

STATE OF HEALTH DELIVERY CAMPAIGNS



Volume 1

January 2021

Thank You

The crosscutting campaign calendar and resource repository provides enhanced transparency into campaign planning across disease verticals and geographies, supports approaches to improve data collection and analysis across campaign platforms, and provides insight into campaign performance.

The calendar would not be possible without the support of our partners who provide data, share insights, and have collaborated for years on making campaign-based delivery more effective.

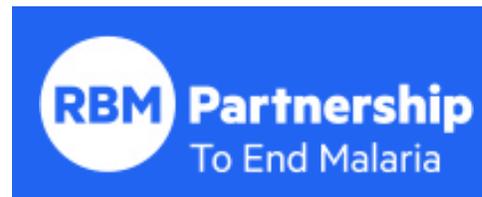


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ACRONYMS AND CAMPAIGN STATUS DEFINITIONS

ANC	Antenatal Care	NTD	Neglected Tropical Disease
CHW	Child Health Week	PC	Preventive Chemotherapy
HPV	Human Papillomavirus	PIRI	Periodic Intensification of Routine Immunization
ITN	Insecticide-treated Nets	RI	Routine Immunization
IRS	Indoor Residual Spraying	SAC	School-Aged Children
LF	Lymphatic Filariasis	SAGE	Strategic Advisory Group of Experts
LLIN	Long-lasting Insecticidal Net	Schisto	Schistosomiasis
JE	Japanese Encephalitis	SIA	Supplementary Immunization Activity
M/MR	Measles / Measles & Rubella	SMC	Seasonal Malaria Chemoprevention
MDA	Mass Drug Administration	SNID	Subnational Immunization Day
MenA	Meningitis A	STH	Soil-transmitted Helminths
MoH	Ministry of Health	VAS	Vitamin A Supplementation
NID	National Immunization Day	VPD	Vaccine Preventable Disease
Oncho	Onchocerciasis	YF	Yellow Fever

Approved	Campaign has been approved but not yet planned (e.g., timing not confirmed)
Cancelled	Campaign which has been cancelled and will not be implemented in the foreseeable future
Completed	Campaign confirmed as done (could have been on track or reinstated from delay)
Forecasted	Campaign support has been requested but campaign not yet confirmed
Might postpone	Planned campaign which is very likely to be postponed
Planned	Campaign which has proceeded/will proceed on time OR with slight delay (less than one month)
Postponed	Campaign with confirmed delay
Rescheduled	Campaign which was previously postponed and has been rescheduled
Resumed	Campaign which was previously postponed and has restarted
Suspended	Campaign that was started and then confirmed delayed
Unknown	Planned campaign with no information received on whether the country is going to implement/postpone it

INTRODUCTION

The cross-cutting campaign¹ calendar was initially created to provide transparency across disease verticals and geographies around upcoming campaign events. This included visibility into what campaigns are planned, their resource and input requirements, and their performance. Since its inception, the calendar has widened in scope to address partner requests for information on target population, subnational geographies, and co-delivery. These partners include global collaborators such as Alliance for Malaria Prevention, END Fund, Gavi, Global Fund, UNICEF, WHO, etc., as well as country-level program managers and ministries of health.

Our hope is that this resource will benefit our partners at global and country levels through direct utilization of the calendar, associated datasets, and visualization outputs to improve their approach to campaign planning, prioritization, execution, and potentially joint delivery.

In the context of a COVID- and post-COVID world, this work becomes even more important; the ability to engage with a cross-cutting dataset on planned and completed campaigns has been essential to track campaign cancellations/delays/disruptions, and to prioritize activities that are most likely to provide health impact in the post-COVID recovery period.

**CAMPAIGN DATABASE FACT:
OUR DATABASE HAS 220
POLIO CAMPAIGNS IN 2020,
REPRESENTING THE LARGEST
SINGLE DISEASE CATEGORY
OF CAMPAIGNS**

Type of Campaign

- Activities frequently referred to as “campaigns”: Mop-ups, Follow-ups, National Immunization Days (NID), Subnational Immunization Days (SNID), Outbreak Response Activities, National Deworming Days, Mass Drug Administration
- Activities sometimes referred to as “campaigns”: School-based Delivery, Child Health Weeks
- Activities that typically aren’t referred to as “campaigns”: Periodic Intensification of Routine Immunization (PIRI)

Process of Collecting Information

Data for the calendar is collected from multiple sources, generally corresponding to a specific disease area. Data are updated with varying frequency, ranging from every few days (polio) to once a year (NTDs, vitamin A). Throughout the COVID-19 pandemic, more timely datasets were available for many disease areas with many campaigns having updated information every two weeks. All of the data is received in Microsoft Excel format, cleaned, validated, and entered into our database. We are currently transitioning to a new data input process that will allow partners (at any level) to make direct edits to the data stored in our database. We hope this will encourage more frequent updates and help us to provide the most up-to-date information possible.

