

INDEPTH Network

ANNUAL REPORT

2008

*Better Health
Information
for Better
Health Policy*



Cover Photograph:
Dr. Cheikh Mbacke (seated left) in a site visit to Nouna HDSS in rural Burkina Faso.

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by CHAIR OF THE INDEPTH BOARD

The year 2008 held great promise for the INDEPTH Network in its efforts to achieve set goals and objectives. Our support, financial position and capacities have been strengthened.

For instance, INDEPTH received a grant of USD 28.6 million from the Bill and Melinda Gates Foundation to establish the INDEPTH Effectiveness and Safety Studies of Antimalarials in Africa (INESS) Project that spans a four-year period. This is in addition to substantial funds received from Sida/GLOBFORSK, Hewlett Foundation, Rockefeller Foundation, The Wellcome Trust, NIA/WHO, and IDRC, among others, which makes its financial scorecard healthier.

These and other funds have benefited the INDEPTH Network in strengthening its secretariat, capacity strengthening and networking activities among others. Because of INDEPTH's visible and marketable products, pundits from far and wide already regard it as the organisation of choice for anybody looking for original health and population research in developing countries.

The future predicts an upsurge in INDEPTH membership, as evidenced by the many requests made to the secretariat in recent times. This is a clear indication of an organization's growth.

The year 2008 marked INDEPTH's celebrations marking 10 years of existence during which, we looked back at our research achievements and capabilities with pride; and the challenges that lay ahead of us with courage. All our stakeholders, including our cherished funders, collaborators, among others joined in celebrating this occasion of INDEPTH's life. The collective resolve was to make INDEPTH grow stronger each year and all of us have a role to play in realizing this noble cause.

During the year 2008, INDEPTH has shared experiences, networked and learnt through high level meetings such as AGM 2008, cross-site activities, among others. This strengthens our aspiration of developing INDEPTH Network into a learning organisation that actively shares information within itself; and between itself and the outside world. INDEPTH, through its interactions with policy makers, also continued to influence policy and practice, with astounding results. INDEPTH Network has also continued to forge strategic partnerships and alliances with like-minded organisations to realise its objectives.

This Report highlights our research work and its relevance, as well as the Secretariat's coordinating role to the network and others. It outlines INDEPTH Network focal area research remit in our shared vision. Through these and other activities, INDEPTH Network will remain committed to supporting member sites and others in efforts to meet their various researches and other portfolio.

While we can applaud our efforts and tremendous achievements, a good deal more work is needed to ensure INDEPTH Network keeps pace with the research challenges, which continue to reshape the world around it. Henceforth, INDEPTH will continue to identify key research areas to address the research and policy challenges of the day, going forward.

The INDEPTH Board thanks all for your input in realising our objectives and request for your continued support, networking and collaboration.



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

by EXECUTIVE DIRECTOR

The year 2008 represented a milestone for me as October 1, 2008 marked a year since I took over as the Executive Director of the INDEPTH Network. This 2008 progress report hence reflects activities of INDEPTH under my full year of stewardship.

I will start by thanking all stakeholders who have made this first year a fulfilling one – the Board of Trustees, the Scientific Advisory Committee, site leaders, working group leaders and their teams, institutional partners/collaborators, and my indefatigable and efficient team at the Secretariat. On behalf of INDEPTH, I wish to express gratitude to our investment partners – various funding organisations - who have supported us in our quest to make 'people count' and improve their lives in the developing world.

Over the past year, we have pursued vigorously our aim of promoting cross-site activities, including research studies, among member sites using the health and demographic surveillance system (HDSS) platforms, testing new technologies and methodologies. And we have broadened our scope by starting to look at new areas of research, developed more collaborative links with other partners that share our vision, and finally, we tried to ensure that we are relevant to our constituencies.

In this respect, we engaged more directly with the various ministries of health in the countries and areas in which we work. Our communications and external relations manager and I participated in the Global Ministerial Forum on Research for Health in Bamako that brought together Ministers of Health from around the world. It was gratifying to hear comments from many participants who visited the INDEPTH stand, including the Malian President about the relevance of our work to their countries. We will continue to make ourselves more relevant to our constituencies!

The 2008 progress report contains many exciting sectional reports on scientific and capacity strengthening activities of INDEPTH. I will highlight only one new programme. Recognising the challenges that some member sites face with respect to not having staff that possess certain technical skills, we introduced an INDEPTH Fellowship Programme whereby we identify, recruit and post fellows to sites upon request, for a period of at least one year to help with specific projects at the sites. We intend to continue the programme as more resources become available.

This report also provides details of our 8th AGM which was held in Dar es Salaam, Tanzania in September. The 8th AGM coincided with the 10th anniversary of INDEPTH as an organisation. Not surprising that a record number of participants from all over the world attended. The quality of science presented was unprecedented and for the first time in an AGM, our funders came together to plan on how they can be more effective in helping us to achieve our mandate.

As I end this brief note, one major challenge that continues to confront us is the capacity of our member sites to contribute data for cross-site scientific analysis. We have however, developed a number of strategies aimed at facilitating cross-site scientific publications and data-sharing. The INDEPTH Data System, which you will read about, is a major step in this direction.



Dr. Osman Sankoh, Executive Director, INDEPTH Network
Accra, Ghana

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 Strategic Objectives

1. To support and strengthen the ability of INDEPTH sites 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.

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; and
 - 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 2008, the INDEPTH Secretariat continued with its key strategies of promoting effective running of the network, that is 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, the secretariat continued to facilitate cross-site scientific visits, promote on-site training courses and internships and intensify 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 build collaborations with other institutions, particularly the universities, in order to harness their comparative advantage in training for the benefit of member sites.

ONGOING SCIENTIFIC ACTIVITIES

The 8th Annual General and Scientific Meeting, Dar es Salaam, Tanzania

The 8th Annual General and Scientific Meetings (AGM) was held at White Sands Hotel, Dar-es-Salaam, Tanzania, 22nd-26th September 2008. The theme for the AGM was "INDEPTH@10: From knowledge generation to improved health policy and practice".

The AGM was organized on behalf of the INDEPTH Network by Ifakara, Rufiji and Magu. The 8th AGM coincided with the 10th Anniversary of INDEPTH, which incidentally was inaugurated at the same White Sands hotel in 1998. The AGM thus offered the opportunity for INDEPTH to reflect on its achievements, challenges and plan the way forward.

Participants

More than 250 participants attended 2008 AGM and these included scientists, policy makers, researchers, government officials, diplomats, academics, funders and INDEPTH's development partners, among other stakeholders. Because 2008 AGM marked the 10th anniversary, present also were the founding members of INDEPTH. A total of 16 young scientists were funded to attend the AGM. It is important to mention that, for the first time, field workers were also represented at the AGM. Also present were finance managers and administrators.

Opening and Closing Ceremony

The meeting was officially opened by Dr. Aisha Kigoda, Deputy Minister, Tanzanian Ministry of Health and Social Welfare, and officially closed by the Chairperson of INDEPTH Network Board of Trustees, Dr. Seth Owusu-Agyei.

Dr Tim Evans, WHO Director General, was the keynote speaker. However, due to unforeseen circumstances, he was unable to make it to Tanzania, but his presentation was delivered on his behalf by Dr Carla AbouZahr of the Health Metrics Network. In his delivery Dr. Evans noted "INDEPTH is now well known and respected globally, the HDSS sites are healthy and "vital" hotbeds of grounded, high quality research, training and service, and there are now more effective capacity-building and multi-country research opportunities".

In her speech, the Deputy Minister thanked INDEPTH for excellent work and said organisations such as INDEPTH were crucial in realizing the health millennium development goals. Dr. Kigoda emphasized, "as we hurtle towards 2015 and with only six and a half years to go, we still need to realize success in the health millennium development goals. It is through networks like INDEPTH that we can gauge our progress and sharpen the effectiveness and efficiency of our strategies.

On his part, the Chair of the INDEPTH Board, Dr. Seth Owusu-Agyei, noted that the future of INDEPTH is bright and interest in the Network among funders, sites,



scientists and learners is increasing. He said this is demonstrated by the increased funding from donors and site leaders agreeing to bear the cost of travel to participate in AGM. He commended the Ifakara site HDSS for contributing USD 75,000 toward the organization of the AGM.

The General Assembly

The General Assembly marked the apogee of the AGM and this

Members of the high table from left to right Dr Osman Sankoh, Dr Wendy Ewart, Dr Seth Owusu Agyei, Dr. Aisha Kigoda and Dr Hassan Mshinda

was attended by all INDEPTH Network stakeholders and was chaired by Dr. Seth Owusu-Agyei the Board Chair. The Executive Director (ED), Dr. Osman Sankoh, on behalf of the Board and the Secretariat, presented a detailed account of the Network's activities over the past year. He elaborated on a wide range of issues and increased portfolio of activities undertaken over the past year. The 2007 Audit Report was presented by a partner of KPMG (Please see the audit report at the end of this booklet). Following the Executive Director's presentation there was a general discussion that ended with AGM participants applauding the ED and his team at the Secretariat for the good work done.

Scientific Presentations

Scientists and researchers from the various sites presented current research findings and breakthroughs on various health and demographic issues on malaria, HIV/AIDS, non-communicable diseases, technological innovation in health research, strengthening health systems, data systems, demographic and health transitions in the developing world, clinical trials, adult and childhood mortality, among many others. These sessions were organized to reflect the "INDEPTH@10-achievements, prospects and challenges; health systems experiments using HDSS". Most of the presentations at the 8th AGM are now available on the INDEPTH website.

Working Group Meetings

The AGM usually provides a forum for our working groups to meet and update their members on progress of work. The following working groups had special sessions at the AGM: ***Migration and Urbanization, Adult Health and Aging, 2nd Edition of Mortality Monograph, Fertility, Education, Asia NCD group, Vaccinations and Child Survival, Environment and Health, Cost of Illness, and University-HDSS Collaborations***. Several research capacity strengthening sessions were conducted for young scientists.

The Scientific Advisory Committee

During the AGM and under the Chair of Dr. Wendy Ewart, the Scientific Advisory Committee (SAC) met several times to discuss various issues pertaining to the scientific agenda of the Network in order to help move the science forward. The Secretariat made a detailed presentation on the status of the scientific activities to the SAC. The SAC members who attended the meeting are listed below:

Dr. Wendy Ewart,	SAC Chair, United Kingdom
Prof. Stig Wall,	Member, Sweden
Dr. Rosalia Sciortino,	Member, Thailand
Prof. David Ross,	Member, United Kingdom
Prof. James Phillips,	Member, USA
Prof. Thomas Smith,	Member, Switzerland
Prof. Bhattacharjee,	Member, India
Prof. Bruce MacLeod,	Member, USA
Prof. Don de-Savigny,	Member, Switzerland

Poster Exhibitions

A special poster stand was organized for sites that had posters to display. Lots of posters were displayed providing an opportunity for participants to see during short breaks in-between sessions. There was also a special poster session exclusively for young scientists. Fifteen young scientists displayed posters in this session.

