

# **INDEPTH NETWORK**

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## **Annual Report 2002**

### **Acknowledgements**

INDEPTH is grateful to its sponsors who have funded / are funding the Secretariat and cross-site initiatives of the Network. In particular, The Rockefeller Foundation; SIDA/SAREC; The World Bank; The Wellcome Trust; The Andrew Mellon Foundation; WHO (TDR/RBM/CAH); and individuals, DSS sites and leaders and their supporters, and local institutions all of which contribute time, expertise and resources.

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## Executive Summary

The vision of the INDEPTH Network is 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. Looking at completed and ongoing cross-site initiatives of the Network in 2002, as reported in this document, INDEPTH is indeed on the right track towards realising its vision and achieving its key objectives.

The second INDEPTH Annual General and Scientific Meeting (AGM) was held on 21-24 January 2002 in Addis Ababa, Ethiopia. It marked a momentous period in the history of the Network. At this meeting the INDEPTH Strategic Plan was adopted by the General Assembly after about a year-long process of development. Key participants in this process were the Boston Consulting Group (BCG) in the US, INDEPTH site leaders and the former Co-ordinating Committee of the Network. INDEPTH then became an incorporated body, transformed from its former ad-hoc status into a full-fledged not-for-profit international organisation. It was registered in Ghana where its permanent Secretariat is located in the capital city of Accra.

The INDEPTH Strategic Plan defines the governance structure of the Network. Overseen by the Board of Trustees, the Secretariat is headed by an Executive Director, supported by managers for communications and external relations, IT and finance. The Board appointed Professor Fred Binka as Executive Director. Other staff in the Secretariat were subsequently appointed. See the Web site of the Network for details: <http://www.indepth-network.net>

The first INDEPTH Board of Trustees, chaired by Professor Steve Tollman of the Agincourt DSS in South Africa, was elected in Addis Ababa.

Another milestone at the Addis AGM was the launch of the first volume entitled *Population, Health and Survival at INDEPTH Sites* in the Network's monograph series *Population and Health in Developing Countries*. This first monograph provides insight into previously unknown mortality trends at INDEPTH sites in Africa and Asia. Three new monographs are in progress and are expected to be published in 2003. These are *INDEPTH Model Life Tables*, *Causes of Death at INDEPTH Sites* and *Health Equity at INDEPTH Sites*.

The Scientific Advisory Committee (SAC) of INDEPTH was also successfully established in 2002. The Board reviewed nominees from INDEPTH sites and selected 15 persons. These are international experts who are capable and willing to assist the Network through advice to the Board of Trustees and the Secretariat, in maintaining its focus on critical health, population and social issues and areas of greatest potential impact. The SAC will encourage linkages between INDEPTH and related agencies, research bodies and networks and it will help the Network maintain the highest scientific standard for INDEPTH studies.

Many Working Groups (WGs) get established to ensure that the Network works effectively in addressing its objectives. The Network wishes to acknowledge the work of the following WGs in 2002: **Malaria/Cause-Specific Mortality WG** which held meetings and workshops on the INDEPTH Causes of Death monograph; **Health Equity WG** which is working on the INDEPTH Health Equity monograph; **Research to Policy and Practice WG** which organised a workshop on "INDEPTH Burden of Diseases – DSS Data Influencing Policy and Practice"; and **Analysis WG** which organised an analysis workshop on "Building Model Life Tables".

The Secretariat had a two-day retreat in early November to identify and define priority cross-site initiatives. Among these priorities are the establishment of an INDEPTH health intervention trials platform, an INDEPTH scientific development and leadership programme, and cross-site work on adult health. Several others are described in this report.

The Network held an information session in Arusha, Tanzania, taking advantage of the sixth Global Forum for Health Research meeting. This was a valuable opportunity to introduce INDEPTH to the world. Posters of INDEPTH member sites and other information material were displayed. The Board Chair and the Executive Director made presentations on the Network.

By the end of 2002, the INDEPTH Network had consisted of 29 field sites in 16 countries across Africa and Asia.

Developing collaborations/partnerships is critical to the success of INDEPTH. With funding from the Rockefeller Foundation, INDEPTH has started a research collaboration with the African Census Analysis Project (ACAP) at the University of Pennsylvania in the US. The general objective is to pool the resources and expertise of the two institutions to undertake high quality joint research projects in order to inform demographic and health policy in Africa. During the period December 3-13, 2002 a workshop on the ACAP-INDEPTH collaboration was held in Bellagio, Italy to strategise on ways to realise the objectives of the collaboration.

Finally, the Network is grateful to its sponsors who have funded / are funding the INDEPTH Secretariat and cross-site initiatives of the Network. In particular, INDEPTH would like to thank the following: The Rockefeller Foundation; SIDA/SAREC; The World Bank; The Wellcome Trust; The Andrew Mellon Foundation; WHO (TDR/RBM/CAH); and individuals, DSS sites and leaders and their supporters, and local institutions all of which contribute time, expertise and resources.

# **1. Introduction**

## **1.1 Vision of INDEPTH**

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.

