Campaign Integration Working Group Learning Agenda
Co-Delivery and Collaboration of Health Campaigns during COVID-19 Era

Health campaigns are time-bound, intermittent activities deployed to address specific epidemiologic challenges, expediently fill delivery gaps, or provide surge coverage for health interventions. Many high-priority health areas use health campaigns as a significant part of their strategy, including neglected tropical diseases (NTDs), malaria, polio and other vaccine-preventable diseases (e.g., measles, yellow fever, typhoid, tetanus, meningitis, HPV), and nutrition (vitamin A). In settings where multiple campaigns occur, planning and implementation may be carried out with little communication and inadequate coordination among campaigns and/or with country national health programs and communities. This may result in inefficiencies and inequities that can strain health systems, burden health care workers, weaken health services and limit the potential health impact. Until now, there has been no forum to help identify and promote promising practices across the many and varied health campaigns.

To fill this gap, the Health Campaign Effectiveness (HCE) Coalition of the Task Force for Global Health, with funds from the Bill & Melinda Gates Foundation, aims to:

- Foster communication and collaboration across different health campaign domains, country leaders, global actors, donors and implementing groups;
- Support implementation research that fosters the identification, testing, evaluation and replication of evidence-based campaign practices, delivery models, tools and approaches that are relevant and acceptable to country health programs; and
- Advocate for policy alignment and collaboration between global partners and countries on campaign funding and support, including those campaign approaches that integrate with broader health systems interventions and primary health care.

Campaign Integration Working Group

Thought leaders in the field have acknowledged the unprecedented challenge to health campaigns and routine systems posed by COVID-19.¹ As many countries grapple with continuing planned campaigns while also restarting those that had been cancelled or delayed, one early topic of interest is whether and how campaigns can be integrated as a potential approach to overcome these challenges. With stakeholders (e.g., donors, country level implementers, Ministries of Health) expressing interest in exploring questions around the feasibility and effectiveness of integration, a Campaign Integration Working Group (CIWG) is being formed to address the needs for guidance and action around partial and full integration.

Key Terms

- **Partial integration** involves focused collaboration or sharing of specific campaign components between vertical health programs to improve efficiency and effectiveness of multiple campaigns, but without co-delivery of interventions at the same service delivery points. Collaboration between

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¹ Webinar, “Incremental Costs of Routine Immunization, Campaigns and Outreach Services during COVID-19.” July 16, 2020 Thinkwell and Harvard School of Public Health

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campaigns can range from communication and information exchange to sharing of personnel and resources or implementing a part of one campaign by another campaign.

- **Full integration** involves coordinating most or all typical campaign components (microplanning, registration, logistics, implementation, and evaluation) to allow co-delivery or simultaneous delivery of two or more health interventions at the point of service delivery.

Source: [https://campaigneffectiveness.org/resources/technical-brief-health-campaign-integration/](https://campaigneffectiveness.org/resources/technical-brief-health-campaign-integration/)

Acknowledging the uncertainty of the path ahead as many countries continue to navigate the COVID-19 crisis, the Health Campaign Effectiveness Coalition views the potential evolution of the COVID-19 challenge to health campaigns and systems in a stage of acute response, resumption and catch-up of health campaigns, followed by rebuilding, strengthening and sustaining service delivery, as described below:

| Stage 1: Acute response, resumption and catch-up of campaigns | A surge of campaigns restart after a delay; potentially additional campaigns may be needed for outbreak response or enhanced disease control. There is catch-up of interventions missed by earlier campaigns having been postponed or cancelled due to COVID-19, and due to routine service delivery not reaching all intended populations. Some delayed campaigns restart with new delivery strategies to maximize efficiency and effectiveness in the COVID-19 era. |
| Stage 2: Rebuilding, strengthening, and sustaining service delivery | Regular campaign frequency is restored, while accommodating a global effort to deliver COVID-19 vaccine widely, likely through mass campaigns. The focus also turns to restoring and stabilizing primary health care and routine services, and complemented as needed by campaigns. |

The Campaign Integration Working Group will first focus on exploration of integration as a possible approach to aid resumption of campaigns during Stage 1, and potential opportunity for catch-up of previously missed interventions. While the HCE Coalition will ultimately work toward understanding how campaigns can improve as a compliment to primary health care systems, the short-term nature of this working group (<12 months) means that primary care systems and their recovery from COVID-19 may be addressed somewhat by this working group and more thoroughly by a future group.

