Campaign Effectiveness

Insights and Opportunities

April 2021

Systems Design in Global Health
Bill & Melinda Gates Foundation

This presentation is a comprehensive overview of the insights, supporting details, and initial opportunities arising from the Systems Design for Campaign Delivery workstream, part of the broader Systems Design for Global Health effort by the Design Institute for Health on behalf of the Bill & Melinda Gates Foundation.

It highlights the primary learnings from the workstream, but does not exhaustively detail the research and synthesis process, nor does it delve into the detail of the working documents and frameworks that led to this overview. Those assets are contained in additional partner documents.

It is our sincere hope that these learnings serve as both a resource and a catalyst for further action, in pursuit of the aims that so many in the global health community have dedicated their life's work towards.

"*Our goal is not coverage, it is to impact lives. That is harder to measure and quantify.*"
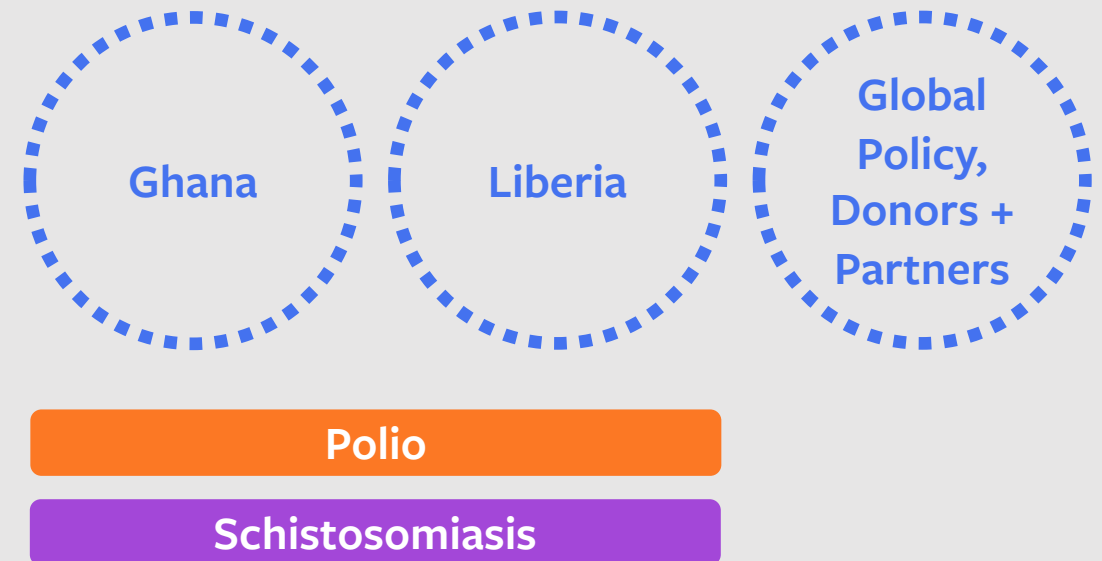
World Health Organization Staff Member

Campaign Effectiveness Approach

- Understand how campaigns operate in high-capacity, low-capacity contexts

- Understand how various tangible and intangible factors can impact effectiveness and drive behavior throughout the system

- Identify and investigate collisions and points of friction

- Compare a high-capacity and a low-capacity country context.
- Focus on one immunization and one NTD present in all focus countries.

Ghana

Liberia

Global Policy, Donors + Partners

Polio

Schistosomiasis

Systems Thinking and Public Health

| Usual approach	Systems thinking approach
Static thinking	**Dynamic thinking**
Focusing on particular events	Framing a problem in terms of a pattern of behaviour over time
Systems-as-effect thinking	**System-as-cause thinking**
Viewing behaviour generated by a system as driven by external forces	Placing responsibility for a behaviour on internal actors who manage the policies and "plumbing" of the system
Tree-by-tree thinking	**Forest thinking**
Believing that really knowing something means focusing on the details	Believing that to know something requires understanding the context of relationships
Factors thinking	**Operational thinking**
Listing factors that influence or correlate with some result	Concentrating on causality and understanding how a behaviour is generated
Straight-line thinking	**Loop thinking**
Viewing causality as running in one direction, ignoring (either deliberately or not) the interdependence and interaction between and among the causes	Viewing causality as an on-going process, not a one-time event, with effect feeding back to influence the causes and the causes affecting each other

Framework

We will contextualize our findings throughout this presentation with the adjacent framework. In the broadest sense, campaign stakeholders can be situated at three levels: global, country, and community. As campaign resources flow down from global organizations, a variety of factors affect their utilization and intended impact. The resulting loss in effectiveness represents unrealized value of the global inputs and weakened campaign outcomes. Our insights take a closer look at three moments in the system that we feel strongly contribute to the reduction in overall effectiveness.
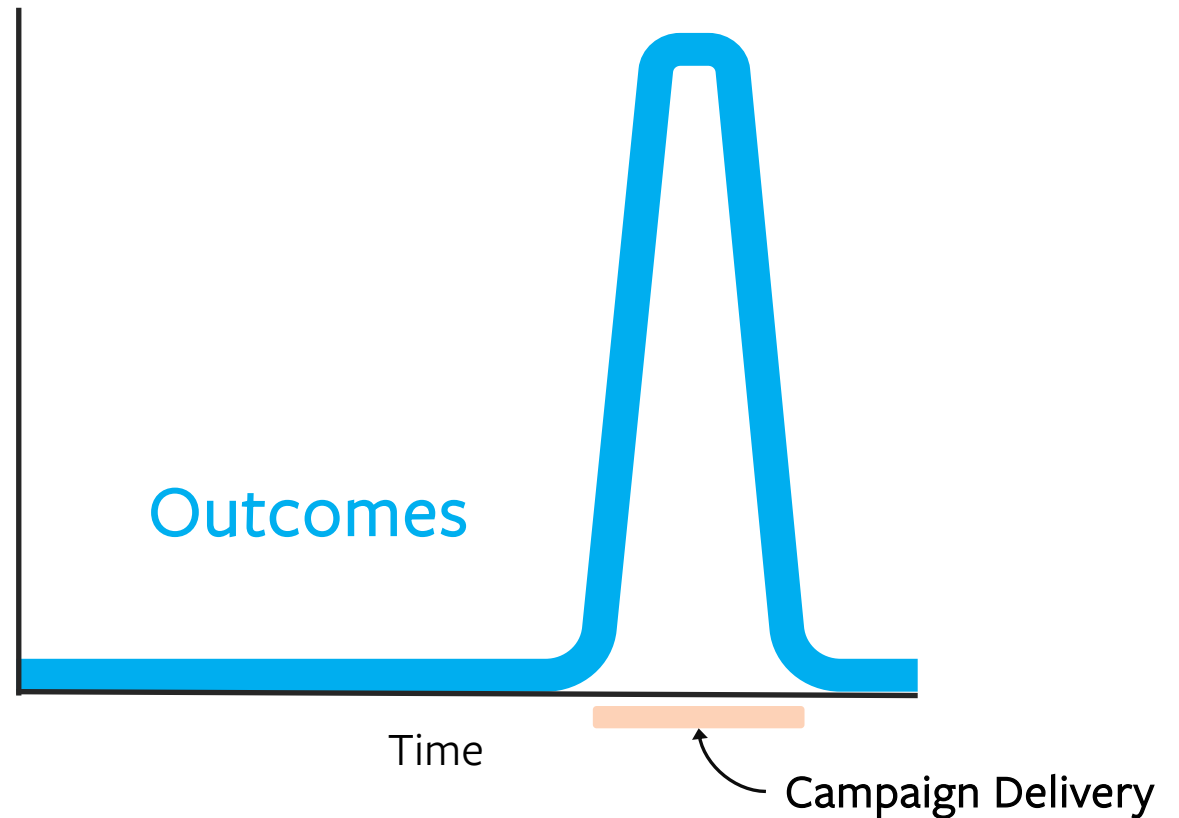

GLOBAL

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Flow of Resources

COUNTRY

Lost effectiveness
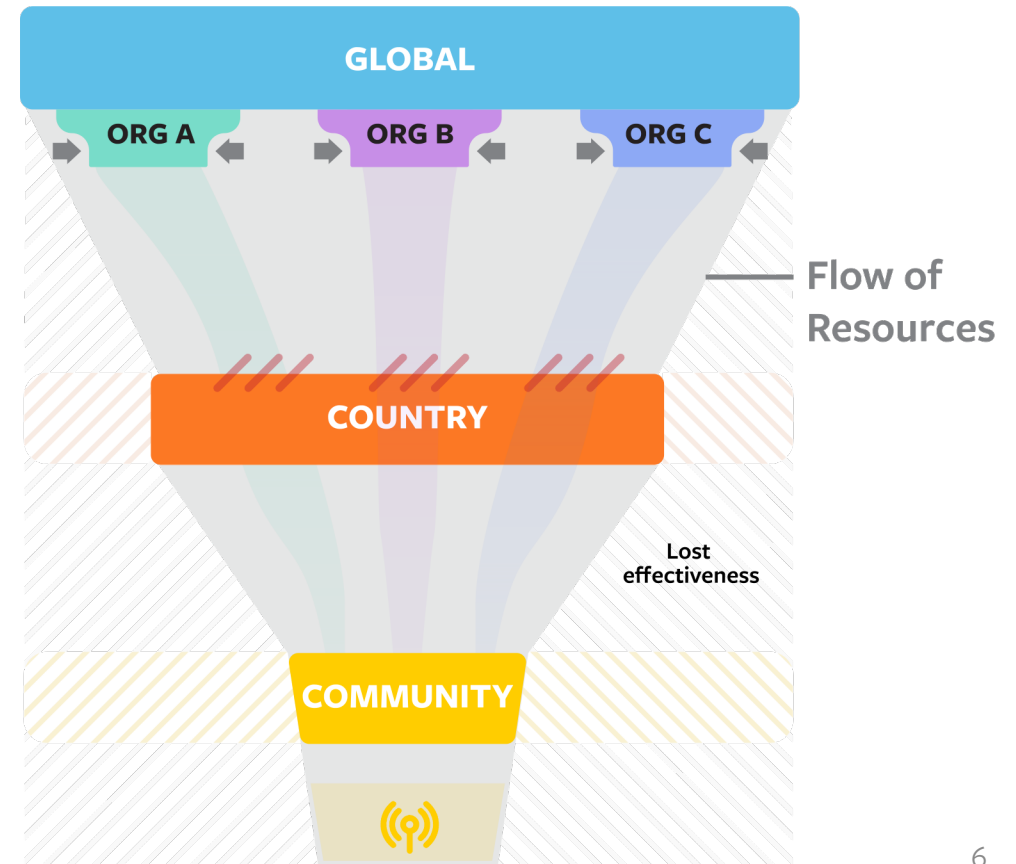
COMMUNITY

Insight 1:
Community-level factors are not shaping approaches, but they _are_ shaping outcomes.