## **1.2 Mission of INDEPTH**

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

## **1.3 Objectives of INDEPTH**

- 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.
  - Coordinated multi-site research collaborations that evaluate interventions in diverse socio-culture and geographic environments.
  - Recruitment and/or creation of additional sites; particularly sites that provide INDEPTH with presence in current geographic gaps.
- 2: Generate longitudinal data and analysis that can impact on ongoing health and social reforms, inform health and social policy and practice and contribute to governmental, NGO, private and community health efforts.
- 3: Broaden the scope of health research by confronting the emerging agenda of non-communicable disease and aging, violence and injury, migration and urbanization and the problems associated with vulnerable population segments.
- 4: Continually improve the methods and technologies used by member sites to ensure all participating groups have access to the most valid and appropriate methodologies available.
- 5: Generate visibility and recognition for INDEPTH and member sites among critical constituencies including academic, government and international agencies and donors.

## **2. INDEPTH Strategic Plan: Cross-Site Initiatives**

The following are broad cross-site initiatives of the INDEPTH Network based on the INDEPTH Strategic Plan. Some of the initiatives are ongoing (e.g. Health Equity, Malaria), some are being planned (e.g. Migration and Urbanisation, Adult Health), and others are under consideration (e.g. Environment, Population and Health).

### **2.1 Health Equity to determine the relationship between specific socio-economic factors and inequity in health outcomes**

The objective of the INDEPTH health equity study is to determine the relationship between specific, individual-level and household-level socio-economic factors and inequity of health outcomes, in order to assist programme and policy makers to overcome health status disparities and improve overall health status. Specifically, the study intends to examine how gender, education, occupation, social connectivity and other socio-economic status proxies (e.g. housing and water source) relate to mortality in various population subgroups. Phase I of the study involved the efforts of thirteen DSS sites located in various parts of Africa and Asia.

### **2.2 Evaluation of the relationship between malaria transmission intensity and mortality in endemic countries**

For many of the INDEPTH member sites, malaria has long been an area of focus. These sites possess significant experience in malaria research and interventions and are collecting a tremendous amount of population-based data in support of various anti-malaria initiatives. The existing foundation of malaria data and expertise combined with the high level of external interest in funding anti-malaria initiatives of proven effectiveness create strong ongoing potential for multi-country malaria studies conducted by INDEPTH. INDEPTH launched the Malaria Transmission Intensity and Mortality Burden Across Africa (MTIMBA) initiative to generate reliable information that will guide malaria control policies in Africa. MTIMBA is creating a continental platform to: 1) generate new understanding of the relationship between malaria transmission intensity, mortality and the effect of malaria control; 2) collaborate with the Roll Back Malaria Initiative at the regional, national and global levels for monitoring and evaluation; and 3) further develop and strengthen African expertise in the field of malaria control, planning and evaluation. The output of the MTIMBA project includes estimates of all-cause and malaria-attributable mortality by age across Africa, documented trends in malaria in INDEPTH sites, establishment of malaria expertise and strengthened methodology in a continental demographic surveillance platform.

### **2.3 Adult Health assessing the impact of chronic illness and lifestyles on households and their productivity**

The goal is for INDEPTH to be a leading resource for the study of health and social transitions – focused on adult health and ageing in Africa and Asia. The adult health study will examine the changing profile of mortality amongst adults. This study will assess the impact of disease, chronic illness, accidents, injuries, lifestyles and culture on households and their productivity and the consequences for other family members including children and the aged. The INDEPTH network will generate previously unavailable data and analysis that will enable a greater understanding of adult health issues. DSS sites provide the only source of reliable population-based health and social data that is required for this study. Much of the information required for

analysis is currently being collected by member sites and additional data requirements can be obtained in a cost-effective manner by utilizing the existing DSS frameworks. This study will also enable INDEPTH to expand the scope of its studies beyond health issues in a manner that remains consistent with the vision and goals of the network.

## **2.4 Migration and Urbanisation analyses utilising standardised population-based migration data**

The migration and urbanisation study will conduct a comprehensive analysis of population migration and urbanization trends across multiple countries and continents. Currently, migration studies are typically conducted at the national level and measure only the inflow and outflow of people from the country. In addition, some sites are conducting independent local migration studies that look at migration within a defined geography and seek to explain the cause and effect of these migrations with regard to health and socioeconomic factors. The focus of these studies and the data definitions are currently being standardised by an INDEPTH working group. INDEPTH co-ordinates and standardises existing site-level data to enable the comparison of data and finding across multiple sites and countries.

## **2.5 HIV/AIDS, TB and related conditions – to document their health, population and household-level impacts**

The magnitude of the HIV/AIDS problem in Africa and Asia drives INDEPTH's interest to identify preventative and curative strategies for this disease. The high prevalence of HIV/AIDS, the strong interest from the funding community and the current lack of reliable population-based surveillance data create the opportunity to make a significant impact in this area. In addition to establishing baseline prevalence and incidence, the existing DSS framework can be used to support related behaviour studies, transmission assessments and HIV/AIDS intervention impact assessments. INDEPTH will initially focus the HIV/AIDS study on establishing the baseline prevalence and incidence of HIV/AIDS within the network. In addition to establishing baseline prevalence, INDEPTH also plans to link an individual's HIV status to the additional core demographic data that is collected from each household. This data linkage will allow a much broader spectrum of analysis to be performed with respect to AIDS. Potential analyses include behaviour studies, transmission assessments and AIDS intervention impact assessments

## **2.6 To establish a multi-site health intervention trials platform**

INDEPTH has recognised the need to establish a platform for action-oriented research to test and evaluate health interventions, such as new vaccines or drugs, health-education messages, and the cost-effectiveness of initiatives. The mission of the INDEPTH health intervention trials platform is to enable INDEPTH sites to compete effectively on the international area for health intervention trials, thereby validate and confirm the intrinsic value of INDEPTH as a solid intervention trials platform in developing countries. The main objective is to develop a platform that focuses initially on the following four poverty-related diseases: malaria, HIV/AIDS, TB and rotavirus.



