



INDEPTH Network

ANNUAL REPORT 2006

Annual Report 2006





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Foreword

Fred N. Binka

Executive Director

INDEPTH Network



The year 2006 marked an important milestone in the history of the network. The award to INDEPTH by the Bill and Melinda Gates Foundation, the malaria clinical trials alliance (MCTA) grant early in 2006, heralded an important transition in the business of the network. It meant a widened portfolio and thus more demands on the Secretariat

The network has continued to engage in its quest to document answers to the multitude of diseases afflicting people in the developing world. We published the first in the series of diseases that lead to most deaths in the areas in which we work, with promising work also unfolding in the area of non-communicable diseases, especially in the Asian sites. The network has also made great strides in the areas of adult health, migration and urbanization and how they impact on household dynamics.

An important hallmark of the network is capacity development and/or strengthening of our sites. In this respect, we made great strides in trying to realize this goal. With funds from Sida/SAREC, the Secretariat provided six grants that fostered cross-site capacity building activities among sites. The scientific leadership and development programme continue to generate interests from young scientists from our sites and elsewhere.

One major challenge that has continued to confront the network is the capacity of sites to contribute data for cross-site scientific analysis. While the network has undertaken a number of valuable multi-site investigations, including comprehensive studies of mortality patterns, causes of death, and model life tables for sub-Saharan Africa, much more remains to be done. INDEPTH sites make remarkable investment in infrastructure and manpower to collect a rich set of data. The collective effort to pool these data together meaningfully will better inform on international health issues.

To realize this objective, the Secretariat in 2006 developed the concept of the INDEPTH Data System (IDS). The main aim of the IDS is to improve the generation, capture and retrieval of high quality comparable analytical data sets from the DSS sites. This will help improve access to research data and thus increase scientific productivity and knowledge production.

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

INTRODUCTION

INDEPTH's Mission

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

INDEPTH's Broad Activities

1. Cultivate cross-site activity through the:
 - Execution of comparative studies and exchange of experiences on critical common problems;
 - Creation and sharing of regional health status assessments relevant to global priority setting;
 - Co-ordinated multi-site research collaborations that evaluate interventions in diverse socio-culture and geographic environments;
 - Recruitment and/or creation of additional sites; particularly sites that provide INDEPTH with a 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 ageing, 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 2006, the INDEPTH Secretariat continued with its key strategies of promoting effective running of the network, i.e. facilitating knowledge sharing among sites, helping to disseminate data and research outputs, convening analysis and capacity building/strengthening workshops and coordinating multi-site research collaborations. In addition, it continued to facilitate cross-site scientific visits, promote on-site training courses/internships and intensified efforts to standardize research methods and tools. The Secretariat also continued to support website development, dissemination of models for survey design, data processing and analysis and quality control. We have continued to establish and build collaborations with other institutions, particularly the universities, in order to harness their comparative advantage in training for the benefit of its member sites.

A. Scientific Activities in 2006

1. INDEPTH HIV/AIDS Program of Social and Clinical Interventions Trials

As part of the Health Interventions Trials platform, INDEPTH is developing a program of work to conduct clinical and social research in HIV/AIDS. The program's main focus is in the area of social and intervention/evaluation research on HIV/AIDS and will address the impact of anti-retroviral therapy (ART) rollouts on the population and health systems.

Eleven DSS sites are involved in the project and have been part of the development of the proposal. The sites represent areas of different prevalence levels of the HIV/AIDS epidemic -- sites with a high (15-25%) HIV prevalence (Agincourt, South Africa and Manhica, Mozambique), intermediate level (5-15%) of prevalence (Ifakara, Tanzania; Iganga and Rakai, Uganda; Nairobi and Kisumu, Kenya) and sites with relatively low prevalence rates (3-5%). These are mainly sites from West Africa (Ghana, Burkina Faso and Guinea Bissau).



HIV Proposal Development workshop, Ho, Ghana

Two major analysis workshops were held during the preparation of the proposal. The first was held in Ho, Ghana, from Feb 21-24, 2006, to discuss the concept and areas of focus. A second was held in Belagio, Italy, from August 21-25, to refine the questions and draft the proposal. Sites that participated in the February workshop included Agincourt, South Africa; Manhica, Mozambique; Ifakara, Tanzania; Iganga, Uganda; Rakai, Uganda; Kisumu, Kenya; Nairobi, Kenya; Navrongo, Ghana; Kintampo, Ghana; Nouna, Burkina Faso, Sapone, Burkina Faso and Bandim, Guinea Bissau.

The proposed study has three semi-independent objectives:

1. Effect of ART rollout on individuals taking ART and their families;
2. Effect of ART on the population; and
3. ART rollout and the health system.

The full draft proposal was presented at the 6th Annual General and Scientific Meeting of the Network in Ouagadougou, Burkina Faso, in September 2006. A special HIV/AIDS symposium was held at the AGM where the proposal was discussed. The final draft of the proposal has been submitted to the Secretariat. It will be submitted to different funding agencies in 2007.



Strategic Plan/HIV Meeting in Belagio, August 2006

2. Adult Health and Ageing

Building on the network's work on comparative mortality and cardiovascular risk, the Adult Health and Aging Group secured a supplementary grant from the National Institute on Aging of the National Institutes of Health, through the World Health Organization to conduct a survey on adult health and ageing as part of the Global Survey on Adult Health and Global Aging (SAGE). The study aims to improve on empirical understanding of ageing and older persons within and across countries, assess follow-up strategies and test new survey methods. The Adult Health working group aims to:

- Implement the full SAGE survey in three INDEPTH sites in countries where SAGE is also being implemented (South Africa, Ghana and India)
- Piloting the implementation of a shortened 'summary' version of SAGE, with primary emphasis on physical and cognitive function, in several INDEPTH sites as part of routine health and demographic surveillance operations
- Undertake a series of analyses that will compare findings using these different

approaches, and extend the analytic possibilities given the SAGE survey's national scope and character and INDEPTH sites' longitudinal and geographically defined focus.