To improve effectiveness, campaigns must make community-level factors a core component of future strategies.
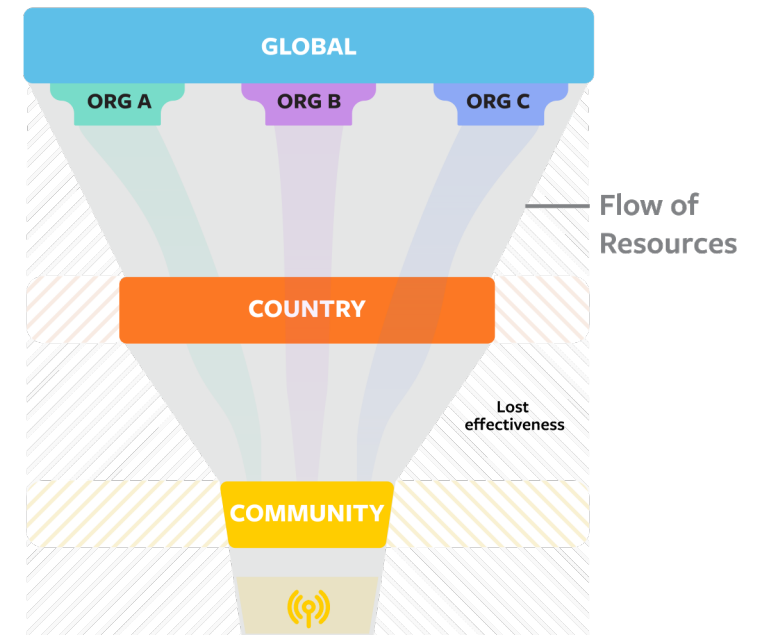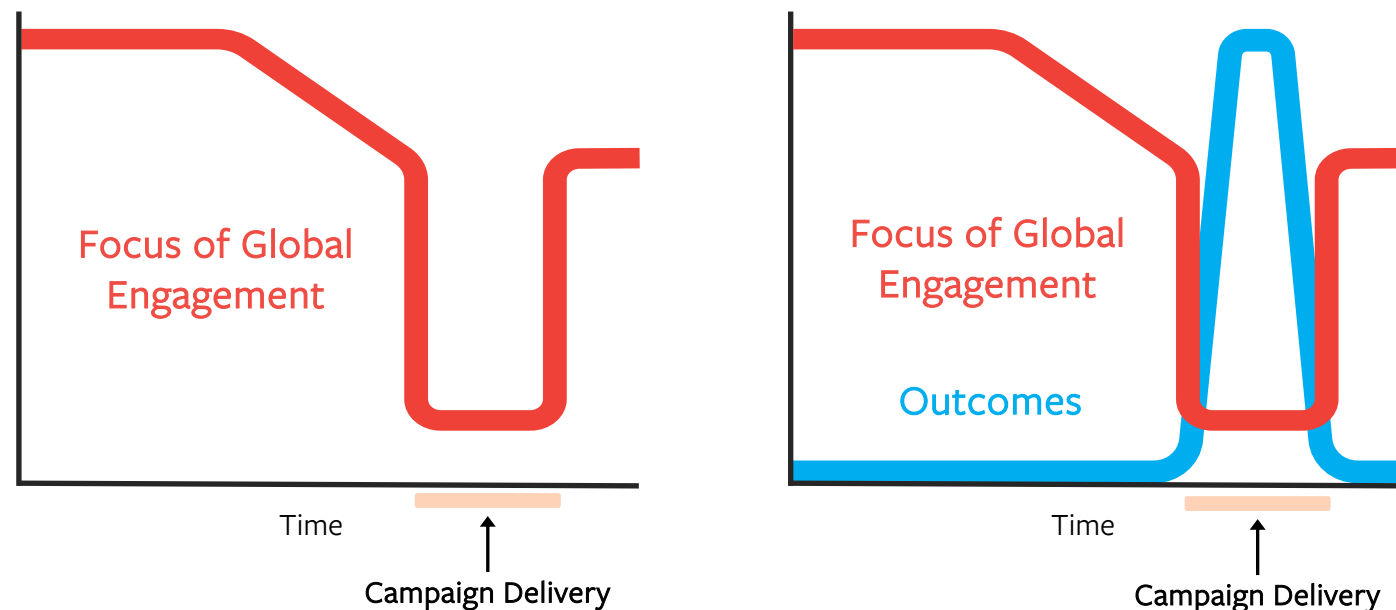
Delivery is the make-or-break moment

The point of delivery, be it for vaccination, MDA, etc., is <u>the</u> critical moment that determines whether campaign outcomes are achieved. A person is either vaccinated or not; they either receive medication or they do not. Understanding and addressing factors at that point in time is critical to improving outcomes.

Outcomes

Time

Campaign Delivery

Community-level factors are not prioritized in global approaches

There is a misalignment between the global level's <u>perception</u> of community factors and their impact on campaign outcomes and the <u>reality</u> of what happens on the ground. As a result, current campaign strategies neglect to prioritize major obstacles to their own success.

Focus of Global Engagement

Time

Campaign Delivery

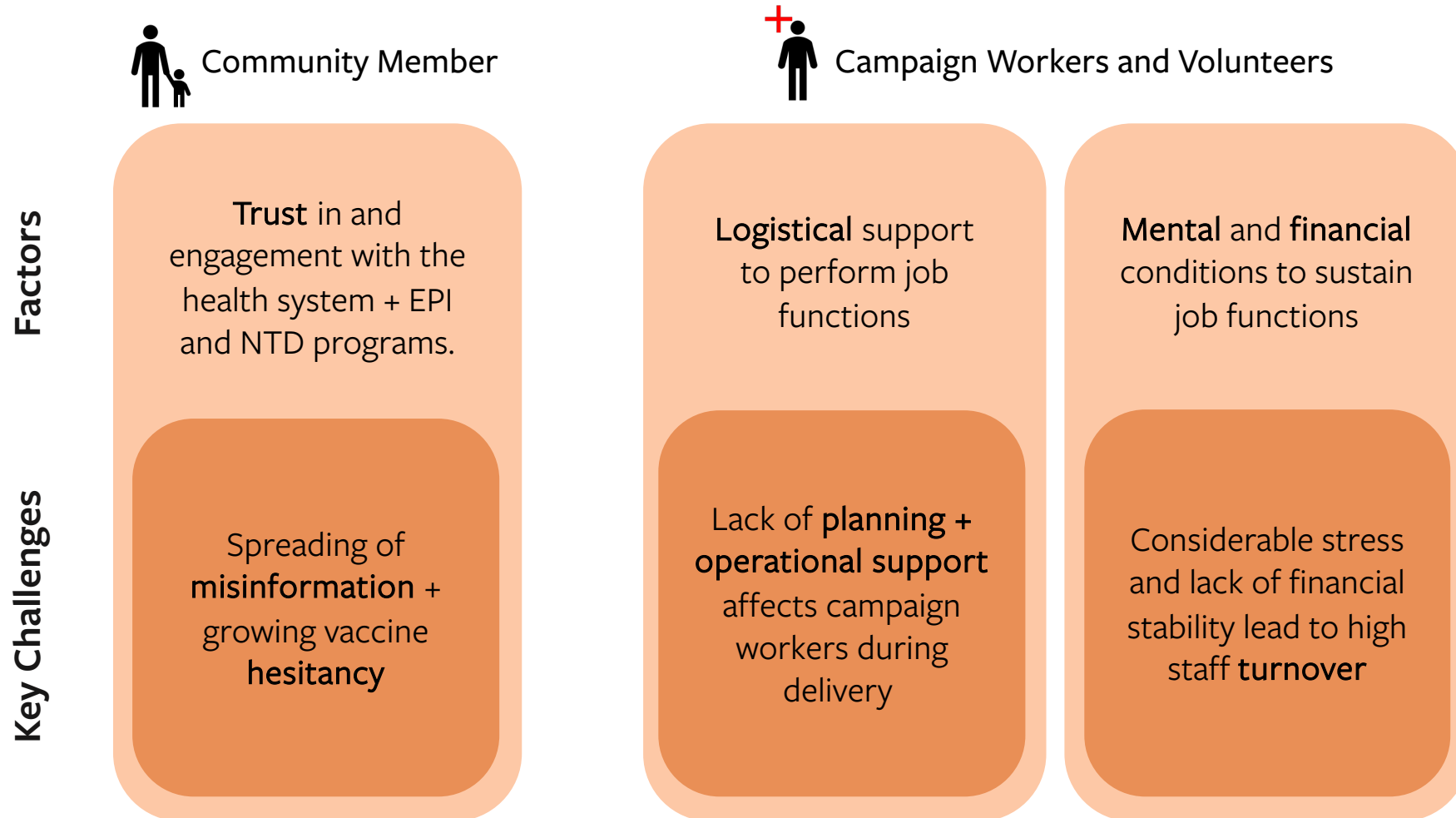Focus of Global Engagement

Outcomes

Time

Campaign Delivery

Global approaches insufficiently engage communities, and some elements may actually deepen mistrust. They do little to enable campaign workers' success. Instead, they create an exploitative working environment that leverages good intentions, in lieu of developing adequate support structures. Further failure to incorporate community-level factors will continue to weaken campaign outcomes and undermine efforts toward long-term goals of program sustainability and country ownership.

Global-level organizations are not willfully blind to community issues, but mechanisms that bring feedback from the community up to the global level may just not be in place.

Critical factors impacting campaigns at the moment of delivery

While there are countless factors that impact campaigns at the community level,
three issues emerged most strongly from our research.

Community Member

Campaign Workers and Volunteers

Factors

Trust in and engagement with the health system + EPI and NTD programs.

Logistical support to perform job functions

Mental and **financial** conditions to sustain job functions

Key Challenges

Spreading of **misinformation** + growing vaccine **hesitancy**

Lack of **planning + operational support** affects campaign workers during delivery

Considerable stress and lack of financial stability lead to high staff **turnover**

Campaigns count on pre-existing trust from communities.

Community Member

Factors

Trust in and engagement with the health system + EPI and NTD programs.

