A Survey of Country Campaign Manager Perspectives on Integration: A Snapshot in 2022

Project Overview

Linksbridge SPC, in partnership with Task Force for Global Health
Overview

Background and Objectives
Methods
Results
Promising Practices
Lessons Learned
Implications for Policy and Practice and Future Research
Glossary

- AMP: Alliance for Malaria Prevention
- CIWG: Campaign Integration Working Group
- CoP: Community of Practice
- DHIS2: District Health Information Software
- EMID: Electronic Management of Immunization Data
- ESPEN: Expanded Special Project for Elimination of NTDs
- HCE: Health Campaign Effectiveness
- HCW: Health Care Workers
- HNQIS: Health Network Quality Improvement System
- IR: Implementation Research
- ITN: Insecticide-Treated Nets
- KII: Key Informant Interviews
- LMIC: Low- and Middle-Income Countries
- MDA: Mass Drug Administration
- MNCH: Maternal and Child Health
- M&RI: Measles & Rubella Initiative
- NID: National Immunization Days
- ODK: Open Data Kit
- PHC: Primary Health Care
- POLIS: Polio Information System
- RBM: Rollback Malaria
- RI: Routine Immunization
- ROI: Return on Investment
- SMC: Seasonal Malaria Chemoprevention
- SNID: Subnational Immunization Days
Introduction, Background and Objectives
Background and Objectives

Background
Interest in integration has increased in the post-Covid landscape as global and country partners evaluate strategies to catch up on disrupted campaigns and plan new campaign activities. This study was intended to obtain a more comprehensive view of geographies with integrated health campaigns, degrees or completeness of integration between health verticals, rationale for adopting integrated approaches, and context-specific facilitators and barriers around successful integration.

Objectives:
1. To assess the frequency of facilitators, barriers, and opportunities for full and partial health campaign integration in low- and middle-income countries (LMICs)

1. To generate a data set of fully and partially integrated campaigns, identifying and collecting data for additional variables to potentially add to the Campaign Calendar database and improve our existing tools

1. To explore data from global-level partners and compare it to data from country-level campaign managers, highlighting gaps that could impact future work and increase knowledge-sharing around health campaign integration practices
Based on background knowledge and gaps identified from review of existing data, the team generated a list of major thematic areas for inclusion. These thematic areas were selected based on the data and detail desired around degrees and forms of integration activities.

<table>
<thead>
<tr>
<th>Survey thematic area</th>
<th>Associated research question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for integration</td>
<td>Where and why is integration occurring? Which health verticals are implementing integrated approaches most often?</td>
</tr>
<tr>
<td>Characteristics of campaign integration</td>
<td>What are the defining characteristics, if any, of integrated health campaigns? Fully integrated campaigns? Partially integrated campaigns?</td>
</tr>
<tr>
<td>Facilitators and barriers</td>
<td>What facilitators promote the integration of campaigns (per geography, and per health vertical)? What obstacles exist in achieving the integration of campaigns (per geography, and per health vertical)?</td>
</tr>
<tr>
<td>Collaboration and digitization</td>
<td>Are campaign coordinating bodies or integration working groups established? Are there elements of integrated campaigns that are digitized? If so, which ones?</td>
</tr>
</tbody>
</table>

**Partial Integration (Collaboration/Coordination):** Collaboration, repurposing, or sharing of common inputs, data, tools, or processes between vertical health programs without co-delivery of interventions at the same point of service.

**Full Integration (Co-delivery):** Coordination of most or all health campaign components to provide two or more health interventions together at the same point of service. Co-delivered campaigns most often share common inputs, but also use a shared cohort of healthcare providers and provide a service in an integrated manner.
Methods
Study Methods

This was a mixed methods study with retrospective and prospective quantitative and qualitative data. Linksbridge SPC conducted a desk review, survey, key informant interviews (KII), and a data validation exercise with stakeholders across different health domains and functional areas.

