Health Campaign Effectiveness Coalition

Charter

Purpose
The Health Campaign Effectiveness Coalition, with support from the Bill & Melinda Gates Foundation is the first-of-its-kind cross-campaign coalition that fosters learning and systems change. The Coalition:

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

Problem Statement
In settings where multiple campaigns occur, planning and implementation may be carried out with little communication or collaboration among campaigns and inadequate coordination with county health systems. This may result in strategic and operational inefficiencies and inequities that can strain health systems, burden health care workers, weaken health services and limit the potential health impact of campaigns.

Vision

Country-led health systems use a strategic balance of targeted health campaigns in concert with regular health services to achieve and sustain health-related development goals for all people.

Campaigns are a critical and important tool to meeting these goals; all countries should be able to use them where necessary and appropriate. We consider our efforts as complementary to the many efforts to strengthen health systems and reach Universal Health Coverage and Primary Health Care goals.
Goal (or ultimate impact)
Health systems objectives are met through highly effective and equitable use of campaigns that are planned and delivered in conjunction with ongoing health services and that reach all populations targeted for the intervention(s).

Principles
The Coalition will:
● Foster an inclusive and diverse membership that encourages those who align with its vision, mission and goals to join in its community.
● Encourage collaboration and group cohesion on problem solving.
● Be guided by evidence that is reinforced by shared experiences and practices.
● Add value without duplicating efforts of other organizations.
● Support a clear, transparent decision making (governance) process.
● Position country-level leadership at the helm to ensure that Coalition actions and outputs are grounded in country needs and health goals.
● Do No Harm - the Coalition will adhere to strict ethical guidelines in its research and recommendations.

Theory of Change
A Theory of Change has been developed for the Health Campaign Effectiveness Coalition. It is based on four key assumptions:
1. Different health campaigns can benefit from sharing experiences and see the value in working together on a change agenda.
2. The COVID-19 pandemic will continue to dramatically alter how campaigns function in the future, presenting new opportunities and challenges for collaboration across campaigns.
3. Evidence-based and promising campaign practices, once identified, will be adopted and implemented by countries.
4. Donors, coordinating bodies, and other global-level partners are increasingly receptive to increased communication and collaboration around country health strategies and targets.

Governance Structure
The governance structure for the Health Campaign Effectiveness Coalition includes a Leadership Team, a Scientific and Technical Advisory Committee, workgroups, and the Health Campaign Effectiveness Program Office. Collectively, the Coalition strives to achieve the shared vision and outcomes, sets priorities for workgroups and implementation research, identifies evidence of best and promising practices, determines a path for their adoption into practice, and advocates
for change where needed. The Task Force for Global Health staffs the Health Campaign Effectiveness Program Office providing secretariat support for the Coalition, including the management of the implementation research awards and the knowledge management platform.

Coalition members will be recruited from countries that implement campaigns, non-governmental organizations, implementing partners, disease and health systems experts, academic institutions and other stakeholders. They will have the opportunity to participate in Workgroups and Task Teams to support the achievement of the Coalition goal and outcomes. The Coalition will aim to ensure broad representation from lower- and middle-income countries and will not charge a membership fee.

**Leadership Team**

The Leadership Team sets the strategic direction for the Coalition to achieve outcomes and impact, reviews and acts on recommendations made by the Scientific and Technical Advisory Committee, and facilitates change within organizations, campaign domains, and among partners.

**Responsibilities**

The Leadership Team, in coordination with the Health Campaign Effectiveness Program Office:

- Provides overall direction to the Coalition;
- Remains informed of the Coalition research agenda developed by the Scientific and Technical Advisory Committee and receives evidence-based recommendations from them;
- Strategically applies findings and recommendations in consultation with the Scientific and Technical Advisory Committee Chair to propose new or revised campaign policies and program guidance; and
- Supports the Program Office in monitoring and evaluating progress toward achieving the Health Campaign Effectiveness Coalition outcomes and impact.

The Leadership Team agrees on a Leadership Team Chairperson to work in coordination with the Program team to review meeting agendas and minutes. The Chairperson rotates on an annual basis. The Leadership Team agrees on a Leadership Team Co-Chair to backstop the Leadership Team Chairperson as needed.
The Leadership Team may recommend persons to the Scientific and Technical Advisory Committee whose advice, assistance, and support may be deemed helpful in determining policies, planning and formulating programs for carrying out its purposes and functions.