1. Angelina Luambi, Ifakara Health Institute, Tanzania
2. Augustine Zoungrana, Nouna Health Research Centre, Burkina Faso
3. Elia Namosha, Worsera Health and Demographic Centre, Papua New Guinea
4. Joseph Maurice, African Population and Health Research Centre, Nairobi, Kenya
5. Justice Ajaari, Kintampo Health Research Centre, Ghana
6. Kurai Zunaid, Matlab, International Centre for Diarrhoeal Disease Research, Bangladesh
7. Malik Lankoande Sapone Health and Demographic Centre Sapone
8. Ng Nawi, Purworejo Health and Demographic Site, Indonesia
9. Oscar Bangre, Navrongo Health Research Centre, Ghana
10. Paul Welaga, Navrongo Health Research Centre, Ghana
11. Peter Ofware, Kisumu Health and Demographic site, Kisumu, Kenya
12. Sheila Ogwang, Kisumu Health and Demographic site, Kisumu, Kenya
13. Sunpuwan Malee, Kanchanaburi Health and Demographic Surveillance site, Thailand
14. Yadav Kapil, Ballabgarh Health and Demographic Surveillance site, India
15. Richard Onyando, Kisumu Health and Demographic site, Kisumu, Kenya

Presentation of Awards

Former members of the INDEPTH Board of Trustees and first co-ordinating committee of the Network received leadership awards for outstanding contribution to the Network. Former members of the Scientific Advisory Committee were also awarded for their contribution to the scientific development of the network. Prof. Fred Binka, the first Executive Director, received an award for his exemplary leadership as the first Executive Director of the Network. In addition, participants in the constituting meeting in Dar es Salaam in 1998 also received awards for their foresight.

Name of Awardees	Award by Category
Prof. Fred Binka	Executive Director (2002-2007)
Prof. N.T.K. Chuc	Member Board of Trustees (2002-2004)
Dr Alex Ezech	Member Board of Trustees (2002-2005)
Dr Regina Rabinovich	Member Board of Trustees (2003-2004)
Prof. Stephen Tollman	Member Board of Trustees (2002-2007)
Dr Bocar Kouyate	Member Board of Trustees (2002-2004)
Dr Xavier Pitriopa	Member Board of Trustees (2002-2007)
Prof. Don de Savigny	Member Board of Trustees (2002-2006)
Dr Kim Streatfield	Member Board of Trustees (2002-2005)
Dr. Ricardo Thompson	Member Board of Trustees (2002-2003)
Dr Anita Sandstrom	Member Board of Trustees (2003-2005)
Prof. Jane Menken	Chair Scientific Advisory Committee (2002-2006)
Prof. Souleymane Mboup	Member Scientific Advisory Committee (2003-2005)
Prof. Basia Zaba	Member Scientific Advisory Committee (2003-2004)
Prof. Rainer Sauerborn	Member Scientific Advisory Member (2003-2006)
Prof. Anne Mills	Member Scientific Advisory Committee (2003-2005)
Dr Joanne Schellenberg	Member Scientific Advisory Committee (2003-2004)
Prof. Pham Dung	Member Scientific Advisory Committee (2003-2006)
Prof. Fred Binka	Chair Coordinating Committee (1998-2002)
Prof. Yemane Berhane	Member Coordinating Member (1998-2002)
Dr Siswanto Wilopo	Member Coordinating Committee (1998-2002)
Prof. Don de Savigny	Member Coordinating Committee (1998-2002)
Prof. Steve Tollman	Member Coordinating Committee (1998-2002)
Dr Bocar Kouyate	Member Coordinating Committee (1998-2002)
Dr Ricardo Thompson	Member Coordinating Committee (1998-2002)
Prof. Fred Binka	Member Coordinating Committee (1998-2002)
Prof. Jim Phillips	For taking part in the Network meeting in November 1998
Dr Abdur Razzaque	For taking part in the Network meeting in November 1998
Dr Boubacar Sow	For taking part in the Network meeting in November 1998
Prof. Peter Byass	For taking part in the Network meeting in November 1998
Mr Erik Schoute	For taking part in the Network meeting in November 1998
Dr Peter Kilima	For taking part in the Network meeting in November 1998
Dr Henry Kitange	For taking part in the Network meeting in November 1998
Dr Honorati Masanja	For taking part in the Network meeting in 1998
Dr Conrad Mbuya	For taking part in the Network meeting in 1998
Mr David Whiting	For taking part in the Network meeting in 1998
Prof Don De Savigny	For taking part in the Network meeting in 1998
Ms Tanya Marchant	For taking part in the Network meeting in 1998
Mr Oscar Mukasa	For taking part in the Network meeting in 1998
Dr Rose Nathan	For taking part in the Network meeting in 1998
Dr Robert Mswia	For taking part in the Network meeting in 1998
Mr Juma Zahartat	For taking part in the Network meeting in 1998
Dr Joanna Schellenberg	For taking part in the Network meeting in 1998
Dr Wendy Ewart	For taking part in the Network meeting in 1998
Dr Anita Sandstrom	For taking part in the Network meeting in 1998
Dr Cheikh Mbacke	For taking part in the Network meeting in 1998
Dr Omar Ahmad	For taking part in the Network meeting in 1998
Mr Felix Kondayire	For taking part in the Network meeting in 1998
Dr Siswanto Wilopo	For taking part in the Network meeting in 1998
Mr Peter Wontuo	For taking part in the Network meeting in 1998
Dr Marianne Alberts	For taking part in the Network meeting in 1998
Dr Sam Clark	For taking part in the Network meeting in 1998
Dr Vicky Hosegood	For taking part in the Network meeting in 1998
Dr Kathleen Kahn	For taking part in the Network meeting in 1998
Ms Shirley Ngwenya	For taking part in the Network meeting in 1998
Prof. Geoff Solarsh	For taking part in the Network meeting in 1998
Prof. Steve Tollman	For taking part in the Network meeting in 1998
Mr Henrik Jensen	For taking part in the Network meeting in 1998
Prof. Bruce Macleod	For taking part in the Network meeting in 1998
Prof. Pedro Alonso	For taking part in the Network meeting in 1998
Dr Pierre Ngom	For taking part in the Network meeting in 1998
Mr Hoang Long Nguyen	For taking part in the Network meeting in 1998
Prof. Rainer Sauerborn	For taking part in the Network meeting in 1998
Prof. Yemane Berhane	For taking part in the Network meeting in 1998
Prof. Fred Binka	For taking part in the Network meeting in 1998
Dr Tim Evans	For taking part in the Network meeting in 1998



Prof. Fred Binka receiving an award from the Board Chair of INDEPTH Network, Dr Seth Owusu-Agyei



Prof. James Phillips receiving his award from the Board Chair of INDEPTH Network, Dr Seth Owusu-Agyei

As usual, there was a best website award (<http://www.africacentre.ac.za>) and this was won by the Africa Centre for Demographic Information System (ACDIS) from South Africa, while the best young scientist poster went to Mr Oscar Bangre from Navrongo Health Research Centre. The title of the poster was *"Studying characteristics of recent HIV seroconverters to inform placement and design of HIV prevention intervention"*.

The 2008 INDEPTH Prize for extraordinary research in population and health research was awarded to the Karongo HDSS with their publication: *"Population-level effect of HIV on Adult mortality and early evidence of reversal after introduction of antiretroviral therapy in Malawi"*. Authors: Andreas Jahn, Sian Floyd, Amelia C Crampin, Frank Mwaungulu, Hazzie Mvula, Fipson Munthali, Nuala McGrath, Johnbosco Mwafi laso, Venance Mwinuka, Bernard Mangongo, Paul E M Fine, Basia Zaba, Judith R Glynn; Lancet 2008; 371: 1603–11.

Election of New Board Members

There was election of new members to the INDEPTH Board of Trustees. The new members included the SAC Chair, Dr. Wendy Ewart (England), who was co-opted as a member of the board representing the SAC. New elected members included Dr. Kayla Laserson (Site Leader for Kisumu HDSS, Kenya) and Dr. Anand Krishna (Site Leader of Ballabgarh HDSS, India). Dr Osman Sankoh, Executive Director,



Election of New Board Members

based on the company's code of Ghana, is supposed to be a member of the board. This position was endorsed at the 2008 General Assembly of the AGM. Dr Seth Owusu-Agyei (Site Leader, Kintampo HDSS, Ghana) retained his post of Chair after being re-elected by the board. Dr. Siddhivinayak Hirve (Site Leader, Vadu HDSS, India), was also re-elected by as the vice chairman of the board. Also re-elected were Dr. Thomas Williams (Site Leader, Kilifi HDSS, Kenya) and Prof. Peter Aaby (Site Leader, Bandim HDSS, Guinea Bissau). Dr. Cheikh Mbacke (Senegal) and Dr. Andreas Heddini (Sweden), both appointed members continued their second year on the board.

Press conference on 22nd September 2008

There was a press conference that constituted the chair of the Board of Trustees, INDEPTH Executive Director, and Dr. Sidhi Hirve of Vadu HDSS in India representing the sites, the host Dr. Hassan Mshinda of Ifakara HDSS in Tanzania, and Prof. Fred Binka, the MCTA Project Manager. In attendance were 20 journalists, mainly from Tanzania and Ghana.

The 9th INDEPTH Annual General and Scientific Meeting, 26th -29th October 2009 in Pune, India



Dr Hassan Mshinda, 3rd left addressing the Press Conference

The Secretariat notified the entire INDEPTH family of the 9th Annual General and Scientific Meeting (AGM), which will take place in Pune, India from 26th -29th October 2009. The number of conference days has been reduced from five to four.

Theme: Poverty, Health and Demographic Dynamics – *Evidence from South-South Collaborations*.

The scientific part of the AGM will consist of a number of plenary and parallel sessions, poster presentations especially by young scientists, and working group sessions in support of the conference theme.