¹ Health campaigns are time-bound, intermittent activities that address specific epidemiologic challenges, expediently fill delivery gaps, or provide surge coverage for health interventions. They can be used to prevent or respond to disease outbreaks, control or eliminate targeted diseases as a public health problem, eradicate a disease altogether, or achieve other health goals. (For more information, see campaigneffectiveness.org/about)

INTRODUCTION

Data Definitions

Different disease verticals frequently use different terms to describe the delivery of their campaign-based events. Therefore, the calendar needed to employ a standardized set of definitions to better compare data across health areas and answer questions related to these events. For example, NTD campaigns (MDAs) usually occur twice in a given year in a country; however, these two campaign events represent multiple phases of one campaign, rather than two separate campaigns. In this database, we use the umbrella term “activity” interchangeably with the term “campaign” to refer to a broader campaign event, which may be made up of multiple phases and/or sub-activities. We use “phases” to distinguish distinct time periods within a given activity, and “sub-activities” delineate various geographies and interventions given at the same time. Please refer to the full set of data definitions in the table below.

Term	Campaign Calendar Definition
Activity	Non-routine delivery of vaccines or other health interventions to a specific population, often sharing the same funding source(s) or planning process.
Phase	A planned delivery of one or more intervention(s) during a specific time period within the activity. May cover multiple geographical areas.
Sub-activity	A planned delivery of a single intervention within a phase to a specific geographical area targeting a specific population.
Co-delivery	Multiple interventions that are delivered during the same dates (i.e., same phase) in the same geographical areas. Captured as distinct sub-activities.

INTRODUCTION

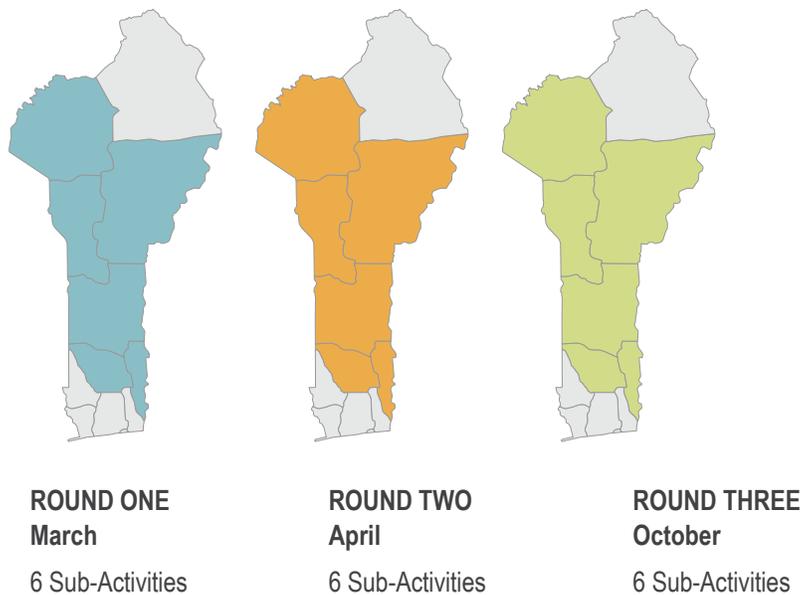
Example #1: One Activity, Two Phases

In 2020, a national measles activity was conducted in two phases in Benin:



Example #2: One Activity, Three Rounds (targeting the same area three times)

In 2020, a subnational tetanus activity was conducted in three rounds in Benin:

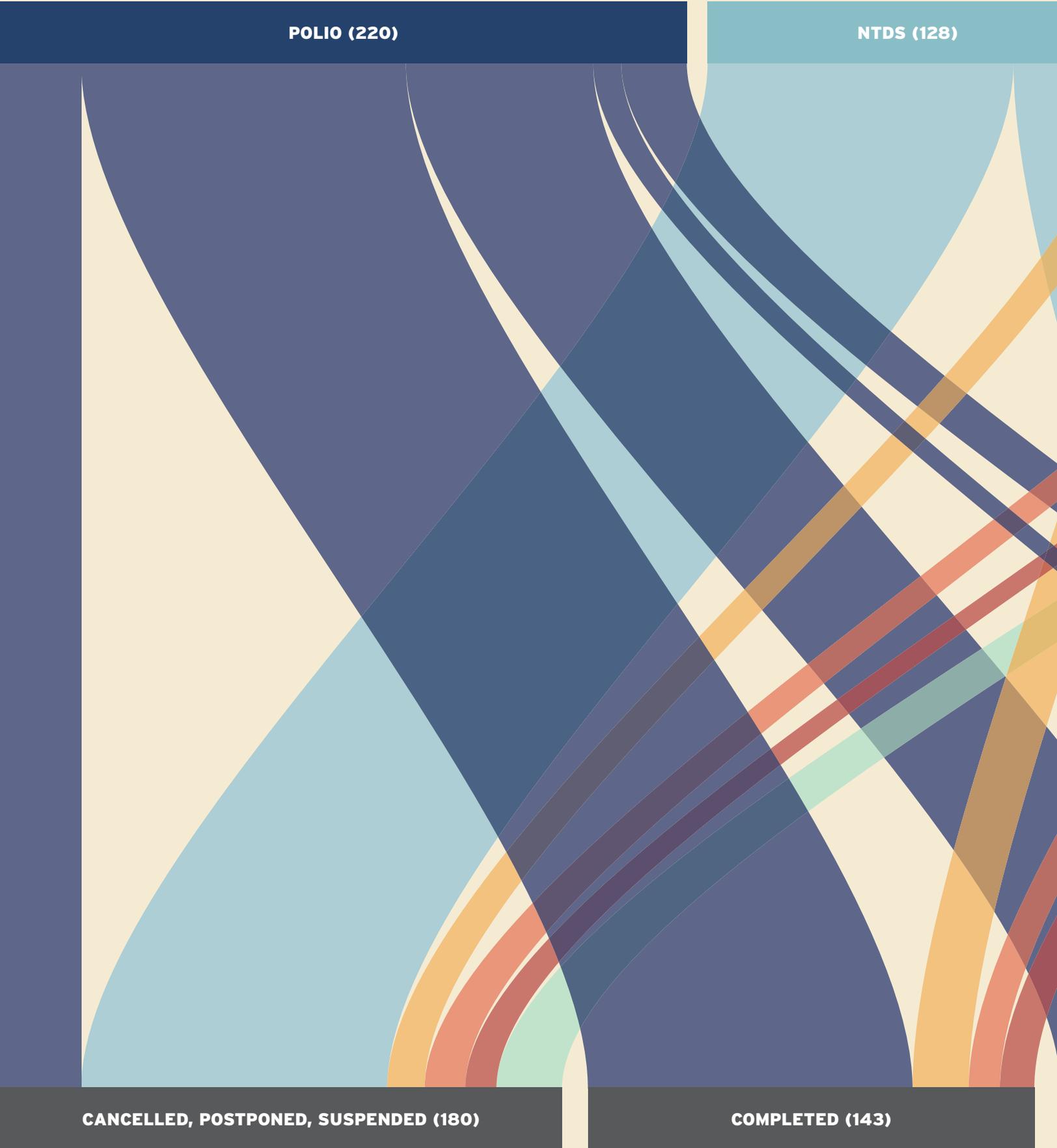


POLIO (220)

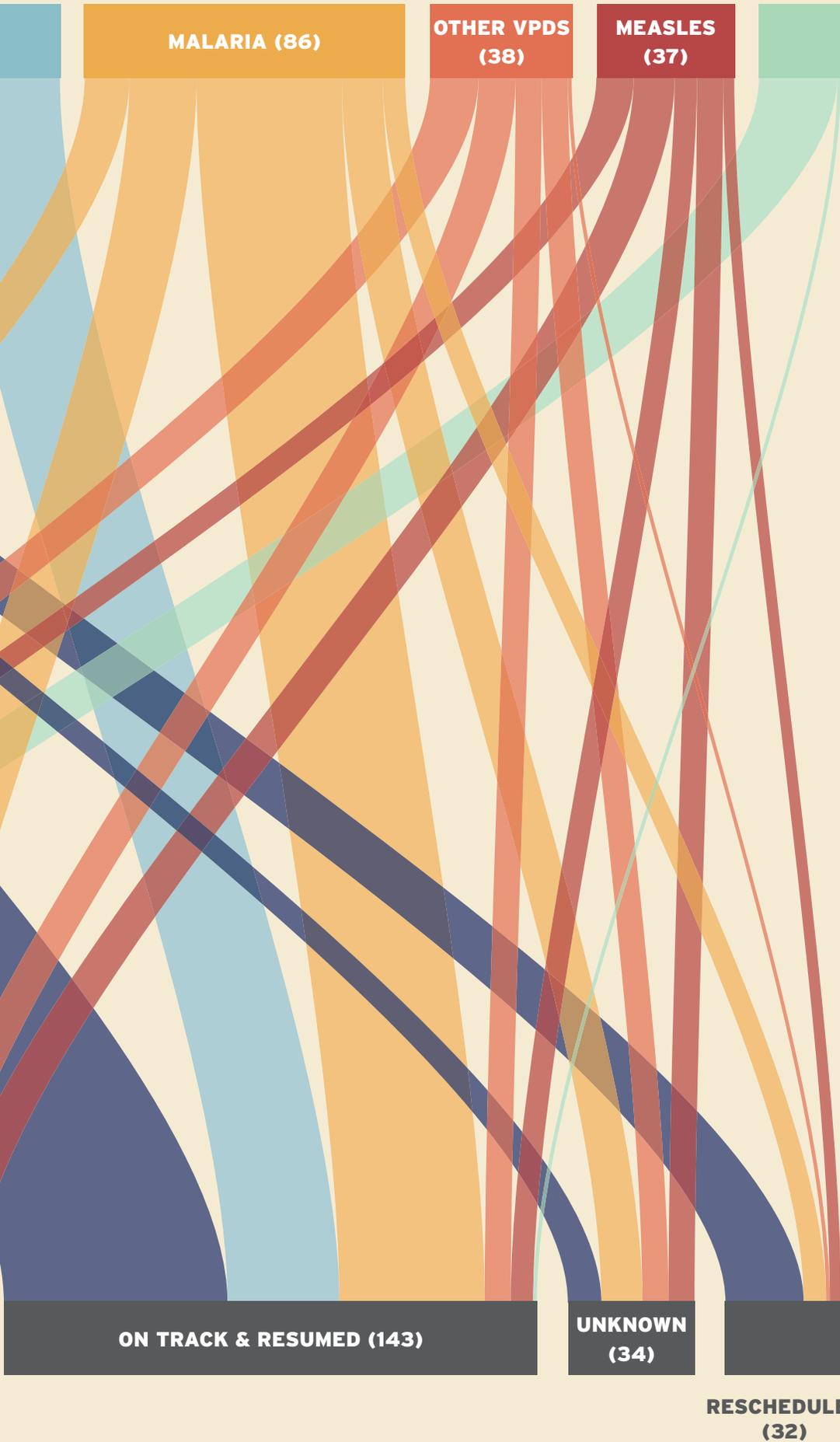
NTDS (128)

CANCELLED, POSTPONED, SUSPENDED (180)

COMPLETED (143)



**MALNUTRITION
(23)**



**STATE OF
CAMPAIGNS**

In 2020, 532 campaigns were planned for 26 different interventions representing 13 diseases and 105 countries.