**Working Group Objectives**

1. By September 2020, deploy initial rapid research activities with a goal of better understanding the experiences of countries and health programs that are or may be implementing integrated campaign models; and launch the Campaign Integration Working Group (CIWG), convening of members to share knowledge and to begin to align around an initial set of in-country implementation research targets.

2. By December 2020, identify and contract implementation research activities with 2+ in-country research partners (with several more in early 2021) with a focus on the planning phase of implementation research; and frame, test and assess models of integrated campaigns appropriate to the country context.
3. By mid to late-2021, share initial findings on integrated campaign models at the national, regional and global levels; identify promising practices/lessons learned from the research; and make recommendations on integrated campaigns for consideration and approval of the HCE Coalition’s Scientific & Technical Advisory Committee and Leadership Team, and ultimately for global institutions to consider when establishing guidance.

Beginning in October 2020, the HCE Coalition program will convene the first annual global Coalition Meeting with 150+ stakeholders and partners from countries and global agencies to share lessons learned, challenges and findings around campaign effectiveness during COVID-19 and on integrated campaign models. To achieve the objectives and foster knowledge sharing, a Learning Agenda on campaign integration is being developed with inputs from the Working Group members and through additional, ongoing consultations. (Appendix 1 presents background information on the concept and purpose of a learning agenda).

**Working Group Questions**

The process of developing the learning agenda is envisioned in two main phases: Implementation research (IR) Opportunity Assessment and Country-level IR. The initial questions relevant to the phases area presented below (and in Appendix 3).

**Questions for IR opportunity assessment:**

1. What challenges are campaign managers and decision-makers facing in restarting campaigns during the COVID-19 era?
2. To what extent do campaign managers and decision makers see opportunities exist to enhance the effectiveness and efficiency of health campaigns through integration?
3. Where and under what circumstances is integration currently being considered, planned or implemented? Why is integration being explored? Where integration did not happen or is ruled out, what are the reasons?
4. What criteria or other factors do campaign managers and decision makers use to identify the campaigns and geographic areas where integration may be both feasible and beneficial?
5. How are integrated campaigns planned and budgeted? To what extent do campaign managers and decision makers have access to information about the costs of vertical campaigns and estimates of the cost-savings to be incurred through integrated campaigns? What data exist on the additional costs related to safety during COVID-19 incurred by vertical vs. integrated campaigns?
6. In the COVID-19 era, what does “good” integration look like in terms of programmatic efficiency and effectiveness in preventing, controlling or eliminating disease?
7. What is or can be the involvement of communities in the decisions to carry out vertical or integrated health campaigns? How do communities perceive integrated campaigns? How can integrated campaigns address communities’ needs?
8. What do campaign managers and decision makers consider to be promising or best practices related to campaign integration?
   - What criteria are used to deem an approach as a promising or best practice?
   - What additional evidence about promising or best practices to facilitate wider adoption?
   - What are the logistical challenges that may be faced when conducting integrating campaigns and what are mitigation strategies?
Questions for Country-level IR:

The questions above can also be answered prospectively during IR projects. Additional questions include:

1. What factors (enablers, barriers) at different levels of the health system affect whether integrated campaigns in the COVID-19 context are considered, planned, initiated and sustained (or stopped)?
   a. Consider factors at the level of the community, individual, population, the interventions, the process, inner and outer settings, and systems (according to a consolidated framework).²
   b. Which actors (agencies) are involved in each stage of an integrated campaign?

2. How is integration of campaigns affecting long-term financing and funding sources for vertical programs? (and vice versa)

3. How do campaign health workers view the integrated campaigns, compensation, and payment mechanisms? What are benefits and challenges of having short-term vs. longer-term community workers? Are the work responsibilities well integrated and streamlined?