Adult Health and Aging

The adult health working group has made tremendous strides in their quest to undertake research to help advance an empirical understanding of the ageing and older persons at INDEPTH sites. Eight sites are involved in this work and these comprise 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 the WHO Multi-Country Studies unit and developed the Study on Global AGEing and Adult Health (SAGE) and rest (Ifakara, Tanzania; Nairobi, Kenya; Matlab, Bangladesh; Filabavi, Vietnam; and Purworejo, Indonesia), fielded a summarized version of the WHO-SAGE 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. The specific objectives are:

- To obtain reliable, valid and comparable data on levels of health on a range of key domains for older adult populations;
- To examine patterns and dynamics of age-related changes in health and well-being using longitudinal follow-up of a cohort as they age, and to investigate socio-economic consequences of these health changes;
- To cross-validate self-reported measures of health and the anchoring vignette approach.

Following the completion of field work and cleaning of the data, researchers at the sites involved in the work, met at Umea University to jointly examine the data, draft analyses plans and actually start the analysis. The workshop covered the period May 2nd -31st, 2008. The meeting was co-sponsored by INDEPTH, WHO and Umea University. There was participation from the INDEPTH Secretariat, WHO and National Institute of Aging (NIA), USA.

Progress to date

SAGE short – cross-site analysis and publication

Analysis are well underway and a journal supplement is in preparation. This is aimed to be published in the newly launched journal Global Health Action and to do so in time for the INDEPTH AGM in Oct 2009; a cross-site synthesis paper is also being written, targeting a high impact journal.

- The editorial group is providing analysis and writing support to a few site scientists; this includes time at the Umea centre and WHO. INDEPTH is providing support.



Adult Health Group in Umea, Sweden May 2008

- There is considerable scope to extend the 'SAGE-short' dataset – to include additional socio-economic variables, mortality events etc; this will expand publication options and desirably will occur over 2009/10.
- NIH expectation is a public access dataset, which we are committed to providing– potentially linked to publication of the journal supplement.

SAGE long – cross-site analysis and first-phase publication of an INDEPTH-WHO report expected in 2009.

- Data entry was prolonged but is now complete; an analysis workshop of involved sites (Agincourt, Navrongo, Vadu) is planned for WHO, Geneva in the first half of 2009 where further analysis/writing/publication plans will be developed.
- WHO-INDEPTH analyses that link site-based and country-level work are part of this agenda.

A special supplement is being prepared for publication.

Further development: physical and cognitive function

Second wave of SAGE short: discussion initiated with NIA/Richard Suzman whose response is positive.

Self-reported health proposal: led by Josh Salomon (Harvard) with Jane Menken, Siddhi Hirve, Cornelius Debuur and Steve Tollman; thus far RO1 has been submitted to NIH.

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Migration and Urbanization

The Migration and Urbanization Working Group (MUWG) is currently working on a monograph aimed at looking at the relationship between migration, health and poverty at INDEPTH sites. The overall objective is to contribute to an empirical understanding of the dynamics between migration and health in Africa and Asia using HDSS data. The title of the monograph is *"Households Unfolding: INDEPTH Network Perspectives on the Dynamics of Migration, Health and Livelihoods."*

The first chapter gives an overview of the opportunities and challenges of doing migration studies using HDSS data. Chapter two describes the data and methodologies, while chapter three examines the community context. Chapter four describes the age and sex profiles and defines migrants in this study.

The rest of the chapters focuses on the site-specific issues, dealing with a diversity of topics ranging from temporary migration of husbands, contraceptive use and fertility, to topics such as migration and agriculture production.

The manuscript has been submitted to the Ashgate Publishing UK. In the graph that follows is a summary of age-profiles of migration at the seven participation sites.

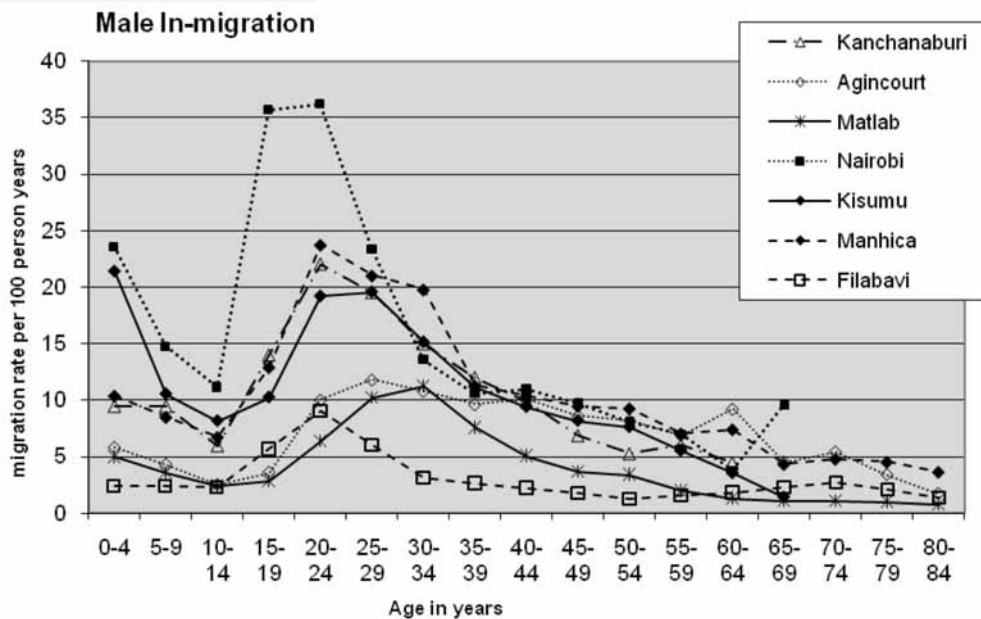


Figure 1: Male Migration Patterns at INDEPTH Sites

This figure shows the age profiles of male in-migrants into the HDSS sites. While 20-24 remains a key age group, there is considerable displacement to the right, with older males moving in compared to those moving out. This suggests that men are returning back to their home places after retirement or for another reason that closes the migration cycle. An outlier to the other distributions is the urban Nairobi site, which has a left displacement compared to the out-migrants. Young men are moving into the city for work opportunities, a key migration stream contributing to urbanization. The fact that Nairobi has a 'young' distribution of male out-migrants, and the other sites 'old' distributions, reflects that males move for employment or expectation of access to opportunities, which varies between rural and urban settings and is often circular. Urban settings have a



more concentrated access to the labour market so the urban sites represent younger men moving in and looking for work, while in the rural sites the older men are moving back from the work place after retirement.

From left to right
Dr Annette Gerritsen
Dr Mark Collinson
Dr Cheikh Mbacke and
Dr Ayaga Bawa
of INDEPTH Secretariat

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Epilepsy

Led by Prof. Charles Newton of Kilifi Health and Demographic Surveillance site, five INDEPTH sites agreed to come together to undertake studies on epilepsy.



Among other things, the project aims to look at the burden of epilepsy at the sites. The study was originally developed to be conducted at the Kilifi site, but was extended to include other INDEPTH sites namely: Agincourt (South Africa), Iganga-Mayuge (Uganda), Kintampo (Ghana) and Rufiji (Tanzania) HDSS sites. The proposal has been funded by the Wellcome Trust and the study is currently in progress. This work is an example of an INDEPTH study initiated by a site-scientist.

Epilepsy study takes off at Agincourt, South Africa

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NCD Monitoring in Asia

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 to:

- Collect information on NCD risk factors using the WHO STEP approach for risk factors surveillance;
- Compare NCD risk factors across INDEPTH Asian sites; and
- Build capacity across sites in NCD risk factors surveillance. The project includes eight INDEPTH Asian sites, namely Matlab (Bangladesh), Abhoynagar/Mirsarai/Kamalapur (Bangladesh), WATCH (Bangladesh), Kanchanaburi (Thailand), Filabavi (Vietnam), Chililab (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.

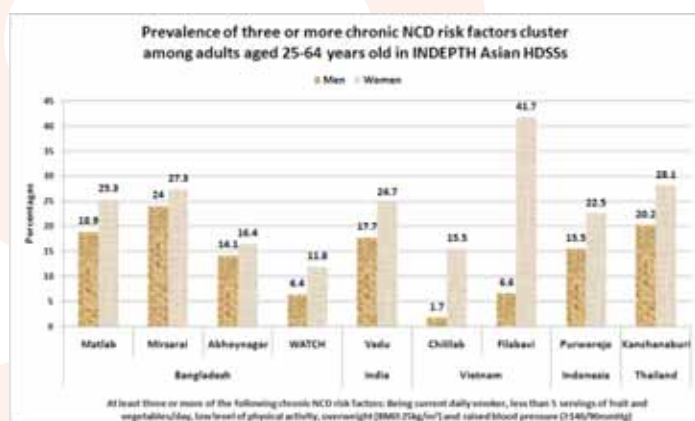


Figure 2
Prevalence of three
or more NCD risk
factors among adults

Data analysis and writing of papers have progressed quite steadily. A paper has just been published, entitled "*Self-Reported Prevalence of Chronic Diseases and Their Relation to Selected Sociodemographic Variables: A Study in INDEPTH Asian Sites, 2005*" in *Preventing Chronic Disease*." Progress is far advanced for the publication of a special supplement to the *Global Health Action* journal. Below is a summary graph showing prevalence of three or more NCD risk factors from nine Asian INDEPTH sites.

Vaccination and Child Survival

The Vaccination and Child Survival working group has been championed by Bandim HDSS site and the objective of the group is to look broadly at the impact of vaccinations on child survival at INDEPTH HDSS sites. The Bandim site has done extensive work on the non-specific effects of specific antigens on child survival. This work has generated a lot of controversy and has led to requests for replication at different sites. Several INDEPTH sites have now been constituted as a working group on vaccinations and vaccines. The sites include Ballabgarh and Vadu (India), Navrongo and Kintampo (Ghana), Matlab (Bangladesh), Nairobi and Kilifi (Kenya), Nouna (Burkina Faso), Iganga/Mayuge (Uganda) and Rufiji and Ifakara (Tanzania). In March 2008, the WHO, led by Peter Smith, organized a meeting to bring together INDEPTH sites involved in immunization research to look at the data and develop analytical techniques to examine the data. The meeting took place at the London School of Health and Tropical Medicine on April 19, 2008. In May 2008, GAVI developed guidelines on Gender Equity and have recommended a "closer" look at the research done at INDEPTH sites. INDEPTH funded the vaccinations group to hold a one-day meeting in London after the London School meeting.

During the 8th AGM in Dar es Salaam, the group held a meeting to update themselves on the current state of affairs and to strategize on how to proceed with the planned work. The Vaccination and Child Survival team agreed to submit an intervention proposal. This was subsequently prepared and submitted to DANIDA.



Vaccinations and Child Survival Group in London May 2008

The title of the proposal is *"Monitoring and assessing the impact of vaccinations and other childhood interventions for both boys and girls."* The proposal has been reviewed with a good rating. Revisions have since been made and resubmitted already. Final outcome is awaited.

