Opportunities and Barriers to Health Campaign Integration Across Vitamin A, Immunisation, Polio, Neglected Tropical Diseases, and Insecticide Treated Bednets: Voices From the Field.

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RESEARCH TEAM

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ABSTRACT

A qualitative research study implemented in the last quarter of 2020 sought to understand the opportunities, barriers and facilitators that the COVID-19 pandemic brought for integration in health campaigns. Faced with delayed timelines, risks of expired commodities and mitigation efforts to prevent SARS-CoV-2 transmission, there was a need to find efficiencies in health campaigns in order to prevent losses to public health gains made over the last decades.

The research team carried out a series of virtual in-depth interviews with 26 individuals working across five health domains (Vitamin A, Vaccine-preventable diseases, Polio, Malaria, and Neglected Tropical Diseases), across different roles (donors, implementing partners and Ministry of Health health campaign personnel) and from five countries (Guyana, Indonesia, Côte d’Ivoire, Ethiopia and Nigeria).

Results showed that the global pandemic has opened doors for new ways of working across health campaigns, including new forms of integration. Health campaigns faced increased pressure to restart following cessation of activities in the spring of 2020. Results of the pause of health campaigns resulted in disease outbreaks and risked the expiration of valuable commodities. New partnerships and collaborations were formed to enable health campaigns to re-start with a wider reach.

Many of the enablers mentioned by participants across the health domains were also considered to be barriers, depending on the context. Of note were the following themes: importance of coordination across the different domains to be integrated; understanding the optimum combination of commodities; considerations regarding data management for integrated campaigns; coordinated logistics and timeline of activities and; the impact of campaign integration on human resources. Across all informants, there were also some factors that were identified as crucial to successful integration: strong leadership, supportive political will and positive personal relationships that support effective collaboration.
What was the rationale for the study?
• COVID-19 has impacted health campaigns, which were suspended at the beginning of the pandemic due to fears of SARS-CoV-2 transmission.

• After several months of ceased activity, health campaigns needed to re-start to mitigate further public health losses, prevent outbreaks and avoid expirations of certain commodities.

• In these efforts to re-start, there appeared to be additional opportunities for integration as campaign managers needed to find efficiencies to reach their communities.

• How had the COVID-19 pandemic affected integration?
What were the study methods?
AIM OF THE STUDY

To understand the opportunities and challenges for campaign co-delivery and collaboration from the perspectives of campaign managers and other country-level decision makers.
METHODS

- Explorative qualitative study
- In-depth interviews conducted by senior researchers using Zoom platform
- Informants identified using a purposive sampling strategy across five countries – Côte d’Ivoire, Ethiopia, Guyana, Indonesia, and Nigeria
  - These countries were identified to represent a range of regions and health systems
  - They had reported experience with campaign integration
  - The HCE coalition and the research team had existing contacts with individuals working in these countries, which helped to identify potential interview respondents
- Individuals were selected based on:
  - Engagement with health campaign integration across five domains – Immunization, Polio, Vitamin A, Neglected Tropical Diseases, and Malaria
  - Role at the national or state/provincial level - Ministry of Health or development or donor agencies
METHODS - continued

• Topic guide developed in coordination with the Health Campaign Effectiveness Coalition team

• Testing of the topic guide was done with three individuals working in health campaigns in Ghana. After which time, the topic guide was further refined and finalized.

• Only significant change to the topic guide after the Ghana pilot interviews was the addition of questions on leadership as this was seen as an emerging issue.
ETHICS

• Ethics approval obtained from The Bruyère Continuing Care Research Ethics Board (REB) and the Ondo State University of Medical Sciences Research Ethics Review Committee.

• Verbal consent from all participants was received prior to the start of the interview.

• The verbal consent sheet with the lead interviewer’s signature was sent to the participant at the close of the interview for their records.

• Anonymity of research participants was ensured throughout the process.
METHODS – DATA MANAGEMENT & ANALYSIS

• In-depth interviews recorded on the Zoom platform and were transferred from the platform to a secure data storage platform (www.sync.com).
• Recorded interviews were transcribed verbatim by three research assistants.
• Interviews were analyzed in the language they were carried out in (English / French).
• Data coded into categories and analyzed for cross-cutting themes using NVivo12.
• Themes identified using a grounded theory approach whereby themes emerged from the data.
• Interrater reliability across coding was ensured through co-coding of a selection of transcripts by two members of the research team. Discussion took place to address any discrepancies in the coding and consensus was achieved.
• Research team discussed and agreed on the final thematic list and study conclusions.
LIMITATIONS OF THE RESEARCH

• Due to the pandemic, no community level data collection was possible. As a result, the community perception of campaign integration was conferred only by national and district level personnel.