- Data collection is in progress at the participating sites. Sites involved include Agincourt, South Africa; Nairobi, Kenya; Navrongo, Ghana; Matlab, Bangladesh; and Vadu, India.

3. Migration and Urbanisation

The INDEPTH Migration and Urbanisation Working Group (MUWG) aims to understand the dynamics of migration, health and socio-economic status using DSS data from INDEPTH sites. Censuses provide de facto, national-level, cross-sectional data, which are invaluable, particularly when calibrated against other sources; national surveys allow deeper enquiry and can offer retrospective longitudinality, but neither of these data sources are able to address the complex, intertwining issues of social transitions prospectively. A key focus of MUWG is the production of an INDEPTH monograph which will analyze and compare migration regimes in ten participating DSS sites in eight countries using longitudinal data.

To support activities in 2006 and 2007 a grant was awarded by the Wits Mellon Migration Node. Three meetings were held in 2006 to advance the work of MUWG. The first meeting was held in May 2006 at the African Population and Health Research Centre, Nairobi. The second MUWG Analytic workshop was held at the University of the Witwatersrand in Johannesburg, from August 28 to



*Migration and Urbanization Working Group Meeting,
Johannesburg, August 2006*

September, 2006. Participating were from eight INDEPTH sites, both from Africa and Asia. The participating sites are Agincourt (South Africa), Manhica (Mozambique), Niakhar (Senegal), Navrongo (Ghana), Nairobi and Kisumu (Kenya) and two from Asia (Kanchanaburi and FilaBavi from Thailand and Vietnam respectively). A third meeting was held at the AGM in Ouagadougou in September 2006. In addition, Mark Collinson, leader of the working group had a short sabbatical at Brown University in Providence, USA, and took advantage to work on the monograph with input from Sally Findley from Columbia University Mailman School of Public Health, New York.

4. Non-communicable disease monitoring in Asia (NCD)

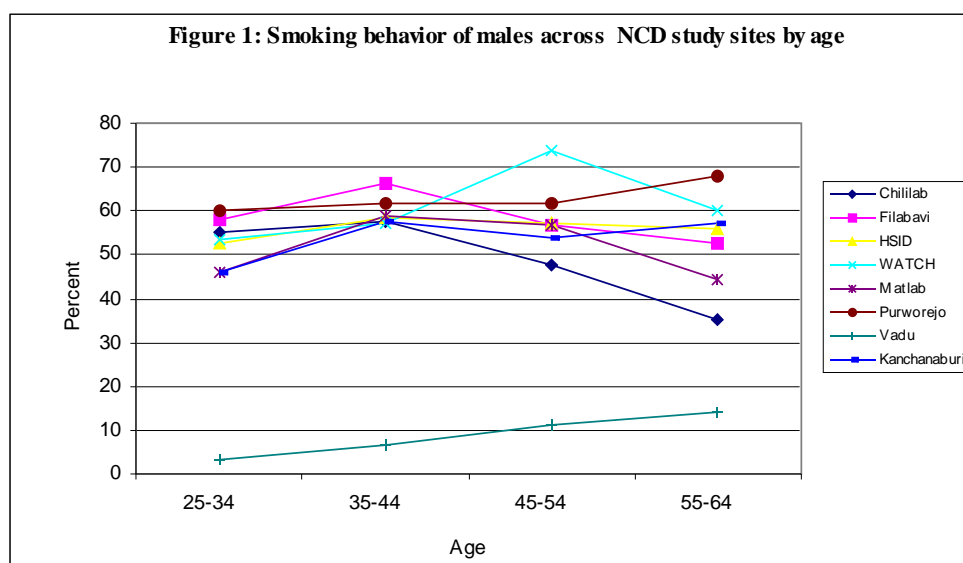
The NCD monitoring project funded by the INDEPTH network, aims at strengthening the capacity of INDEPTH Asian sites to conduct NCD risk factors surveillance. The specific objectives of the study are: (i) to collect information on NCD risk factors using the WHO STEPS approach; (ii) to compare NCD risk factors across INDEPTH Asian sites; and (3) to build



NCD Group Asia

research capacity in NCD risk factors surveillance. The project includes eight INDEPTH Asian sites, namely Matlab (Bangladesh), HSID (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.

The year 2006 was devoted to data analysis and dissemination of the data. During the period August 18-22, 2006, INDEPTH funded a workshop in Hanoi, Vietnam, to strengthen the capacity of investigators on data analysis and research dissemination. The workshop provided an opportunity to synchronize the datasets and allow pooled data analysis and drafting of scientific papers for peer-review. First drafts of the papers are ready and respective authors are working towards finalizing them. Figure 1 below shows current smoking behaviour of males among sites that participated in the study.



5. INDEPTH Chapter in World Bank book: Disease and Mortality in Sub-Saharan Africa (2nd edition)

INDEPTH contributed a chapter, “Levels and Patterns of Mortality at INDEPTH Demographic Surveillance System Sites,” to a World Bank publication, *Disease and Mortality in sub-Saharan Africa* (2nd edition), published in 2006. The chapter gives an overview of the paucity of data in Africa and how that has constrained an understanding of the disease and mortality conditions in the region. It argues that DSS data bridges this gap. The paper identified seven new mortality patterns developed from more than 4.2 million person-years of observation at the African INDEPTH sites. The two new patterns identified are sufficiently different from the existing model life tables (INDEPTH Network 2002) to qualify as new mortality patterns. The patterns exhibit the impact of different health conditions ranging from the effects of HIV/AIDS, maternal health and childhood related factors. Patterns 1 and 4 are mainly derived from sites in West Africa where there is little influence of the impact of HIV/AIDS, while patterns 3 and 5 are more related to the influence of HIV/AIDS. Patterns 6 and 7 are the additional patterns identified, while pattern 2 derives from Asian data.

