Walter Reed Army Institute of Research, and other funders.

The Rakai health and demographic surveillance area (RHDSA) is located in RAKAI district about 160km away from Kampala, in South West of Uganda, and close to the Tanzanian border). Rakai district, where "slim disease" and its association with HIV had been reported in the mid and late 1980s, was considered the epicenter of HIV/AIDS epidemic in Uganda. There was need to establish a population-based cohort to study the multi-faceted epidemiology of HIV/AIDS. The Rakai Community Cohort Study (RCCS) was initiated to study the dynamics of the HIV disease. The population under surveillance is 12,000.

The RAKAI programme has grown from strength to strength. From the small office premises that they started with, RAKAI Health sciences programme today has an ultra-modern office complex, with spacious and well-furnished staff offices, a big computer laboratory, a theatre (where circumcision procedures are carried), a very well equipped laboratory including a P3 lab, where all lab procedures are carried out.

With regards to research work in HIV, RAKAI continues to provide Voluntary Counselling and Testing (VCT) to surrounding communities. It has moved from the house-to-house counselling approach that was initially adopted, to field-based counselling centres, in which counseling centres are set up at various locations, and people voluntarily go to these centres for counselling. The RAKAI HIV programme offers ARTs to infected cohort members. It also covers the transportation cost for those who make it to the counselling centres, and has a mobile clinic set up at counselling centers to provide first line attention to people who fall ill while waiting for their turn at VCT centres.

With regards to human resource, RAKAI HDSS has almost 400 employees, including clinicians, biostatisticians, Data Managers and supervisors, and a full complement of other disciplines.

INDEPTH visits Iganga/Mayuge HDSS in Uganda

Kwabena went on to visit IGANGA/MAYUGE HDSS in Uganda. The HDSS site was established in 2004 as part of Sida/SAREC's assistance to strengthen training programmes of the Graduate School at Makerere University in Uganda. The Institute of Public Health (IPH) manages the day-to-day operations of the HDSS.

IGANGA/MAYUGE HDSS is located in the eastern part of the Uganda, about 115km from Kampala the capital city. According to results from the Baseline Census conducted between March-July 2005, the DSS has a population of 62,000 people, about 80% living in rural and 20% peri-urban areas. Data for update rounds is collected 3 times in a year. The core demographic events covered are Migrations, Birth, Death and Verbal Autopsy. Other modules collected are Pregnancy, Education and Socio-economic status. The priority research area of the HDSS is Health. Most of the Scientific staff are from the Institute of Public Health.

The data management system used is HRS2 (FoxPro). However the IGANGA/MAYUGE HDSS has been at the fore-front of piloting a handheld-based (PDA) data collection system called the Mobile HRS. This is in collaboration with the Centre for International Health (CIH) Norway, the Computer Science department of Makerere University and Professor Bruce Macleod "the Doyen of HRS". The project was 90% complete, and field testing was planned to start in April 2008.

IGANGA/MAYUGE HDSS maintains very close relationship with the District Health Management team which has been supportive of the HDSS and has contributed office space for use by the HDSS team.



HDSS staff



HDSS staff meeting the community



Typical interview



Visits to the INDEPTH Secretariat

Google Foundation visits INDEPTH

Dr. Alix P. Zwane of google.org paid a courtesy call on Dr. Osman Sankoh, Executive Director of INDEPTH at the INDEPTH Secretariat during Dr Zwane's visit to Ghana in early November. Google.org is a hybrid philanthropy that uses a range of approaches to help advance solutions within their initiatives. Google established the Google Foundation in 2005, which is a separate 501(c)(3) private foundation. The Google Foundation is managed by Google.org. As of January 2008, Google.org and the Google Foundation have committed more than \$75 million in grants and investments. Dr. Sankoh introduced the INDEPTH Network to his guest and invited her to attend INDEPTH's 8th AGM in Tanzania in September 2008 where Dr. Zwane will have the opportunity to learn more about the work of the Network.



Dr. Alix P. Zwane, google.org

Dr. Jean-Christopher Fotso discusses Fertility Monograph in Accra

Dr. Jean-Christopher Fotso from the African Population and Health Research Centre (APHRC) in Nairobi, Kenya visited the INDEPTH Secretariat and discussed the network's project on producing a monograph on fertility at INDEPTH sites. Dr. Fotso is the coordinating editor of this INDEPTH project.



Dr. Jean-Christopher Fotso, APHRC, Nairobi

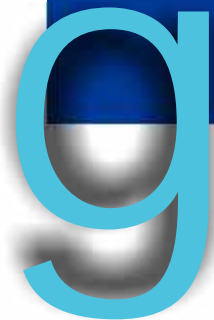
The African Population and Health Research Center (APHRC) is a non-profit, non-governmental international organisation committed to conducting high quality and policy-relevant research on population and health issues facing sub-Saharan Africa.