• Although every attempt was made to have the full range of health domains represented in each country, that was not always possible.
DEFINITIONS USED

- **Partial integration**: collaboration or sharing of specific components between vertical health programs, but without co-delivery of interventions at the same service delivery points.

- **Full integration**: coordination of most or all campaign components for co-delivery or simultaneous delivery of two or more health interventions at the point of service delivery.
What were the study results?
RESULTS

• In total, 26 interviews were conducted
  • Only two individuals refused to participate and were replaced according to the sampling matrix
• Interviews lasted between 45 minutes to 1 hour
• Interviews took place in English and in French between October 2020 - January 2021
• All participants agreed to have their interview recorded
• Two participants requested to review their verbatim transcripts
### SUMMARY OF PARTICIPANTS

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*Some informants were responsible for more than one program. Therefore, the totals across domains is more than the number of informants (26).*
IMPACT OF COVID-19 ON HEALTH CAMPAIGNS

Disruptions
- Disruption of routine health services
- Delays and cancellation of scheduled health campaigns

Resumption of campaigns
- Prevent or respond to disease outbreaks
- Mitigate losses due to expiration of commodities
- Prevent increasing disease burden due to missed campaigns

Challenges faced
- Restriction of movement due to COVID-19
- Redirection of human and financial resources
- School closures impacted campaign delivery through education system
- Repurposing of funds to COVID-19 activities
- Increased financial expenditure due to PPE and COVID-19 mitigation measures

“We’ve heard that up to 85% of NTD budget for this year was reprogrammed to support COVID. And they’re expecting a similar amount next year.”
- Implementing partner, NTD domain
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OPPORTUNITIES FOR INTEGRATION DUE TO DISRUPTIONS OF COVID-19

“COVID-19 is really opening up ... the entire system’s eyes in terms of identifying gaps that need to be addressed.
- Ministry of Health staff, NTD program

“...before it was, I would say, [integration] was an idea. It was something you could do. And COVID ensured that it’s something that you must do, because we cannot neglect to deliver health and we realized that there’s a lot of people that can’t reach us.
- Ministry of Health staff, Vector-borne diseases program

“There was a very good logistic working group to make sure that supplies are available for COVID and for response and then COVID-related health interventions. There was a strong...coordination platform, which we can learn and really scale up or maintain this coordination in the remaining of the year, I mean, I would say couple of years.
- Implementing partner, Immunization domain

“COVID is teaching us a lot of lessons that ... we were not prepared for a number of things. And one is integrated way to work, you know.
- Implementing partner, Immunization domain
This figure represents the spectrum of integration discussed in the interviews and reflects their personal experiences with integration.
What factors enabled or hindered campaign integration?
FACTORS That Enable Or Hinder Integration

Key themes and the sub-themes are described and illustrated on the next slides.
# TABLE OF THEMES*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
<th>Enablers (+) and Barriers (-)</th>
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<td>Seasonal patterns of transmission</td>
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<td></td>
<td>Setting (urban vs rural)</td>
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*Please note that thumbs up and thumbs down will be used in subsequent slides to signal enablers / barriers*
### TABLE OF THEMES (continued)

<table>
<thead>
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<td>Logistics</td>
<td>Timeline</td>
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<td>Funding</td>
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<td>Incentives</td>
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*HCW=health care worker; CHW=community health worker; CDD=community drug distributor;
Different target populations e.g., under-five children for immunization programs and general population for mass drug administration for lymphatic filariasis elimination programs, make campaign integration challenging.

Seasonal patterns in transmission makes it hard to integrate. For example, the dry season may be good to target one disease area, yet for another, transmission is reduced. Example given was combining malaria with schistosomiasis.