Due to the COVID-19 pandemic, many of these planned campaigns were postponed, cancelled, or suspended.

Last Updated December 15, 2020.

INTEGRATION

Expert consultations and a literature review indicate that integrating campaigns can increase coverage, save money, and improve efficiency. But countries rely mainly on vertical campaign delivery models. The leading obstacles to integration—whether full co-delivery or partially integrated collaboration between campaigns—include donor funding approaches that target individual diseases, lack of political commitment, and programmatic challenges.² As imposing and intractable as these obstacles seem, the disruptions created by COVID-19 are even more daunting and may provide an impetus for broader campaign integration.

With vaccine coverage dropping to levels “last seen in the 1990s” (according to the Gates Foundation’s 2020 Goalkeepers report), the world has entered a multidimensional health crisis: the pandemic itself poses direct threats globally while exacting indirect tolls too numerous to list. Campaign interruptions—however necessary to slowing the spread of SARS-CoV-2—have brutally impaired the

WITH VACCINE COVERAGE DROPPING TO LEVELS “LAST SEEN IN THE 1990S,” THE WORLD HAS ENTERED A MULTIDIMENSIONAL HEALTH CRISIS

delivery of health interventions and as described in the Delay Analysis section, campaign delays can have significant epidemiological consequences. The consequences may be severe. The 2020 malaria death toll in sub-Saharan Africa may exceed the worldwide toll 20 years earlier, according to a WHO-led modelling analysis.

Political leaders and global health actors face the challenge of arresting the pandemic—a task that will likely require vaccination campaigns around the world—while catching up with hundreds of postponed campaigns and also dealing with outbreaks associated with those postponements. They face all this amid the worst recession in 75 years.

Reducing the costs of campaigns, increasing their coverage, realizing economies of scale: these benefits of integration become urgent in the context of COVID-19. At the same time, longstanding impediments are dissolving as donors and politicians aggressively seek new solutions. If the endgame for the pandemic is immunization worldwide, various elements of that solution—from allocating vaccine supplies to establishing cold chains to training and dispatching vaccinators—can proceed more readily by leveraging the resources of existing programs.

A multidimensional crisis requires a multidimensional response. Comprehensive campaign integration could help us halt COVID-19 while overcoming its ancillary effects on global health.

² campaigneffectiveness.org/resources/technical-brief-health-campaign-integration/ and campaigneffectiveness.org/resources/exploring-health-campaign-effectiveness-and-integration/

ETHIOPIA MEASLES CASE STUDY

Research shows that the health benefits of childhood immunization outweigh COVID-19 risks from vaccination clinic visits or campaigns.¹ An analysis conducted by the London School of Hygiene & Tropical Medicine found that for every excess COVID-19 death attributable to infections acquired during routine vaccination clinic visits, 84 deaths in children could be prevented by sustaining routine childhood immunization in Africa.²

In Ethiopia, supplemental immunization activities (SIAs) are one of the best tools to fight vaccine preventable diseases (VPDs). Ethiopia had a national measles SIA planned for March 2020; however, when COVID-19 emerged, the government had to consider whether the measles campaign would contribute to the spread of the pandemic.

The Ethiopian government used models of several scenarios to make this decision, among other inputs. The Institute for Disease Modeling, the London School of Hygiene & Tropical Medicine, and Pennsylvania State University predicted how many measles cases there would be if the campaign were cancelled. Although the models differed on specific case numbers, they all agreed that cancelling or postponing the measles campaign would result in thousands of excess measles cases per day and cause susceptibility levels to return to levels similar to 2013, just before substantial outbreaks in 2014-2016.³

The Ethiopian government ultimately decided that a measles campaign was urgently needed. By the end of July, Ethiopia had vaccinated 15 million children nationwide.

Ethiopia VPD 2020 Campaigns and Target Population Information

Disease	Status	Target Population
Measles	Complete	15,000,000
Polio	Cancelled	18,958,634
Polio	Completed	7,103,959
Polio	On track	7,103,959
Polio	Completed	1,395,054
Polio	Completed	1,395,054
Polio	On track	1,483,452
Polio	On track	1,483,452
Yellow Fever	Resumed	704,005

³ Institute for Disease Modeling. The effect of regional under-age-5 campaigns on the SARS-CoV2 outbreak in LMIC (2020)

⁴ London School of Hygiene and Tropical Medicine. Routine childhood immunisation during the COVID-19 pandemic in Africa: a benefit-risk analysis of health benefits versus excess risk of SARS-CoV-2 infection (2020)

⁵ Bill and Melinda Gates Foundation. 2020 Goalkeepers Report-COVID-19: A Global Perspective (2020)