The Leadership team, with support of the Health Campaign Effectiveness Program Office, may adopt rules for the conduct of Coalition business as deemed advisable. No actions shall be taken which are inconsistent with the rules of the Task Force for Global Health Corporation’s Bylaws.

Membership

The Leadership Team is composed of 12 senior-level leaders from multi- and bilateral organizations and donors, senior country leaders and implementing organizations, in addition to the Scientific and Technical Advisory Committee Chair. Membership includes representatives from two counties (Nigeria and India), the World Health Organization (Geneva, EMRO, AFRO, PAHO offices), UNICEF, U.S. Centers for Disease Control and Prevention (CDC), Gavi the Vaccine Alliance, the Global Fund to Fight AIDS, TB and Malaria, The Carter Center, and the Bill & Melinda Gates Foundation. The Leadership Team members may rotate as needed and alternatives identified to attend meetings upon request. Recruitment is managed by the Health Campaign Effectiveness Coalition Program Office.

If a member of the Leadership Team and/or their named alternate is not present for more than three consecutive meetings, or is found to have a conflict of interest (See Conflict of Interest), they will be asked to terminate their membership in the Leadership Team. A replacement from their organization may be considered.

The Chair of the Scientific and Technical Advisory Committee sits on the Leadership Team and provides evidence-based consultation in decision making.

Meetings

The Leadership Team is scheduled to meet virtually on a quarterly basis with more frequent engagement with the Program Director and Coalition Manager as needed. Leadership team meetings may be held face-to-face when it is absolutely essential. The location of meetings will be contingent upon the best use of resources. Time, date, and location will be given by the Health Campaign Effectiveness Coalition Program Office at a reasonable notice before such meetings. The Health Campaign Effectiveness Program team, in consultation with the Leadership Team Chair, will present issues and action items to guide discussion.
A quorum must be established in order for business to be accomplished during Leadership Team meetings. Leadership Team meetings require 50% of members to be present. Documentation of quorum establishment will be recorded in the meeting minutes. In the instance a quorum cannot be established, the Program Office will provide updates to the the members present and reschedule the meeting.

Meeting materials will be made available to members of the Leadership Team in advance of the meetings. Meeting minutes and recordings will be shared with the Leadership Team following the meetings. A public summary of the meeting will be made available to the Coalition via campaigneffectiveness.org upon approval by the Leadership Team.

Leadership Team meetings are not open for observers but a Coalition member may be invited by the Chair to attend or engage in a discussion topic as needed.

Compensation

No member of the Leadership Team shall receive, directly or indirectly, any salary, compensation or emolument. Travel expenses in the form of airfares, accommodation and per diems for essential face-to-face meetings will be provided.

Scientific and Technical Advisory Committee

The Scientific and Technical Advisory Committee (STAC) develops the Coalition Research and Learning Agenda and vets promising practices, tools, approaches, and research findings generated by Coalition members and their affiliated organizations. The STAC prepares actionable recommendations for the Leadership Team, advises approaches for cross-cutting campaign learning and systems change, and translates findings into programmatic action.

The STAC closely coordinates with the Health Campaign Effectiveness Program Office to:

- Develop the Coalition Research and Learning Agenda based on priority knowledge gaps and expected outcomes identified in the Coalition Theory of Change;
- Identify and set research priorities, advise workgroup plans, and set criteria to vet campaign delivery practices, tools, approaches, and implementation research findings;
- Review research proposals, preliminary findings and lessons learned from implementation research and knowledge exchange forums to identify potential promising practices and areas for further research;
- Facilitate knowledge translation and dissemination of research findings, tools and successful campaign approaches; and
Make recommendations to the Leadership Team that are actionable and influence systems change.

Membership and Recruitment

The STAC is composed of 15-20 senior country leaders, technical and program campaign experts, local and regional academic and scientific institutions, and other subject matter experts. STAC members will provide expertise across a variety of campaign domains such as NTDs, immunization, polio, vitamin A supplementation, malaria as well as in areas such as ethics, health systems, health economics, digital tools, M&E, surveillance, and community engagement.

Members may commit to 1-2 year terms with renewal. The STAC members vote for one Chair to represent the Committee on the Leadership Team. The Chair may rotate on a 1-2 year term basis. Other positions to successfully manage the STAC may be nominated as needed. If a member of the STAC is not present for more than three consecutive meetings, or is found to have a conflict of interest (See Conflict of Interest), they will be asked to terminate their membership in the STAC.