## **2.7 Environment, Population and Health to understand and assess the health consequences of global and local environmental change**

INDEPTH member sites have the capabilities to monitor the health consequences of environmental change. DSS data can be linked to geographic and meteorological data using remote sensing (RS) and geographical information system (GIS). This will enable much deeper and/or novel insights into parameters that influence the spread of diseases. The meteorological data complement the DSS data with the introduction of the spatio-temporal fluctuations of temperature, humidity, precipitation, evapotranspiration and wind. Hence, the different data sets can be used for geostatistical modelling, mapping, geographical and epidemiological analyses. The important issue of how local communities adapt to global changes could be addressed.

## **2.8 INDEPTH Scientific Development and Leadership Programme**

DSS sites comprise multidisciplinary teams of epidemiologists, biostatisticians, demographers, social scientist, who collect, clean, maintain, and analyse empirical information that can impact health policy and practice. Hence they have the requisite infrastructure for research. However there is a need to strengthen (in some cases build) their capacity to maximise the benefits of the technologies they use in generating these large volumes of data, and to add value to the data. The INDEPTH Scientific Development and Leadership Programme has therefore been proposed to develop the next generation of scientific leaders in INDEPTH sites, and the Public Health Research Community. Moreover, it is intended to give an opportunity to students from developing countries to deal with primary research.

### 3. SECRETARIAT'S WORK PLAN 2003-2005

The Secretariat's work plan contains the primary focus on specific cross-site initiatives of the INDEPTH Network to be followed during the given period. These initiatives were identified and defined during the Secretariat's retreat on 4-6 November 2002 in Akosombo, Ghana. The two days were for an informal brainstorming on the Secretariat's 3-year strategic plan.



*Participants at the Secretariat's Retreat (L-R): Prof. Steve Tollman, Dr. Ayaga Bawah, Mr. Titus Tei, Mr. Kwabena Owusu-Boateng, Dr. Howard Engers, Dr. Enid Schatz, Prof. Fred Binka, Ms Felicia Manu, Dr. Bocar Kouyate, Dr. Osman Sankoh*

#### 3.1 Establishing an INDEPTH Health Intervention Trials Platform on Poverty-Related Diseases (Malaria, TB, HIV/AIDS and Rotavirus)

There is growing demand among pharmaceutical companies, public-private partnerships and non-profits for health intervention trials sites for their emerging drugs, technologies and products. Many of these new products target diseases that have significantly contributed to the burden of disease in Africa and Asia (e.g. HIV/AIDS, Malaria, TB and Rotavirus) and an increasing number of these trials are being situated in the developing world. While a majority of these trials are conducted in more developed nations, considerable money is spent on health intervention trials in developing nations. For instance, a single clinical trial costs approximately \$21M to execute.

INDEPTH's DSS sites provide health information that more accurately reflects the prevailing disease burden of the communities in which they operate. They assist in monitoring and tracking new health threats, such as emerging and re-emerging infectious diseases and drug resistance, and alert the health community to prepare a response. Indisputably therefore, INDEPTH sites can serve as a platform for action-oriented research to test and evaluate health interventions, such as new vaccines or drugs, health-education messages, and the cost-effectiveness of initiatives.

The main objective of the proposed study activity which should be the Network's top priority is to develop an INDEPTH health intervention trials platform that focuses initially on the following four poverty-related diseases: malaria, HIV/AIDS, TB and rotavirus.

### **3.2 INDEPTH Scientific Development and Leadership Programme**

The INDEPTH NETWORK is an international network of field sites with continuous demographic evaluation of populations and their health in developing countries. The demographic surveillance system (DSS) sites generate high quality, population-based, health and demographic data on longitudinal basis, and constitute a critical alternative to the dearth of valid, population-based information in much of the developing world. INDEPTH harnesses the collective potential of these initiatives 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.

One of the numerous strengths of DSS sites is that they comprise multidisciplinary teams of epidemiologists, biostatisticians, demographers and social scientists, who collect, clean, maintain, and analyse empirical information that can impact on health policy and practice. The sites therefore have the requisite infrastructure for research to inform priority setting, policy and the allocation of resources. However, there is a need to strengthen (and in some cases to build) their capacities to maximise the benefits of the technologies they use in generating these large volumes of data, and to add value to the data.

A key mission of the Network is to support capacity building and strengthening of cross-site collaborations among INDEPTH member sites. The strategy to achieve this includes internships and pre- and post-doctoral fellowships for developing country nationals, short on-site training courses, fostering south-south and south-north partnerships. We propose to promote this through a Scientific Development and Leadership Programme, with an initial focus on INDEPTH sites in Africa.

#### **Objectives**

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, who
  - can 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;
- to compete effectively for international resources; and
- to take leadership roles at their workplaces.

### **3.3 Adult Health**

There is a gap in our knowledge about adult health in developing countries. Statistics on adult morbidity or mortality are practically unavailable in most settings. Even in areas where such data are available, they are either of limited value or the quality is seriously suspect. Demographers through the use of indirect techniques have tried to provide some insights on levels of adult mortality. However, extent to which these estimates reflect reality has often been questioned. This situation has been complicated further with the advent of the HIV/AIDS epidemic because the indirect methods for estimating adult mortality are even more seriously questioned because of opportunistic infections that result from HIV/AIDS infections. There is therefore the need for population and health scientists in Africa and Asia to provide alternate avenues to monitor changes in morbidity and mortality in these regions.