“But to try to force coordination or integration when you’re talking about different mechanisms and different groups it’s really complicated.”
- Implementing partner, NTD domain

“We should not integrate when we have different target population. For example, for immunization, we have under five population and for another intervention, we have other populations. We need to align. If we’ve not the same target population, we should not integrate.”
- Implementing partner, polio domain
COMMUNICATION/COORDINATION

• Joint consultative planning
• Regular review meetings
• Open communication
• Engagement with all stakeholders

"So, all the partners or stakeholders in the regions, we had the consultative process with them and the roles and the responsibilities of each was clearly spelled out. We had our guideline and with the guideline we had also explicitly outlined the roles and the responsibilities of each and every partner at all levels starting from the federal level to the national level to regional level, zonal level, and district level."

- Implementing partner, NTD domain

“So, it might not be bringing cash into co-deliver but say that, you know, if this is delivered with it, we could also bring a research partner to do your rapid assessment. So, it’s a different form of an in-kind as well...Bringing some added value that is data or services that the government values... So, it’s not doing a rapid assessment coverage validation so I can publish the results, but it’s to handover that... To give that data to the government to help them with decision-making. I think it has been a very successful way of negotiating."

- Implementing partner, Vitamin A domain

"But when we manage to meet these coordination challenges, to put together and hold joint meetings, for example, we manage to make joint decisions that share common ground."

- Implementing partner, Vitamin A domain
COMMUNICATION/COORDINATION

- Compartmentalization of organizations
- Working in silos
- Lack of alignment of priorities between external partners, the Ministry of Health, and the community
- Overshadowing – whereby one partner takes the lead and the other partner is left behind and not given the same priority

“Whose agenda is that one? I think that’s most important. Sometimes, it’s national agenda, it’s global agenda, when it goes to the... to me, it might not be my agenda. I have my own priorities of when we are setting priorities on campaigns and so on. What we have to see also is that people’s agenda or not? Is it timely? ”
- Ministry of Health staff, NTD program

“And unfortunately, each donor in his corner does not have visibility on what the others are doing.”
- Implementing partner, Immunization domain
COMBINATION OF COMMODITIES

• Evidence supporting the safety of combined commodities
• Can increase coverage across both campaigns

“Maybe the most important thing is to find out about drug interactions that can happen with other drugs. So, before we do the integration, we need to be able to establish that there are no drug interactions.”
- Ministry of Health staff, NTD program
COMBINATION OF COMMODITIES

• Lack of evidence around the optimal mix of commodities
• Lack of evidence about safety of combined commodities
• How do we attribute adverse events when certain commodities are combined (e.g. vaccine with NTD mass drug administration)? This made some respondents uncomfortable.

“Integrating unknown activities for which you really don’t know what might go wrong is quite risky, you know. So, for example, integrating I would say your lymphatic program with vaccination program, we don’t know who will blame whom for what... How do you investigate and look at these aspects of the program? So, people prefer to play safe, you know. I mean the ministries prefer to play safe and have their vertical [programs].”

- Implementing partner, Immunization domain
“What we realised is the micro plan that are used by the ITN [insecticide treated nets] teams and the denominator they used is different from the micro plan and denominator we used in the polio program but if we had planned together we might not have missed sections or clusters of household and we may not have had as much with refusal, so for example the malaria team used the 2006 census data whereas the polio team use that data plus micro plan that we have done more recently to count number of children and our more detailed micro plan that we have done prior to the campaign so we were covering larger number and they were covering fewer numbers so we had high numbers of refusal and that affected the implementation.”

- Implementing partner, Polio domain
DATA MANAGEMENT

Complex data collection tools → Large number of indicators → Overburdened community health workers → Inaccurate data reporting

“The difficulty is that when each funder comes up with their money to fund a program, in funding that program, they give their indicators. He says: ‘these are the indicators that you need to follow, here’s what I need you to report on...’ If there's not strong leadership at the national level to say: my health worker, these are the indicators that he can track; he can’t track 10,000 indicators. I mean he's not going to spend his time checking boxes or filling out records. He has his own business. So that's where integration is crucial.”

- Implementing partner, Immunization domain

“The major challenge is always in terms of data collection and been able to harmonize your tools.”