The book was officially launched by the World Bank in South Africa, on June 18, 2006, at the Cape Town International Convention Centre, South Africa. Dr. Kathy Kahn of Agincourt DSS, South Africa, represented INDEPTH and made a presentation on behalf of the network.

6. Causes of Death at INDEPTH sites

The Cause of Death working group continued with its efforts to analyse the cause of death data. Causes of deaths were standardised in the ICD10 format and mapped onto the corresponding Global Burden of Disease classification (GBD2000) scheme. The following DSS sites are part of the study: Agincourt, Africa Centre (South Africa), Manhica (Mozambique), Butajira (Ethiopia), Ifakara, Rufiji (Tanzania), Kisumu (Kenya), Navrongo (Ghana), Niakhar (Senegal), Nouna (Burkina Faso), Matlab and HSID (Bangladesh).

The group has published part of this work in the WHO Bulletin in 2006 (84:181-188): “Cause-Specific Mortality Rates in Sub-Saharan Africa and Bangladesh.” The paper showed that causes of death in the African sites differ markedly from those in Bangladesh, where there is some evidence of a health transition, and little malaria. The effects of the HIV epidemic dominate mortality patterns in the South African DSS sites, which contrast sharply with those in highly malaria endemic sites elsewhere in sub-Saharan Africa. Results show that the contribution of measles and diarrhoeal diseases to mortality in sub-Saharan Africa are lower than has been previously suggested, while malaria is of relatively greater importance.

The group is now working on a monograph which is expected to be published in 2007.

7. TARGETS: Team for applied research to generate effective tools and strategies for communicable disease control

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

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

Data collection ended in December 2006 and data analysis is now in progress. Results of the study will be presented to policy makers in the first quarter of 2007.

There are further plans to initiate phase IV trials of new anti-malaria drugs using the broad platform of the network to;

- i. determine acceptability and use of new antimalarials
- ii. determine the cost effectiveness of new antimalarials
- iii. document short and long-term adverse reactions to new antimalarials

This will be done in broad partnership with the London School of Hygiene and Tropical Medicine (LSHTM), the Swiss Tropical Institute (STI), Centers for Disease Control, Atlanta (CDC), the World Health Organization Special Program on Tropical Disease Research (WHO/TDR), and the World Health Organization Regional Office for Africa (WHO/AFRO).

8. Realising Rights: improving sexual and reproductive health for poor and vulnerable populations

INDEPTH in partnership with the Institute for Development Studies (University of Sussex, UK), the African Population and Health Research Centre (Kenya), London School of Hygiene and Tropical Medicine (UK), EngenderHealth (USA), and BRAC (Bangladesh), constituted a research consortium to examine issues related to

reproductive health and rights of vulnerable populations. Specific aims of the consortium are to:

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

During the project's inception phase, INDEPTH organized a stakeholder consultative workshop in October 2005 in Accra, Ghana, to ascertain critical areas of interest and focus. Participants were drawn from the Ghana Health Service, Ministry of Health, the National Population Council, UNICEF and NGOs working in the area of reproductive health in Ghana. During the year 2006, an extensive review of major national and international policy documents was made, as well as discussions with national stakeholders resulting in the preparation of a position paper. In November 2006 a workshop was organized in Accra, Ghana, with select sub-committees of Ghana's Parliament to share findings of the paper. The paper is currently being revised for submission.

9. DSS and universities in Ghana, Kenya and South Africa

Taking advantage of existing collaborations between the William and Flora Hewlett Foundation and Population Sciences training programmes at the University of Cape Coast and University of Ghana in Ghana, University of Nairobi in Kenya; and the universities of Cape Town and Witwatersrand in South Africa, the INDEPTH network developed a proposal to foster links between these training institutions with demographic surveillance sites (DSS) in the three countries.

The collaboration seeks to draw on potential synergies between sites as grounds for population and health research and the universities as institutions for training in population science. With funding from the Flora Hewlett Foundation, INDEPTH organized a three-day consultative meeting from 7-8 February 2006 in Accra, Ghana, between the universities involved and the DSS sites in the three countries, to discuss potential areas of collaboration. The key objectives of the meeting were to:

1. Establish links between the universities and DSS 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 DSS research work and offer them the opportunity to work with INDEPTH researchers; and



DSS Sites/Universities Meeting, Accra, Ghana

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.

Both the DSS sites and universities agreed that there were enormous benefits to be derived from the collaboration. A major strategy advocated for realising the objectives of the collaboration was the establishment of a short-term fellowships programme to match analytic and training skills and opportunities among the DSS sites and the university population programmes. A proposal was subsequently developed and submitted to the William and Flora Hewlett Foundation. Funding has been received for the project.

10. The INDEPTH Data System (IDS)

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

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

A technical group was constituted to come up with a concept paper. The group met in August 2006 at the INDEPTH Secretariat in Accra, to put together the concept paper. Full development of the proposal will be done in 2007.

11. Mortality Levels, Patterns and Trends at INDEPTH Sites

The mortality data analysis group has started working on the second edition of the INDEPTH monograph volume 1: Population and Health in Developing Countries- Population, Health and Survival at INDEPTH Sites, published in 2002. Majority of the sites signed up at the Ouagadougou AGM to participate, and data submission is now in progress. An initial editorial group comprising Eliya Zulu (Nairobi DSS), Sureeporn Punpuing (Kanchanaburi DSS), Momodou Jasseh (Farafeni DSS), Sam Clark (Agincourt DSS) and Ayaga Bawah and Osman Sankoh (INDEPTH Secretariat) has been constituted. This edition aims to update the first edition with more current data extending over a much longer period. This will allow for more comprehensive analysis on mortality trends as well as determining current levels and patterns of mortality at the participating sites.