Key Challenges

Spreading of **misinformation** + growing vaccine **hesitancy**

Frequently, campaigns address a risk that can feel abstract to individuals struggling with more tangible needs. As a result, campaigns rely on a pre-existing level of trust in the healthcare system to ensure community participation. Trust in and engagement with healthcare programs, like EPI or NTDs, is also essential to ensure broad acceptance of vaccine information.

"You can't see the effect of the vaccines immediately. It is hard to show something that you don't get."

– WHO Staff Member

"I think it will be better for the people [to see] health workers that we know in the community that we trust …to come and serve our children in the community instead of us coming across strange people who we don't know. We do not know whether they know the job or if they have been trained for this job, but we only see them coming to us and saying that we came to give vaccine to your children."

– Focus group

Key Challenge – The growing threat of misinformation, hesitancy and refusal

The rise of vaccine misinformation, hesitancy, and refusal indicate that mistrust is growing. This is an especially difficult challenge for campaign workers and volunteers who spend significant time persuading individuals to get vaccinated. Their success depends almost exclusively on the worker's charisma and reputation with an individual. Some approaches to combat misinformation are based solely around increased health messaging, but fail to address the underlying drivers of mistrust.

A 2019 immunizations study published in Nature, asserted that, "Vaccine confidence needs to be addressed up front and be an integral part of immunization programmes. Many approaches to increasing vaccine uptake do not take into account the social, historical and political realities of the public for whom information alone is not the antidote to vaccine reluctance."

Immunization: vital progress, unfinished agenda – Piot et al. (Nature 2019)

"I went to educate them about the vaccine and they refused. I tried my possible best. They told me I am coming to kill their children so they won't allow me."
*– Community Health Nurse*

"Since COVID, we did campaign in May and during that campaign some people refused because some people thought it was the COVID vaccine that was going to give them the virus...In the past we don't have that problem as much because we did education and with the HPV campaign we went to schools and talk to them because this was the first time in Liberia. It's only recently that we are really having the issue where the community members are almost threatening the vaccinators and saying don't come in our place, we know your intentions, you are trying to kill us. But in the past, it hasn't been that way."
– District-level Supervisor

MISINFORMATION   TRUST

Campaign workers and volunteers are agents of trust

Campaign workers and volunteers are the interface between the healthcare system and the community. Many campaign workers and volunteers are intrinsically motivated to support programs and help their communities fight diseases.

A successful outcome at the point of delivery relies on the conditions surrounding campaign workers to enable them to perform effectively.
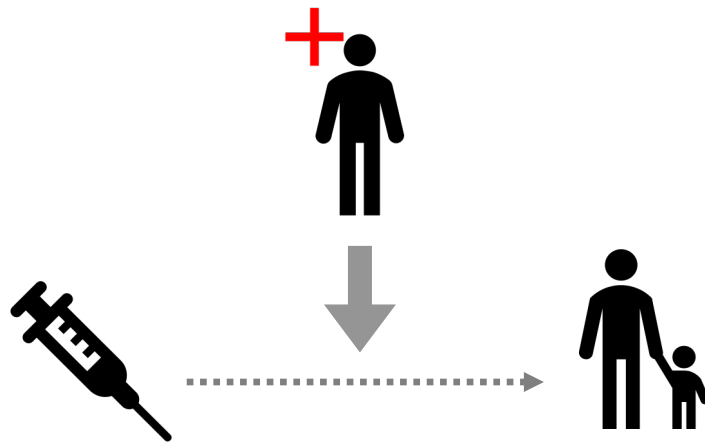
"I was afraid because my sisters called me from Monrovia and told me that the vaccine, when you take it you will die. So I used to be afraid to come to the facility. So the vaccinator went to my house one afternoon with his motorbike and I said that "this baby will not go for the vaccine". He told me that we shouldn't allow anyone to fool us not to carry our children for the vaccine. So he encouraged me and the next day I was able to come and take the vaccine."

– Mother

*"Right now during COVID, taking a vaccine we have to talk and talk. **If I'm used to talking for one hour before and now it has increased to 3-4 hours** because they think that they will get a problem form the vaccine....**Even if you convince them they won't take it. You have to go back and talk and talk before they agree.** If you go back the next day you might not see them again."*

– Community Health Assistant

The logistical support campaign workers receive can determine their effectiveness.

+ Campaign Workers and Volunteers

Factors

Logistical support to perform job functions

Key Challenges

Lack of **planning + operational support** affects campaign workers during delivery

Campaign workers face countless challenges that jeopardize their safety and motivation during campaigns. In turn, these challenges negatively impact campaign outcomes.

"When you look at our target areas, it is not a small area to work with. One team moves around all those places...we walk. No car. Nothing."
– Community Health Nurse

"Some groups walk for 2-3 hours before they can get to the town to do the vaccination...It needs to be looked at. The workload is high... and sometimes you only get about 50%. To cover the areas they need to cover, the population is not too high, but because the distance is so far, that is the challenge for them."
– Vaccinator Supervisor

Key Challenge – Planning and operational challenges play a significant role in failure to achieve campaign outcomes

Frequently, campaign workers and volunteers must walk between communities under unpredictable conditions, creating delays, exhaustion and jeopardizing the effectiveness of the vaccines. Workers are often required to arrange and pay for their own transportation for social mobilization efforts, collect campaign materials, and carry out delivery of the intervention. Workers are not always assigned a geographical distribution of communities that is logical or feasible, so some workers may end up traveling dozens of kilometers more than other workers in the course of a campaign.

"The second complaint is the movement. Because if the work is 2-3 hours to get the supplies but you have to work for 3 days and the supplies runs out after 1.5 days, and then they have to go back and get more. This is a constraint for them...And there is nothing to facilitate the process."

– Vaccinator Supervisor
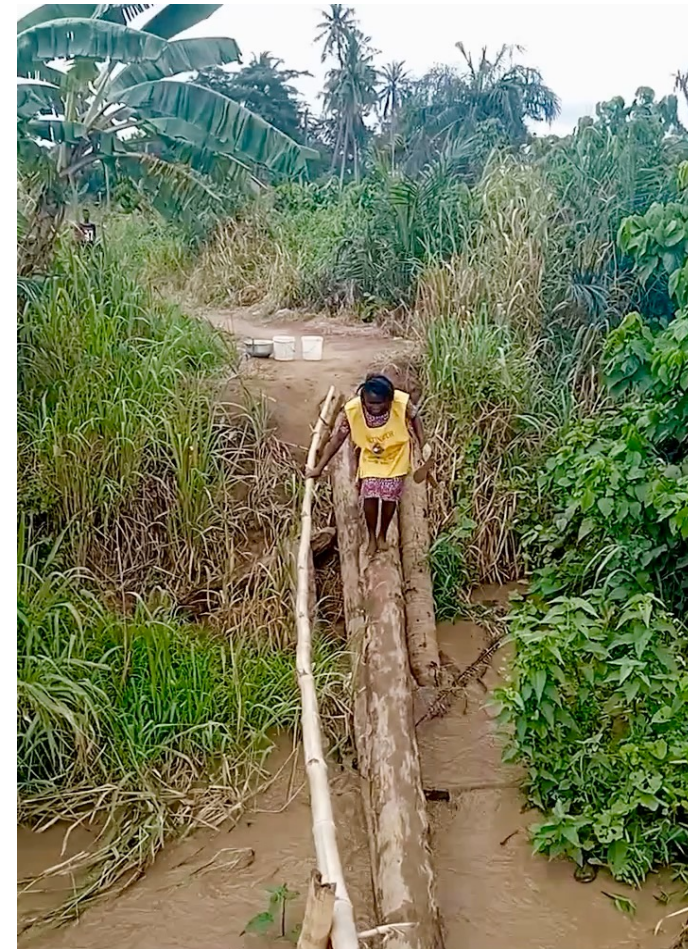
A campaign worker in Ghana traverses a rudimentary bridge. (2020)

"**Sometimes you notice that a lot people will be left out of campaign.**
Because normally during a campaign I divide my catchment areas into zones. So if I was supposed to go to zone 1 today at 8am, a lot of areas you are dealing with farmers, so you have to go earlier in the day to be able to target them. If you don't get there soon, people may have already gone out to their farms…So if you don't go soon you may miss them.
Maybe I have to be in my zone at 8am, so I go to get the vaccine at 7am but I don't get it until 10am. I may not get to my zone until 12pm. By then people may have gone into their farms and I don't know all of those farms. Some are in huge forests, some you have to cross a river, etc. So the challenges to campaigns become numerous when you do not have logistics in time…It's actually difficult in terms of support. It's challenging, on a serious note."

- Community Health Assistant

Key Challenge – Lack of key resources also plays a significant role in failure to achieve campaign outcomes

Campaigns may not provide key resources that are essential for campaign workers to perform their jobs. In recent campaigns, workers have lacked basic ID badges that identify them to skeptical communities; they have had to acquire their own ice packs to keep vaccines cold during transit; they have even had to provide their own water to help individuals take the medication.

*"The cold box is provided. But sometimes you will get the cold box but you don't have the x-packs (ice packs). I don't have a personal motorcycle, the facility does not have motorcycle, I need to get one. **I have to transport myself and then it [the vaccine] may be exposed before it gets to the facility and it is already spoiled. There may be a bad road and you can fall and the box opens and all the vaccines are destroyed.** There are numerous challenges."*

       – Community Health Assistant

*"To improve our community or our health facility, most of all the challenges has to do with transportation. We need transportation. **We need fuel, because we can't do nothing without fuel. We have a generator but no fuel.** It is very important. Those two things would improve the health sector and our community."*

       – Vaccinator Supervisor

A campaign worker in Ghana wades through water with the insulated vaccine box. (2020)

The mental and financial conditions of a campaign can determine a campaign worker's longevity.

Campaign Workers and Volunteers

Factors

Mental and financial conditions to sustain job functions

Key Challenges

Considerable stress and lack of financial stability lead to high staff turnover

Due to their low economic status, campaign workers and volunteers are vulnerable to exploitation. Highly stressful conditions and lack of financial stability lead to frequent staff turnover.

While campaigns are often touted for providing "financial opportunities" to impoverished communities, the reality of that opportunity is more complex. The sporadic timing of campaigns and financial demands on workers can actually fuel financial instability. And high-stress conditions have adverse impacts on mental and physical health, leading to high burnout and attrition.

"It's just about passion, if you don't have the passion you cannot work. Motivation on the job is lacking. From our heads, maybe they think they make the job smooth for workers, but in our jobs it's actually lacking."

– Community Health Assistant

"I only feel happy or appreciated whenever I am been paid for what service I am rendering or I am giving to the people because everything I do, I do it on my own. In the night I don't have gas, I don't have something and I have family too to take care of. So during the work you know every day they are not getting anything at home it will bring some setback to me too."