- Ministry of Health staff, Malaria program
LOGISTICS AND TIMELINE

- Efficient supply chain management system
- Uniformity in incentive structures
- In-kind contributions: support during post-campaign evaluations, and knowledge and skills transfer

“We count on working with antenatal clinics, right? And EPI or vaccination teams went out to the periphery and very remote areas because [country] is very heterogenous in terms of geography and the complexity of logistical arrangement in order to facilitate movement from an area to the other. At times even though we are a relatively small country, it could be a bit astonishing. So, we have determined that for those amenities that are close to the health facility that we will distribute nets through the health facility. But for those that are very far we work with village leaders that when they go to do outreaches for whatever reason in the remote areas, they were taking it. In addition, if we were to have maternal and child health department doing vaccination campaigns or mop up at a set time, then they would go.”

- Ministry of Health staff, Vector-borne diseases program
LOGISTICS AND TIMELINE

- Bulky items -> difficult to transport, especially in remote areas
- Lack of alignment of activities, funding, and commodities with each partner’s timeline
- Divergent interests and lack of funds

“I remember during the polio campaign back in 2018 in [city] in which you have to walk like... eight hours walking in a forest to reach one village for example. Bringing the vaccine is already difficult, then bringing the bed nets... The bed net is quite heavy”
- Implementing partner, Immunization domain

“We have partners who have the calendar year starting from January 1st to December 30th. Other partners who start from April 1 to March 30. And another partner who starts from September 1st to October 30th... So, our challenge is to merge all these calendars.”
- Ministry of Health staff, NTD program

“As you know, sometimes, some partners will say: ok, we have only fund for social mobilisation, not for something else. To manage funds quickly, to align... the management of funds was also a challenge for this integration.”
- Implementing partner, Polio domain

“Some of the challenges at least from my experience have been with the donors because a donor usually selects a program or a part of a program that they really want to support. And then all of the funding, all of the program strategy is really focused on that portion of the program and it makes it really difficult to integrate.”
- Implementing partner, NTD domain
INCENTIVES

Monetary incentives can be:
- Fixed
- Performance-based

Other forms of incentives include:
- Capacity building
- Value of volunteering in the community

Incentives should be:
- Uniform – the same amounts should be given across partners
- Timely – it should be given on time

"But [incentives]... this is like junk food. You get it now and you need it in the afternoon, you need it tomorrow. But it is not healthy. It doesn’t help the government, it doesn’t help the health worker, it doesn’t help anybody, even the donor and the implementing partner."
- Implementing partner, NTD domain

“And it turned out at times that many of those who did the work did not receive the money. And the delay of payment demotivated them. And so, they tell themselves that next time they won’t do the activity until they get their money.”
- Implementing partner, NTD domain
HUMAN RESOURCES

- Time-saving and efficient for healthcare workers, community health workers and community drug distributors
- Integration means that the health staff and volunteers visit the communities once with multiple activities as opposed to repeat visits for each individual activity.

“At the end of the day, the health workers are very happy if the integration is done because he doesn’t have to do the same walk on the path twice to reach to the same difficult areas and talk to the community.”

- Implementing partner, Immunization domain

“If we are trying to put too many messages or too many activities into one, then your target population may grasp a part of it or almost sometimes less than half of what you’re trying to get because they are trying to process things that are happening ... So, when we look at integration, we would need to understand that, while we want to maximise our resources, maximise on time, the messaging that both groups within this whole collaboration or within the campaign have the similar message over something that is easily catchable and remembered.”

- Ministry of Health staff, Malaria program
HUMAN RESOURCES

• High turnover of volunteers can pose a challenges
• Overburdening of volunteers and health staff
• Lack of sufficient numbers of HCW, CHW or CDD
• High volume of information during training -> can create confusion and misinformation

“The next thing you know is that they moved elsewhere, and you may be forced to go to square one. This is the worst thing we look forward when we think of transitioning, handover, government ownership.”
- Implementing partner perspective, NTD program

“And then secondly, you know, we also have an issue with the health workers, availability of healthcare workers because when you are now having an activity that has now integrated and more expanded, you are going to be requiring more healthcare workers and looking at the healthcare workers we have in the system, the ones that are trained, they are really quite not enough. So, we run the risk of not having enough health workers to implement the activity.”
- Implementing partner perspective, Immunization program
How did these themes vary across the five health domains?
Overall, there was consistency of the themes raised across countries and health domains.

Communication and collaboration were seen by all informants as key ingredients for success or as important barriers to integration.

