

Final announcement and call for abstracts 7th INDEPTH Annual General and Scientific Meeting

September 3 - 7, 2007; Safari Park Hotel, Nairobi, Kenya

Conference Theme:

The Role of DSS in Monitoring Progress on the Millennium Development Goals (MDGs)

Organised on behalf of the INDEPTH Network by:
The **Nairobi, Kilifi** and **Kisumu** Demographic Surveillance System (DSS) Sites in
Kenya

On behalf of the INDEPTH Board of Trustees and the entire INDEPTH Network, the African Population and Health Research Center (Nairobi DSS), CDC/KEMRI (Kisumu DSS), and KEMRI-Wellcome Trust-Kilifi (Kilifi DSS) wish to invite you to participate in the Network's 7th Annual General and Scientific Meeting (AGM) in Nairobi, Kenya, from September 3 - 7, 2007.

The scientific part of the meeting will consist of a number of plenary and parallel sessions, poster presentations and workshops in support of the general theme of the meeting which is "**The Role of DSS in Monitoring Progress on the Millennium Development Goals**"

Call for Abstracts

Abstracts must support the general theme of the meeting and specifically the sub-themes for the sessions.

The deadline for the submission of abstracts is June 15th, 2007.

Decision on abstracts will be made by June 30th, 2007.

Revised abstracts should be resubmitted by July 15th, 2007.

Authors of accepted abstracts will be required to submit full paper by August 15th 2007.

Conference Sub-themes for the sessions

The conference sub-themes for the sessions include the following:

Using DSS to monitor poverty dynamics.

Using DSS to monitor progress in education.

Using DSS to monitor progress towards reduction in child mortality.

Using DSS to monitor progress toward improvement in maternal health.

DSS and HIV/AIDS epidemic.

Using DSS to monitor malaria control programs.

Using DSS to monitor disease control programs.

Using DSS to monitor impact of environmental change on humans.

Technical innovations from DSS sites.

Abstract Submission Guidelines

Your abstract should be approximately no more than 500 words.

Your abstract should be in English.

Your abstract should be in Word or Text format

Abstracts should be submitted to: indepth.agm2007@aphrc.org and copied to indepth.agm2007@indepth-network.org.

Sponsorship

Limited number of delegates from INDEPTH member sites will be fully funded by the INDEPTH Network.

Self-sponsorship

All associate members, non-INDEPTH affiliated persons/institutions and additional delegates from DSS sites may attend the AGM at their own cost. Please contact the INDEPTH Secretariat (indepth@indepth-network.org) for further information on cost of participation.

General Information

The AGM will be held at:

Safari Park Hotel Thika Road Nairobi, Kenya Telephone: +254 20 3633000, +254 20 8562222
Fax: +254 20 3633919, +254 20 8561584 Email: General Manager: gm@safariparkhotel.co.ke
Web: <http://www.safaripark-hotel.com>

Information on Hosting Sites

1. Nairobi DSS

<http://www.aphrc.org>

Site Leader: Alex Ezeh

Background:

The Nairobi DSS is run by the African Population and Health Research Center (APHRC). APHRC is an international non-profit, non-governmental organization committed to conducting high quality and policy-relevant research on population and health issues facing sub-Saharan Africa. The Center's mission is to promote the well-being of Africans through policy-relevant research on population and health. To achieve its mission, APHRC brings together African scholars to take the lead in developing priority research programs and enhancing use of research findings for policy formulation and program improvement in sub-Saharan Africa. The Center maximizes its impact through the following strategic objectives: contributing to better understanding of population and health issues in sub-Saharan Africa through scientific publications in peer-reviewed journals and implementation of innovative programs; fostering continuous engagement and dialogue with policy makers and communicating research findings to policy audiences in a comprehensible and timely fashion; strengthening professional and institutional research capacity; and building strategic partnerships with other institutions within and outside Africa and facilitating greater networking among researchers and research institutions in Africa.

The Nairobi Urban Health and Demographic Surveillance System (NUHDSS) was set up in 2000 in Nairobi's slums to provide a platform for investigating changing linkages between urbanization, poverty and health, and as a tool for monitoring and evaluation of the impact of the Nairobi Urban Health and Poverty Partnership (NUHPP)'s interventions on health outcomes. The NUHDSS covers about 60,000 people living in 22,000 households in two slum settlements in Nairobi City. The surveillance involves visits to all the households once every four months to continuously update information on pregnancies and pregnancy outcomes, migration, episodes of morbidity, health seeking behavior, mortality and causes of death, livelihood sources, vaccination coverage, marital

status, and school attendance.