– Community Health Services Supervisor

# The financial burden of being a campaign worker

In our interviews with global organizations, we did not encounter awareness of a fact that we heard consistently on the ground – that campaign workers and volunteers often have to use their stipends to purchase basic supplies to support the campaigns and may have very little left in the way of compensation for their time and work.

"*Sometimes we improvise. We improvise sometime, you know, for the sake of the people you have to use your own cash from your pocket to facilitate the movement.*"

– Community Health Services Supervisor

"*There are people doing routine works that are also in very dangerous situations and they could be injured in the process. No hazard pay. Somebody for instance trying to cross a river ...what happens. There is nothing that say oh we will do this for you or we will do this for your family. We had to go and sympathize with the family and take money from our pockets for the burial. But these are things we don't do. We don't have it.*"

– National Government Staff Member
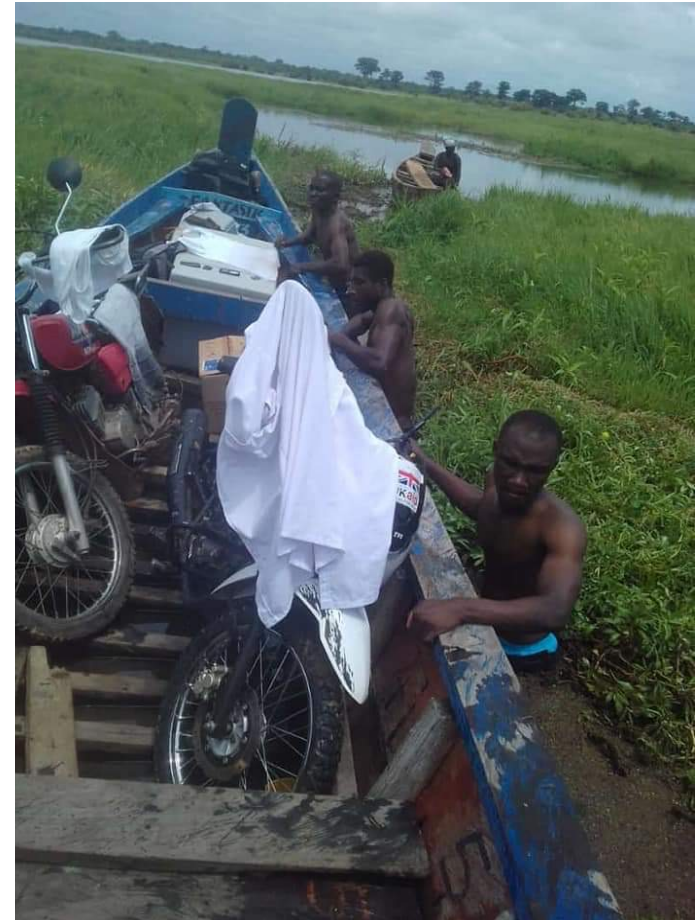
Campaign workers in the field in Ghana. (2020)

Key Challenge – Lack of motivation and high turnover affects outcomes

Because of issues with compensation and the working conditions, community-level campaign workers have a high level of turnover. This means more money has to be spent on training, valuable experience is lost, and, most importantly, relationships between workers and community members have to be re-established, and the health system can't capitalize on the trust that has been developed in years past.

"I should be very frank to say this, most of the CHAs are drop out. We are doing training for most of the new ones we got. The reason is they are not getting anything! So last year we had two campaigns and after that they are not receiving anything. So some remain and some go and decide to something else."

– Vaccinator Supervisor

"The program is a community initiative but we cannot pay you. The only thing we have to give you is we train you and supervise you. Sometimes we can find it very difficult to collect the data from the CDD because we are not paying them one cent. So they are doing it volunteer."
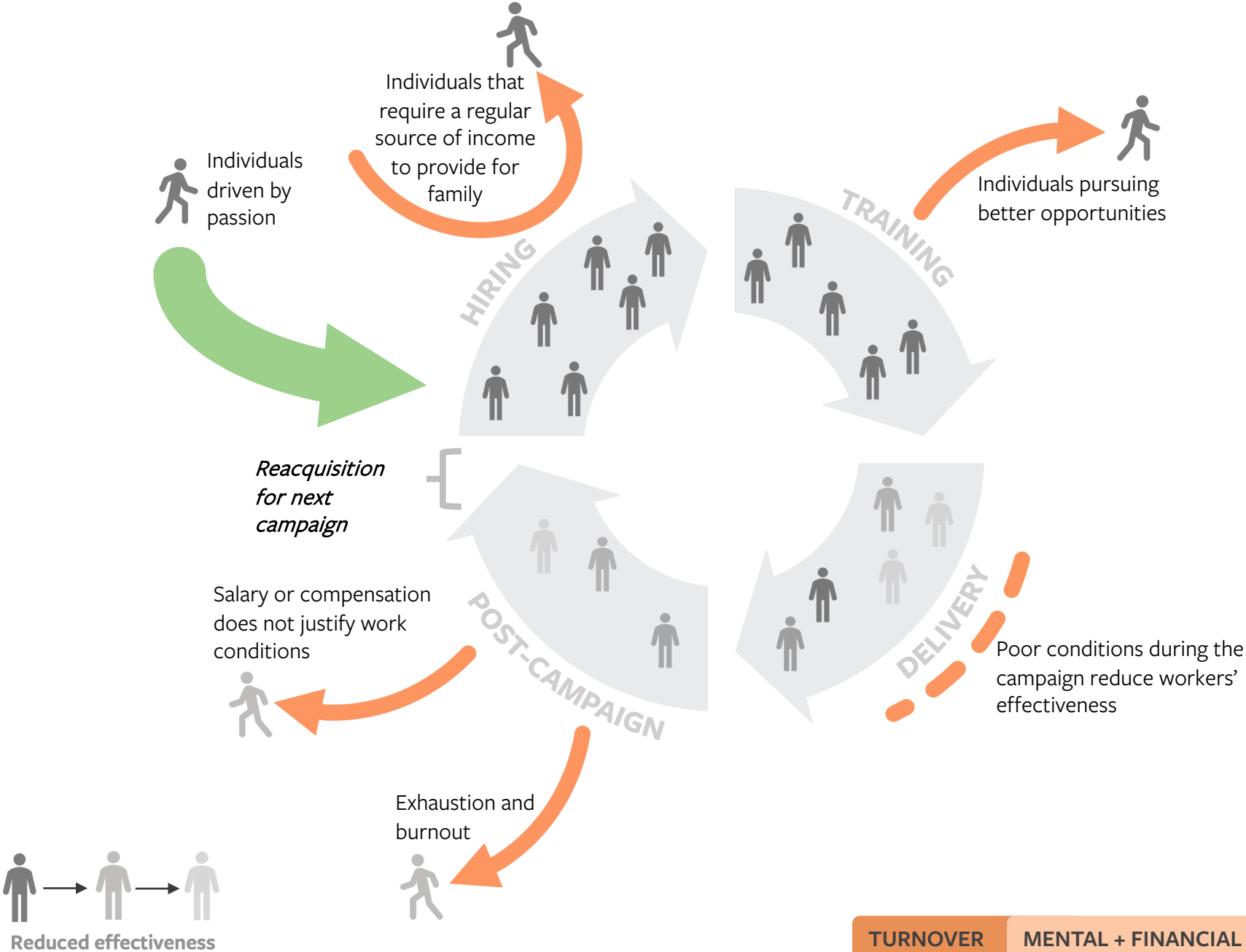
– County Focal Person

Poster from 2020 Nurses Strike in Ghana

Campaign Worker Retention Cycle

The campaign workforce has high turnover.

Excessive turnover results in lost institutional knowledge and efficiency as more experienced staff leaves. Staff who are lost also take all of the trust they have developed with community members with them. This represents a significant, but intangible, lost investment for campaigns and the health system.

Individuals driven by passion

Individuals that require a regular source of income to provide for family

Individuals pursuing better opportunities

HIRING

TRAINING

DELIVERY

POST-CAMPAIGN

Reacquisition for next campaign

Poor conditions during the campaign reduce workers' effectiveness

Salary or compensation does not justify work conditions

Exhaustion and burnout

Reduced effectiveness

What have you experienced?

What on-the-ground factors have you seen that really determine the execution of a campaign?

Using feedback loops to understand the flow of community-level information

Feedback loops provide a useful framework for understanding why community-level factors are not adequately reflected in global approaches.

The term feedback, in lay usage, often refers to a solicited response from another person. In systems theory, feedback describes the output signals from a system's operation, which are routed back into the system, in order to control and regulate the processes of the system. In essence, the system's own feedback dictates its ongoing response.

Some feedback is incorporated back into the system, some feedback is heard but not acted on, and in many cases, a system generates feedback of which it is unaware.

