

Fair partnership as a key dimension of campaign effectiveness

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Background

- Health campaigns have become the **de facto providers** of a wide range of health care services in many countries.
- Most campaigns involve disease-specific elimination or control programs, many of them operating in the same countries.
- This creates competition for local resources.
- The more campaigns operating within a country, the more disruptive this competition becomes.
- This diverts critical resources away from the routine health services, overwhelming communities and causing a multitude of unintended negative impacts ^[1,2].
- Tension between campaigns and host countries to due lack of coordination between campaigns is evident in challenges in the recent Health Campaign Landscape Analysis report ^[3].
- These consequences are problems of fairness.
- The narrow ways in which we understand campaign effectiveness drives this problem, currently measured by 3 main elements ^[3]:
 - (1) Cost effectiveness
 - (2) Coverage
 - (3) Equity

When we limit our understanding of campaign effectiveness to dollars spent per person or number of people reached, there is little accounting for the different ways in which multi-campaign ecosystems create and perpetuate conditions of unfairness within host countries.

Our Solution

What are the criteria for a fair health campaign?

- We have developed a strong partnership with the Council for Health Research for Development (COHRED) in Geneva, and have adapted their **Research Fairness Initiative (RFI)** as conceptual architecture.
- The RFI is a comprehensive guide for organizations to assess their performance in **3 specific domains**, using **36 indicators** of partnership fairness to guide organizational learning for practice and policy improvement ^[4].
- We are developing a Fair Partnerships by Design, which will lead participants through the process of incorporating the elements and indicators of the RFI into the day-to-day policies and practices of the campaign.

References

[1] Cavalli, A., Bamba, S. I., Traore, M. N., Boelaert, M., Coulibaly, Y., Polman, K., Pirard, M., & Van Dormael, M. (2010). Interactions between global health initiatives and country health systems: the case of a neglected tropical diseases control program in Mali. *PLoS Negl Trop Dis*, 4(8), e798.

[2] Mounier-Jack, S., Edengue, J. M., Lagarde, M., Baonga, S. F., & Ongolo-Zogo, P. (2016). One year of campaigns in Cameroon: effects on routine health services. *Health policy and planning*, 31(9), 1225-1231.

[3] Task Force for Global Health (2020). Campaign Effectiveness Landscape and Case for Action. <https://campaigneffectiveness.org>

[4] Lavery, J. V., & IJsselmuiden, C. (2018). The Research Fairness Initiative: Filling a critical gap in global research ethics. *Gates open research*, 2.

1

FAIR PARTNERSHIPS must be recognized as a critical dimension of campaign effectiveness, and that fair partnerships are also more likely to produce more cost-effective campaigns, with higher and more equitable coverage, and make a better contribution to host country health systems strengthening.

2

Tools are needed to operationalize fairness in the context of health campaigns



Research Fairness Initiative

- ▶ Fair Opportunity
- ▶ Fair Process
- ▶ Fair Sharing of Benefits, Costs, and Outcomes

3

The Research Fairness Initiative (RFI) provides the conceptual architecture



4

There must be a willingness to operationalize the content of RFI in campaigns



5

Improving fairness of health campaigns is fundamentally a **design** challenge



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