12. The 6th Annual General and Scientific Meeting, Ouagadougou, Burkina Faso

The 6th INDEPTH Annual General and Scientific Meeting (AGM) was held from 18th to 22nd September in Ouagadougou, Burkina Faso. It was organized on behalf of the INDEPTH Network by Nouna, Sapone, Oubritenga and Ouagadougou Demographic Surveillance Sites, Burkina Faso. The theme of the conference was “INDEPTH Network: Building Scientific Capacity for Health Surveillance and Response in the Developing World.”

The AGM was jointly opened by Honorable Alain Bedouma Yoda, Minister of Health, and Honorable Joseph Paré, Minister of Education and Research of Burkina Faso. Professor Dieudonné Ouédraogo, Head of ISSP, Burkina Faso, gave the keynote address which focused on the role of DSS in health research. After the keynote address, the hosting DSS sites made presentations about their sites. The presentations focused on the



A section of participants at Ouagadougou AGM, September 2006

profile of the site, achievements and challenges in running/ sustaining DSS activities. The AGM was attended by 137 participants, representing 30 INDEPTH sites from 19 countries across Africa, Asia and Oceania and Central America. Other participants came from INDEPTH's development partners, collaborators, other research institutions/organizations and the universities, as well as from the INDEPTH Secretariat. Development partners who attended included Rockefeller Foundation, The Wellcome Trust, Sida/SAREC, Hewlett Foundation, The Bill and Melinda Gates Foundation and the National Institutes of Health (NIH). INDEPTH's officers - the Board and Scientific Advisory Committee - were also in attendance.

The Scientific Program

The scientific agenda of the AGM included 14 plenary sessions with several parallel sessions. Session themes covered topics in the following areas - malaria and other infectious diseases, including HIV/AIDS, reproductive health, childhood and adult mortality, clinical trials, noncommunicable diseases, morbidity and mortality, data collection techniques, estimation and methodological issues as well as a mixed bag of other health related topics.

There was also a special symposium on HIV/AIDS. Several presentations were made, both from the INDEPTH sites and from the EAGLES group. Presentations focused on the magnitude of HIV/AIDS problem, the effectiveness of prevention and treatment of AIDS in developing countries, opportunities for undertaking HIV/AIDS research in DSS sites (especially clinical trials), and the challenges.

For the first time, through funding from the Hewlett Foundation, representatives of universities from Ghana, Kenya and South Africa attended the AGM. They met with their

counterparts from DSS sites in the three countries to further discuss collaborative research and training potentials started early in the year.

Fifteen (15) young scientists were sponsored to attend the AGM. The objective of bringing young scientists to the AGM is to interface them with seasoned and experienced researchers so that they can learn firsthand how to make scientific presentations and to afford them opportunity to network with senior scientists.

Executive Director's Annual Report

The AGM represents an occasion when the Executive Director (ED) presents the Annual Report of the network. The Executive Director noted that the past year 2005 was full of activities with lots of opportunities and challenges. In the scientific front, the ED noted a lot of achievements over the past one year. He reported that great strides have been made in the cause of death work initiated a couple of years ago. The network published a paper in the Bulletin of the World Health Organization, "Cause-Specific Mortality Rates in sub-Saharan Africa and Bangladesh." Work is also far advanced in the preparation of the monograph -- site chapters are ready and an agreement has already been reached with the publisher. In the area of health equity, the ED reported that sites that were funded to either deploy the INDEPTH tool or interventions have concluded their projects. Other scientific activities reported on include NCD risk factor surveillance being undertaken by the Asia-Oceania sites, the health interventions trials platform, adult health and ageing and migration and urbanization.

In the area of capacity building, the ED noted that the network continued with its capacity building efforts in 2005. He reported that the first batch of students in the Scientific Development and Leadership program in Population-based Field Epidemiology have completed their course and have since returned to their respective countries. Still in the area of capacity building, INDEPTH provided funding to a number of sites to undertake cross-site capacity research initiatives under grants from Sida/SAREC while the Secretariat provided ICT support to many of the sites.

INDEPTH has also continued to foster and pursue collaborative links with other institutions. The network is continuing with its collaborative work with the University of Sussex and other partners in the area of reproductive health and rights among vulnerable populations; the London School of Hygiene and Tropical Medicine and others on TARGETS; WHO-SAGE on adult health and ageing and with the Health Metrics Network on improving vital registration in developing countries. The network also initiated a new collaboration between sites and universities in Ghana, Kenya and South Africa, to foster training and capacity building in longitudinal research in Africa.

The ED also reported on a new project won by the Secretariat's Malaria Clinical Trials Alliance (MCTA), which, he noted, is a partnership with the Malaria Vaccines Initiative

(MVI) and Malaria Medicines Ventures (MMV), to train personnel and improve facilities and infrastructure to ensure the successful execution of clinical trials in 9 countries across Africa (Mozambique, Gabon, Tanzania, Nigeria, Malawi, Ghana, The Gambia, Kenya and Senegal). This initiative is funded by the Bill and Melinda Gates Foundation.

The ED concluded his presentation with a preface of what he sees as the future direction of the network and some of the challenges ahead. He noted that the Secretariat will continue to network sites, foster, promote and support cross-site initiatives to advance the course of science and to promote health in the developing world. He expressed the network's appreciation to its development partners - The Rockefeller Foundation, Sida/SAREC, The World Bank, the Bill and Melinda Foundation and the World Health Organization.