In global health systems, the community level is continually generating feedback that is likely highly relevant to campaign design.
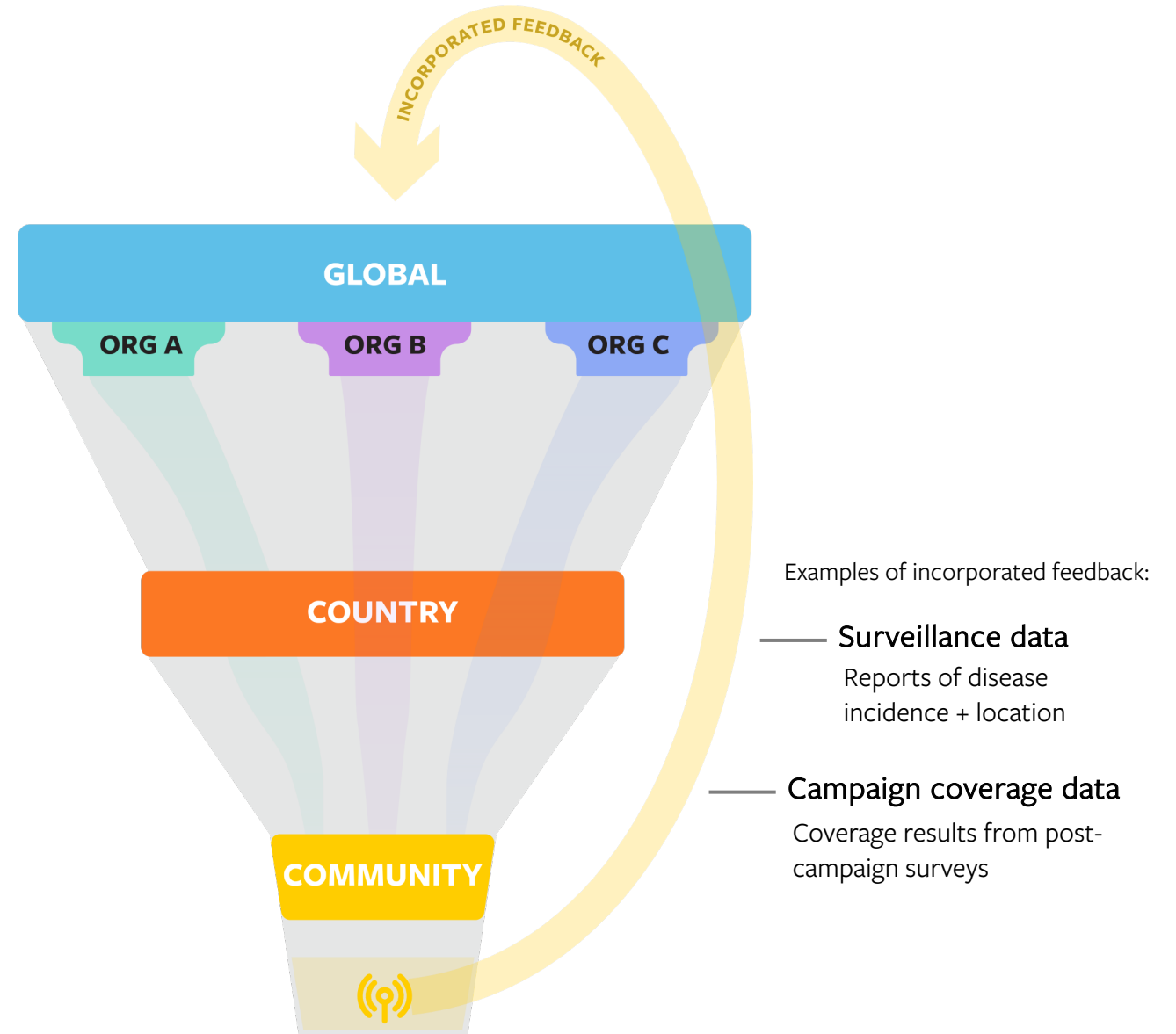
Feedback that is...

- **Incorporated** by the global level into their approaches

- **Deflected** by the global level and not incorporated into approaches

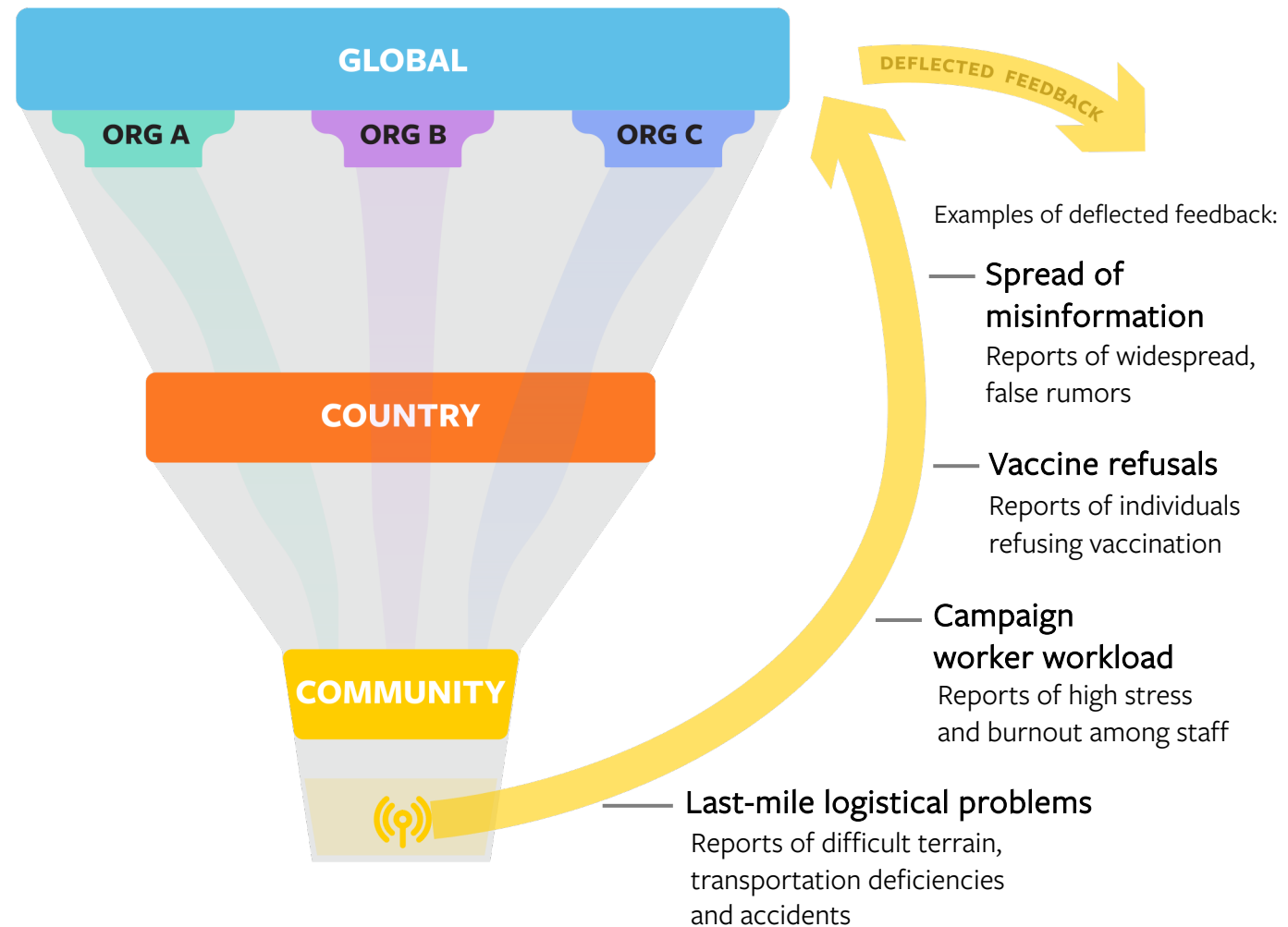- **Invisible** to the global level
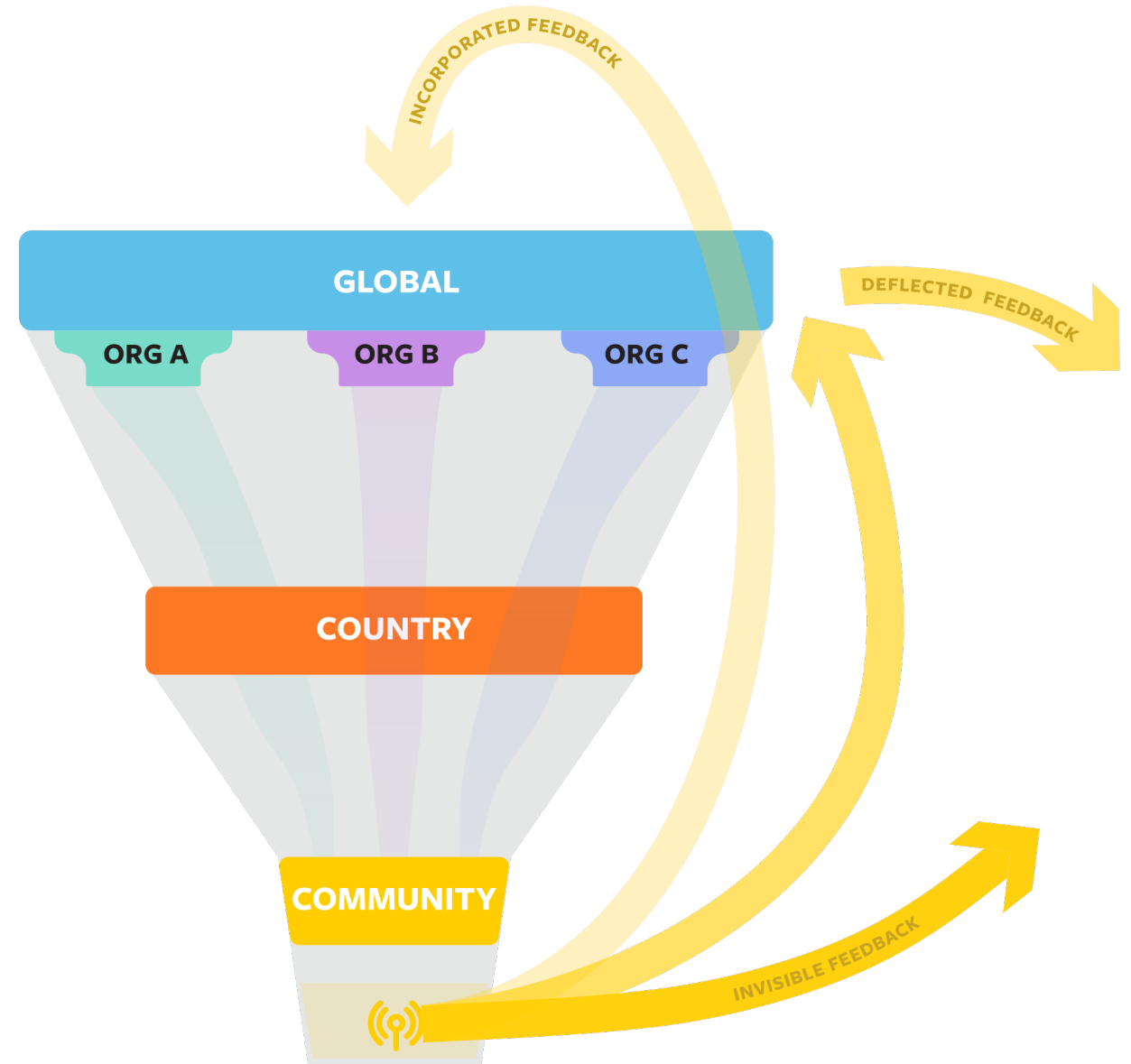
Incorporated Feedback

This is community-level information that is known and is considered in current global approaches. This tends to be information that is more easily quantified.

Examples of incorporated feedback:

—— **Surveillance data**
Reports of disease incidence + location

—— **Campaign coverage data**
Coverage results from post-campaign surveys

Deflected Feedback

This is community-level information that is known at the global level, but is not adequately considered in current global approaches. This tends to be information that is less easily quantified and more socially complex.