When a donor only supported one part of the program or when they had different financial years, campaign integration was more challenging.

In terms of context – where there were stronger and more decentralized health systems – more activities were integrated as part of the routine health services. In these cases, for example, child health weeks included not only vaccinations and nutrition but health information about other conditions, like malaria.
HEAT MAP OF THEMES ACROSS THE 5 HEALTH DOMAINS

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Fewer mentions More mentions
UNDERSTANDING THE HEAT MAP

• NTD and malaria domains were grouped together as one person can be responsible for both (vector disease control)
• Vit A / nutrition was frequently combined with vaccine preventable diseases.
• Combination of commodities was mentioned more frequently by informants working in NTD / Malaria, likely due to the logistics of combining bednets with other commodities.
• Within NTD domain, there was a concern about combining preventive chemotherapy with vaccines as it would be difficult to tease out adverse events.
• People in the immunization domain noted different target populations across campaigns: children versus adults or whole households.

• A word of caution about interpreting the map – more mentions do not indicate greater importance – rather it means that individuals from these domains spoke more about these issues during the course of their interview.
What does the community think about campaign integration?
COMMUNITY RESPONSE

- Increased turnout
- Community appreciation for combination of services and messages
- Informants also noted that, in order to make the campaigns more appealing, they incorporated commodities such as insecticide-treated bed nets (ITN), consultative services, and integrated messages and health promotion activities.
- Opportunity to rejuvenate programs with an integrated approach

“When you talk about the community and acceptance, there is always this issues of community being overburdened with activities. Today we come with an FIPV [polio] activity, tomorrow you are coming with an RI [Routine Immunization] intensification; the community is ... tired every time. But now, having integrated, somebody conveniently comes and assesses all these activities and goes back in one visit. You don’t need to come this week, come next week. I think, it also helps the community to really come out and access this.”
- Implementing partner, Immunization domain

“In many countries, we’d like to think of polio fatigue. That’s because we are providing many times, many times polio, polio. People are tired. When you integrate something like Vitamin A, like hygiene items, I think it will be attractive for the population, for the community. That’s also the advantage of integration.”
- Implementing partner, Polio domain
“Messages or materials which are produced are all one. You know, they all have common messages that: come to health centres, get your child vaccinated, get your vitamin A drops for your children. So, this is one message which is brought out, you know. It brings synergy. It makes certain efficiencies. It’s attractive to community.”

- Implementing partner, Immunization domain

“So, talking about the response, I think there was really acceptance. I know in the past, routine immunization, we have been trying to run away from pluses. But we are coming to realize that these pluses are necessary because when you get out there to provide services, one thing that they always ask is: ‘you are only addressing children; what about the caregiver? What about the elderly ones? Our children are sick of malaria; they are dying of this and you are bringing immunization all the time when our children are dying of malaria. There are people that will tell you they will rather not collect immunization because their death from malaria is more than the immunization you are giving to them... The child is going to be screened and treated. The child is going to be given vitamin A, deworming tablet. You know there was that acceptance and really the turn out was even more than expected.”

- Implementing partner, Immunization domain
What were the nuances of human behavior that make integration work?
Leadership emerged as an important common issue across informants.

All informants (donors, MoH, partners) across all domains agreed on the importance of leadership.

In particular, the qualities of the kind of leader that could pull together an integrated campaign.

Without clear leadership, integration efforts may not be successful or sustainable.
LEADERSHIP

“One of the major skills that are needed is the ability to pull, bring people together and let them see what the vision is. If you cannot bring your people together and share the vision and let them catch on and be passionate about the vision, then forget it, they are not going to be any followers. So, it’s the ability to listen to what the experts are saying, speaking with one voice with your expert who advised and then ensuring that the vision is well laid out without confusion.”
- Implementing partner, Immunization domain

“You should be very transparent, you should be very accountable, and you should not take credits of anybody else. So, if you’re that kind of person, the leadership quality really matters very much.”
- Implementing partner, NTD domain

“I think, you need to have that leader who is focused and ready to go ahead and face the risk and address them as they come because there will always be challenges on the way and you need to just be able to say, I am ready for it, come up with some mitigation plans, if this happens, this is the way I will do it. So, you just need somebody who is focused and then you also need people that around you who are really in support of that integration.”
- Implementing partner, Immunization domain

“For this kind of integration, where everyone sometimes thinks that he must have the monopoly of an intervention, the first thing of all is humility. You have to be humble. You have to be humble, and you have to know that by integrating you always learn from others.”
- Ministry of Health staff, NTD program
POLITICAL WILL

• Informants agreed that political will was important on the road to integration.
• Negotiation is required to bring all partners on board and to agree on the elements of any integration (calendars, resource sharing, data management, planning, logistics). This process requires time and someone to champion the negotiations.
• Sometimes the policy to integrate is on paper but is not carried out due to lack of political will.