4. How does campaign integration affect data flow and use at local and higher levels?

5. How does digitization of campaign functions and use of geographic information systems affect campaign integration?

6. When health campaigns are integrated, what is the effect on outcomes, such as:
   a. Is coverage of each intervention maintained or increased?
      i. What are the numerator and denominator for the integrated campaign coverage indicators, and how appropriate are the data sources for valid and reliable estimates?
   b. What are the levels of acceptability among the a) population and b) health workers at different levels?
   c. Is the coverage equitable for all groups, and if not, why not?
      i. How does integration affect hard-to-reach areas and populations who receive “zero dose”?
   d. What is the effect on the efficiency and cost-effectiveness of campaigns?
   e. What are the opportunity costs to understand potential benefits and risks when decision-makers choose one alternative or another in delivery of integrated intervention(s)?
   f. How do the coverage levels of integrated campaigns translate into health impact? (i.e. morbidity, mortality, cases averted, lives saved)?
   g. What is the potential for financial and institutional sustainability of the integrated campaigns?

7. How does gender influence campaign implementation and outcomes?

(Note: The bolded terms above are defined in Appendix 3. The questions are informed by two technical briefs.³ ⁴)

⁴ Johns Hopkins University (2020). Public Health Campaign Integration. Lessons Learned from 30 Years of Polio Campaigns in Ethiopia, India and Nigeria. [Technical Brief]
Working Group Actions

In the phase of IR Opportunity Assessment, the WG foster collaboration and information sharing of common concerns and successes among campaign program managers in the COVID-19 era. We learn from countries and programs that are integrating campaigns currently or have done so in the recent past. We seek and collect best and promising practices in conversations with managers of different campaigns with criteria developed for each. A focus is on identifying the country programs and their implementing partners considering integration as they restart campaigns. This informs the next phase of determining where to invest resources in field-testing of integrated campaign models in 2021. The Working Group uncovers the gaps that can be answered by implementation research.

In the phase of Country-level IR, the working group refines the questions to be answered through implementation research of integrated campaign models. Development of specific questions involves Working Group members and other stakeholders, and is iterative. We engage from the start with global and country-level implementing partners and stakeholders supporting national officials who are considering or planning integration, and interface with national coordinating committees formed for integrated campaigns. For each research project of field-tested integrated campaign models, we apply appropriate methods for systematic inquiry with an eye towards disseminating findings to inform global and national policy and strategies. The research projects yield outputs, such as reports, briefs, and data visualizations, and the Working Group members advise on the final products, thinking of how to put the learnings into action. Working group actions are described in the Terms of Reference document.

Profile of the Working Group Members
Members are health professionals who are volunteering their time to the CIWG. Specific profile or expertise sought are as follows:

- Full-time representative of a) country government program implementing campaigns or b) global, regional or country-level partners implementing campaigns
- Expertise in field-level health campaign planning and implementation experience
- Research implementation and evaluation design experience
- Experience in using epidemiological data to inform campaign strategies and targets
- Access to network of technical experts and programs conducting health campaigns
- Knowledge of literature related to vertical and integrated campaigns

Level of Effort of the Working Group Members

- Monthly virtual meetings at first, then quarterly
- Time-limited tasks 4-5 hours a month for document review and feedback and communication with country and partner staff
- Ad hoc attendance of results dissemination meetings
- Membership may rotate in coordination with the term of the working group, typically designated as 6-12 months.
- Members may be more or less active in certain activities, depending on background

Timeline
The CIWG will operate initially for between 10-12 months. This duration is expected until the completion of several IR projects on integrated campaigns that inform global recommendations. With evidence, CIWG members can advocate for effective integration. We will liaise with World Health Organization colleagues on plans for issuing global policy guidance on campaign integration.
In August 2020, the Health Campaign Effectiveness Coalition is seeking individuals to join the Campaign Integration Working Group as volunteer members. In late September, the group will begin to convene virtually. Members of the group may be assigned to ‘task teams’ where members could offer more time-bound engagement on specific tasks.