In the mean time, a re-analysis of the Navrongo data looking at the interaction between Vitamin A Supplementation (VAS) and routine vaccinations showed that VAS has only had a beneficial effect in children with no record of vaccinations at enrolment (N=5,066), the mortality rate ratio (MRR) being 0.64 (95% CI=0.47, 0.88) versus 0.95 (0.72, 1.26) in children with one or more vaccinations (N=6,656). Among vaccinated children, the effect of VAS differed between boys (0.74 (0.51, 1.08)) and girls (1.18 (0.84, 1.67)) (p=0.046 for interaction). VAS had a negative effect in measles-vaccinated girls who were missing one or more doses of DTP at enrolment, a group who often received DTP during follow-up (2.60 (1.41, 4.80)) (Christine S Benn, Peter Aaby, Jens Nielsen, Fred N Binka, David A Ross. 2009. "Does vitamin A supplementation interact with routine vaccinations? An analysis of the Ghana Vitamin A Supplementation Trial" American Journal of Clinical Nutrition). Currently at the Press.

Health Equity

Following the successful launch of the health equity monograph which drew on existing socio-economic status data from the sites, examining socio-economic differences in health at the sites, INDEPTH in 2004 launched Equity II, which was aimed at deploying pro-poor interventions that will impact on the health of the poor and vulnerable in society. Eight sites (Ifakara, Navrongo, Kanchanaburi, Rufiji, Purwerrojo, Vadu, Dikgale, and Kanchanaburi), applied and took part in these studies and also deployed the INDEPTH equity tool (http://www.indepth-network.org/index.php?option=com_content&task=view&id=96&Itemid=184) to evaluate these programmes. Since then, sites have completed their studies and submitted reports to the Secretariat. Also, these sites collected data using a common tool, which they made available to the Secretariat upon conclusion of the studies. We now plan to look at these data and initiate pooled analysis of these data.

Climate Change and Health

The Environment and Health group had developed a full proposal on climate variability and transmission of infectious diseases. Several funders are being approached. Meanwhile, Dr Yazoume Ye, Dr Osman Sankoh, Dr Bocar Kouyate and Dr Rainer Sauerborn (members of the Environment Group) have published a book on climate variability and malaria incidence with Ashgate Publishers in the UK.



Book on Climate Change and Health

ART Rollout

The provision of anti-retroviral therapy in developing countries is the largest and most intensive therapeutic initiative ever carried out 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 programmes are, with international assistance, trying to provide ART in coming years to a far higher proportion of those who need it. Because ART is a 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.



ART-Rollout Group

INDEPTH has developed a proposal that aims to utilize the health and 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 proposal has been finalized and being considered for funding.

Realizing Rights

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 Building Resources Across Communities (BRAC Bangladesh), INDEPTH is involved in a reproductive health rights project that is looking at issues related to reproductive health and rights of vulnerable populations in developing countries. Funded by DFID, the programme aims to:

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

Work from the fertility project will provide evidence that can feed into informing this project. As part of this project, there is ongoing analysis on contraceptive use dynamics that is being jointly carried out by INDEPTH, LSHTM and APHRC. A review on reproductive health rights and the law has been concluded in Ghana and the report will be disseminated to stakeholders in the country. In collaboration with the Alliance for Reproductive Health Rights in Ghana, INDEPTH has produced a documentary on maternal mortality in Ghana, which would be launched on 16th July 2009.

The documentary shows the problems women encounter during pregnancy and child health and the lack of, or deplorable conditions of health services in rural areas.

Team for Applied Research to Generate Effective Tools and Strategies for Communicable Disease Control (TARGETS)

INDEPTH has, since 2005, teamed up with five other institutions to conduct applied research into various tropical diseases. This project is funded by DFID and has mainly involved either analysis of existing data from sites in Ghana, or simple applied research to look at specific policy issues. For instance, in 2006, INDEPTH initiated a cross-site study among the three sites in Ghana to look at "Community acceptability of artesunate-amodiaquine for the treatment of uncomplicated malaria in Ghana." This study is designed to assess community reactions towards the use of a new antimalaria drug-artesunate amodiaquine.

This work has been completed and information disseminated to the Ghana Health Service. Last year, some analysis of existing data was carried out leading to its publication in the American Journal of Tropical Medicine and International Health.

The Executive Director of INDEPTH and other senior staff paid a visit to Ghana's Minister of Health Major (rtd) Courage E.K. Quashigah, whereupon the minister outlined five topical areas that he would like INDEPTH sites to help research into. The three sites in Ghana are currently in dialogue to agree on a date to meet and examine the Minister's request and to see how they can answer those questions.

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 School and Infectious Diseases Institute (Uganda), and The Zambian AIDS-related Tuberculosis (ZAMBART) project.

Scientific Advisory Committee in 2008

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. Current members of the SAC are:



Dr. Wendy Ewart
(Chair)
Social Scientist
w.ewart@imperial.ac.uk



Prof. James Phillips
(Vice-Chair)
Demography
jfp2113@columbia.edu



Prof. Francis Dodoo
Sociology and Demography
duf2@psu.edu
fdodoo@pop.psu.edu



Prof. Bhattacharjee
Information Technology



Prof. Bruce MacLeod
Information Technology
macleod@cs.usm.maine.edu



Prof. Di McIntyre
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HIV/AIDS
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i

INDEPTH Effectiveness and Safety Studies of Antimalarials in Africa (INESS)

The INDEPTH Network is leading a consortium of partners including the Swiss Tropical Institute (STI), London School of Hygiene and Tropical Medicine (LSHTM), Center 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 4 countries within the network 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 are representative of enough evidence for policy making. The project has three specific objectives:

- To evaluate safety of new malaria treatments through comprehensive pharmacovigilance in an African health systems context.
- To assess the effectiveness of new malaria treatments and its determinants in real life;
- 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 Center for Disease Control (CDC), London School of Hygiene and Tropical Medicine (LSHTM), and the INDEPTH Network.

The proposal was funded in the last quarter of 2008 by the Bill and Berlanda Gates Foundation. Since then, the project has taken off. A meeting of the consortium partners was held in Accra in October 2008 following the approval of the project by the Gates Foundation. The aim of this meeting was to start with the development of the implementation protocols which were further refined in late January 2009.

ii

Sexual and Reproductive Health

INDEPTH in late 2008 received a grant from the Hewlett Foundation to develop an SRH agenda for INDEPTH. Within the first six months, participating sites will identify key areas of sexual and reproductive health that can be undertaken at the sites. Dr. Aree Jampaklay, Principal Investigator for this activity will work with the sites to develop and eventually undertake an intervention research in a number of sites in Africa.

iii

Cost of Illness

Illness is a major risk to people's livelihoods in resource poor settings, particularly where there are rising levels of chronic illness. Although there is growing knowledge of the levels of household health expenditure, little is known either about the affordability of care or the loss of income due to ill health, and the extent to which together these lead to impoverishment.

Strategies to reduce the cost burdens of ill health and so improve access to treatment are increasingly seen as a vital form of social protection for vulnerable

households, and central to the achievement of the Millennium Development Goals. Health policies offering social protection include health care financing interventions, such as risk-pooling through tax- and social insurance based-financing, fee exemptions, as well as cash transfers. Although these measures are in place in a range of low and middle income country settings, there is insufficient knowledge as to the extent of protection they provide.



*Nouna cross-site workshop on cost of illness
Burkina Faso June 2008*

A network of INDEPTH sites across Africa and Asia have developed comparative cross-country protocol to undertake a longitudinal investigation of household costs of illness and livelihood impact, in 8 low and middle income countries across Africa and Asia with varying healthcare financing and social protection mechanisms. The research would take place in 15 HDSS member sites of the INDEPTH Network.

Objectives of the study

This study will:

- Measure the changing costs of illness (both the loss of income and costs of seeking care) for households at each HDSS sites over a 3 year period;
- Measure changing patterns of households' morbidity by disease and assess the relative importance of different diseases in generating cost burdens over the same period;
- Examine households' interaction with the health system and assess livelihood impacts in order to understand the extent and the process by which the costs of illness lead to impoverishment; and
- Determine the extent to which existing health financing mechanisms in each site (such as community based insurance, social health insurance, free care, exemptions, and cash transfers) protect households from impoverishment;

It is hoped that through individual and cross-site comparative analysis, the study will contribute to national and international health policy debates on how to protect poor households from further impoverishment due to the costs of ill health, and which diseases should be the priority, given their cost impact on households. Funding is being sought for the study.

iv

Demographic and Health Transition at INDEPTH sites

The shift from high to low levels of mortality and fertility now famously called the demographic transition, occurred over a century ago in the developed world. The transition, it is argued, starts with a drop in mortality rates to be followed later by fertility rates. The decline in both mortality and fertility in the developed countries of Europe and North America has been attributed to an increase in socioeconomic development and its resulting spin-offs. Associated with the demographic transition is the epidemiological transition.

The INDEPTH Network proposes to utilize its network of sites in Africa, Asia, and Oceania, to undertake a systematic study of demographic shifts in the developing world. The proposed project aims to achieve the follow objectives.

- Explore demographic and health transitions at selected INDEPTH sites
- Document changes in health and demographic transitions using data from the participating sites;.
- Compare transitions between the African and Asian sites and also between different sub-regions in Africa;

- Compare the experience in the developing country-settings to what happened in the developed countries at the time of their transition;
- To examine the implications of the transitions on the healthcare systems (to consider the possible cost implications: infrastructure – human and physical; health financing; education awareness and promotion implications).

A full proposal has been developed and submitted for funding. IDRC financed the development of the proposal. Four INDEPTH sites are involved in this study - Agincourt and Navrongo (Africa) and Fila Bavi and Matlab (Asia). In addition, there is a need sites from both Asia and Africa because of the fact that they will be at different trajectories of the health and demographic transition, we also need sites with at least ten years of continuous demographic and health data.

v

Fertility Monograph

Developing countries are undergoing profound changes in their demographic structures. In addition to rapid declines in mortality across almost all countries of the developing world, fertility is also declining rapidly in many countries of Africa and Asia at varying degrees. However, much of what we know about the fertility situation in the developing world came from demographic and health survey data (DHS). INDEPTH sites have been collecting basic demographic data that will allow us to study the core components of demographic change – fertility, mortality and migration. INDEPTH has so far done a good job in the area of mortality and migration. For instance, two monographs on mortality have so far been published, in addition to a major article on causes of death which was also published in 2006 in the WHO Bulletin. Also, there is an advanced manuscript on migration which is expected to be published in 2009.