GLOBAL

ORG A ORG B ORG C

DEFLECTED FEEDBACK

COUNTRY

COMMUNITY

Examples of deflected feedback:

— **Spread of misinformation**
Reports of widespread, false rumors

— **Vaccine refusals**
Reports of individuals refusing vaccination

— **Campaign worker workload**
Reports of high stress and burnout among staff

— **Last-mile logistical problems**
Reports of difficult terrain, transportation deficiencies and accidents

Despite awareness, challenges persist (Country P.O.V.)

Our research found that although some actions have been taken to address known community-level issues, it is not consistently prioritized.

National program staff expressed frustration in addressing these challenges. They were frequently told by global partners that such issues fell outside of budgetary parameters, despite their persistent impact on program outcomes. National programs therefore continue forward with no clear path to addressing these issues.

"We had an incident in the 2018 during a measles campaign where a vehicle killed one of the vaccinators...We don't have anything to say that in this situation this is what you do. We had to go and sympathize with the family and take money from our pockets for the burial... **Even if you put it in the budget you are told that this is not possible. ...They consider it, but these are practical situations that sometimes occur in the discharge of the duty of the work. But these are things you need to put in the budget."**

– Ministry of Health Staff Member

"We say we want to work with 1500 CDDs, and sometimes they may say it must be down to what budget they are dealing with. When it comes to funding they develop the budget line and say to train 350 CDDs this is what they can do."

– County Staff Member

DEFLECTED FEEDBACK

Despite awareness, challenges persist (Global P.O.V.)

From global organizations we heard several explanations for why there has been a lack of movement on these issues. These community-level issues often fall between focus areas that have been traditionally funded, so they often lack an existing patron. Organizations frequently referenced the complexity of country conditions or their own organization's "comparative advantage" to explain why funding would not be made available for certain things.

However, these issues continue to weaken the impact of existing funding in the system. Failing to prioritize these issues in donor funding will perpetuate the cycle of lost value. While it may be impossible to address the entirety of community-level challenges, there are likely subtle ways campaigns could direct funds that would produce better outcomes in these areas.

"[Health system strengthening] is more complicated because the concern is how to approach accountability... One of the challenges in coordination is this...it's a bit more complicated than just distributing funds."

– Implementation Partner

*"Our priorities are our **comparative advantage** where we have strengths. **We won't fund logistics since it is not our forte...** Even when the government comes with priorities we tell them what we can help with based on capacity and funding. The discussion then is how we fund the specifics. We don't go directly through governments but through partners who pay for the activities."*

– Donor, In-country Staff Member

*"If you are getting gasoline in the field and somebody pumps the gas into a bucket, how do you present a receipt for that? T**here is a bit of a mismatch between reality and some of these mechanisms** because someone in an office won't understand."*
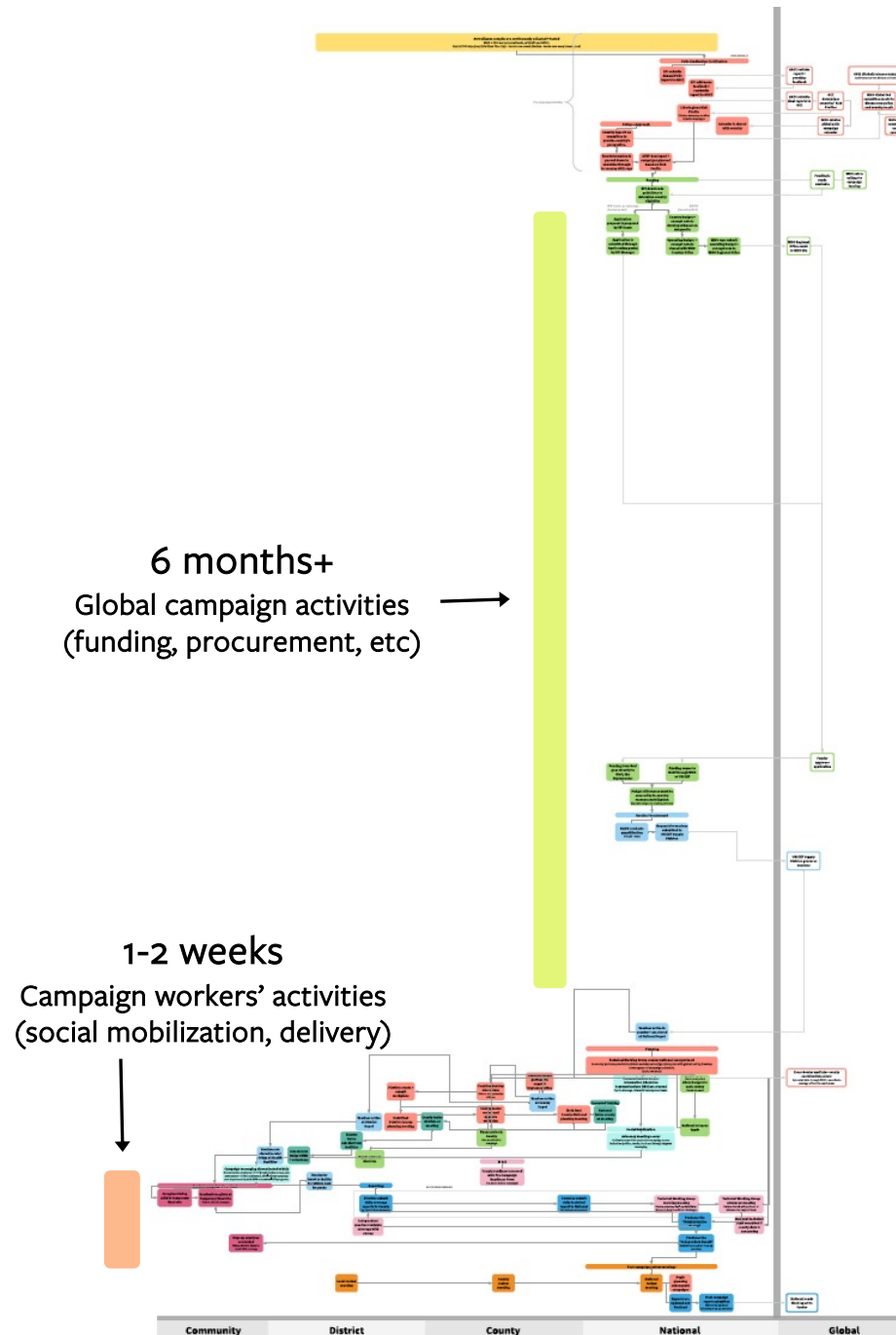
– WHO Staff Member

DEFLECTED FEEDBACK

SPOTLIGHT: Asymmetry of Expectations

There is high awareness at the global level that the burden on campaign workers and volunteers is high, but the signal that campaign workloads are too high is not incorporated into timelines.

Global-level campaign work is strategized and planned within semi-forgiving timeframes, leaving them room to be flexible and accommodate changes at their level.

Campaign workers are given almost no reprieve to accommodate uncertainty or changes that occur in their planning and execution processes, even if they are a direct product of upstream delays. As a result, campaign workloads can become untenable and goals are failed to be reached.

6 months+
Global campaign activities
(funding, procurement, etc)

1-2 weeks
Campaign workers' activities
(social mobilization, delivery)

*"Sometimes campaigns catch me unaware. These are areas where the problems normally come from. **If we are supposed to carry out a campaign next week let me be informed at least two to three weeks ahead** so I can have time to get to my people and have a mobilization."*

– Community Health Assistant

This process map details the steps involved in the planning and delivery of a polio campaign in Liberia. It illustrates the dramatic difference between the relative timeframes.

"The quantitative aspect isn't where it needs to be, but has progressed much more than the qualitative aspect to change behavior for populations we're aiming to address. Most people, like myself, are more comfortable speaking in numbers, so it has been more difficult to implement the qualitative work because of the types of human resources we have."

World Health Organization Staff Member

Forces at the global level:
Human factors prevent known issues from being acted on

The prior quote highlights one underlying reason why some community factors that are well-known and frequently referenced at the global level, like the importance of community trust and threat of misinformation, fail to be adequately acted on.

Particularly in fast-paced environments, people respond to challenges in ways that are familiar to them – they act on what they know. In global health, medical epidemiologists continue to address campaign problems with the tools at their disposal and struggle to respond to issues that require alternative types of expertise. Predictably, programs and strategies then also use approaches and emphasize outcomes that are medical and scientific in nature, often neglecting to address underlying social contexts.