The INDEPTH-Network with established Demographic Surveillance Systems (DSS) in several sites in Africa and Asia provide a unique opportunity to contribute to understanding adult health in these parts of the world where little is still understood about this problem. These sites are well placed to undertake the much needed research on adult health because many of the sites are already doing various kinds of medical or epidemiological research as well as social science research. Besides, the longitudinal nature of many of the data collection systems at these sites will allow for the sites to monitor over time changes that occur in adult morbidity and mortality in their areas of operation. The goal of the INDEPTH-Network Adult Mortality platform is to take advantage of the rich health infrastructure existing at the sites to either collect new prospective data or use existing data where available to understand the dynamics of adult morbidity and mortality in Africa and Asia.

Many sites within the Network are already collecting data on child causes of death using verbal autopsies (VA). Some of these sites have also started collecting data on adult mortality as well. Through the INDEPTH-Network, a standardized questionnaire has been developed for the child VA. The Network would try to encourage and support sites that do not yet collect cause of death data on adult mortality to do so in order to improve our understanding of the dynamics of adult morbidity and mortality in the developing countries of Africa and Asia. These data may help advance our understanding of the transition in non-communicable disease mortality rates as we begin to see more and more of these diseases in settings that are typically considered to be the domain of predominantly infectious diseases.

The Network is planning to improve on data available within sites by encouraging the collection of morbidity data within a few sites (3-5) to form the nucleus of a Working Group on Adult Health. In addition to using the VA tool to collect data on adult mortality, eligible sites will be expected to collect additional data on four critical areas such as Anthropometry, Malnutrition/Food Security, Physical activity, Blood pressure and consumption of alcohol and tobacco. The Network will encourage and help to develop a standard protocol that sites can use to collect other data prospectively on health and morbidity at the sites. With regards to the four areas mentioned above, the following indicators will be considered critical.

### **3.4 ACAP-INDEPTH Collaboration**

As Africa continues to seek answers to the multitude of health, social and economic problems confronting its people, the role of high quality health and demographic research is critical, as this provides the empirical bases for strategic interventions. At different levels and fronts, both INDEPTH and African Census Analysis Project (ACAP) are already contributing significantly to achieving this objective. For instance, while INDEPTH is co-ordinating a network of field sites conducting high quality micro-level health and demographic research into problems confronting local populations in different countries in Africa, ACAP is collaborating with African governments and institutions at archiving and analysing African census data, both at the national and sub-national level, in order to inform appropriate policy interventions in Africa.

Thus, while both institutions individually are contributing a substantial body of knowledge in finding and providing answers to the health and social problems confronting Africa, a collaboration between them will provide a more integrated and complementary effort to achieving this laudable goal, hence the ACAP-INDEPTH collaboration.

Recognising the complimentarity of the data gathered by the two institutions, a collaborative agreement has been forged to pool together the expertise and resources of both institutions to undertake high quality research.

During the period December 3-13, 2002, a team residency workshop was organised in Bellagio, Italy, funded by the Rockefeller Foundation. The purpose of the workshop was to develop a strategic plan to realise the objectives of the collaboration. A proposal and timelines were concluded to operationalise the research.

## **4. Network Activities**

### **4.1 Second Annual General and Scientific Meeting, Addis Ababa, Ethiopia**

The INDEPTH Network held its Second Annual General and Scientific Meeting (AGM) on 21-25 January 2002 in Addis Ababa, Ethiopia. The AGM was hosted by the Butajira Rural Health Programme. At least one representative attended from INDEPTH sites. The Network and WHO also sponsored the participation of Young Scientists from 7 INDEPTH sites. There were other participants from international institutions and donor agencies. The main events included: The launch of the INDEPTH monograph volume 1; Adoption of the INDEPTH Strategic Plan; Election of the first Board of Trustees; Separate sessions of the INDEPTH Working Groups; and presentation of 13 scientific papers from INDEPTH sites. INDEPTH acknowledges the financial support from the Rockefeller Foundation, Wellcome Trust, and SIDA/SAREC towards the meeting.



*Participants at the Addis Ababa AGM, January 2002*

### **4.2 Workshops and Meetings**

During the reporting period, the following meetings and workshops were held.

#### **4.2.1 London INDEPTH-donor meeting in March 2002**

Hosted by The Wellcome Trust, the INDEPTH Network held its first meeting with potential donors in The Wellcome Trust Building in Euston, London, UK on March 4-5, 2002. Participants actively discussed many Network issues including the following: managing donors; research to policy; the cost of getting high quality DSS data; accountability to both donors and sites; and ownership of data.





*Participants at the London INDEPTH-donor meeting in March 2002*

#### **4.2.2 Cause-Specific Mortality, Bagamoyo, Tanzania**

INDEPTH – MTIMBA NETWORK held a Cause-Specific Mortality Workshop in Bagamoyo, Tanzania on 27-31 May, 2002. The workshop finalised the template for the monograph on cause-specific mortality at INDEPTH sites. The overall outline of the template was discussed. The major aim of this template is to have an outline that will facilitate the compilation of a monograph on cause of death with some descriptions on the methods and the context in which the data were collected as well as experiences from different sites on the use of the VA tool and on assigning causes of death.