On the other hand, not much work at least, at the network level has been done in the area of fertility. In this regard, an editorial group was constituted in 2008 to lead the production of a monograph on fertility using data from INDEPTH sites. The monograph will examine levels and trends in fertility at INDEPTH sites, and also look critical issues related to determinants of fertility behaviour. The editorial group led by Jean-Christophe Fotso of APHRC, Dr Clifford Odimegwu (Agincourt/Wits), Dr Abdul Razzaque (Matlab), Dr William Muhwawa (Africa Centre), and Dr. Ayaga A. Bawah, INDEPTH Secretariat.

During the year 2008, a series of meetings were convened to determine the structure the monograph, draft data requirements templates and got sites to contribute draft chapters. Many of the draft chapters were reviewed and comments sent to authors to address. Many of these chapters are now being revised. The group hopes to present a draft of the monograph at the 9th AGM in Pune.

Vi

Second Edition of Mortality Monograph

In 2002, INDEPTH published its first monograph on mortality entitled *Population and Health in Developing Countries: Population, Health and Survival at INDEPTH Sites*. This volume attracted a lot of attention and has been cited extensively by both students and researchers. In 2007, five years after the first edition, INDEPTH constituted an editorial committee to work with the sites to work on a second edition.

Since then, the second edition accelerated with great speed and enthusiasm. A total of 26 sites have now submitted datasets for this work. An editorial team has also been constituted to lead this activity. They will work closely with the site scientists. So far, members of the editorial team have met a few times and started interrogating the data. The first meeting was in Arusha, Tanzania, during the Union of African Population Studies (UAPS) conference. The datasets received at that time were reviewed and converted into a common STATA format. Problems arising from the datasets were documented. Subsequently, some preliminary analysis were conducted with very interesting patterns emerging.

Again, some members of the editorial team who attended the annual meeting of the Population Association of America (PAA) in New Orleans from April 17th -19th, 2008, took advantage to meet and further examine the data and agree on the structure of the monograph. The group has in the mean time undertaken some preliminary analysis of the data, which is showing some interesting patterns (see figure below).

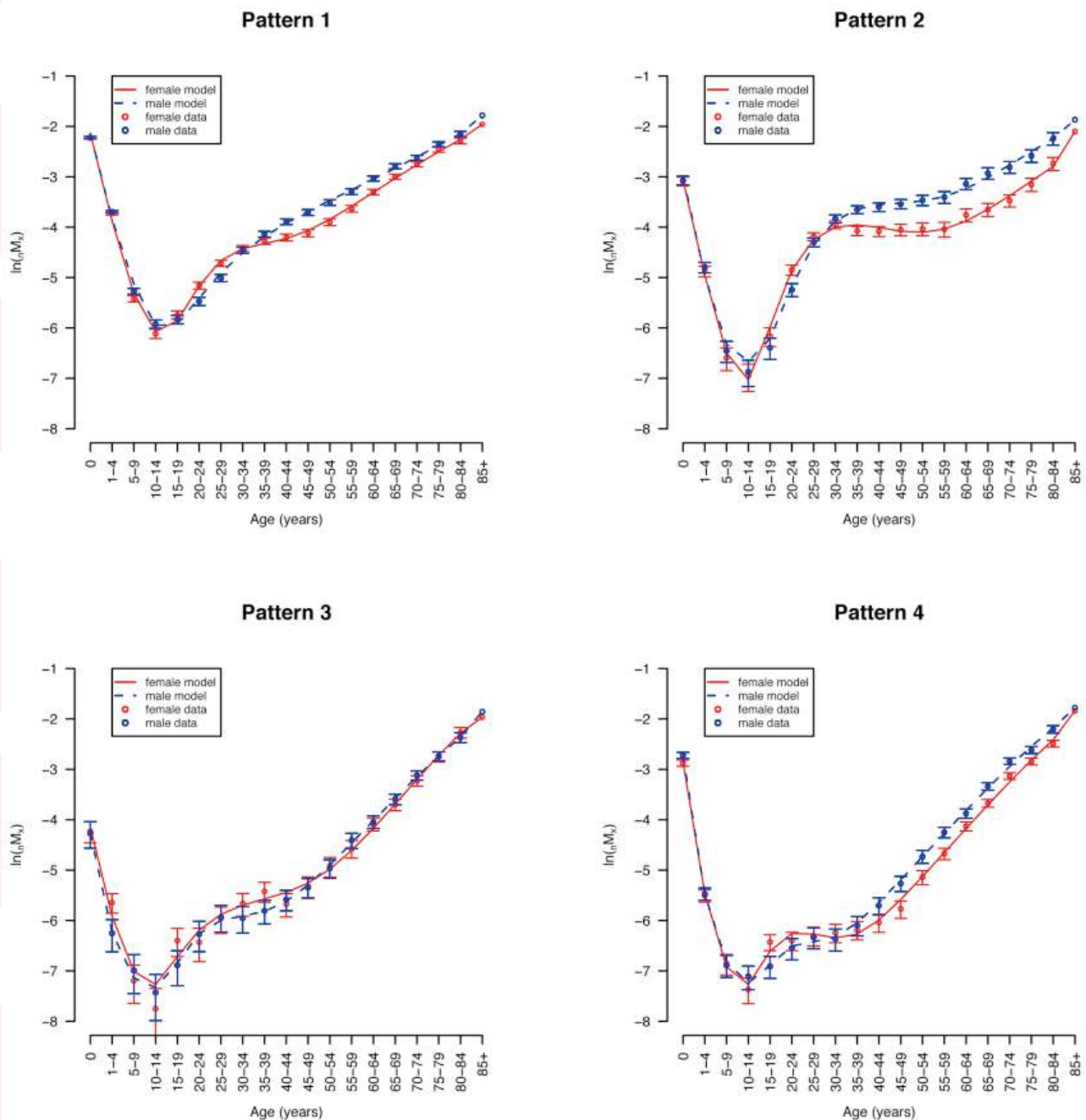


Figure 3: INDEPTH Mortality Patterns: Preliminary Results

INDEPTH Fellows

A strategy implemented in the second year of the HDSS-University collaboration programme is the introduction of an INDEPTH Fellowship Programme. This strategy evolved out of the realization that some of the sites lack personnel with basic demographic skills to undertake some of the planned activities. To this end, INDEPTH, in consultation with the sites and the universities, agreed to identify bright recently graduated Mphil/MSc/MA individuals from the participating universities and offer them a 12-month resident fellowship to be undertaken at specific sites. A major rationale behind this is that some of these fellows, during the course of their fellowship, may develop interest in the sites and perhaps offer to stay on to work at the sites on a more permanent basis.

*Mr Chifundo Kanjala,
INDEPTH fellow,
Digkale HDSS - Researcher
Mphil. certificate in Demography.*



*Mr Arabinda Acharya
INDEPTH fellow,
Vadu HDSS - Demographer
MPS certificate in Business Demography.*



*Ms Jongjit Rittirong
INDEPTH Fellow,
Kanchanaburi HDSS - GIS Data Analyst
MSc. cert in Information Systems Management.*



*Mr Kriengkrai Nantanitkron
INDEPTH fellow
Kanchanaburi HDSS - Data Manager
MSc cert in Information Systems Management.*



*Ms Purva Rai Dwivedi
INDEPTH Fellow
Ballabgarh HDSS - Demographer/Statistician
MSc in Population Studies.*



*Mr Ravinder Singh
INDEPTH fellow
Ballabgarh HDSS - Data Manager
MCA in Computer Science & Applications.*



*Ms Rhouné A Ochako
INDEPTH fellow
Nairobi HDSS - Researcher
MA in Demography.*



*Mr Somnath S. Sambhudas
INDEPTH fellow
Vadu HDSS - IT Officer
BA in Economics.*



*Mr Obed Ernest Nettey
INDEPTH Fellow
Kintampo HDSS - Demographer
Mphil. certificate in Population Studies.*



*Mr Issouf Traore
INDEPTH fellow
Nouna HDSS - Geographer
MSc in Medical Geography*



*Ms Doris Ottie-Boakye
INDEPTH Fellow
Dodowa HDSS - Researcher
Mphil. certificate in Population Studies.*



GIS and HDSS

Geographical Information Systems (GIS) is increasingly used by INDEPTH sites to visualize their data and perform geostatistical analysis. The Secretariat has therefore encouraged establishment of an INDEPTH interest group on GIS applications. The group held a workshop from August 12th-14th 2008 in Bangkok, Thailand. The objectives of the workshop were to:

- 1) Review GIS work at INDEPTH sites;
- 2) Identify a cross-site activity in GIS for INDEPTH sites; and
- 3) Develop a plan of action and working mechanism.

The following sites participated in the meeting – Kanchanaburi HDSS (Thailand), Ouagadougou HDSS (Burkina Faso), Nouna HDSS (Burkina Faso), Dodowa HDSS (Ghana), Fila Bavi (Vietnam), Nairobi HDSS (Kenya), Africa Centre HDSS (South Africa), Bandim HDSS (Guinea Bissau), and Vadu HDSS (India).

The workshop achieved the following objectives:

- All sites identified what is needed to make use of GIS data
- All sites agreed to make maps of common variables such as; distribution of households and villages, maps of birth rates, death rates, and migration rates and other diseases, etc;
- Three sites (ACDIS, NOUNA and VADU) agreed to do a paper on vaccination and GIS;

Conclusion and recommendations were:

Individual projects from each site by GIS technician should be supported by a scientist in terms of research methodology (if need be) and theory of each disciplines (that is population, epidemiology, environment, or specific disease, etc.)

- For sites that lack data consider co-operation with local government or an academic institution.
- Statistics and research methodology and also database management should be basic knowledge for GIS technician, to prepare them for scientific writing paper.
- Other option for a GIS technician is to work in a team with a social scientist as a co- investigator.
- GIS training needed for several sites
- All sites should share techniques and tips in using GIS.



Participants in group photograph Thailand August 2008

CAPACITY STRENGTHENING ACTIVITIES

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.

The key objectives of the Scientific Development and Leadership Programme are:

- A. To develop a genre of African scientists from INDEPTH sites and elsewhere through practical on-the-job training in a unique masters programme that combines epidemiology, biostatistics, demography and other social sciences with a focus on demographic and health surveillance in developing countries. The scientists should be able to:
 - Identify key biomedical and public health problems that may be addressed by epidemiological or demographic studies and design solutions to those problems;
 - Have the appropriate analytical skills and can understand, plan and execute field-based scientific research; and
 - Have good communication skills to make research results understandable to diverse audiences.
- B. To develop the capacity of scientists in the INDEPTH Network to
 - Have negotiating power to engage external collaborators;
 - Compete effectively for international resources; and
 - Take leadership roles at their workplaces.