The Health Campaign Effectiveness Coalition will recruit a minimum of 50% membership from countries where campaigns are implemented and ensure a diversity of geographic and campaign perspectives. Initial nominations will be provided by the Design Team, Leadership Team, and Health Campaign Effectiveness Program Office and key stakeholders, but may be openly solicited on an annual basis. Nominations will be voted on 1-2 year terms and will take place annually or as needed.

Meetings

The STAC meets virtually with the Program Director and Coalition Manager as needed but not less than three times a year. STAC meetings are held virtually and may be held face-to-face when it is absolutely essential. The location of meetings will be contingent upon the best use of resources. Time, date, and location will be given by the Health Campaign Effectiveness Coalition Program Office at a reasonable notice before such meetings. The Health Campaign Effectiveness Program team, in consultation with the STAC Chair, will present issues and action items to guide discussion.
A quorum must be established in order for business to be accomplished during STAC meetings. STAC meetings require 50% of members to be present. Documentation of quorum establishment will be recorded in the meeting minutes.

Meeting materials will be made available to members of the STAC in advance of the meetings. Meeting minutes and recordings will be shared with the STAC following the meetings. A public summary of the meeting will be made available to the Coalition via campaigneffectiveness.org upon approval by the STAC.

STAC meetings are not open for observers but a Coalition member may be invited by the Chair to attend or engage in a discussion topic as needed.

Compensation

Travel expenses in the form of airfares, accommodation and per diems for essential face-to-face meetings will be provided. Honorariums will be provided on a case-by-case basis.

Workgroups

Workgroups carry out knowledge management and research activities in support of the Coalition Learning Agenda. They investigate and generate best and promising practices, tools, approaches, and research findings across campaigns for submission to the Scientific and Technical Advisory Committee. The number of Workgroups, their composition, and products delivered are to be determined based on priorities set by the Coalition.

Responsibilities

Workgroups, in coordination with the Health Campaign Effectiveness Coalition Program Office:

- Plan types of implementation research and activities in the pursuit of lessons learned and promising practices as needed via workgroup-specific research and learning agendas that align to the objectives of the Coalition Research and Learning Agenda;
- Develop and review requests for proposals, review findings and lessons learned;
- Advise on the application, adoption, and adaptation of promising practices and where additional evidence is needed;
- Support dissemination of findings to the Scientific and Technical Advisory Committee and the broader Health Campaign Effectiveness Coalition; propose amendments to best and promising practices.
Membership and Recruitment

Country-level partners and leaders within national Ministries of Health and adjacent organizations are directly targeted for Workgroup membership to ensure country representation and engagement is central to Coalition efforts. The Coalition seeks representation from global-level donors, coordinating bodies, and other partners who have played a significant role in financing, planning and/or implementing health campaigns to complement country representation. The Coalition also seeks public and private-sector perspectives.

Workgroups are recruited by members of the Leadership Team, STAC, and the Health Campaign Effectiveness Program Office. Workgroup members have access to data, information, knowledge, and experience needed to advance implementation research priorities and real- to near-time Coalition learning.

Workgroup recruitment, membership, and time commitment will vary based on the purpose of the Workgroup.

If a member of a workgroup is not present for more than three consecutive meetings, or is found to have a conflict of interest (See Conflict of Interest), they will be asked to terminate their membership in the workgroup.

Workgroups have the option to nominate and vote for a Workgroup Chair responsible for setting the agenda, planning deliverables, and presenting on behalf of the workgroup in consultation with the Health Campaign Effectiveness Program Office.

Compensation

No member of the Workgroups shall receive, directly or indirectly, any salary, compensation or emolument. Travel expenses in the form of airfares, accommodation and per diems for essential face-to-face meetings will be provided.

Health Campaign Effectiveness Coalition - Broad Membership

The body of members contribute to Coalition activities and outputs; serve as contributors to learning and research, and act as change agents within their spheres of influence. The Coalition
anticipates conveneining and engaging with approximately 100 individuals that work along the spectrum of campaign delivery.

**Membership**

The Coalition is anticipated to comprise 80-100 active members, with strong representation from country-level leaders and partners, key donors, multilateral and coordinating bodies, implementers, academic partners, and other stakeholders.

As the Health Campaign Effectiveness Program Office continues to strengthen the network of stakeholders with the Leadership Team and the Scientific and Technical Advisory Committee, it will leverage the expertise of those members to identify high-caliber Coalition members.