*Participants at the Bagamoyo Workshop*

#### **4.2.3 Cause-Specific Mortality – Akosombo, Ghana**

The editorial team of the forthcoming INDEPTH monograph “**Causes of Death at INDEPTH Sites**” met on 16-20 December 2002 in Akosombo, Ghana to continue their work on the monograph. Vital statistics routinely collected at INDEPTH sites include mortality in all ages. The causes of death determined by verbal postmortem as well as hospital recording have been collated from 15 INDEPTH sites. The editors are pooling the data on causes of death from the sites.

#### **4.2.4 Research to Policy and Practice, Dar es Salaam, Tanzania**

Hosted by TEHIP and the Rufiji DSS, the INDEPTH Burden of Disease Profiles – DSS data influencing Policy and Practice workshop was held at the White Sands Hotel in Dar es Salaam, Tanzania on 14-16 October 2002. Participants came from 10 INDEPTH Sites! The objective of this successful workshop was to assist interested sites to produce Burden of Disease Profiles for their host District and their local Ministry of Health.



*Participants at the Dar es Salaam Workshop*

#### **4.2.5 Building Model Life Tables, Elmina, Ghana**

This workshop was held on 21-25 October 2002 in Elmina, Ghana. It was organised by the INDEPTH Analysis Working Group to build capacity in the INDEPTH sites in the area of model life tables. Given the fact that most currently available model life tables are based on little or no data from Africa and Asia, it is expected that a major contribution of the INDEPTH sites is to provide the empirical basis for producing a new set of model mortality schedules for the developing world.





*Participants at the Elmina Workshop*

#### **4.2.6 INDEPTH Information Session, Arusha, Tanzania**

The Network held an information session on 14 November 2002 in Arusha, Tanzania, taking advantage of the sixth Global Forum meeting. This was a valuable opportunity to introduce INDEPTH to the world. Posters of INDEPTH member sites and other information material were displayed. The Board Chair and the Executive Director made presentations on INDEPTH.



*S. Tollman: The Mission of INDEPTH*

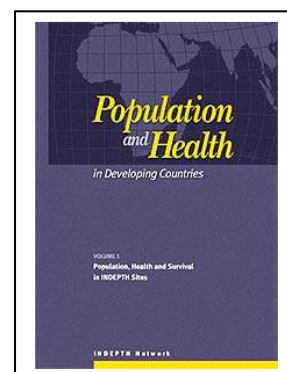


*F. Binka: The INDEPTH programme*

### 4.3 INDEPTH Monograph Series

The Network successfully completed and published its first publication: “Population and Health in Developing Countries. Volume 1: Population, Health and Survival at INDEPTH Sites.”

This first volume of *Population and Health in Developing Countries* presents new and critical data recorded at the INDEPTH research sites. The impact of the HIV/AIDS pandemic in sub-Saharan Africa is leading to demographic changes in mortality patterns hitherto unseen and undocumented. This publication addresses this fundamental gap and, in doing so, describes patterns of mortality that current models are unable to provide. Starting with a description of the basic methods used, this volume summarizes mortality data, compares mortality patterns at INDEPTH sites, and reports on mortality patterns for Africa. Each INDEPTH site has contributed a chapter in which it describes itself and the data it is contributing. Future volumes in the series will present life tables for Africa and Asia as well as data on fertility trends, migration patterns, reproductive health, causes of mortality, and health equity.



A French edition of this work will be published in early 2003.

#### **Monographs in progress and expected to be published in 2003**

##### **A. INDEPTH Model Life Tables**

This publication presents model life tables for Africa using accurate empirical data from nineteen demographic surveillance system (DSS) sites of the INDEPTH network. A Brass logit system is used to produce mortality models that are unique, in that they incorporate for the first time empirical and accurate data representing prevailing mortality patterns in developing countries, while taking into account the effect of the HIV/AIDS epidemic.

##### **B. Causes of Death at INDEPTH Sites**

This monograph will pool together data submitted by 15 INDEPTH sites on causes of death. The chapters are compared and analysed by comparative analysis including:

- Descriptive statistical analysis, using age versus proportion of deaths; ranking of top ten killer diseases of public health importance by age group followed by a selection of a few of the top killer diseases and comparison across sites; and
- Calculation of Years of Life Lost (YLLs) and production of Burden of Disease (BOD) Profiles using the INDEPTH BOD tool.

The monograph will have as an appendix the standardised INDEPTH verbal autopsy (VA) questionnaire which harmonises data collection methods in the sites. It is envisaged that this monograph will provide reliable cause-specific mortality data for INDEPTH sites and will contribute to monitoring health interventions including their replications for further research.

##### **C. Health Equity at INDEPTH Sites**

This volume is an outgrowth of the collective work of thirteen INDEPTH member sites in Africa and Asia which conducted studies to examine how gender, education, occupation, social connectivity and other socio-economic status proxies (e.g. housing and water source) relate to mortality in various population subgroups.

## **5. Secretariat**

### **5.1 Staff**

Fred Binka	-	Executive Director
Osman Sankoh	-	Manager, Communications and External Relations
Kwabena Owusu-Boateng	-	IT Manager
Felicia Manu	-	Administrative Secretary
Sixtus Apaliyah	-	Accountant
Titus Tei	-	Administrative Officer

### **5.2 ICT Initiatives to Strengthen the INDEPTH Network**

A high priority is placed by the INDEPTH network on information and communication links among its members. Information and Communication Technology plays, and will continue to play an important role in strengthening the activities of the Network. Some of the present problems are unreliable internet access, limited bandwidth, lack of support, complexity, high cost of communication and the cost of systems (hardware and software).