Board Election

Election of board members usually takes place at the AGM. During the 2006 AGM, four new members were elected to the board (Dr. Seth Owusu-Agyei, Kintampo DSS, Ghana; Dr. Sureeporn Punpuing, Kanchanaburi DSS, Thailand; Dr. Abdul Razzaque, Matlab DSS, Bangladesh; and Dr. Cheikh Mbacke, Consultant to the William and Flora Hewlett Foundation, Senegal). Dr. Hassan Mshinda of Ifakara DSS, Tanzania and Dr. Xavier Pitroipa of Oubritenga DSS, Burkina Faso, continued with their second terms on the board, while Prof. Steve Tollman whose term just ended, was co-opted as a new member. Dr. Hassan Mshinda was elected as the new board chairman with Dr. Seth Owusu-Agyei, as the deputy chair. Drs. Alex Ezech, Kim Streatfield and Don de Savigny stepped down at the end of their second term.

Field visits to sites

The INDEPTH sites in Ouagadougou, Saponé and Oubritenga were visited by participants. The objective of the field visits was to afford participants the opportunity to see the field operations of the DSS sites in Burkina Faso. During the visits, participants had the opportunity to interact with site leaders, scientists and field and data management staff.

INDEPTH Prize

This year's INDEPTH prize for extraordinary research in population and health valued at US\$ 3000 was won by scientists from the Kintampo Health Research Centre for a paper titled "Delayed breastfeeding initiation increases risk of neonatal mortality" co-authored by Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. The best poster award was won by Abubakari Sulemana, also from Kintampo Health Research Centre, for a poster titled "Are there data quality issues with the update cycles of DSS work: The Kintampo Experience."

B. Capacity Building Initiatives in 2006

1. Cross-site capacity building work promoted through seed grants to groups of at least three DSS sites

With funding from Sida/SAREC, INDEPTH launched a new cross-site capacity building programme in early 2006 to foster research collaboration and research training between INDEPTH sites in the developing world. An amount of US\$25,000 per grant to at least three member sites participating in a cross-site activity was awarded. By the end of 2006, the following sub-grants were awarded:

i. Strengthening Research Capacity Through Collaboration among DSS Sites in Ghana

This project is being undertaken by the Dodowa, Kintampo and Navrongo Health Research Centres in Ghana and aims to: i) identify and carry out cross-site priority research to help address policy, planning and implementation needs of the GHS; ii) build multi-disciplinary capacity in the relevant disciplines needed to carry out research at the sites; iii) undertake research in order to find more efficient/cost effective solutions and implementation alternatives to identified needs and problems, and; iv) build capacity in the dissemination of results of research findings in a meaningful way.

ii. Mainstreaming gender into demographic surveillance sites

This project aims at integrating gender as an analytical tool into demographic surveillance sites in order to improve the quality of data collection and the methodology used within the sites. Three INDEPTH sites are involved in the project. These are Iganga/Mayuge (Uganda), CIDS (Nicaragua), FilaBavi DSS



Capacity building workshop in FilaBavi, Vietnam

(Vietnam) and one non-INDEPTH Network site (Ujjain, India). The specific objectives of the study are to: (i) identify and define the nature, scope and importance of gender issues in the DSS as baseline information; (ii) examine how interview answers are influenced by the gender of the interviewers and the respondents, respectively; (iii) explore interviewers' and respondents' experiences and perceptions of the interview situation with regard to gender; (iv) develop a manual for gender-based methodology for demographic surveillance sites, and to support DSS sites in the implementation of this manual. As part of the implementation of this research, the group organized a workshop in Hanoi, Vietnam, from November 22-25, 2006, to plan and develop concrete research activities and tools to investigate gender aspects in the DSS.

iii. Development of the next generation of data systems for INDEPTH sites

The Iganga/Mayuge DSS team received funds from the Secretariat to organize a workshop to investigate the viability of using a new DSS data collection and management system, Mobile-HRS at other INDEPTH sites. The workshop team demonstrated the use of hand-held computers for DSS data collection, assessed the viability of using this technology at other DSS field stations, and developed an agenda for future data systems development, grant writing, and technical collaboration. This workshop was organized in Burkina Faso just before the 2006 AGM. Sites that participated in the workshop are Iganga/Mayuge (Uganda), Ifakara (Tanzania), ISSP (Burkina Faso) and Kisumu (Kenya). It was facilitated by Bruce MacLeod and Jorn Klungsoyr. Five Ugandan software professionals who helped to develop the MobileHRS participated and assisted in the workshop.

iv. Making useable knowledge available to research participants: how best to communicate scientific results in various socio-cultural contexts

This project aims at developing and refining communication tools for the dissemination of scientific results to populations involved in Demographic Surveillance Systems (DSS). There is growing concern within the scientific community about fundamental ethical issues related to repeated, intrusive and burdensome data collection methodology of DSSs that have implications for the future of DSS sites. First of all, populations who are constantly solicited to answer questions either for the longitudinal follow-up or for additional studies conducted on the DSS sites have the right to know what the information they have provided leads to. The research team proposes to develop a methodology to identify how to communicate scientific results to populations with poor education and living in various social and cultural environments. Sites involved in this project include ISSP and Nouna (Burkina Faso) and Niakhar, Mlomp, Bandafassi (Senegal)

v. Capacity building for chronic disease research and prevention in INDEPTH sites

The general objective of this project is to strengthen ongoing collaboration among three (two Asian and one African) INDEPTH sites (Purworejo DSS, Indonesia; FilaBavi, Vietnam; and Butajira from Ethiopia) and to push forward the collaboration into the next step of scientific communication, particularly to enhance sites; capacity on writing research papers and grants. Data collected have been harmonized and draft of two papers have been completed and are being further refined while exploring other topics to write on.

vi. Developing a Prototype for Data Sharing / Building Capacity in Data Management across India, Thailand and Papua New Guinea

A subset of the Asia-Oceania sites met in October 2006 to develop a protocol that will facilitate data sharing among themselves and their collaborators. The sites involved are Vadu (India), Wosera (Papau New Guinea) and Kanchanaburi (Thailand). The group agreed on the need to harmonize their data through protocols that will facilitate data sharing and cross-site analysis. This is an important step towards the global agenda of making research data available for the larger public. A framework for data sharing and dissemination was developed. The framework included an agreement on minimum data sets, minimum data quality assurance methods, data sharing systems including possible use of 'open source software systems' and modalities for data sharing including legal, ethical and financial considerations.