The point of contact for the Campaign Integration Working Group is Dr. Eva Bazant, Sr. Assoc. Director, Implementation Research at the Task Force for Global Health, Decatur, GA, USA.
campaigneffectiveness@taskforce.org

Appendix 1: What is a Learning Agenda?
A learning agenda is an informed compilation of priority questions that, when answered, will guide decision-making. Questions in a learning agenda should be specific, measurable, achievable, relevant, and time-bound. A learning agenda is an output of collaboration and consultation among stakeholders who engage in an iterative process. When completed, activities initiated through the learning agenda can lead to products that reflect knowledge gained through data collection and information gathering. The knowledge is analyzed and communicated among stakeholders in the format and period that supports decision-making.

What is the benefit of a learning agenda?
A learning agenda informs strategies and research agendas and guides management decisions. A learning agenda can be used as a reference in a collaborative learning process and outlines efforts to collect data, present information and facilitate dialogue informed by the evidence.

Who are the users of the Learning Agenda?
In the HCE Coalition, the participants in learning, or ‘users’ of and contributors to, the learning agenda are health campaign managers, policy makers, donors, partners, stakeholders and researchers. These individuals, at the country, sub-national, regional or international levels, are engaged in decision-making about whether and how to co-deliver or foster collaboration among campaigns. The Working Group aims to include community and other perspectives, such as government, civil society and private sector, along with international sponsors’ voices.
Source: USAID, 2018. Tip Sheet for Learning Agenda
## Appendix 2: Select Terms and Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Acceptability</td>
<td>The extent to which affected persons and other stakeholders (e.g. community members, consumers, health care workers, managers, policy-makers) agree with the use of a specific intervention.</td>
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<tr>
<td>Effectiveness</td>
<td>The ability of a campaign to achieve specific objectives related to coverage, equity, efficiency and impact.</td>
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<td>Coverage</td>
<td>A proportion (%) that reflects the number of people receiving (an) intervention(s) divided by the total number of people eligible to receive the intervention(s).</td>
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<td>Equity</td>
<td>Equity in the context of public health campaigns refers to providing high-quality interventions uniformly and in a fair and impartial manner to all target populations including underserved groups.</td>
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<tr>
<td>Efficiency</td>
<td>The ability of campaign-delivered interventions to achieve higher levels of performance (coverage, quality, or equity) relative to the inputs (resources, time, money).</td>
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<tr>
<td>Impact of a Campaign</td>
<td>The extent to which a campaign achieves its goals related to disease control, elimination and eradication, and reduced burden of disease (mortality, morbidity, disabilities, economic burden).</td>
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<tr>
<td>Sustainability</td>
<td>The extent to which an intervention is continued, institutionalized, or maintained in a setting after the initial implementation period.</td>
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### Appendix 3: IWG Learning Objectives and Questions (Table Format)