## **6. Board of Trustees and Scientific Advisory Committee**

### **6.1 INDEPTH Board of Trustees**

The following is the composition of the INDEPTH Board of Trustees.

**1. Prof. Steve Tollman (Chair)**

Health and Population Division, Agincourt Health and Population Unit  
School of Public Health, Faculty of Health Sciences  
University of the Witwatersrand, Johannesburg, South Africa

**2. Dr. Nguyen Thi Kim Chuc**

Filabavi Field Site, Institute of Health Strategy and Policy  
Hanoi, Vietnam

**3. Dr. Alex Ezeh**

African Population and Health Research Centre  
Nairobi, Kenya

**4. Dr. Bocar Kouyate**

Centre de Recherche en Sante de Nouna  
Nouna, Burkina Fasso

**5. Dr. Regina Rabinovich**

Malaria Vaccine Initiative  
6290 Montrose Road, Suite 1000A  
Rockville, MD 20852, USA

**5. Dr. Donald de Savigny**

Tanzania Essential Health Interventions Project  
Ministry of Health  
Dar es Salaam, Tanzania

**6. Dr. Peter Kim Streatfield**

Matlab, ICCDR,B, Dhaka, Bangladesh

**7. Dr. Ricardo Thompson**

Centre de Investigacao em Saude de Manhica  
c/o Instituto Nacional de Saude, Ministerio da Saude  
Maputo, Mozambique

## **6.2 The INDEPTH Scientific Advisory Committee**

This important body - The Scientific Advisory Committee (SAC) – was established by a resolution of the General Assembly of INDEPTH member sites during the 2002 AGM in Addis Ababa. By this means, INDEPTH and its Board of Trustees are seeking guidance, scientific review and leadership from a group of leading international scientists, capable and willing to assist the Network through advice to the Secretariat and Board of Trustees, as well as key working groups and Network research initiatives. Their role will lie in enhancing INDEPTH's work on critical health, population and social issues and areas of greatest potential impact. The SAC will facilitate linkages between INDEPTH and related agencies, research bodies and networks. It will further assist our understanding of the international scientific environment, and will help the Network maintain the highest scientific standard for INDEPTH studies.

The Board of Trustees carefully considered all nominations to the SAC at its meeting in Accra in August, 2002. The Board was able to make its selection on the basis of expertise, experience and professionalism in areas of specialisation, as well as commitment to the ideals of INDEPTH. It also sought to develop an effective 'mix' of SAC members. Those selected have now been contacted by the Secretariat and the majority have accepted membership of the SAC. The few unable to do so noted their keen interest in INDEPTH and willingness to contribute in other capacities. The following is the list of members:

**1. Anne Mills**

Health Economics, London School of Hygiene and Tropical Medicine.

**2. Basia Zaba**

Demography, Centre for Population Studies, LSHTM, London

**3. Bruce MacLeod**

Information Technology, University of Southern Maine, USA

**4. Cheikh Mbacke**

Demography, Rockefeller Foundation, Nairobi, Kenya

**5. James Phillips**

Demography, Population Council New York, USA

**6. Jane Menken**

Demography, University of Colorado at Boulder, USA

**7. Joanna Schellenberg**

Statistician/Epidemiology, London School of Hygiene and Tropical Medicine

**8. Pham Huy Dung**

Health Policy, Institute of Reproductive Health, Hanoi, Vietnam

**9. Rainer Sauerborn**

Public Health, University of Heidelberg, Germany

**10. Soulaymane Mboup**

Infectious Diseases, Laboratoire de Biologie Cellulaire, Senegal

**11. Stig Wall**

Epidemiology, Umea Int. Sch. of Public Health, Sweden

**12. Thomas Smith**

Biostatistics/Epidemiology, Swiss Tropical Institute, Switzerland

## **7. Representation in international conferences/meetings**

### **7.1 INDEPTH at the OECD Conference on Biotechnology for Infectious Diseases in Lisbon, Portugal**

Dr. Hassan Mshinda of the Ifakara DSS in Tanzania represented the INDEPTH Network at the OECD Conference on Biotechnology for Infectious Diseases which was held on 7-9 October 2002 in Lisbon, Portugal. The objectives of this meeting were:

- To review the risks of infectious diseases including the economic impacts to identify the most important global challenges.
- To identify relevant trends in science and technology, the contribution which may be expected from biotechnology, bioinformatics and their application and to establish if there is a specific research agenda and what policies are needed to upgrade preparedness.
- To review case studies and options for best practice to improve access and use.
- To consider policy and strategy options to encourage relevant research and development.

A draft report is available in the Annex

### **7.2 INDEPTH at an Authors' Meeting in Durban, South Africa**

The INDEPTH Network was invited by the editors at the World Bank to contribute a chapter to the book *Disease and Mortality in Sub-Saharan Africa (2nd Edition)*. Osman Sankoh represented the Network and presented the full draft chapter entitled: *Levels and Patterns of Mortality at INDEPTH Demographic Surveillance System Sites in Africa*. The meeting was held at The Campbell Collections of the University of Natal in Durban, South Africa on 4-6 December 2002.