2. Scientific Development and Leadership Program

The INDEPTH Scientific Development and Leadership Program is in its third year and has produced the first batch of students. The Leadership Program, an Msc Program 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 first batch of students (Kanyiva Muind, Nairobi DSS, Kenya; Rose Kirinya, Kisumu DSS, Kenya; Paul Welaga, Navrongo DSS, Ghana; and George Adjei, Kintampo DSS, Ghana), have graduated and returned to work in their respective DSS sites. Below are the titles of their dissertations.

- Assessment of risk factors for HIV transmission: comparing discordant and concordant couples in Hlabisa Demographic Surveillance system (DSS) site (George Adjei, Kintampo DSS, Ghana)

- The impact of migration on adult mortality in rural SA; do people migrate into rural areas to die? (Paul Welaga, Navrongo DSS, Ghana)
- Adolescent sexual behaviour in Navrongo: does family count? (Kanyiva Muindi, Nairobi DSS, Kenya)
- Risk factors for malaria deaths among under -5 children admitted at a rural district hospital in Tanzania (Kiriinya Rose, Kisumu DSS, Kenya).

The 2006 year group witnessed an increase in the number of INDEPTH funded students from four to six. The six students from VADU DSS, India (1); FILABAVI DSS, Vietnam (1); Navrongo DSS, Ghana (2); Nairobi DSS, Kenya (1); Kisumu DSS, Kenya (1), have completed their didactic training and are now on attachment to the DSS sites for their practical training.

3. The Malaria Clinical Trials Alliance (MCTA)

The Malaria Clinical Trials Alliance (MCTA) was established in early 2006 as a project of the INDEPTH Network with a US\$17M grant from the Bill and Melinda Gates Foundation. MCTA aims to strengthen clinical trial capacity, share results of real, on-the-ground trial activities and to codify best practices. It will enable African institutions and scholars to participate fully in the development of new tools for addressing malaria and in conducting interventions against malaria, and will create a long-term partnership between African and Northern institutions.



MCTA Team visits Ghanaian President JA Kufour, Accra

Initially, MCTA works in partnership with the PATH Malaria Vaccine Initiative (MVI) and the Medicines for Malaria Venture (MMV) to train personnel and improve facilities and infrastructure to ensure the successful execution of clinical trials in 9 countries across Africa (Mozambique, Gabon, Tanzania, Nigeria, Malawi, Ghana, The Gambia, Kenya and Senegal) where 14 trial sites have been identified for participation or are already participating in clinical trials.

In 2006, the MCTA Secretariat was established within the INDEPTH Network Secretariat and key staff successfully recruited. The Management Board was constituted with H.E. Dr. Pascoal Mocumbi, former Prime Minister of Mozambique, serving as its chair.

Networking of trial sites/centres started with the inaugural meeting of site leaders from all 14 sites which was also held in Accra, Ghana, in late May. Several international experts who agreed to serve as mentors also took part in the meeting. MCTA was launched at this inaugural meeting. Site leaders, mentors, MCTA partners (MMV and MVI) and Board members intensively networked and deliberated on activities and strategies for the effective implementation of the new project.

In its first year of operations, MCTA organized three workshops on Good Clinical Practice (GCP) for clinical investigators at the sites. Two other workshops were held on microscopy and media training.

Teams from the MCTA Secretariat visited 12 out of the 14 sites in seven countries in 2006. During the visits, the MCTA teams toured site facilities and held discussions with scientific and administrative staff on the current needs of the sites to enable them conduct the planned trials.

Another major achievement in 2006 was the provision of over US\$1.2M support to sites towards refurbishment of the centres. The MCTA Secretariat is working closely with MMV, MVI and the sites to ensure that site-specific needs are identified so that appropriate and timely support is provided to ensure that the trials are conducted under GCP standards (a full report on MCTA activities is provided separately).

C. The Secretariat



INDEPTH Secretariat's New office in Accra

INDEPTH is run by a permanent Secretariat led by an Executive Director. Other staff members include a Deputy Executive Director, a Senior Research Associate, a Senior Finance Manager, an ICT Manager, Accountant, Accounts Officer, Administrative Officer and two Administrative Secretaries. The Secretariat moved offices from the previous location on 9 Adenkum loop at Kanda, to 11 Mensah Wood Road, East Legon (see insert of new office building).

The principal overall responsibilities of the Secretariat are to:

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

1. Fund Raising

The Secretariat in 2006 continued with its fund raising drive to continue to support network-wide activities and also to support the operations of the Secretariat. INDEPTH

won a major grant from the Bill and Melinda Foundation to support malaria clinical trials in Africa (Malaria Clinical Trials Alliance (MCTA)). The Hewlett Foundation also awarded INDEPTH a grant to foster scientific collaboration between DSS sites and Universities in Ghana, Kenya and South Africa. Two grants were also obtained from the Wellcome Trust to support the Secretariat and for the Ouagadougou AGM. Finally, the Secretariat also got a grant from the Rockefeller Foundation for a one-week Team Residency in Belagio to help develop the network's strategic plan.

2. Donation to Secretariat

The malaria consortium in Ghana donated a four-wheel Nissan Patrol to the INDEPTH Secretariat.