Without an embrace of new thinking, this work will remain business-as-usual. Incentivized change and intentional innovation are necessary to incorporate community-level factors into campaign planning and execution.
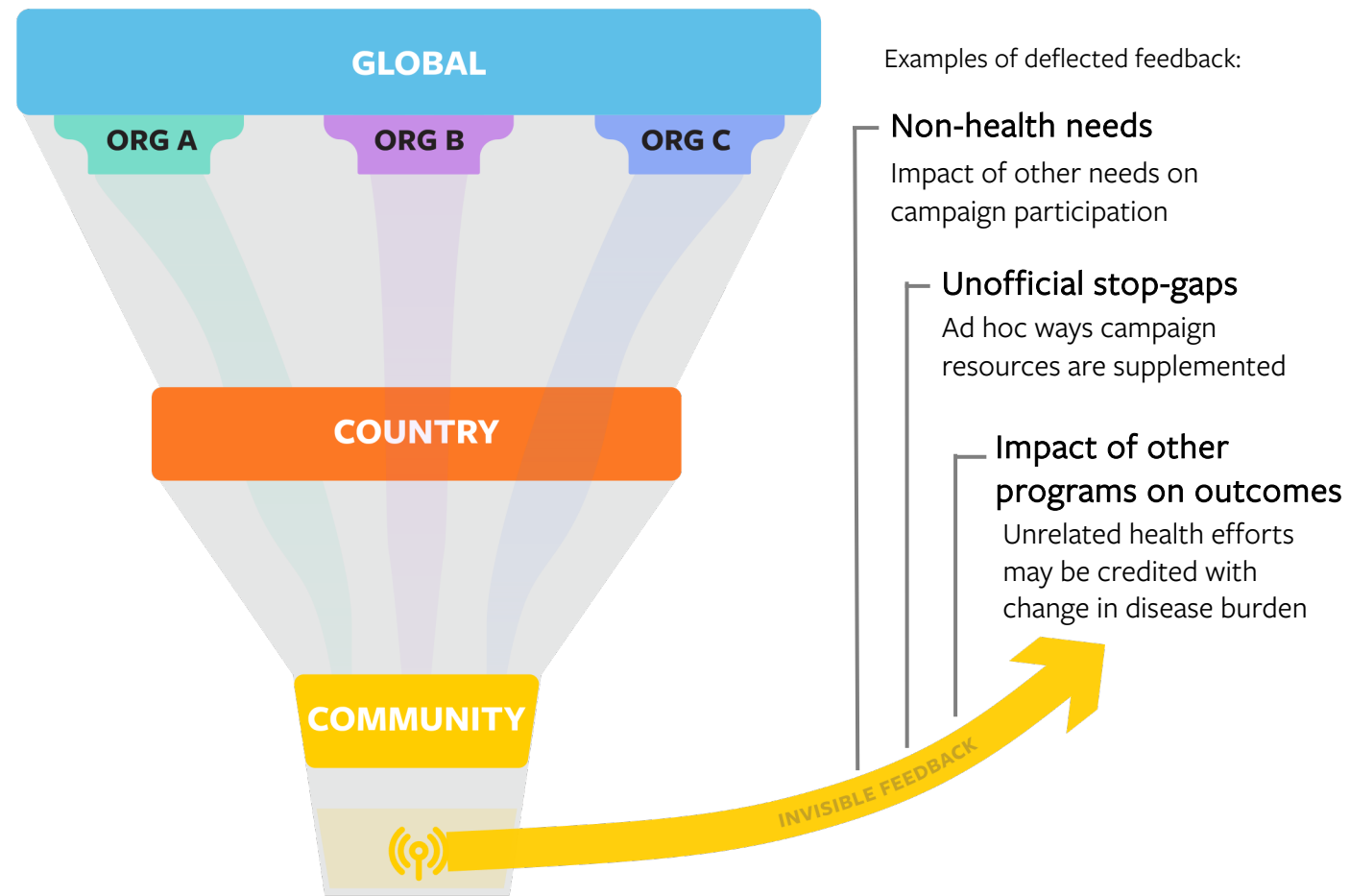
Comfort Zone
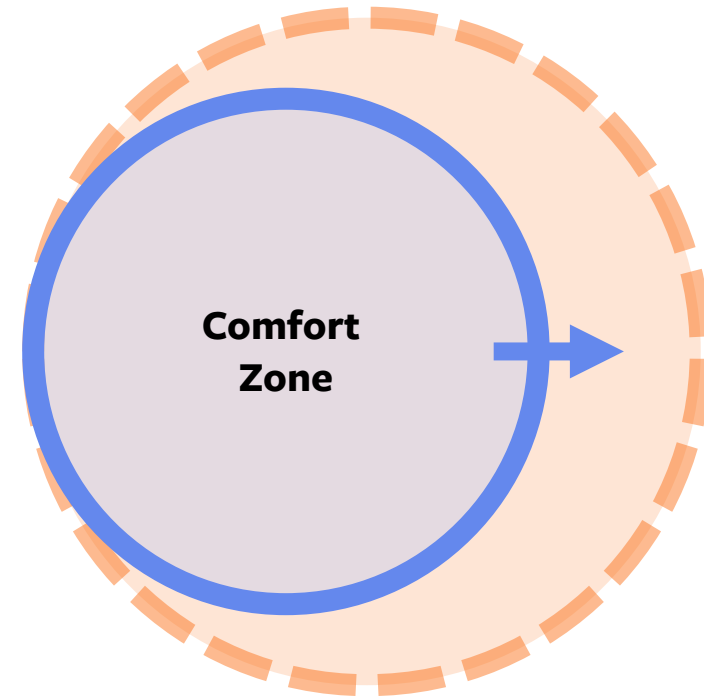
"The experience is a liability to some extent. People are trained in one domain and not for your own curiosity you don't know about other domains. But people who are making decisions in global health, people that are making data decisions may not think to work with people working in advertising. We very rarely work with people outside the health sector. It's our own baggage."

– WHO Staff Member

Invisible Feedback

This is community-level information that never makes it to the global level, sometimes referred to as the "local knowledge gap". Despite unawareness, this feedback is continually generated at the community level and could provide key insights if brought to light.

GLOBAL

ORG A   ORG B   ORG C

COUNTRY

COMMUNITY

INVISIBLE FEEDBACK

Examples of deflected feedback:

Non-health needs
Impact of other needs on campaign participation

Unofficial stop-gaps
Ad hoc ways campaign resources are supplemented

Impact of other programs on outcomes
Unrelated health efforts may be credited with change in disease burden

Why invisible community feedback matters

Campaigns may miss data from the community that could reveal factors that are important to campaign design. This may happen because there is misalignment between what communities value and what campaigns view as relevant, or because highly verticalized campaigns do not necessarily communicate with other health or social initiatives working in those communities. Because global and national actors often fail to understand connections between local issues and campaign performance, there are few feedback mechanisms set up to identify or source them. And yet, these may some of the most critical issues that will build trust and ultimately improve attainment of campaign goals.

Non-health needs

"People that know me told me that they were not taking vaccines. They told us they were hungry and they are still not taking vaccines. Until they can get their food rations they are not getting vaccines."
– Community Health Assistant

Unofficial stop-gaps

"District-level supervisor, Liberia "Often time if I have to do supervision, **I buy bread and water,** *put it in the car or motorbike. As I go along I give the [campaign workers] something that they can have for the day."*
– District-level Supervisor

Impact of other programs on outcomes

"One thing that baffles me is that there's not more data sharing between campaigns. it would make sense for us to share mosquito data with other mosquito-borne diseases. They would benefit for their larval source campaigns. But without knowing what's being done in other verticals. **So sometimes we will see a reduction in malaria and we wont know why."**
– Implementation Partner Staff Member

SPOTLIGHT:
Guidance prioritizes peer-reviewed sources, which lag behind other evidence and reinforce inequalities.

One reason behind invisible feedback is that guidance relies on a detailed synthesis of available peer-reviewed data. Relying solely on peer-reviewed sources presents some practical problems:

- **Long timeframe:** Developing a rigorous body of evidence can take years. Meanwhile, countries and partners are gaining insight into prevailing issues and dynamics. That knowledge may be undocumented, unpublished, and never have the chance to contribute to promulgated best practices.

- **Role of emerging evidence:** If guidance must be justified by a preponderance of documented evidence, there are limited opportunities for emerging or community-specific strategies to be documented, elevated, and included.

- **Access limitations:** Because of travel restrictions and other access challenges, there is a paucity of academic research in the hardest-to-reach communities, creating an applicability gap between what we think we know and realities in the communities we most want to impact. Local institutions may be given less weight or may be unable to fulfill basic donor requirements to produce the research.

"It is not good to have someone with PhD, who spent all their time in university and research, creating a policy that would be very different from their perspective. This is not about the people, but the government and the partners. They have different behavior and background."

– Implementation Partner Staff Member

Question for consideration: Will campaign effectiveness improve through understanding existing evidence or trying new ways of working and creating evidence?

This issue has been discussed recently in relation to the COVID-19 pandemic. One news article noted a misalignment between policy makers and realities on the ground:
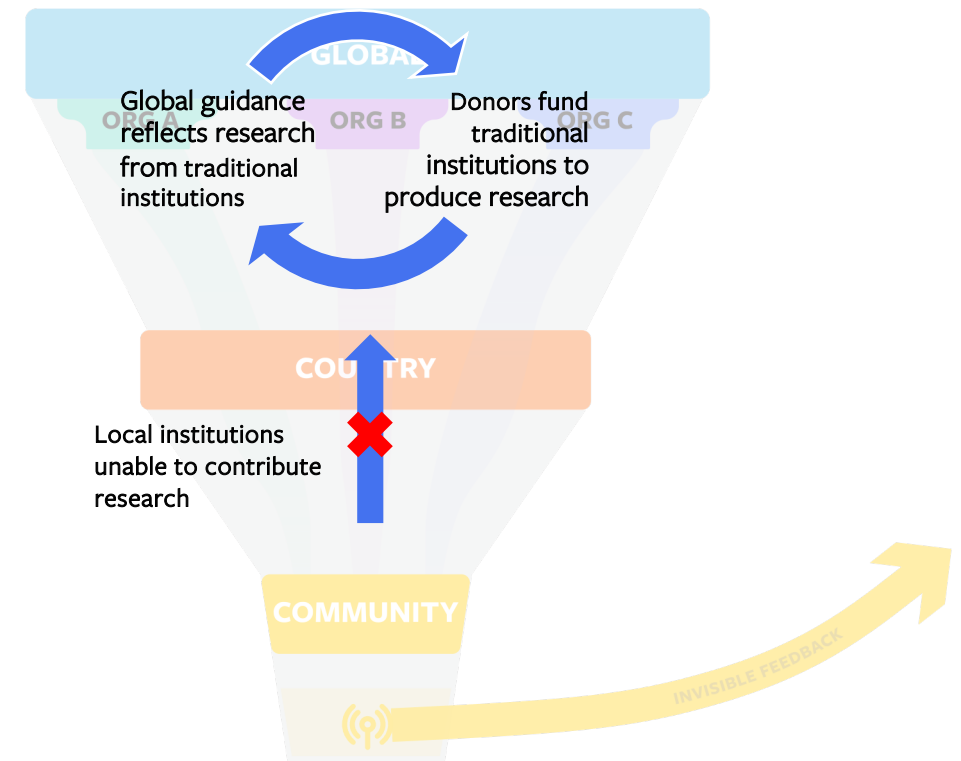
> *"Part of the disconnect between the current responses and the current realities of many Africans stems from the limited engagement between policy decision-makers and African institutions generating contextual knowledge. Some examples are the lack of an adequate notice period before lockdowns and the limited consideration given to the situation of slum residents."*

An article from Science Magazine explained one reason that local knowledge is underrepresented in research:

> *"Although African countries appreciate research grants from donor countries, they often chafe at the condition that they bring in their own money in order to be eligible. Some research projects fall by the wayside because African granting agencies simply have no way to provide their share of the money, sometimes called counter-funding."*

> *"Ismail Barugahare, deputy executive director of UNCST, said the requirements are hampering the development of research in sub-Saharan Africa because the recipient countries often simply lack the funds. "We don't have it, the 20%," he said."*

The notion that local investment is essential to ensure buy-in, may be preventing vital information from being incorporated in global guidance.

GLOBAL

ORG A   ORG B   ORG C

Global guidance reflects research from traditional institutions

Donors fund traditional institutions to produce research

COUNTRY

Local institutions unable to contribute research

COMMUNITY

INVISIBLE FEEDBACK

What might responses look like?