### **7.3 INDEPTH at the Biotech meeting in Washington**

The Executive Director, Professor Fred Binka, represented the INDEPTH Network at The Partnering for Global Health Forum 2002 conference on 3-5 December 2002 in Washington DC. The conference was sponsored by BIO and the Bill & Melinda Gates Foundation. This was on special invitation from the conference organisers for INDEPTH to present its potentials for serving as a clinical interventions platform. According to the conference organisers, the forum represented an exchange of "information and ideas – a first step in bringing together various communities to examine the benefits of biotechnology for developing countries, the current obstacles to such development, and opportunities to harness existing and potential resources to support these scientific advances."

## **8. Visits to DSS Sites / the Secretariat in Accra, Ghana**

### **8.1 Visits to DSS Sites**

#### **8.1.1 Kwabena Owusu-Boateng in Mtubatuba, South Africa**

The INDEPTH IT Manager, Kwabena Owusu-Boateng was at the Africa Centre in South Africa. The workshop on the use of handheld devices in field research was organised at the Africa Centre from October 7 – October 8 2002. It was attended by 28 persons including four resource persons. Participants were exposed to some experiences from India, Ghana, and Peru where handheld devices have been used for data collection in field research. They went through an identification and evaluation process of handheld options. It was clear that handhelds could be applied to data collection in field research.

#### **8.1.2 INDEPTH visits Rufiji DSS, Tanzania**

Osman Sankoh seized the opportunity of his participation at the INDEPTH workshop in Dar es Salaam to visit Rufiji DSS at its headquarters in Ikwiriri, South-eastern Tanzania. He was received by Mr. Mklindi (Field Manager), Mrs. Devota Momburi (Administrator) and other staff. Mr. Mklindi and Mrs. Momburi made a presentation on the Rufiji DSS, starting with its history. The current objectives of the DSS and the priority research areas were mentioned. Osman Sankoh was particularly interested in the use of village chiefs as key informants and the DSS method of disseminating information back to the communities. Informal discussions were held on a plethora of issues including capacity building and strengthening at the site.

#### **8.1.3 Fred Binka visits Hai DSS, Tanzania – 15 November 2002**

Fred Binka visited the Hai DSS, an INDEPTH member site in Tanzania on 15 November 2002. During his visit, he met with representatives of the Tanzanian Ministry of Health and Local Council who operate the system. He was shown a presentation on the technical operations and outputs of the Hai DSS.

The following are pictures taken during the visit.







## 8.2 Visits to the Secretariat in Accra, Ghana

The following people visited the INDEPTH Secretariat in 2002.

- **Donor Community**
  - Dr. Cheikh Mbacke, Rockefeller Foundation, Nairobi
- **INDEPTH Board of Trustees**
  - Steve Tollman
  - Don de Savigny
  - Alex Ezeh
  - Kim Streatfield
  - Bocar Kouyate
  - Ricardo Thompson
  - NTK Chuc
- **INDEPTH Site Leaders / Site representatives**
  - Eleuther Mwangeni, Rufiji DSS, Tanzania
  - Mwifashi Mrisho, Ifakara DSS, Tanzania
  - Pierre Ngom, Nairobi DSS, Kenya
  - Gloria Chepngeno, Nairobi DSS, Kenya
  - Coleman Kishamawe, Magu DSS, Tanzania
  - Pierre Gomez, Farafenni DSS, The Gambia
  - Adama Mara, Niakhar DSS, Senegal
  - Gregory Kabadi, AMMP DSS, Tanzania
  - Adjima Gbangou, Nouna DSS, Burkina Faso
  - Alemayehu Worku, Butajira DSS, Ethiopia
  - Ariel Nhacolo, Manhica DSS, Mozambique
  - Chiweni Chimbwete, ACDS, South Africa
  - Mark Collinson, Agincourt DSS, South Africa
  - Enid Schatz, Agincourt DSS, South Africa
  - Ayaga A. Bawah, Navrongo DSS, Ghana
  - George P. Wak, Navrongo DSS, Ghana
- **Other Institutions**
  - Godfrey Munna, TEHIP, Tanzania
  - Frederick Macha, Ministry of Health, Tanzania
  - Howard Engers, Armauer Hansen Research Institute, Addis Ababa, Ethiopia
  - Alan Hill, Haward School of Public Health, USA
  - Elizabeth Oliveras, Haward School of Public Health, USA
  - Thomas Junghass, University of Heidelberg, Germany
  - Gerd Pluschke, Swiss Tropical Institute, Basel, Switzerland
  - Simana Rondini, Swiss Tropical Institute, Basel, Switzerland
  - Peter Smith, London School of Hygiene and Tropical Medicine
  - Brian Greenwood, London School of Hygiene and Tropical Medicine

## 9. Funding and Auditors Report 2002

### 9.1 Funding

The Network pursues a broad funding base by submitting a proposal for core institutional funding to various funding agencies. This information is provided to each funding agency to ensure that there is no double funding. In 2002, INDEPTH received funding from the Rockefeller Foundation, the World Bank, and SIDA/SAREC.

### 9.2 Auditors Report 2002

The accounts of the INDEPTH Network were audited by the accounting firm KPMG, Chartered Accountants in Accra, Ghana.

In their opinion, “the financial statements give for the purposes of our review a true and fair view of the financial position of the Company at 31<sup>st</sup> December 2002 and of the results of its operations and cash flows for the period the ended.”