The twelve students listed below were awarded scholarships in 2008 by INDEPTH to pursue the MSc. in Population-based Field Epidemiology. This is the largest intake of students since the programme was started in 2005. It included for the first time a student from a francophone country Senegal (Niakhar HDSS), and also for the first time students from Tanzania (Ifakara HDSS) and Mozambique (Manhica HDSS)

NAME	HDSS	COUNTRY
Seri Maraga	Wosera	Papua New Guinea
Charfudin Sacoer	Manhica	Mozambique
Daniel Kadobera	Iganga/Mayuge	Uganda
Daniel Nyogea	Ifakara	Tanzania
Ouma Evance Illah	Kisumu	Kenya
Sammy Khagayi	Kisumu	Kenya
Andrew Anguko	Kisumu	Kenya
Mansoor Ndiath	Niakhar	Senegal
Christian Nikoi	Dodowa	Ghana
Matthew Sangber-Dery	Kintampo	Ghana
Kenneth Ae-Ngibise	Kintampo	Ghana
Francis Yeji	Navrongo	Ghana

A meeting was held at WITS that brought together the site coordinators from the 3 learning sites (Africa Centre, Ifakara, Navrongo) to meet the academic and programme staff at WITS. The objective of the meeting was to evaluate progress from the previous year, and agree on improvement.

The WITS academic team participated in 2008 INDEPTH AGM, which took place in Dar es Salaam. The academic coordinator of the programme made a presentation on the status of the programme.

INDEPTH Data System (IDS)

With increase in membership of the network and each INDEPTH member site coming on board with their own data capture system, sites have a variety of data models that does not promote standardization, and hence the capacity to share data. In addition, many of the data lack clear definitions and data documentation is very poor. Coupled with this, is the issue of the complexity of relational databases maintained by INDEPTH sites that make it difficult to extract analytical datasets to facilitate data analysis and thus increase scientific productivity of the Network.



IDS meeting at the University of Southampton, UK August 2008

Motivated by these challenges INDEPTH decided to embark on the IDS that will develop a standardized data system that will provide a common platform that member sites can use across the Network. The aim of the IDS is to contribute to scientific productivity and knowledge production that addresses major health problems affecting developing countries. This will be done by:

1. improving access to comparable research data originating from INDEPTH surveillance sites; and
2. improving the production of high quality analytical datasets from participating INDEPTH demographic surveillance sites.

In 2008, several efforts were made to sharpen the proposal which was first drafted in 2007. Early in the year Dr Sam Clark and Dr Kobus Herbst were in Accra to work on the proposal, with Yorn and Bruce participating remotely. Subsequently, Kobus Herbst, led a team that visited Macro International in the United States to learn about the sharing modalities and also, E-prints in Southampton, United Kingdom.

Dr. Kobus Herbst of Africa Centre is the Principal Investigator of the IDS. The Secretariat is now looking for funding.

Malaria Clinical Trials Alliance (MCTA)

A new approach to developing capacity in Africa with focus on infrastructural support has really been welcomed by African researchers. This project has been unique because for the first time it allowed generous financial support to develop infrastructure in clinical research sites.

The Malaria Clinical Trials Alliance (MCTA) is in its third year with funding from Bill and Melinda Gates Foundation.

The main objectives of the Alliance are:

- To facilitate the development of sufficient near-term research capacity in Africa for the conduct of GCP-compliant malaria drug and vaccine clinical trials.
- To support, strengthen, mentor and network trial sites to facilitate their progression towards self-sustaining clinical research centres.

MCTA has over the three years period successfully supported the trial sites to substantially improve their infrastructure and human capacity to conduct GCP compliant trials. MCTA staff also undertook assessments visits to the sites to provide them with the support needed to carry out their work effectively.

Eleven sites were awarded sub-grants for infrastructural development and refurbishment towards the preparation of a phase III malaria vaccine trial and other clinical trials. In addition, all the 11 sites were also provided with digital

X-ray machines with the necessary accessories to improve the diagnosis of severely ill children who need X-ray during clinical trials.

Series of networking and training activities were carried out including GCP and microscopy networking and accreditation programme (ACRP), to get more certified research scientists. X-ray discussion groups were formed among teams involved in radiology, clinical and microbiology networking to discuss issues on clinical trials and bacteriology cultures using bactecs, culture plates and other sophisticated bacteria equipment.

MCTA also provided scholarship to research scientists to go on exchange programmes to different clinical trials sites and laboratories to learn more about the techniques and approaches and to share experiences.

The mentorship programme which started in late 2007 was continued in 2008. The mentors who are senior scientists, successfully visited Korogwe, Agogo, Kintampo, Kisumu-Kombewa, Kisumu-Siaya, and UCAD to assess their work and provide guidance.

A second strategic plan development workshop was organized in 2008 to help the sites complete their strategic plan. The workshop was also used to discuss and have strategies that enhance long-term sustainability of the clinical trial sites.

To enhance visibility of the sites in the various countries within the African region, MCTA continued its collaboration with the African Media and Malaria Research Network (AMMREN). MCTA supported the Strategic Planning Meeting of AMMREN Coordinators from 10 countries and the inauguration of its Board held in Dar es Salaam, Tanzania. The meeting was also used to launch the AMMREN news magazine, "Eyes on Malaria" with support from MCTA.

African Media and Malaria Research Network (AMMREN) member countries have also been provided with funds to undertake site visits and to produce documentaries. The documentaries are meant to increase the visibility of the sites and also step up advocacy for malaria research, control and eradication.



Clinical equipment for some MCTA sites

MCTA is already engaged in the development plans for testing Plasmodium falciparum sporozoite vaccine being developed by Senaria and participated in site evaluation meetings. A phase II vaccine trial is being planned with so many potential challenges.

MCTA is discussing and considering the University of Dakar in Senegal and Malaria Research and Training Centre to prepare the sites as potential sites to recruit children for RTS's phase III. The sites would serve as backups that will be ready to conduct RTS's phase III vaccine trial due to their strength and capacity to conduct clinical trial of international standard.

The activities that have been taken under this project are usually taken for granted but they are essential to positioning clinical trial sites in Africa to compete with their counterparts in Asia and the developed world. The experience of setting up and running a project like this has been quite challenging but also fulfilling.



Group photograph of MSc students at Wits University, South Africa 2008

iv

Workshops

The Secretariat has recently increased its emphasis to strengthening capacities at its member sites in order to help increase both their scientific and administrative productivity. In this regard, in addition to the long-term programme of training young scientists at the sites through the MSc Programme in Population-based Field Epidemiology at Wits University, the Secretariat has embarked on a drive to provide short-term training in specific areas deemed necessary for INDEPTH sites. The following programmes have been initiated to improve capacity of the sites.

- I. Data Managers Workshop: This workshop was hosted by the Dodowa Health Research Centre in Ghana on behalf of the Secretariat and attracted data managers from 20 INDEPTH sites. The workshop took place from 19th to

23rd May 2008. Professor Bruce Macleod, a member of the Scientific Advisory Committee (SAC) served as the workshop facilitator.

The objectives of the workshop were to:

- Look at Data Management challenges facing HDSS sites; Improving quality of data; some practical issues;
- Learn how to write basic queries / scripts in SQL that help improve data quality and data extraction;
- Learn some basic demographic concepts, definitions and how to calculate common demographic rates in SQL and STATA; and
- Present inputs on the IDS proposal.

The workshop achieved the following:

- Collecting the minimum datasets for seventeen sites
- Improving skills in the construction of work files
- Creating STATA programmes for the generation of basis demographic rates
- Sharing of experiences, solution and other issues related to improving the quality of data collected at HDSS sites;
- Outlining a strategy to enable the INDEPTH Secretariat to provide effective assistance to data.

The conclusions and recommendations were as follows:

- There is the need for an inventory of technical competencies and also a need to set up a technical support mailing list.
- That a section should be created on the INDEPTH website where common scripts, problems and solutions can be assessed.
- That some sites should use PDAs for small surveys so as to have better understanding of PDA issues.
- Some data managers should meet for a workshop on writing specifications for mobile devices.
- That a Google group for technical support be created to facilitate sharing of ideas, posting problems and providing solutions.
- That two or three managers with experience in PDA be invited to make informal presentations at the AGM with a view to open discussions on issues surrounding PDA at sites.
- A mechanism is needed to ensure more effective communication with data managers.



Data Managers Group photograph Dodowa May 2008

- ii. Longitudinal Analysis Workshop: Given the fact that the business of our sites is collection of longitudinal data and that there is lack of requisite skills in most sites to undertake longitudinal data analysis, the secretariat organized one and half weeks workshop on longitudinal data analysis.

The specific objectives of the work were to:

- Provide skills in longitudinal data analysis;
- Create analytical files for analysis; and
- Practice analysis of data using longitudinal models.



Longitudinal Workshop Participants HO August 2008

The workshop took place from 22nd -29th August 2008 and was attended by 14 participants, 12 of whom were from the sites and two from the Union for African Population Studies (UAPS). HDSS sites that participated in the workshop included, Ifakara (Tanzania), Navrongo (Ghana), Dodowa (Ghana), Manica (Mozambique), Fila Bavi (Vietnam), Kanchanaburi (Thailand), Vadu (India), Chililab (Vietnam), and Nouna (Burkina Faso).

The workshop was facilitated by Prof. Bazle Mian Hossain of Morgan State University, USA, assisted by Dr. Ayaga Bawah of INDEPTH Secretariat. Hossain is a Professor of Biostatistics and has extensive experience in longitudinal data analysis.

- iii. Administrative Managers Workshop: Realizing the different administrative arrangements at our sites and the increasing call on sites to undertake activities on behalf of the network that usually require administrative assistance the Secretariat thought it was important to get administrators of sites to meet and discuss their challenges and try to find ways to address them when they arose. The specific objectives of the workshops were to:

- Bring INDEPTH Administrators for the first time together to share experiences and discuss issues related to administering HDSS sites in the developing world;
- Highlight challenges faced by INDEPTH site administrators at different locations and look at how these are being addressed;
- Review and update sections of the INDEPTH starter and resource kits related to administering of HDSS sites; and
- Have administrators' perspectives of how sites can contribute more to INDEPTH activities and how INDEPTH can help the sites more.

At the conclusion of the workshop a number of suggestions were made, including;

1. Formation of a working group for administrators.
2. Provide continuous training for HDSS site administrators.
3. Administrators be given opportunity to visit other sites to learn more about good practices from other sites.