DELAY ANALYSIS / COVID

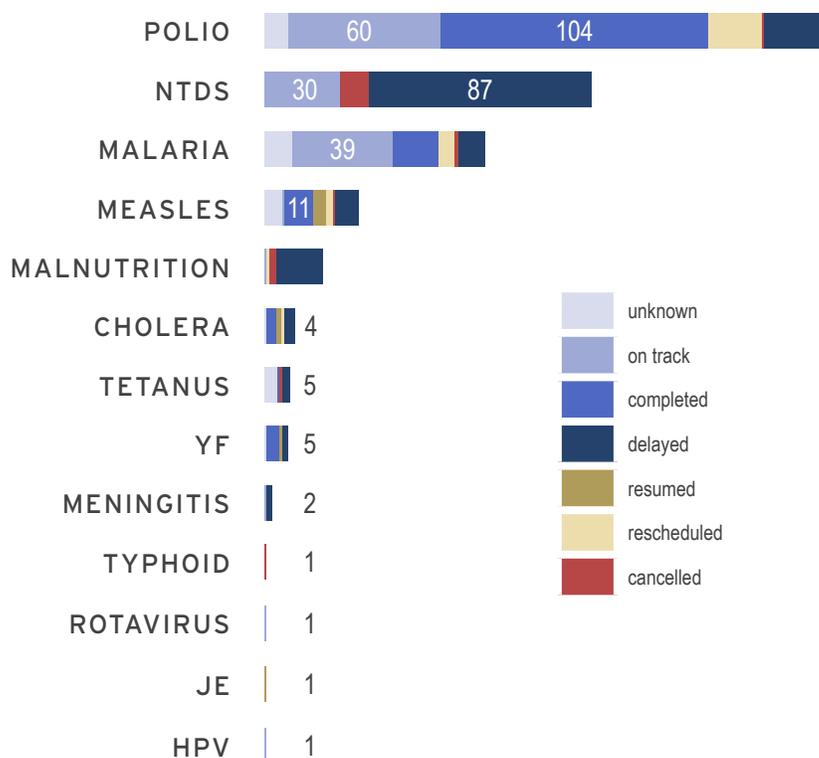
Initial WHO SAGE guidance developed in March 2020 recommended that mass vaccination campaigns should be suspended to minimize the spread of COVID-19. In June, operational guidance recommended countries undertake systematic decision-making to assess the risks and benefits of implementing mass vaccination campaigns.

253

Total Campaign Delays

Following an analysis of the data, the official SAGE guidance was fully updated in October to note that immunization activities should be prioritized and safeguarded and that campaigns should be adapted to ensure delivery under safe conditions. Further, the guidance recommended that countries and partners should explore feasibility for multi-antigen and/or integrated mass intervention campaigns after careful consideration of target populations, logistics, operational costs, community acceptance, and local epidemiology.

2020 Campaigns by Disease and Status (as of December 2020)



WHO SAGE Guidance

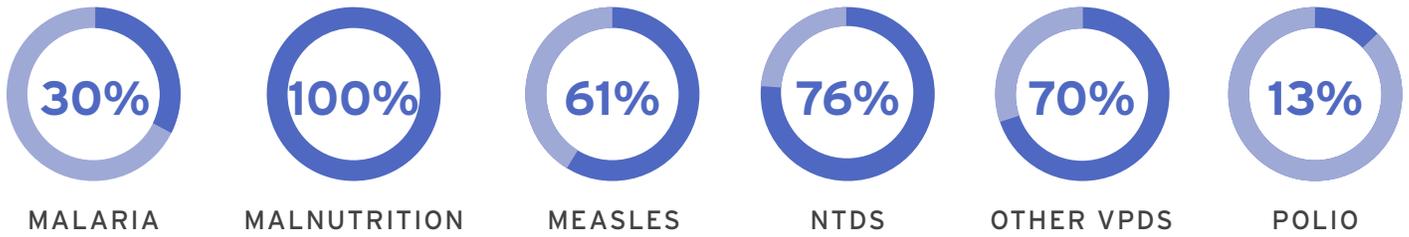
March: https://apps.who.int/iris/handle/10665/331561?search-result=true&query=COVID-19%3A+Operational+guidance+for+maintaining+essential+health+services+during+an+outbreak&scope=%2F&rpp=10&sort_by=score&order=desc

June: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>

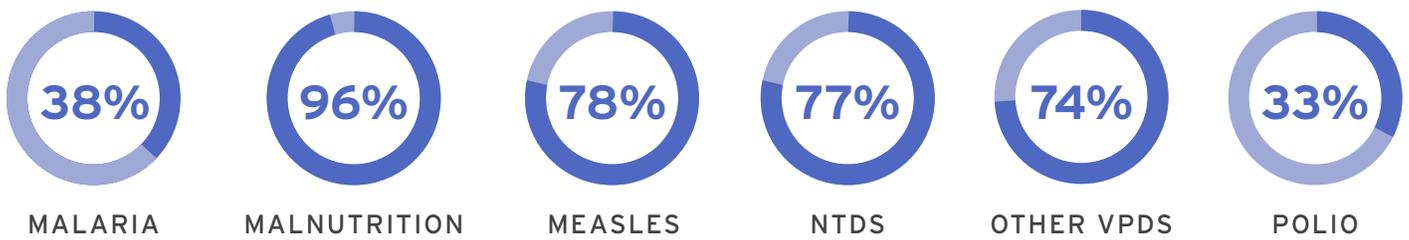
September/October: https://www.who.int/immunization/sage/meetings/2020/october/Session02A_GuidingPrinciplesImmunizationServices.pdf