Objectives:

- Contribute to science through high impact research projects and publications
- Inform Policy Decisions with research evidence
- Strengthen Research Capacity in sub-Saharan Africa

Priority Research Areas

- Use of DSS for monitoring and evaluating the of impact of health and livelihood interventions in the urban setting
- Understanding sub-Saharan Africa's current and future population dynamics and their implications for human wellbeing
- Maximizing the Economic and Social Returns to Education
- Meeting sub-Saharan Africa's Health Challenges through Responsive Policies and Systems

2. Kilifi DSS

Site Leader: Tom Williams

Background:

Kilifi District is situated to the north of Mombasa on the Kenyan coast. It covers an area of approximately 2,500km² and a population of 650,000. A flat coastal strip extends approximately 10km inland to low hills rising to an altitude of 250m. There are two urban centres, Mtwapa in the south almost joined to the northern edge of Mombasa has a population of 70,000. Kilifi town is the district administrative center and has a population of 30,000. Most of the district is rural with the main livelihood activity being subsistence farming. The main crops are maize and tree crops such as coconuts and cashew. Soil fertility is low and variable rainfall means that in some years crops fail. Kilifi District is the second poorest district in Kenya and has high levels of malnutrition. Average day time temperatures vary between 28°C and 34°C and average annual rainfall is 118cm, though there is considerable year to year variation. There are two rainy seasons, the long rains from April to July and the short rains in November and December. The Mijikenda form the predominant ethnic group, though in the urban centers and coastal strip there is a substantial Swahili population and also a number of people from different ethnic groups of Kenya. Malaria transmission is year round but with two main seasons following the rains. Transmission varies in different parts of the district, generally being lower to the north end of the district typically around 10 infected bites per year, and rising to up to 100 infected bites per year in the southern part of the district.

Within Kilifi District, the KEMRI-Wellcome Trust center maintains continuous demographic surveillance in a population of approximately 240,000 living in an area of approximately 900km² and forming 80% of the drainage population for Kilifi District Hospital.

The center is situated in and adjacent to Kilifi District Hospital. Although the center is the site of the KEMRI Wellcome program, there is also a significant part of the program based in Nairobi: the Malaria Public Health & Epidemiology Group and the Child and Newborn Health Group.

Objectives:

The research program at the KEMRI CGMRC has the following overall principles:

- To conduct research to the highest international scientific and ethical standards on health problems which are major causes of morbidity and mortality in Africa.
- To conduct the research through a program that integrates and promotes cross-fertilization between different scientific disciplines.
- To ensure that intervention research runs parallel with more basic research.
- To conduct research that feeds directly into local and international health policy.

To build strong and sustainable research capacity, initially nationally and more latterly on a regional basis.

The program has a broad scope, from basic laboratory-based research, through clinical and community-based studies, to health systems and health policy research. There is a strong emphasis on communication and translation of research findings into practice and this is reflected in the influence of much of the programs work on national and international guidelines and policies relating to child health and particularly to malaria. Our scientific program over the next five years is presented in three major themes and each theme comprises the works of several clusters of groups with specific research interests:

(1) Clinical, Developmental and Therapeutic studies

- (a) Clinical Sciences (CS) Cluster
- (b) Psychology & Developmental Medicine (PDM) Cluster
- (c) Therapeutics & Molecular Parasitology (TMP) Cluster

(2) Epidemiology and Immunology.

- (d) Non-Malaria Epidemiology Cluster
- (e) Immuno-Epidemiology of Malaria Cluster
- (f) Entomology Cluster

(3) Social, Behavioral and Public Health.

- (g) Social and Behavioral Research (SBR) cluster
- (h) Public Health (NPH) cluster

Priority Research Areas:

Over the period 2005-2010, the following have been identified as strategic areas for development:

- Research capacity building within the program
- Laboratory-based research (immunology, genetic epidemiology and molecular pathogenesis)
- Social science and qualitative research
- Clinical trials
- Translation of research to policy and practice
- Proactive approach to ethics and communication

2. Kisumu DSS Site Leader:

Background:

The Kisumu DSS was launched in September 2001 by the US Centers for Disease Control and Prevention (CDC) in collaboration with the Kenya Medical Research Institute (KEMRI). The study site is located in the Bondo and Siaya Districts, lying northeast of Lake Victoria in the Nyanza Province of Western Kenya. The Demographic Surveillance Area (DSA) was selected in 1996 for a randomized insecticide-treated bed nets trial. The DSA covers 217 villages, spread over a land area of about 500km². By the end of 2002, there were 134,990 people living in the study area. The population is culturally homogeneous; over 95% are members of the Luo tribe with subsistence farming being the mainstay of the local economy. This DSS has been developed with the objective of providing accurate, complete, and timely demographic, health, and socioeconomic data on the population of the area where the research of the CDC and KEMRI is being conducted. It is intended to provide 2 basic kinds of information:

- 1 General demographic and health information
- 2 Disease or intervention specific information.

Objectives

The main objectives of the Kisumu DSS are to provide among other things, the core research framework for factorial trials, and essential and timely information for the evaluation of vaccines and other new public health interventions.

Priority Research Areas

- Malaria: impact of malaria control tools, particularly insecticide treated nets, on mortality
- HIV/AIDS: demographics, risk factors, evaluation of intervention/prevention strategies, HIV/TB interactions, orphanhood
- Diarrheal diseases: burden and etiology, antimicrobial resistance, evaluation of safe water interventions
- Schistosomiasis/geohelminths: burden, geographic distribution, potential evaluation of control strategies