“One is, I think that political will is key [for success]... So, one is you need the key policy people to buy in the concept and to understand the benefits in pursuing this and trying to operationalise it. I think it’s not a hard sell in terms of the benefit. I think the most challenging is to really sell how each campaign that’s going to be part of this integrated infrastructure will continue to satisfy its objectives, right? And get the results that are required.”
- Ministry of Health staff, Vector-borne diseases program

“Commitment to, you know, high coverage or commitment to the interventions to deliver is incredibly important as an enabling environment. There has to be [a champion] so whether it’s an individual champion or a division of the Ministry that is a particular champion for this approach.”
- Implementing partner, Vitamin A domain
POSITIVE RELATIONSHIPS

• Having a positive working relationship helped to smooth out the process of campaign integration.
• Can be a personal relationship, or where there is a history of collaboration.
• There can also be a willingness for the partners to be transparent and appreciative of what the other is bringing to the integration.

“Beyond institutions, it is the people who embody these institutions that give value... And that's the relationship of trust that I want to have with all my partners, in a transparent manner. So, that the basis of work is good, and that the collaboration is frank and sincere. That's what I expect from my partners and I'll really make sure that I don't disappoint, that I live up to the expectations of the partners and my people.”

- Ministry of Health staff, NTD program

“There was no conflict of interest. There was no competition among partners, but there was a sense of complementarity. You know, we were trying to use the skills and the resources and expertise of each of the partner into this mix... it's synergetic. We were trying to pull everything together and, you know, deliver it effectively and efficiently to the communities that are requiring it.”

- Implementing partner, NTD domain
How do informants measure the success of integrated campaigns?
INDICATORS USED TO MEASURE SUCCESS

- Achievement of goals and objectives
- Coverage indicators
- Perception of community and HCW/CDD
- Process indicators
- Gender analysis

- If the integration reaches its stated goals and achievements of the independent campaigns during integration
- The community and the health care staff, and community drug distributors value integration of activities at the community level
- Coverage indicators increase as a result of integration
- The process to integrate was good and worth repeating
MEASURING SUCCESS THROUGH GENDER ANALYSIS

• Using a gender analysis can help to understand the following:
  • Is there sex-disaggregated data to understand if there are differences in uptake amongst girls / boys or men / women?
  • Who makes the health decisions in the household?
  • Who holds the power over financing for health care?
  • Is there a gender bias in the household towards which child has better food and resources?

• In the integration of the campaign:
  • Use of sex-disaggregated forms
  • Training of health workers and volunteers on gender equality
  • Include specific messaging for men/boys and women/girls
Implementing partner, NTD domain

“Alongside the entire project [we] did a gender analysis and then a gender inclusion. We were also measuring the fact that the girls and boys - what impacted them in terms of the coverage itself?

…There are social barriers, there are geographical barriers, economical barriers that would probably, you know, show you results that …boys and men access healthcare or some of these services more than women because the women are taking care of the children at home. They are not able to go…. Where where we could easily access, you know, ..is when we see the campaigns and how the coverage of …the campaign was. So, whether girls and boys were equally receiving the services.”
“If a colleague from another country came to you and asked for your advice prior to integrating health campaigns, what would you say to them?”
| 01 | Collaboration |
| 02 | Microplanning |
| 03 | Evidence/guidelines |
| 04 | Open communication & transparency |
| 05 | Take a phased approach |

**“But rather than direction, if it is consultative, people will buy-in into the process and then you start with something more. What if we do the planning together? What if we exchange experience together? What if we look for things which can be integrated? Then when people are asked to contribute, everybody will come with open hearts, with open hands and then identify things which maximise efficiency. If am going to spend only 50% of my resource and get the thing done, I am pretty sure that nobody will say no to that type of partnership... So, look for things which can really win minds and hearts of everybody around the table.”**