The Coalition will engage with external stakeholders (e.g., country leaders, NGOs, donors, disease/domain-specific networks) by providing recommendations to and receiving feedback on various outputs and findings from Coalition work in order to facilitate systematic, organizational change and achieve common goals.

**Responsibilities**

Coalition members advance the Coalition vision and objectives and work towards the achievement of intended outcomes. While Workgroups will serve as the primary engine for launching research, identifying and vetting best practices, and establishing recommendations for improved campaign financing, planning and implementation, the Coalition will develop a monitoring and evaluation plan in order to track and measure Coalition progress, outputs and impacts.

**Meetings**

Annual Coalition meetings are planned and will remain virtual until in-person meetings are deemed safe. Additionally, Coalition activities will primarily be accomplished via the Scientific and Technical Advisory Committee and Workgroups. Members have access to a robust collection of resources through campaigneffectiveness.org, and be able to add and receive information on implementation research progress, and findings through newsletters, webinars and other resources.
Compensation
No member of the Coalition shall receive, directly or indirectly, any salary, compensation or emolument. Travel expenses in the form of airfares, accommodation and per diems for essential face-to-face meetings may be provided to some members based on availability of funds.

Health Campaign Effectiveness Program Office
Based at the Task Force for Global Health, the Health Campaign Effectiveness Program Office guides the Coalition toward meeting its goals and objectives, develops work plans for the various member groups, coordinates communication, manages the implementation research awards, and provides management and programmatic support to the entire Coalition.

Responsibilities
In support of the Health Campaign Effectiveness Coalition, the Health Campaign Effectiveness Program Office:
- Plays a central role in the strategic direction and startup of the Coalition;
- Provides management, coordination, and communication for Coalition meetings, activities, and resources;
- Manages the full scope of operational requirements including funding disbursement for implementation research, in addition to facilitating, awarding, and managing research through activities through Coalition workgroups;
- Practices systematic knowledge management to foster collaboration and learning among Coalition members.

Staff
The Program Office consists of five full-time Task Force for Global Health staff: Director of Health Campaign Effectiveness, Sr. Associate Director for Implementation Research; Sr. Associate Coalition Director, Project Manager, and Communications Manager, in addition to part-time consultants and interns.

Conflict of Interest
The Health Campaign Effectiveness Coalition expects the primary interest of its members to be the people they serve through the Coalition activities. A conflict of interest occurs when the interest of a Coalition member or a partner actually or potentially affects the Health Campaign Coalition or its activities in an adverse way or a member stands to actually or potentially materially gain from decisions and activities.
1. Members may have business interests outside of the Health Campaign Effectiveness Coalition so long as these do not interfere with the Coalition’s ability to perform.

2. Members should not accept gifts, gratuities, personal property or other items of value from a partner organization as an inducement to provide services or purchase products.

3. The only persons authorized to accept contributions on behalf of the Health Campaign Effectiveness Coalition is the Director of Health Campaign Effectiveness and the Task Force for Global Health Chief Operating Officer. All contributions will need to be reported to the Leadership Team.

4. The Health Campaign Effectiveness Coalition recognizes that members may hold a wide range of personal beliefs, values and commitments. These beliefs, values and commitments are a conflict of interest only when they prevent members from fulfilling their responsibilities or if they are being solicited by other members. Members should not attempt to use the Health Campaign Effectiveness Coalition time, equipment or facilities for promoting these beliefs.

**Charter Review Process**

The Coalition Charter is considered a “living document” and will be adapted as needed over time by the Health Campaign Effectiveness Coalition Program Office and Leadership Team.
Annex 1: Leadership Team

Members of the Leadership Team are affiliated with the following organizations:

Bill & Melinda Gates Foundation
The Carter Center
Centers for Disease Control and Prevention
GAVI, the Vaccine Alliance
The Global Fund to Fight AIDS, TB and Malaria
Nigerian National Primary Health Care Development Agency
Pan American Health Organization
World Health Organization, Geneva
World Health Organization, Regional Office for Africa
World Health Organization, Regional Office for Eastern Mediterranean
United Nations Children’s Fund (UNICEF)
## Annex 2: Workgroups (TBD)

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<th>Workgroup</th>
<th>Purpose</th>
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<td>Campaign Integration</td>
<td>Addressing the needs for guidance and action around co-delivery and collaboration.</td>
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