Rockefeller Foundation visits INDEPTH

Mr Antony Bugg-Levine of the Rockefeller Foundation visited the INDEPTH Secretariat to meet with our team and understand our operations. The Rockefeller Foundation is one of the strong supporters of INDEPTH. The Foundation has provided core support to the Secretariat over several years. The Rockefeller Foundation was established in 1913 by John D. Rockefeller, Sr., to "promote the well-being" of humanity by addressing the root causes of serious problems. The Foundation supports work around the world to expand opportunities for poor or vulnerable people and to help ensure that globalization's benefits are more widely shared. With assets of more than \$4 billion, it is one of the few institutions to conduct such work both within the United States and internationally.



Antony Bugg-Levine with former INDEPTH Executive Director Fred Binka



5.

**REPORT OF THE INDEPENDENT AUDITORS
TO THE MEMBERS OF
INDEPTH NETWORK – (CONT'D)**

Opinion

In our opinion, the financial statements give a true and fair view of the financial position of INDEPTH Network at 31 December 2007, and of its financial performance and cash flows for the year then ended in accordance with Ghana Accounting Standards and in the manner required by the Companies Code, 1963 (Act 179) of Ghana.

Other Matter

We have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purpose of our audit.

Report on Other Legal and Regulatory Requirements

Compliance with the requirements of Section 133 of the Companies Code, 1963 (Act 179) of Ghana

In our opinion, proper books of account have been kept, and the balance sheet, income and expenditure and income accumulated fund accounts are in agreement with the books of account.

.....
**CHARTERED ACCOUNTANTS
13 YIYIWA DRIVE
BOX GP242
ACCRA.**

21 April, 2008

INDEPTH NETWORK
(A Company Limited by Guarantee)
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31ST DECEMBER 2007

	Note	2007 US\$	2006 US\$
INCOME			
Grants	3	4,859,005	4,246,266
Other Income	4	473,364	547,432
		<u>5,332,369</u>	<u>4,793,698</u>
EXPENDITURE			
Meeting Expenses	5	428,565	444,030
Research Expenses	6	273,646	546,091
Workshop Expenses	7	412,671	308,074
Capacity Building	8	802,339	700,087
General Expenses	9	1,679,179	1,217,285
Subgrants	10	1,313,321	1,148,543
		<u>4,909,721</u>	<u>4,364,110</u>
Excess of Income over Expenditure transferred to Accumulated Fund	11	<u>422,648</u>	<u>429,588</u>

ACCUMULATED FUND
FOR THE YEAR ENDED 31ST DECEMBER 2007

	2007 US\$	2006 US\$
Balance at 1st January	717,655	288,067
Excess of Income over Expenditures transferred from Income and Expenditure Account	422,648	429,588
Balance at 31st December	<u>1,140,303</u>	<u>717,655</u>

INDEPTH Auditors Financial Report 2007

7.

INDEPTH NETWORK
(A Company Limited by Guarantee)
BALANCE SHEET AT 31ST DECEMBER 2007

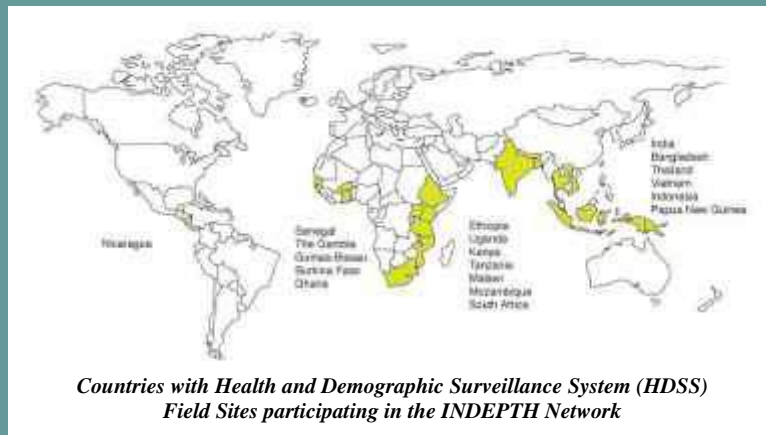
	Note	2007 US\$	2006 US\$
CURRENT ASSETS			
Debtors	12	167,319	191,960
Investment in Short-Term Securities	13	3,554,567	3,502,475
Cash and Bank Balances		3,464,959	497,125
		7,186,845	4,191,560
CURRENT LIABILITIES			
Bank Overdraft		18,702	-
Creditors	14	6,027,840	3,473,905
		6,046,542	3,473,905
NET ASSETS		1,140,303	717,655
REPRESENTED BY:			
ACCUMULATED FUND		1,140,303	717,655





) DIRECTORS

The financial statements were approved on 21st April 2008



INDEPTH Network

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 P.O. Box KD 213, Kanda, Accra, Ghana | info@indepth-network.org | www.indepth-network.org