- Implementing partner, NTD domain

**“All way I would say is give time for planning, planning, planning and by that I mean the logistics and the micro plan, ensuring that all the teams, when I say the teams, the programs that are involved are pulled in from the beginning and they have one plan together... give enough time to plan, bring all the various programs or the disease or the whatever activities you are there integrating together.”**

- Implementing partner, Immunization domain

**“I think it’s good if you can have examples that are good practices. As I mentioned before, sometimes people don’t even know that they are integrating, but if you were to really assess it, they have integration at different levels.”**

- Ministry of Health staff, Malaria program

**“We shouldn’t put things as if everything is rosy. It’s not going to be rosy. So, from the outset, we have to communicate openly that these are the merits, and these are the demerits. And the merits outweigh because of this and that... the first of couple of years are going to be tough but in due course the return on investment is immeasurable.”**

- Implementing partner, NTD domain

**“I think it is better to start small because once we start the journey, this is like a long trip together. You sit with somebody, next to somebody. If you start with good greeting, you are likely to enjoy the flight. But if you are not willing to just ask somebody to the next seat, then you are unlikely to enjoy the flight. So, my advice would be start small. Start with things which are acceptable for everyone. It could be very minimum. It could be - let us meet once a month.”**

- Implementing partner, NTD domain
06 Risk Assessment

“I think that persons need to go through different scenarios, assess the different risks involved, and to be sure that benefits outweigh those risks.”

- Ministry of Health staff, Vector-borne diseases program

07 Taking ownership

“From the management, it’s the leadership and the ownership of the national counterpart. I’ll just stick to polio, that people think in many country polio is a WHO and UNICEF business. In countries, I think that to get the ownership and the leadership from the national counterpart is very very important for the success.”

- Implementing partner, Polio domain

08 Take a purposeful approach to integration

“I think it’s good if you can have examples that are good practices. As I mentioned before, sometimes people don’t even know that they are integrating, but if you were to really assess it, they have integration at different levels.”

- Ministry of Health staff, Malaria program

09 Thinking outside the box

“So, again as I said earlier, let’s think out of our box and learn to work with others, with partners. There are a lot of lessons to learn and also from elsewhere. So, bring those ones and contextualise that one to the local level. So, for me, it’s just to be open-minded and address health problem in the community.”

- Ministry of Health staff, NTD program

10 General Advice

“For me there is no shortcut. In my opinion, shortcut will cut us short. So, I go for the long goal. I go for the long goal that will take us to the dreamland. It’s a dreamland far away, but shortcut is not the right way. And we have to invest whatever is needed...”

- Implementing partner, NTD domain
What are the implications of this study?
Integration across health campaigns is welcomed and in many cases is already done at different levels for the health system, yet there is insufficient evidence available.

Consider an assessment of the integration that is ongoing within your country. Document what has been successfully integrated and learn when it is not successful.

Consider where integration makes sense (timing, logistics, partners, target population). Are there areas where health campaign integration can boost community participation and coverage?

Consider which health campaign activities are already integrated within the routine health services.

Commission implementation research on the barriers and bottlenecks to health campaign integration.

Consider ways to strengthen leadership and training for MoH management.

Foster regular communication across sectors, health campaigns and partners / donors to facilitate collaboration.

Consider ways that training programs for health providers and volunteers may be more efficient.

Communities and community-level health care providers and volunteers appreciate the efficiencies that integration brings. Harness their experience and preferences to build on those experiences.
• Gather evidence on successful health campaign integration from other countries and share with Ministry of Health.

• Ensure that ownership of integration lies with the Ministry of Health and is part of a sustainable approach towards health care delivery (e.g. integration is not “a fad” but part of a longer-term strategy towards increased efficiencies).

• Consider new ways of coordinating across partners / donors to ensure efficiencies on data management and harmonization of incentive structures for health providers and volunteers.

• Provide opportunities for open communication across Ministry of Health campaign managers and other partners / donors to facilitate the negotiation process.
Thank you!

- For more information about the Health Campaign Effectiveness Coalition, please go to: https://campaigneffectiveness.org/

- For more information about this study, please contact akrentel@bruyere.org

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