Campaign Delays/Cancellations by Region (December 2020) and Disease (May vs. December 2020)

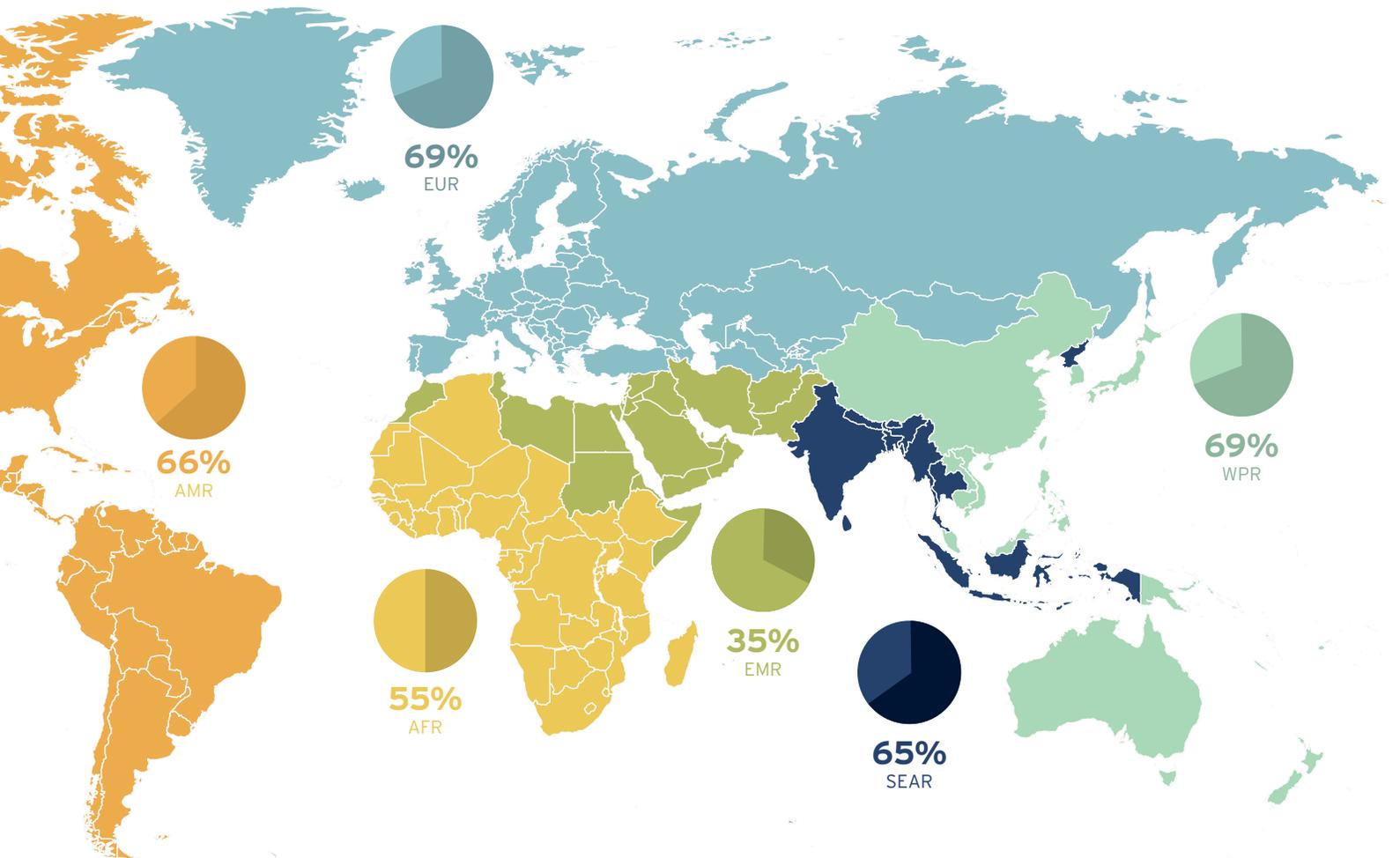
May 2020



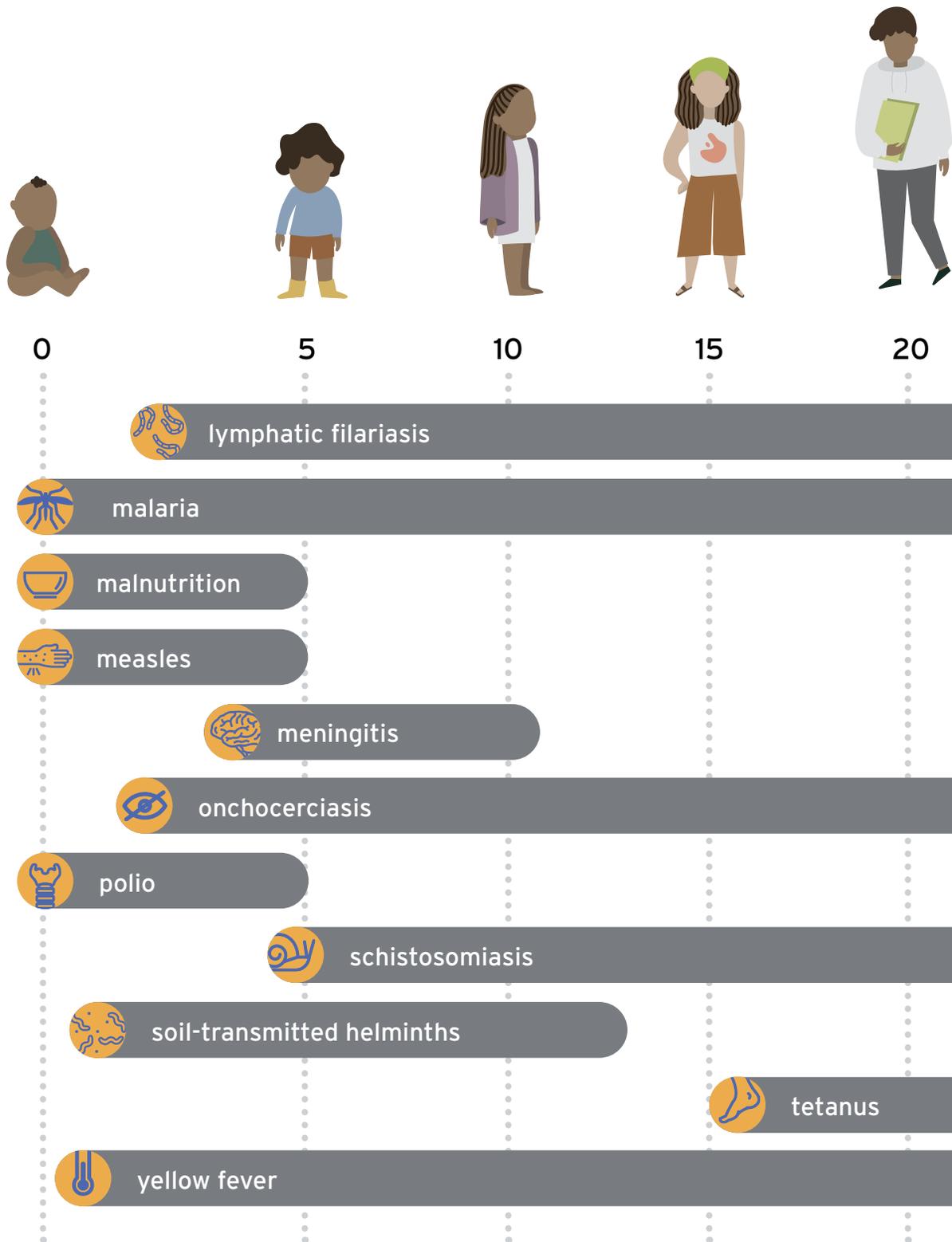
December 2020



delays/cancellations



CAMPAIGN TARGET AGE



Country health systems reach people through campaign-based delivery at many moments throughout the life course. At some ages, a person may be reached by several unique campaigns in one year. For other age groups, campaigns may be the only interaction a person has with a health system in a given year. *Note: the image above represents approximate age ranges for most campaigns for each disease vertical.*