3. Secretariat Staff

1. Professor Fred Binka, Executive Director
2. Dr. Osman Sankoh, Deputy Executive Director
3. Dr. Ayaga Bawah - Senior Research Associate
4. Dr. Diadier Diallo, Clinical Trial Officer
5. Mrs. Gertrude Annoh-Quarshie, Senior Finance Manager
6. Mr. Kwabena Boateng, ICT Manager
7. Mr. Sixtus Apaliyah, Accountant
8. Ms Felicia Manu, Administrative Secretary
9. Mrs. Becky Adoboe, Administrative Secretariat
10. Mr. Raymond Akparibo, Accounts Officer
11. Mr. Titus Tei, Administrator

Dr. Osman Sankoh, previously the Communications and External Relations Manager, was appointed in June 2006 to the position of Deputy Executive Director.

4. The Board of Trustees

Current membership of the INDEPTH board is listed below:

1. Dr. Hassan Mshinda (Chair), Ifakara Health and Development Research Centre, Tanzania.
2. Dr. Seth-Owusu Agyei (Deputy chair), Kintampo Health Research Centre, Ghana.
3. Prof. Steve Tollman, Health and Population Division, Agincourt Health and Population Unit, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa.

4. Dr. Regina Rabinovich, Bill and Melinda Gates Foundation: Infectious Diseases, Global Health Program, Seattle, USA.
5. Dr. Xavier Pitroipa, Oubritenga, Demographic Surveillance System, Burkina.
6. Dr. Siddhi Hirve, Vadu Demographic Surveillance System, India.
7. Dr. Sureeporn Punpuing, Kanchanaburi Demographic Surveillance System, Thailand.
8. Dr. Abdur Razzaque, Matlab Demographic Surveillance System, Bangladesh.
9. Dr. Cheikh Mbacke, Consultant, Hewlett Foundation, Senegal.

5. The Scientific Advisory Committee

The following were on the Scientific Advisory Committee in 2006.

1. Prof. Jane Menken (Chair), Demography, University of Colorado at Boulder, USA.
2. Prof. Stig Wall (Deputy Chair), Epidemiology, Umea International School of Public Health, Sweden.
3. Prof. Bruce MacLeod, Information Technology, University of Southern Maine, USA.
4. Prof. Anne Mills, Health Economics, London School of Hygiene and Tropical Medicine.
5. Dr. James Phillips, Demography, Population Council New York, USA.
6. Prof. Rainer Sauerborn, Public Health, University of Heidelberg, Germany.
7. Dr. Wendy Ewart, Research Strategy, Imperial College, London, UK.
10. Prof. Thomas Smith, Biostatistics/Epidemiology, Swiss Tropical Institute, Basel, Switzerland.

D. INDEPTH and (Inter) national engagements in 2006

The Executive director, Professor Fred Binka, visited three sites last year. He visited Bagamoyo and Rufiji in Tanzania, where he held a series of meetings with the teams on their operations. He also visited the Ouagadougou sites in Burkina Faso.

In addition to the site visits, Prof. Binka attended several other important international meetings, including visits to the Bill and Melinda Gates Foundation on a proposal review meeting on neglected diseases, the 46th Session of the global Advisory Committee on Health Research held in Geneva, 24-26 April 2006, and the 56th session of the WHO regional committee meeting on malaria control in the African Region. The malaria control meeting was held in Addis Ababa, Ethiopia, and deliberated on African experiences and perspectives on malaria control. He also attended the WHO/AFRO Advisory Committee of experts meeting on malaria in Brazzaville, 26-30 Nov, 2006.

From 13-14 February 2006, Dr. Sankoh attended the Union of African Population Studies (UAPS) workshop held in Accra, Ghana. The workshop discussed the formulation of the Union's New Strategic Vision. The meeting also discussed preliminary preparations for the 2007 Fifth African Population Conference with the theme: Emerging issues on Population and Development in Africa.

Osman attended the Second Consultative Meeting of West African Research Centres and Think Tanks held **from 13-14 March 2006** at the Kwabena Nketia Conference Hall, Kwame Nkrumah Complex, University of Ghana, Legon, in Accra, Ghana. The meeting was organised by the Council for the Development of Social Science Research in Africa (CODESRIA) and sponsored by the Economic Community of West African States (ECOWAS). The West African Research Centres and Think Tanks was launched within the framework of the new strategic vision for ECOWAS developed under the leadership of Dr. Mohammed Ibn Chambas, the current Executive Secretary of the sub-regional grouping.

Osman attended the Human Resources for Health Research (HR-HR) conference in Nairobi, Kenya **from 2-5 July, 2006**. HR-HR is an initiative started by six project partners to take a holistic look at human resource needs for health research in developing countries. The Nairobi conference brought experts in the area of health research and human resource management from all over Africa who deliberated on the aforementioned thematic issues and gave practical recommendations on the way forward. The HR-HR initiative is spearheaded by seven partners: African Medical Research Foundation (AMREF), African Health Research Forum (AfHRF), Council on Health Research for Development (COHRED), African Council for Sustainable Health

Development (ACOSHED), The Network on Equity in Health in Southern Africa (EQUINET), Global Forum for Health Research and International Development Research Centre (IDRC).

While in Nairobi, Osman visited Dr. Mohamed Bakarr (Director for Strategic Initiatives) at the World Agroforestry Organisation (ICRAF) to discuss potentials for collaboration between ICRAF and INDEPTH.



Osman (INDEPTH) and (Mohamed) ICRAF discuss collaboration in Nairobi

In mid **July 2006**, Dr. Sankoh was in Kintampo, Ghana to help one of our member sites - Kintampo Health Research Centre (KHRC) with developing a strategic/business plan for the next five years. KHRC was established by the Ministry of Health in 1994 and has developed an international reputation for its public health intervention research in maternal and child health and nutrition. The overall aim of the exercise was to establish Kintampo as a centre for public health research excellence in West Africa, thus ensuring long-term sustainability through competing for and winning external funds to conduct relevant public health intervention research to inform national and international health policy.