Administrative Managers Workshop Uganda July 2008

The workshop took place from July 22-24, 2008, at the Rakai Health Research Centre in Uganda. HDSS sites that participated in the workshop included Chakaria, Dodowa (Ghana), Farafenni (The Gambia), Filabavi (Vietnam), Abhoynagar-Mirraisharai and Kamlapur (AMK) (Bangladesh),

Kanchanaburi (Thailand), Kintampo (Ghana), Kisumu (Kenya), Matlab (Bangladesh), Mlomb (Senegal), Bandafassi (Senegal), Nairobi (Kenya), Navrongo (Ghana), Rakai (Uganda), Vadu (India) and Sapone (Burkina Faso).

iv. Finance Managers Workshop: With increased funding and extended portfolio requiring the award of sub-grants to INDEPTH sites, it was prudent to get finance managers from the sites and the secretariat to meet and brainstorm on how to manage grants and present reports consistent with donor requests. In this regard, the Secretariat planned a Finance Managers workshop in South Africa, hosted by the Agincourt site to dialogue and discuss on how to improve financial management. The specific objectives of the workshop were to:

- foster closer collaboration among finance managers at INDEPTH sites;
- strengthen leadership capabilities of finance managers; and
- share experiences in finance management at INDEPTH sites.



Workshop of Finance Managers South Africa August 2008

The workshop was hosted by Agincourt HDSS on behalf of the Secretariat and took place from 18th - 20th August, 2008. HDSS sites that participated included Agincourt (South Africa), Karonga (Tanzania), Kintampo (Ghana), Kisumu (Kenya), Nairobi (Kenya), Navrongo (Ghana), Manhica (Mozambique), Matlab (Bangladesh) and Rufiji (Tanzania).

v. *New Initiative - Bridging Language Barriers*

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. This presents challenges to non-English-speaking countries. 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 accessed from our website.

So far, two young scientists have benefited from this programme – one from Bandim HDSS in Guinea-Bissau who spent one month in Navarongo HDSS in Ghana and another from Nouna HDSS who also spent same amount of time at Kintampo HDSS.

vi. *The Mentorship Programme*

Upon the request of the secretariat, Dr. Cheikh Mbacke, member of the INDEPTH Board agreed to visit sites in Burkina Faso, to learn what sites were doing, how they do it and whatever challenges the sites faced in order to offer onsite advice and make recommendations to the secretariat. This is part of the Secretariat's effort to get to know our sites better and to see what interventions can be put in place. The visit took him to all the sites in Burkina Faso during the period of January 25th to February 3rd, 2008. Sites included Nouna, Oubritenga, Ouagadougou and Sapone.

The visit offered him an opportunity to appreciate different challenges facing sites. These challenges included sustainable funding, human resource



constraints such as lack of qualified personnel in some areas, organizational challenges, such as, lack of strategic plans, etc. However, there were also notable innovations taking place in some of the sites, such as, electronic archival systems being developed by some of the sites and also the use of PDA to improve data capture, management and retrieval and thus saving the time between data collection and when data is available for analysis.

Dr Cheikh Mbacke seated first left in a site visit to Nouna, Burkina Faso

At the conclusion of the visit, the following were identified as crucial to sites.

- Institutional strengthening to improve the ability of host institutions to mobilize resources
- Helping keep the cost of HDSS at manageable levels.
- Putting to good use the huge amounts of data collected at high cost.
- Help sites to develop strategic plans to guide their operations.



MCTA sponsored GCP Training at Lambarene, Gabon

HDSS University Collaboration

With a grant from the William and Flora-Hewlett Foundation the INDEPTH Network established collaboration between Population Sciences training programmes at the Universities of Cape Coast and Ghana in Ghana, University of Nairobi in Kenya, the universities of Cape Town and Witwatersrand in South Africa, and its member HDSS sites in the same countries. There are clear synergies – the universities as centres for demographic training are able to help improve the manpower needs of the HDSS sites through training and analytical skills, while the sites provide a fertile ground for training the next generation of African population scholars grounded on practical field based training. The collaboration broadly fosters links between these training institutions with INDEPTH HDSS sites in the three countries. The key objectives are:

1. Establish links between the universities and HDSS sites to access analytical capacity from scholars in population programmes at the universities;
2. Expose scholars in the population programmes at the participating universities to HDSS research work and offer them the opportunity to work with INDEPTH researchers; and
3. Provide an opportunity for researchers and trainers in population programmes to work with longitudinal data generated at DSS sites, and explore possibilities for collaborations.

Two broad strategies have been adopted with respect this collaboration – the first strategy during the first year was the development and implementation of the joint research projects/joint site visit programme. This model involved the identification of specific research questions of interest to both a site(s) and a university. A joint proposal is developed and sent to INDEPTH for review and if accepted the activity undertaken. Under this broad remit also is the case where team visits are planned by the universities to the sites to familiarise themselves with the operations of the sites including the type of data available and the questions that can be explored with the data available.

The second broad strategy implemented in 2008 was an INDEPTH fellowship programme. This strategy evolved out of the realisation that some of the sites actually lack personnel with basic demographic skills to undertake some the planned activities. To this end, INDEPTH in consultation with both the sites and the universities, identified recently graduated Mphil/MSc/MA individuals from the participating universities and offered them a 12-month resident fellowship at the sites.

Macro International Measure DHS

As part of efforts to learn from institutions involved in large data collection, archiving and sharing, a team from INDEPTH led by the Executive Director, visited

Macro International, to learn from their experience on data archiving and accessibility in order to inform efforts by INDEPTH to develop a data system that will facilitate data sharing. Other members of the team who visited were Dr. Kobus Herbst of Africa Centre in South Africa (who leads the INDEPTH Data System initiative), Dr. Sanjay Juvekar, Vadu HDSS site in India (who leads the INDEPTH data sharing initiative in Asia) and Prof. Tathagatha of the International Institute of Information Technology, a member of the INDEPTH Scientific Advisory Committee.

Measure DHS and INDEPTH are dialoguing on a collaboration to extend some of their data visualization tools to INDEPTH.



Executive Director Dr Osman Sankoh with Director of Macro International April 2008

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Health Metrics Network

INDEPTH, in collaboration with other partners teamed up with the Health Metrics Network, to develop collaborative tools to improve on vital registration data in the developing world. This initiative called MoVE (Monitoring of Vital Events), 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. HMN has proposed an INDEPTH-led international forum on data access and sharing.

iv

Save the Children HDSS in Nigeria

INDEPTH signed a collaborative agreement with SAVE the Children, who recently received a grant to develop an HDSS site in Zangaria State in Northern Nigeria. INDEPTH will provide technical support to the group, and SAC member Prof. Jim Phillips is also an advisor.

v

INDEPTH visits Ghana's Minister of Health

The Executive Director of INDEPTH and other senior staff paid a visit to Ghana's Minister of Health Major (rtd) Courage E.K. Quashigah, whereupon the minister outlined five topical areas that he would like INDEPTH sites to help research into. The three sites in Ghana are currently in dialogue to agree on a date to meet and examine the Minister's request and to see how they can answer those questions.



From left to right: Mrs Felicia Asamoah, Major Courage Quashigah - Minister of Health, Dr Osman Sankoh and Dr Ayaga Bawah

i

Office space

Staff at the Secretariat has outgrown the current office space, and with the potential of new programmes coming, an Annex office has been rented to house projects such as MCTA and the recently funded INDEPTH Effectiveness and Safety Studies of Antimalarials in Africa (INESS).



The INDEPTH Network Secretariat Main Administrative Building, East Legon - Ghana

ii

Secretariat Staff**New Staff**

As a result of increased Network activities, the Secretariat recruited a number of new staff in 2008.

Samuel Mikenga
(Ugandan)
Communications and
External Relations Manager

Peter Asiedu
(Ghanaian)
Administrative Asst (Logistics)

Francis Ameni
(Ghanaian)
IT Officer

Adam Osman
(Ghanaian)
Accountant

Caroline Tekyi-Mensah
(Ghanaian)
Executive Assistant

Rahima Dossa
(Tanzanian)
Administrative Manager, INESS
(based in Tanzania)

Belinda Azanu
(Ghanaian)
Administrative Asst (Projects)

Beatrice Mensah
(Ghanaian)
Administrative Secretary

Gloria Kessie
(Ghanaian)
Finance Officer

Reassignment of duties

Titus Tei, former Administrative Manager became the new Projects Administrator to provide logistical support to INDEPTH's large projects including MCTA and INESS. Kwabena Owusu-Boateng, the Information Systems Manager was asked to temporarily serve as Administrative Manager. Felicia Manu Asamoah, the former Executive Assistant to the Executive Director became the new Grants Administrator to focus on grants to INDEPTH and sub-grants from INDEPTH to member sites.

Rest of the staff

Dr. Osman Sankoh, Executive Director
Dr. Ayaga Bawah, Principal Research Associate
Mr. Sixtus Apaliyah, Ag. Finance Manager

MCTA

Prof. Fred Binka, Project Manager
Dr. Bernhards Ogutu, Senior Clinical Trialist
Dr. Rita Baiden, Clinical Trialist
Mr. Raymond Akparibo, Finance Officer
Mrs. Margaret Bugase, Administrative Secretary



INDEPTH Staff retreat at Sogakope, Ghana October 2008

INESS

Dr. Hassan Mshinda, Principal Investigator, Tanzania
Ms. Rahima Dossa, Admin Manager, Tanzania Office

Weekly Staff Meetings and Seminars

The Secretariat holds weekly meetings to review progress of Network activities. These meetings make it possible for staff to keep abreast of developments with project activities, working groups and sites and to be able to make timely interventions regarding support to various stakeholders. Some of the meetings are preceded by presentations on specific topics.

Board of Trustees in 2008

The Board of Trustees provides oversight for the activities of the INDEPTH Secretaries. 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 and supervises the executive Director of the INDEPTH Network

*Dr. Seth Owusu-Agyei
(Chair)
Site Leader, Kintampo HDSS,
Kintampo - Ghana*



*Dr. Siddhi Hirve
(Vice-Chair)
Site Leader, Vadu HDSS
Pune - India*



*Dr. Wendy Ewart
Social Scientist
MRC, UK, London*



*Dr. Cheikh Mbacke
Consultant
Dakar, Senegal*



*Prof. Peter Aaby
Site Leader, Bandim HDSS
Guinea Bissau*



*Dr. Kayla Laserson
Site Leader, Kisumu HDSS
Kenya*



*Dr. Thomas Williams
Site Leader, Kilifi HDSS
Kilifi - Kenya*



*Dr. Andreas Hedding
Swedish Institute for
Infectious Disease Control
(SIIDC), Sweden*



*Dr. Osman Sankoh
Executive Director
INDEPTH Network
Accra, Ghana*



*Dr. Anand Krishnan
Site Leader
Ballabgarh HDSS, India*



Site visits

Staff at the Secretariat made several site visits in 2008. In July 2008 the Executive Director Dr Osman Sankoh accompanied by Mr. Sixtus Apaliyah, the Acting Finance Manager, visited INDEPTH Health and Demographic Surveillance Systems (HDSS) sites in India, Vadu and Ballabgarh to familiarize themselves with site operations.