25



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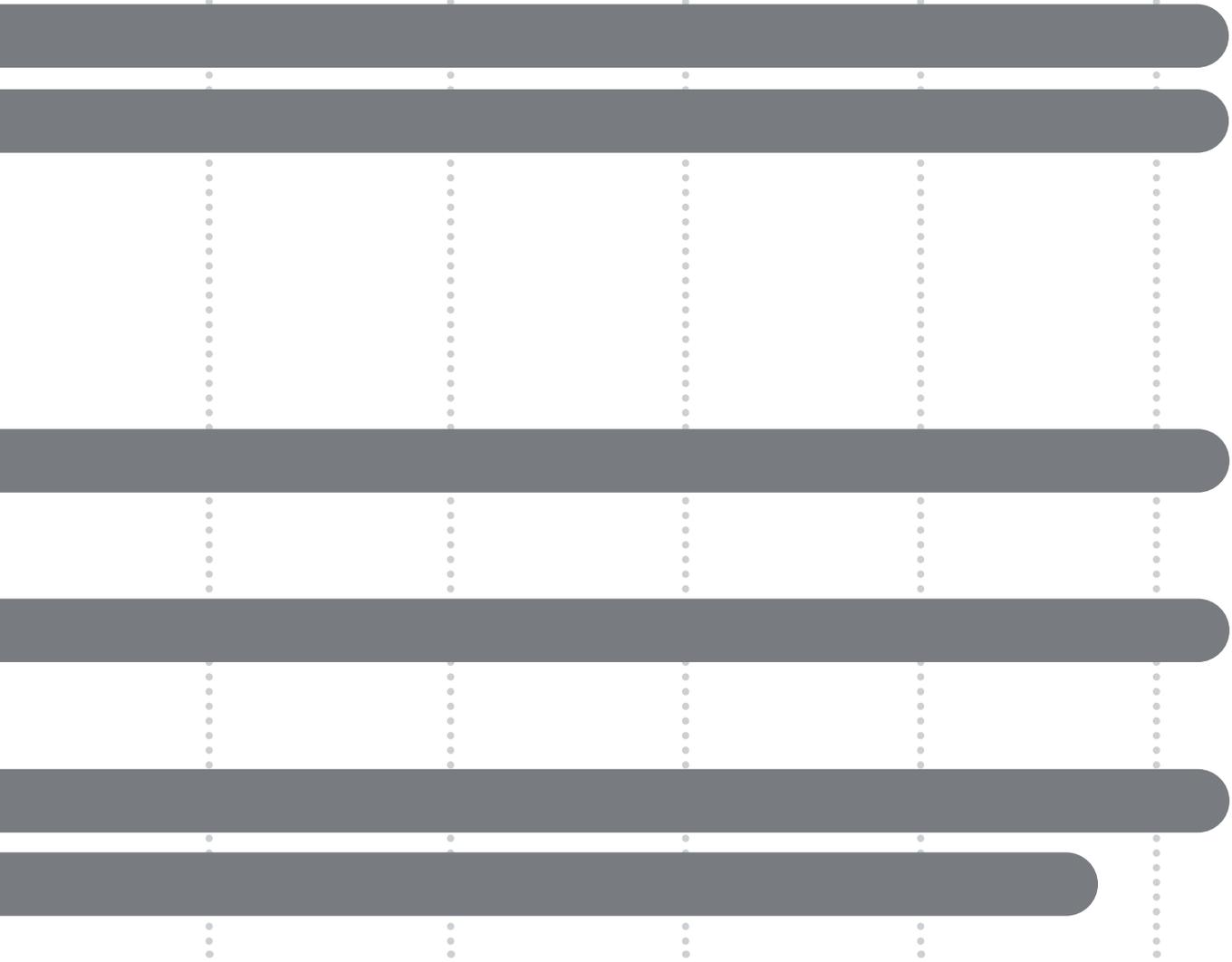
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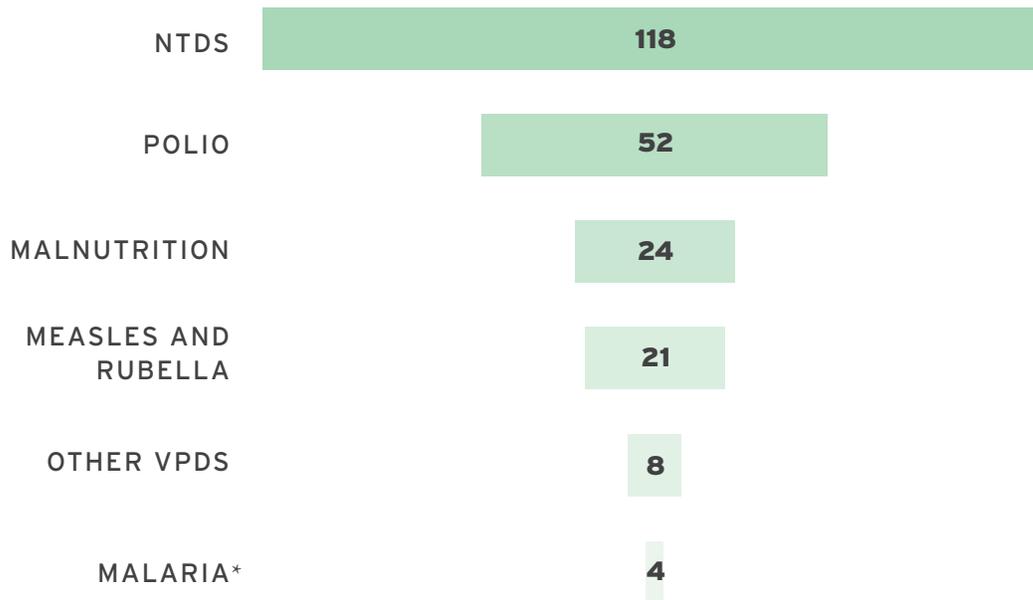


2021 CAMPAIGNS

The campaign calendar is currently collecting and consolidating information for 2021 campaigns. As of December 2020, our database has 227 campaigns planned across 86 different countries for the 2021 calendar year. The majority of these campaigns come from the NTD program (52%) and will be taking place in AFR (56%).

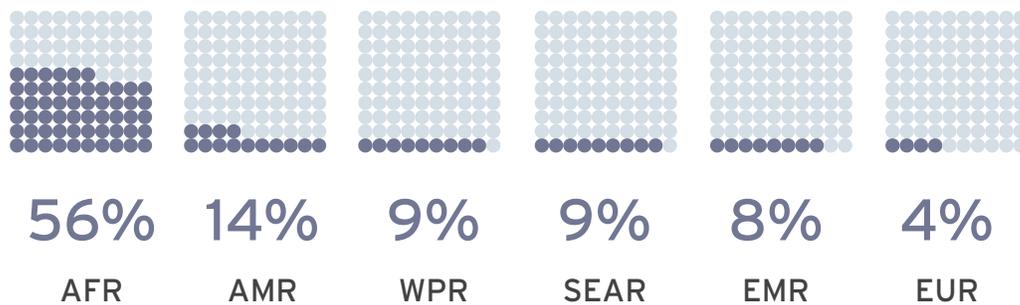


By Disease Area - Total Number of Campaigns



*Not all malaria campaigns were captured in our December data update

By Region - Percent of Total Campaigns



CONTACT US

The campaign calendar is a continually evolving data source that relies on updates from partners. If you have any questions, comments, or would like to be more engaged, please reach out to:

hce@linksbridge.com

To see the live calendar data please visit: <https://campaigneffectiveness.org/>