Solutions to the identified challenges can take on many forms. For inspiration, a few starter notions are suggested here, to imagine what responses to these community-level issues could look like. A collective effort, with a broad set of stakeholders, is necessary to build a more robust set of proposals.

- Create a position, whose sole responsibility is to proactively engage community leaders around health issues to strengthen future social mobilization conversations.

- Make it a requirement that every global campaign team include at least one social scientist.

- Align the schedule of one campaign with another, so training can be done jointly.

- Merge a campaign with a local food delivery program to fulfill multiple needs and increase turnout.

- Create a recognition award for the community in each catchment area that gets the best coverage results to encourage participation. Or, create a recognition award that for the community that gets the best review from campaign workers, to incentivize positive interactions.

- Add a section to campaign M&E that collects feedback from campaign workers and volunteers on how to improve campaign delivery.

Ideas are already emerging from stakeholders

"I want to give a recommendation. The recommendation is that the implementers, the CHAs (Community Health Assistants) and the CDDs (Community Drug Distributors), they actually need to be paid, maybe through their own accounts. When they are not paid to do the work then they won't do the work professionally...Because they are not certified they cannot do what they say they can do."

"Identifying stakeholders in the government to see who needs to work together. How can you set things up in a way that everyone has an incentive for this to actually work?"

"They need to be motivated to get the work done. So maybe they need to be motivated through gasoline, supplies, identities, especially to identify the new people coming on board. This is important because there is no encouragement in the field."

"One thing the government is doing is increase the routine immunization coverage. They are right in that many care givers looking at the infants what is in it for me? You can't see the effect of the vaccines immediately. It is hard to show something that you don't get. If you have something that you can touch. A treatment or care for a wound that will attract people to bring kinds for Routine Immunization. When you have medical missions the lines are out the door."

"You know the $5 is very little for them. If we can increase the payment it will help. When a person is happy they do the work well. When people are complaining they don't do the work well. To do the work well you have to go and talk, talk, talk, they are tired. Walking the distance, they are tired."

"My key message is that when you are talking about integration, integration is about people. You have processes, etcetera, but integration really starts with people. All these interventions are all being delivered by the same people. So you really need to start with them when you're talking about integration."

"One other intervention area is housing improvements, which is really relevant to malaria... There's a growing evidence base to support how this is important for malaria."

Flipping the framework

The overarching framework that has accompanied the narrative in this presentation abides by a legacy norm – that global health organizations sit on the top of the hierarchy and, in large part, define the approach and structure by which campaigns are delivered, primarily because they are the source of funding. It perpetuates a north-south model that is commonly acknowledged as a problem, but less often acted upon.
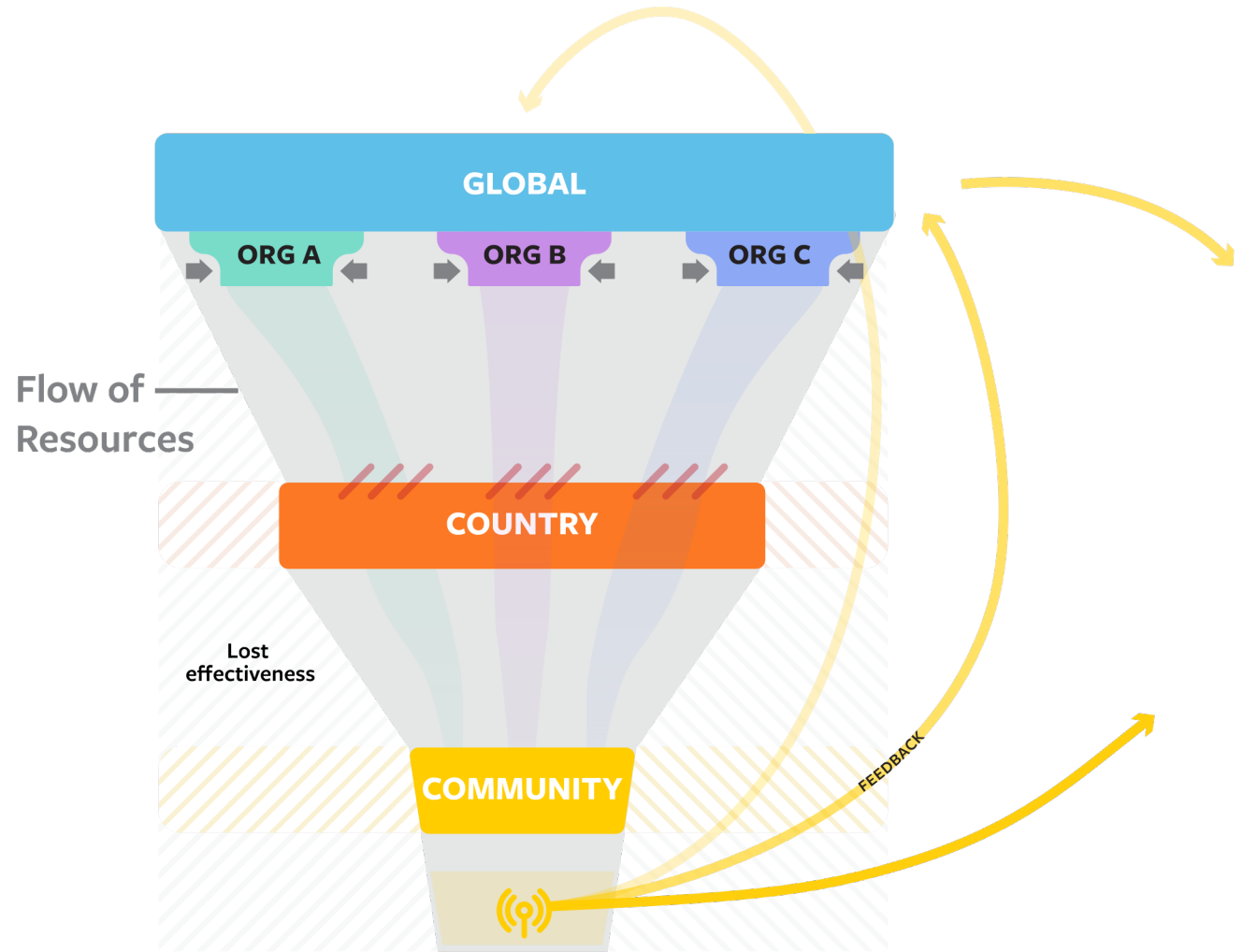
Flipping the framework, continued

Consider how perspective, approach, and outcomes might change if the model were flipped – if communities dictated the approach and structure for campaigns rather than global
health organizations. How might priorities be defined, funding be allocated, and success be measured? What would feedback look like and in what direction would it flow?

Similarly, what would happen if countries were granted primacy in the model, how would communities and global organizations respond to a country-first model?

While an actual inversion of the model is unlikely, it is a useful exercise to consider and to work through, to identify fundamentally different, and better, approaches to addressing longstanding structural issues that prevent campaigns from being more effective.

COMMUNITY

COUNTRY

ORG C   ORG B   ORG A

GLOBAL

FEEDBACK

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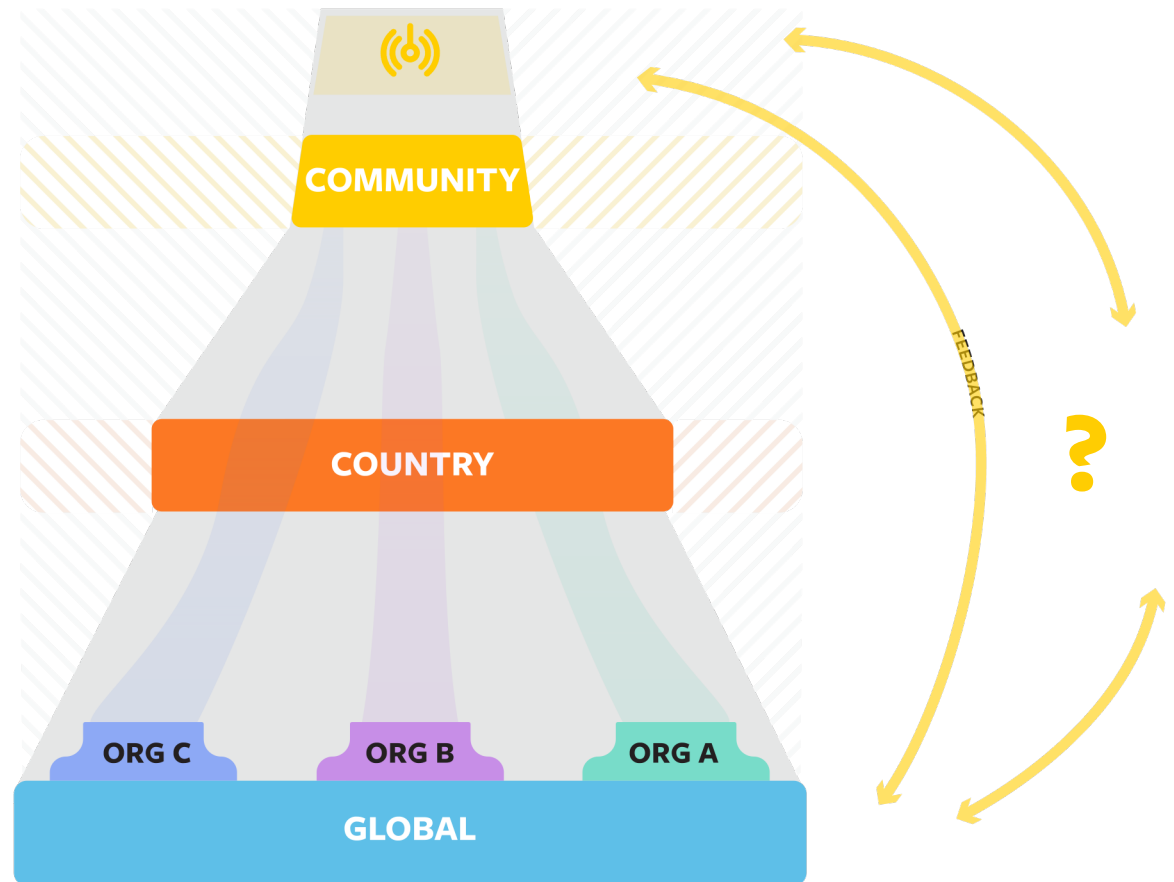
What are some ways to bring community voices and factors into the planning and design of campaigns?

What mechanisms might encourage the broadest global-level adoption?

Q&A

What factors have you seen in your work that prevent community voices from being included in campaign design?

DESIGN
INstitute for **HEALTH**

Thank you.

Insights and Opportunities

April 2021