While in India for a TARGETS partners meeting, Dr. Ayaga Bawah, the Principal Research Associate, also took opportunity to visit the Vadu site to provide technical assistance on their demographic surveillance.

Dr. Bawah and Mr Titus Tei, the Projects Administrator, also visited four HDSS sites in Bangladesh in August 2008. The visit took them to the ICDDR,B offices in Dhaka where they held discussions on INDEPTH with three site leaders in Bangladesh. The visit also enabled Dr Bawah to make a technical presentation on the implication of eliminating malaria on life expectancy, and subsequently spent



Dr Bawah and Titus Tei Secretariat staff in a site visit to Chakaria HDSS Bangladesh August 2008

a day at Matlab, Mirsria, and Chakaria.

Dr Bawah and Mr Samuel Mikenga the Communications and External Relations Manager from 9th to 13th November 2008 visited Kintampo HDSS site Ghana, to work with senior research staff from the field and the computer departments to draft a chapter on fertility monograph. They also met the site leader Dr Seth Owusu Agyei and Dr Abraham Hodgson of Navrongo HDSS to discuss general information about Kintampo and Navrongo HDSSs activities, progress and contribution of communications to the success of the sites. Mr Mikenga held discussions with the communications experts at the sites on how to improve communications between the sites and INDEPTH Secretariat and among the sites.



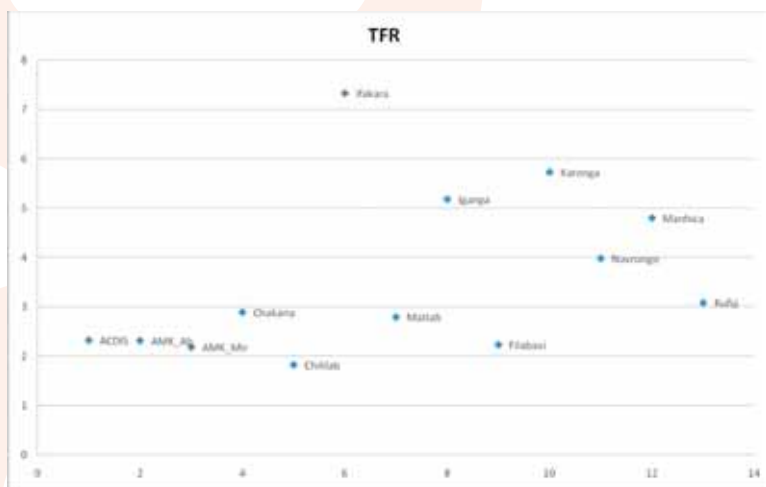
Dr Sankoh and Mr Sixtus Apaliyah Visital I & II in Paris with Dr Siddhu Hoeve, Vadu HDSS

Many site visits were also arranged during workshops. For instance during the Data Managers workshop held in Accra from the 19th to 23rd May 2008, participants went on a field trip to Dodowa HDSS. The participants were taken around the premises of the Dodowa HDSS by the site leader Dr Margaret Gyapong where they interacted with staff. Participants also toured the study area Duffor Osu Doku.

V

Minimum datasets from INDEPTH sites

The INDEPTH Board at the 2007 AGM in Nairobi took a decision that for sites to maintain full membership status in the network, they must submit a minimum dataset to the Secretariat. Following that decision, a template was designed and sent to sites to guide them in the submission of the datasets.



About seven sites that submitted data had problems which we communicated to them to try and rectify. The ultimate objective is to be able to generate a set of indicators like the DHS does and release annually that policy makers can easily make use of. Some of the indicators that will be very useful to the policy community will include things like under five mortality rates, child mortality rates, infant and neonatal mortality rates. Fertility indicators such as the total fertility rates by site will also be very useful to both the policy community and other stakeholders such as academics and other development organizations.

Below is a scatter diagram showing total fertility rates for the sites that presented data. There is obvious clustering of the Asian sites many of which have TFR below 3.

Participation in international conferences and seminars by INDEPTH

In 2008 INDEPTH was represented at various national and international conferences. The following are some key international meetings/conference participations from INDEPTH:

- Led by the Executive Director, INDEPTH visited Macro International in the USA to learn about their data capture and management system with the objective of learning lessons on public access to data.
- INDEPTH was also invited to the launching of the Institute for Health Metrics and Evaluation (IHME), University of Washington, Seattle. INDEPTH members present at the IHME included Dr. Osman Sankoh, Dr. Ayaga Bawah, Prof. Steve Tollman, Dr. Sam Clark, and Dr. Alex Ezeh.
- INDEPTH was also fully represented at the Annual Meetings of the Population Association of America, which took place in New Orleans, April 17-19, 2008. INDEPTH had an official Booth at the PAA which attracted a lot of participants.
- INDEPTH also had an official Booth mounted at the American Public Health Association APHA meetings in San Diego, October 25-29, 2008. Dr. Ayaga Bawah and Mrs Felicia Asamoah Manu represented the Secretariat and manned the INDEPTH Booth.
- INDEPTH also attended the Global Ministerial Forum on Health Research held in the Malian capital, Bamako, from November 17-19, 2008. Dr. Osman Sankoh, and Mr. Samuel Mikenga, Communications and External Relations Manager, attended. INDEPTH mounted a booth at the forum which attracted a lot of participants, including the Mali President, Amadou Toumani Toure, who spent quite a bit of time at the INDEPTH booth to learn what INDEPTH does.



INDEPTH mounted a stand at the PAA Conference USA April 2008



Osman met Prof Yemane Bohare at PAA conference USA April 2008

SOME NOTABLE VISITORS TO INDEPTH SECRETARIAT IN 2008

Name	Organisation
Prof. John C. Santeilli	Columbia University New York, USA
Prof. James F. Phillips	Columbia University New York, USA
Prof. Mark Tessleu	University of Michigan, USA
Prof. James S. Jackson	University of Michigan, USA
Dr Abdul Kamara	African Development Bank, Tunis, Tunisia
Michal Jull	African Development Bank, Tunis, Tunisia
Prof Nyovani Madise	University of Southampton, UK.
Dr. Matilu Mwau	Kenya Medical Research Institute, Kenya
Roelaf Assies	Philips Healthcare, USA
Aswile A. Jonas	NIMR-Mwanza Tanzania
Dr. Tamara Fox	Hewlett Foundation, USA
Dr. Paul Rosenberg	Hewlett Foundation, USA
Dr. Cheikh Mbacke	Private Consultant to Hewlett and INDEPTH Board Member
Dr M. C. Kamanda	Southampton, UK



Visitors from Wisconsin University (James and Mark) visited the INDEPTH Secretariat in February 2008



Visitors from Mailman School (jim and John) visited INDEPTH Secretariat in February 2008

INDEPTH Auditors Financial Report 2008

INDEPTH NETWORK
Financial Statements
For the year ended 31 December 2008

STATEMENT OF FINANCIAL PERFORMANCE

(All amounts are expressed in US\$)

		<u>For the Year ended 31 December</u>	
	Notes	2008	2007
Operating revenue			
Grants	2a	17,123,756	10,832,213
Other revenue	2b	<u>504,576</u>	<u>473,364</u>
Total operating revenue		<u>17,628,332</u>	<u>11,305,577</u>
Expenditure			
Meeting expenses	3	600,036	428,565
Research expenses	4	1,514,096	273,646
Workshop expenses	5	311,144	412,671
Capacity building	6	844,327	802,339
General expense	7	1,470,434	1,688,062
Sub grants	8	<u>4,702,228</u>	<u>1,313,321</u>
Total expenditure		<u>9,442,265</u>	<u>4,918,604</u>
Surplus		<u>8,186,067</u>	<u>6,386,973</u>
Fund balance			
Accumulated fund- 1 January		7,153,914	766,941
Surplus		<u>8,186,067</u>	<u>6,386,973</u>
Balance at 31 December		<u>15,339,981</u>	<u>7,153,914</u>

INDEPTH Auditors Financial Report 2008

INDEPTH NETWORK
Financial Statements
For the year ended 31 December 2008

STATEMENT OF FINANCIAL POSITION
 (All amounts are expressed in US\$)

	Notes	<u>At 31 December</u> 2008	2007
Non-current assets			
Property, plant and equipment	9	<u>103,655</u>	<u>40,403</u>
Current assets			
Cash and cash equivalents	10	15,083,982	7,000,824
Receivables and prepayments	11	<u>177,553</u>	<u>167,319</u>
Total current assets		<u>15,261,535</u>	<u>7,168,143</u>
Total assets		<u>15,365,190</u>	<u>7,208,546</u>
Current liabilities			
Accounts Payable	12	25,209	54,632
Total current liabilities		<u>25,209</u>	<u>54,632</u>
Net assets		<u>15,339,981</u>	<u>7,153,914</u>
Represented by:			
Fund balance		<u>15,339,981</u>	<u>7,153,914</u>

The financial statements and accompanying notes on pages 5 to 19 were approved by the Board of Trustees on 20 March, 2009 and signed on their behalf by:

Executive Director:



Board Chairman



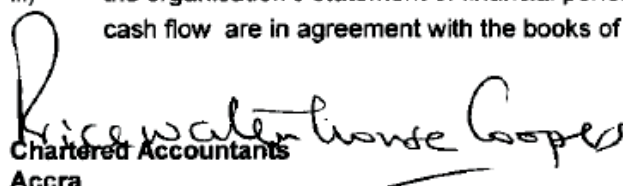
INDEPTH Auditors Financial Report 2008

REPORT OF THE INDEPENDENT AUDITOR TO THE BOARD OF TRUSTEES OF INDEPTH NETWORK (CONTINUED)

Report on other legal requirements

The Ghana Companies Code, 1963 (Act 179) requires that in carrying out our audit we consider and report on the following matters. We confirm that:

- i) we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
- ii) in our opinion proper books of account have been kept by the organisation, so far as appears from our examination of those books; and
- iii) the organisation's statement of financial performance , statement of financial position and cash flow are in agreement with the books of account.


Chartered Accountants
Accra

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.....March 2009