#### Receipts and Expenditure Account for the year ended 31<sup>st</sup> December 2002

<b>Receipts</b>		<b>US\$</b>
Grants		1,532,041
Other Income		47,347
		-----
		1,579,388
<b>Expenditure</b>		
Publication	-	
Meeting Expenses	197,521	
Workshop	200,458	
Development and maintenance of vehicle	22,836	
General Expenses		
Staff cost	181,861	
Bank charges	11,594	
Audit fees	5,000	
Utilities	3,065	
Rent	36,407	
Office Equipment and Supplies	51,422	
Office communication	18,556	
Incorporation expenses	16,713	
Exchange gain/loss	49,611	
Donation and protocol	2,574	
Insurance	1,573	
Site expenses	73,409	
		-----
		872,600
		-----

<b>Excess of receipts over expenditure</b>	
Transferred to Accumulated Fund	706,788
	-----

**Accumulated Fund for the eighteen-month period ended 31<sup>st</sup> December 2001**

	US\$
Balance at 1 <sup>st</sup> January	100,132
Surplus for the period	706,788
	-----
Balance as at 31 <sup>st</sup> December	806,920
	=====

## 10. INDEPTH Membership in 2002

	SITE		LEADER	Email
1	ACDIS,	South Africa	Abraham Herbst	<a href="mailto:herbst.kobus@mrc.ac.za">herbst.kobus@mrc.ac.za</a>
2	Agincourt,	South Africa	Steve Tollman	<a href="mailto:tollmansm@sph.wits.ac.za">tollmansm@sph.wits.ac.za</a>
3	Bandafassi,	Senegal	Pascal Arduin	<a href="mailto:arduin@ined.fr">arduin@ined.fr</a>
4	Bandim,	Guinea Bissau	Peter Aaby	<a href="mailto:psb@sol.gtelecom.gw">psb@sol.gtelecom.gw</a>
5	Butajira,	Ethiopia	Damen Haile Mariam	<a href="mailto:hcfp.aau@telecom.net.et">hcfp.aau@telecom.net.et</a>
6	Dar es Salaam,	Tanzania	Philip Setel	<a href="mailto:setel.ammp@twiga.com">setel.ammp@twiga.com</a>
7	Dikgale,	South Africa	Marianne Alberts	<a href="mailto:ma15@pixie.co.za">ma15@pixie.co.za</a>
8	Farafenni,	The Gambia	Gijs Walraven	<a href="mailto:gwalraven@mrc.gm">gwalraven@mrc.gm</a>
9	HSID,	Bangladesh	Carel Van Mels	<a href="mailto:vmels@icddr.org">vmels@icddr.org</a>
10	Filabavi,	Vietnam	Nguyen Chuc	<a href="mailto:ntkchuc@yahoo.com">ntkchuc@yahoo.com</a>
11	Hai,	Tanzania	Philip Setel	<a href="mailto:setel.ammp@twiga.com">setel.ammp@twiga.com</a>
12	Ifakara,	Tanzania	Hassan Mshinda	<a href="mailto:mshinda_hassan@yahoo.co.uk">mshinda_hassan@yahoo.co.uk</a>
13	Kanchanaburi,	Thailand	Varachai Thongthai	<a href="mailto:prvtt@mahidol.ac.th">prvtt@mahidol.ac.th</a>
14	Kolendieba,	Mali	Mohamadou Gueye	<a href="mailto:mgueye@cerpod.insah.ml">mgueye@cerpod.insah.ml</a>
15	Kisumu,	Kenya	Larry Slutsker	<a href="mailto:lslutsker@kisian.mimcom.net">lslutsker@kisian.mimcom.net</a>
16	Magu,	Tanzania	Mark Urassa	<a href="mailto:tanesa2@africaonline.com.gh">tanesa2@africaonline.com.gh</a>
17	Manhica,	Mozambique	Pedro Alonso	<a href="mailto:alonso@medicina.ub.es">alonso@medicina.ub.es</a>
18	Matlab,	Bangladesh	Kim Streatfield	<a href="mailto:kims@icddr.org">kims@icddr.org</a>
19	Mlomp,	Senegal	Pascal Arduin	<a href="mailto:arduin@ined.fr">arduin@ined.fr</a>
20	Morogoro,	Tanzania	Philip Setel	<a href="mailto:setel.ammp@twiga.com">setel.ammp@twiga.com</a>
21	Nairobi,	Kenya	Alex Ezeh	<a href="mailto:aezeh@aphrc.org">aezeh@aphrc.org</a>
22	Navrongo,	Ghana	Abraham Hodgson	<a href="mailto:ahodgson@navrongo.mimcom.net">ahodgson@navrongo.mimcom.net</a>
23	Niakhar,	Senegal	Adama Marra	<a href="mailto:adama.marra@ird.sn">adama.marra@ird.sn</a>
24	Nouna,	Burkina Faso	Bocar Kouyate	<a href="mailto:bocar.kouyate@fasonet.bf">bocar.kouyate@fasonet.bf</a>
25	Oubritenga,	Burkina Faso	Xavier Pitroipa	<a href="mailto:pitroipa.cnrfp@fasonet.bf">pitroipa.cnrfp@fasonet.bf</a>
26	Purworejo,	Indonesia	Siswanto Wilopo	<a href="mailto:sawilopo@idola.net.id">sawilopo@idola.net.id</a>
27	Rakai,	Uganda	Nelson Sewankambo	<a href="mailto:sewankam@infocom.or.ug">sewankam@infocom.or.ug</a>
28	Rufiji,	Tanzania	Eleuther Mwageni	<a href="mailto:emwageni@yahoo.co.uk">emwageni@yahoo.co.uk</a>
29	Watch,	Bangladesh	Abdullahel Hadi	<a href="mailto:shirsha@bangla.net">shirsha@bangla.net</a>