Dr. Sankoh took part in a regional stakeholders' consultative meeting on the development of the new strategic plan (2007-2011) for one of our member sites in Kenya the African Population and Health Research Centre (APHRC), held in Nairobi, Kenya from **2-3 October 2006**. APHRC is an international NGO established in 1995 with researchers coming from at least 10 countries in the region. APHRC runs the Nairobi urban DSS. After the meeting, Osman paid a visit to colleagues at APHRC where he was delighted to see a poster proudly displaying APHRC's membership in the INDEPTH Network.

The Canadian Health Services Research Foundation (CHSRF) organised another National Forum on Knowledge Transfer and Exchange. The 2006 forum was held in

Toronto, Canada **from 22-24 October 2006**. Dr. Sankoh presented a paper entitled INDEPTH Network Generating, Transferring and Sharing Knowledge in Developing Countries to the session on Knowledge Networks and Communities of Practice for Brokers.

Dr. Ayaga Bawah attended an expert group meeting on current issues in the estimation of adult mortality at the United Nations in New York from **October 26-27, 2006**, on behalf of the network. He presented the INDEPTH model life tables and the network's portfolio on mortality. In addition, Dr. Bawah attended the annual planning meeting of the Realising Right consortium in London, United Kingdom, from **November 26 to December 2, 2006**. The meeting brought together partners to deliberate on the activities planned for the 2007/2008 year. Dr. Bawah also attended a meeting **in Glion, Switzerland**, organized by the Health Metrics Network, on the development of vital statistics in developing countries.

Dr. Abraham Hodgson also represented the Secretariat in a meeting at the Health Metrics Network Secretariat in Geneva, Switzerland. The meeting was on the development of standards and guidelines for verbal autopsy and verbal autopsy-derived mortality statistics in data constrained settings.

Mr. George Wak (Navrongo Health Research Centre, Ghana) and Dr. Zewdu Woubalem (African Population & Health Research Centre, Kenya) represented the secretariat in Nigeria, to help two new DSS sites that are being set up at Bauchi and Calabar in Nigeria. They provided technical input in the development of the initial work.

E. Visitors to INDEPTH Secretariat 2006

The following partners/collaborators visited the INDEPTH Secretariat in 2006.

1. Melinda Moree, PATH Malaria Vaccine Initiative, Canada
2. Don Taylor, UK Department for Overseas Development (DFID), Ghana
3. Paul Spray, UK Department for Overseas Development (DFID), United Kingdom
4. Jens Degett, EAGLES Project, Spain
5. A.K. Yeradoan, World Health Organization, Geneva, Switzerland
6. Viveka Persson, Sida/SAREC, Stockholm, Sweden, Switzerland



REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF INDEPTH NETWORK

Report on the Financial Statements

We have audited the financial statements of INDEPTH Network, which comprise the balance sheet at 31 December 2006, the income and expenditure account and cash flow statement for the year then ended, and the notes to the financial statements which include a summary of significant accounting policies and other explanatory notes as set out on pages 5 to 14.

Directors' Responsibility for the Financial Statements

The company's directors are responsible for the preparation and fair presentation of these financial statements in accordance with Ghana Accounting Standards, Companies Code, 1963 (Act 179) of Ghana. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements give a true and fair view of the financial position of INDEPTI Network at 31 December 2006, and of its financial performance and cash flows for the year then ended in accordance with Ghana Accounting Standards and in the manner required by the Companies Code, 1963 (Act 179) of Ghana.

Other Matter

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

Report on Other Legal and Regulatory Requirements

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

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

.....
CHARTERED ACCOUNTANTS
25, LIBERIA ROAD
BOX GP242
ACCRA.

24 April, 2007

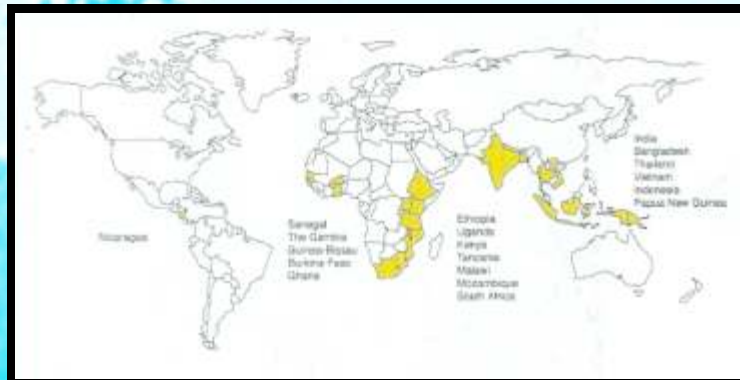
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 2006

	2006 US\$	2005 US\$
INCOME		
Grants	4,246,266	1,470,818
Other Income	547,432	118,456
	-----	-----
	4,793,698	1,589,274
	-----	-----
EXPENDITURE		
Meeting Expenses	444,030	283,799
Research Expenses	546,091	222,467
Workshop Expenses	308,074	88,766
Capacity Building	700,087	324,996
General Expenses	1,217,285	566,596
Sub grants	1,148,543	-
	-----	-----
	4,364,110	1,486,624
	-----	-----
Excess of Income over Expenditure transferred to Accumulated Fund	429,588	102,650
	=====	=====

ACCUMULATED FUND FOR THE YEAR ENDED 31ST DECEMBER 2006

	2006 US\$	2005 US\$
Balance at 1st January	288,067	185,417
Excess of Income over Expenditures transferred from Income and Expenditure Account	429,588	102,650
	-----	-----
Balance at 31st December	717,655	288,067
	=====	=====

NOTES



**Countries with Demographic Surveillance System (DSS)
field sites participating in the INDEPTH**

INDEPTH Network Secretariate

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