<table>
<thead>
<tr>
<th>Learning objectives (LO) and questions to achieve working group (WG) goals</th>
<th>Roles of the Working Group Members</th>
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<tbody>
<tr>
<td><strong>Stage 1: Acute response, resumption, and catch-up of campaigns</strong></td>
<td><strong>LO1:</strong> Learn about the best and promising practices and challenges from countries which have/are implementing campaigns during COVID-19</td>
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<tr>
<td>By December 2020: <strong>WG Obj.1:</strong> IR Opportunity Assessment for Campaign Integration: Explore integration as a possible approach to aid resumption of campaigns</td>
<td>1. Articulate campaign learning needs</td>
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<td>2. Provide resources (including literature/frameworks/models)</td>
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<td></td>
<td>3. Share past campaign experiences</td>
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<td></td>
<td>4. Review and shape proposals for integration projects</td>
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<td>5. Offer guidance on useful tools, approaches, best practices to support field intervention design</td>
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<td>6. Identify partner relationships (research/operational/funding)</td>
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<td>7. Share community voices countries with many campaigns</td>
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<td>8. Identify countries to document campaign learnings during COVID</td>
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<td></td>
<td>9. Identify countries that may use a strategy of integration</td>
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<td></td>
<td>10. Determine areas of investment for supporting integrated campaign projects in the identified countries in 2021</td>
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<tr>
<td><strong>LO2:</strong> Learn about the best and promising practices and challenges from countries which have/are implementing integrated campaign projects</td>
<td>5. Where and under what circumstances is integration currently being considered, planned or implemented? Where and under what circumstances has it been ruled out as a part of restarting campaigns? Why?</td>
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<td>6. What criteria or other factors do campaign managers and decision makers rely on to identify the types of campaigns and geographies where integration may be both feasible and beneficial?</td>
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<td>7. What processes do campaign managers and decision makers use when switching from a single campaign delivery approach to a co-delivery or collaborative delivery of interventions?</td>
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<td>8. What do campaign managers and decision makers consider to be the most promising or best practices related to campaign co-delivery and collaboration?</td>
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<td>9. What criteria are used by campaign managers and decision makers to deem an approach as a promising or best practice?</td>
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<td>10. Which promising and best practices should be examined further?</td>
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<td>11. What additional evidence do campaign managers and decision makers need about promising or best practices to facilitate wider adoption?</td>
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<tr>
<td><strong>LO3:</strong> Learn about the best and promising practices and challenges from countries implementing/would like to implement integrated campaign projects during COVID-19</td>
<td>1. Articulate campaign learning needs</td>
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<td>2. Provide resources (including literature/frameworks/models)</td>
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<td>10. Determine areas of investment for supporting integrated campaign projects in the identified countries in 2021</td>
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12. In the COVID-19 era, what does “good” integration look like in terms of programmatic efficiency and effectiveness in preventing, controlling or eliminating disease?

**Early 2021: WG Obj. 2: Country-level IR:** Mobilize funds of the HCE in the identified countries for execution of integration projects

| LO1: Learn about countries considering integration during restarts | 1. Finalize the learning/research questions to be answered through implementation research on integrated campaign models (co-delivery or collaboration between 2+ interventions).
2. Engage with the government, NGO and research partners in identified countries which are planning integration projects
3. Offer technical guidance to countries for implementation of integration projects
4. Offer inputs to plans for or reports on research activities, as appropriate |
|---|---|
| a. What factors (enablers, barriers) at different levels of the health system affect whether integrated campaigns in the COVID-19 context are considered, planned, initiated and sustained (or stopped)? | a. What factors (enablers, barriers) at different levels of the health system affect whether integrated campaigns in the COVID-19 context are considered, planned, initiated and sustained (or stopped)?

b. Consider factors at the level of the community, individual, population, the interventions, the process, inner and outer settings, and systems

c. Which actors (agencies) are involved in each stage of an integrated campaign?

2. If health campaigns are integrated either partially or fully:

a. What are the levels of acceptability (among the population and health workers)?

b. Are the levels of coverage of each intervention maintained or increased?

   i. What are the numerator and denominator for the integrated campaign coverage indicators, and how appropriate are the data sources for valid and reliable estimates?

c. What is the effect on equity?

d. What is the effect on the efficiency and cost-effectiveness

e. How do the coverage levels of integrated campaigns translate into health impact? (i.e. cases averted, lives saved)? Can this be answered through modeling or surveillance?

f. What is the potential for sustainability of the integrated?

**Mid 2021: WG Obj. 3: Disseminate findings from Integration projects:** inform policy decisions on integration

| LO1: Learn about countries which are ready to scale up and sustain integration projects post COVID-19 | 1. Contribute towards dissemination and translation of findings from integration projects at the national, regional and global levels
2. Make recommendations for scale-up/sustainability of the integration projects and inform policy decisions
3. Lead/facilitate advocacy on integration |
|---|---|
| 1. Which countries are willing to adopt campaign integration approaches in the long term, for which campaigns and why?
2. What mechanisms exist for scale up and sustaining the integration approach? | 1. Which countries are willing to adopt campaign integration approaches in the long term, for which campaigns and why?
2. What mechanisms exist for scale up and sustaining the integration approach? |

**Stage 2: Rebuilding/sustaining service delivery: A separate work group will be convened on the topic.**