A program of

HEALTH CAMPAIGN EFFECTIVENESS

Economic and Social Benefits of Health Campaign Integration for Neglected Tropical Disease Campaigns

Erin Stone, MPH
Deborah McFarland MPH, PhD
Emory University
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Introduction and Background

Health Campaigns are time-bound, intermittent activities that address specific epidemiologic challenges.

Campaign integration, or the co-delivery of interventions, is expected to save cost and time, streamline operations, and increase benefits for the participant; however, the landscape of the total balance of social and economic benefits and harms in the peer-reviewed literature is unknown.

In order to fill this gap in knowledge, we conducted a scoping review.
Study Objectives and Research Questions

• **Objective**: to identify and aggregate the best available evidence on the economic and social benefits and resulting from the integration of health programs into other health programs or into country healthcare systems in low- and middle-income countries, and to develop promising practices that can be implemented by governments, policy makers, and programs.

• Research Question: What is the balance of economic and social benefits and harms resulting from health campaign integration for: individual members of the community, communities and community leaders, health campaign and healthcare workers, health care systems, country leadership, donors, and the private sector?
Methods

- Scoping Review: A broad review conducted to capture the landscape of data on a topic
  - search date: 2000 to present
  - targeted extractions with no risk of bias assessment

- Nine relevant databases searched

- Standard systematic review processes utilized with limited extractions

- Limitations:
  - Search date limits may miss relevant early studies
  - Qualitative findings may not be generalizable
## Results: Outcomes with strong evidence

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strength [Evidence]</th>
<th>Direction</th>
<th>Results</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTD Infection</td>
<td>Strong [14 studies(1-14)]</td>
<td>Consistent</td>
<td>Most studies demonstrated a decrease in the prevalence of at least one NTD</td>
<td>Supports integration</td>
</tr>
<tr>
<td>Cost effectiveness</td>
<td>Strong [16 studies(1, 6, 16, 25-28, 30-39)]</td>
<td>Consistent</td>
<td>MDA only campaigns were more cost effective in the community or combined community and school delivery channels. Cost effectiveness studies reporting on integration examined MDA the context of multiple health interventions, or a one-health approach integrated campaigns were more cost effective</td>
<td>Supports integration and consideration of health interventions in the local context</td>
</tr>
</tbody>
</table>
## Results: Outcomes & Themes (continued)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strength [Evidence]</th>
<th>Direction</th>
<th>Results</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-related adverse events</td>
<td>Strong [6 studies(4, 5, 15-19)]</td>
<td>Consistent</td>
<td>Adverse events were not severe, and described as: mild or transient and varied across studies</td>
<td>Supports integration</td>
</tr>
<tr>
<td>Participant perspectives on adverse events</td>
<td>Emerging [5 studies(4, 20-23)]</td>
<td>Inconsistent</td>
<td>Participant experience with adverse events prevent uptake or raise concerns of efficacy</td>
<td>Supports integration and health education</td>
</tr>
<tr>
<td>Health education</td>
<td>Moderate [5 studies(20, 21, 23-25)]</td>
<td>Consistent</td>
<td>Heath education of participants increases uptake improves perceptions of adverse events</td>
<td>Supports incorporating health education into integration</td>
</tr>
<tr>
<td>Participant time benefits</td>
<td>Emerging [4 studies(24, 26-28)]</td>
<td>Consistent</td>
<td>Qualitative data suggested time savings</td>
<td>Supports integration</td>
</tr>
<tr>
<td>Participant economic benefits</td>
<td>Emerging [3 studies(15, 18, 25)]</td>
<td>Consistent</td>
<td>Qualitative data suggested cost savings</td>
<td>Supports integration</td>
</tr>
</tbody>
</table>
## Results: Qualitative Themes

<table>
<thead>
<tr>
<th>Outcome</th>
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<th>Direction</th>
<th>Results</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>Emerging [2 studies(22, 28)]</td>
<td>Consistent</td>
<td>Qualitative data suggested reductions in coverage disparities</td>
<td>Supports integration</td>
</tr>
<tr>
<td>Relationship building</td>
<td>Emerging [2 studies(20, 28)]</td>
<td>Consistent</td>
<td>Suggested strengthening of intersectoral and community relationships</td>
<td>Supports including local leaders</td>
</tr>
<tr>
<td>System redundancies</td>
<td>Insufficient [1 study(26)]</td>
<td>--</td>
<td>Suggested reduction in overlapping support roles</td>
<td>Insufficient</td>
</tr>
<tr>
<td>Volunteer compensation</td>
<td>Emerging [5 studies (24, 34, 35, 37, 45)]</td>
<td>Inconsistent</td>
<td>Staff desire for reimbursement or reimbursement amount and subsequent retention were different in different contexts</td>
<td>Supports creative solutions to retention or standardized per diem</td>
</tr>
<tr>
<td>Volunteer experience</td>
<td>Insufficient [1 study(12)]</td>
<td>--</td>
<td>Suggested increase in satisfaction with increased experience</td>
<td>Insufficient</td>
</tr>
</tbody>
</table>
Promising Practices

Include local context, local leadership, community involvement, and health education in the development and delivery of integrated campaigns.

NTD campaigns, particularly MDA campaigns, should be integrated with other health campaigns or into the health system.
Methodologic Lessons Learned

**Start small**
This scoping review cast a wide net, resulting in numerous relevant studies.

**Bucket early**
Earlier strategizing on ways to segment the data streamlines analysis.

**Tag data**
Tag studies early according to data type, campaign, and outcome category to facilitate workflow.
Implications for Policy, Practice and Future Research

These findings support the current global goals of integrating health campaigns. This underscores the importance of the local context and the involvement of community leaders in the development of program goals to achieve the desired outcomes when integrating campaigns.

Gaps in the evidence:
• quantitative economic benefits seen at the participant scale,
• social benefits seen at all scales of programming including participant resiliency, mental health, lost productivity, school attendance, employment, or educational attainment
Summary of Key Messages

Economic and social benefits found in the literature support the implementation of health campaign integration involving NTD campaigns.

Local context, local leadership, community involvement, and health education are crucial in the implementation of integrated campaigns.
References


References


References


THANK YOU.