<table>
<thead>
<tr>
<th>Description</th>
<th>Desk Review: Campaign Calendar &amp; Media Monitoring</th>
<th>Survey</th>
<th>Key Informant Interviews (KII)</th>
<th>Data Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk review of two HCE data assets to obtain a sense of the number of integrated campaigns, where they occur, and in which health domains.</td>
<td>A survey was developed and deployed to broadly reach campaign managers and campaign implementation experts to collect insights on full and partial campaign integration. To obtain greater detail and country- and/or disease-specific context for survey responses submitted, 7 KIIAs were conducted in tandem within survey open window. The data validation exercise was used to assess if health campaign data held at the global level is accurate.</td>
<td>Reviewed 35 monthly Linksbridge newsletters (April 2019-February 2022) to identify news stories that indicated any level of integration in campaign activities.</td>
<td>All survey respondents were offered the chance to participate in an interview (~30 min).</td>
<td>All survey respondents were asked about their willingness to validate calendar data against their program/country resources.</td>
</tr>
</tbody>
</table>

Reviewed data submitted from partners on 2019-2021 campaigns across all health domains to identify integration activities.

A snowball sampling method was used to deploy the online survey link to 143 initial individuals.*

* More details on snowball sampling provided on slide 10
### Study Strengths and Limitations

<table>
<thead>
<tr>
<th>Desk Review: Campaign Calendar &amp; Media Monitoring</th>
<th>Survey, Key Informant Interviews (KII), and Data Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Limitations</strong></td>
</tr>
<tr>
<td>• Completing the desk review prior to the survey enabled the research team to create more targeted survey questions.</td>
<td>• The survey represented a new way of interacting with campaign managers, allowing for more country-level information to emerge. Additionally, the project highlighted a new ability to validate global-level data with country campaign managers.</td>
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<tr>
<td></td>
<td>• Survey dissemination strategy used existing contacts and networks to reach the target audience. Reported user experience for the survey was positive.</td>
</tr>
<tr>
<td></td>
<td>• The survey collects informative, higher-level data and is easily replicable now that it has been developed.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>• Potential respondents received a single request for their participation. Follow up occurred with participants who had started but not completed the survey.</td>
</tr>
<tr>
<td>• Updates to the Campaign Calendar database vary in frequency/ comprehensiveness depending on partners, and integrated campaign stories may be overrepresented in newsletters since the publication aims to highlight noteworthy campaigns like those with integrated elements.</td>
<td>• To capture a larger and more representative global sample, future surveys should be made available in additional languages.</td>
</tr>
<tr>
<td></td>
<td>• For future surveys, extending the survey open window from three weeks to a month may help to capture more responses.</td>
</tr>
</tbody>
</table>
Sampling Method

Project Team Members

Level 1
- CIWG members, STAC members, and IR Awardees
- Original group of stakeholders (8)
- BMGF Team Members

Level 2
- AMP
- CDC assignee from malaria branch to WHO
- WHO Senior Technical Adviser, Measles & Rubella
- WHO AFRO measles adviser
- NTDs CoP
- Boost Community

Level 3

Snowball method to further disseminate survey
Results
From 2019 to 2021, data partners submitted data for 69 integration activities in which interventions for two (or more) diseases were co-delivered simultaneously. These activities occurred across 37 countries and 14 health domains. The most commonly integrated campaigns occurred with polio, measles, and vitamin A supplementation for malnutrition. Nigeria and Pakistan reported the highest number of integrated campaigns (n = 10 and n = 5, respectively).
Media Monitoring Echoes Database Findings

Out of 550 news stories, 61 included integration activities across 33 countries (60 full, 1 partial). Outside of Immunization Days or Vaccination Weeks, the most commonly integrated campaigns occurred with polio and measles, or polio, measles, and vitamin A supplementation. Deworming interventions appear to be the second most frequent.

Campaign Effectiveness newsletters most frequently highlighted activities in WHO’s Africa, Eastern Mediterranean, and South-East Asia regions. The largest number of integration stories featured campaigns in Sudan (n=8), followed by Nigeria (n=7) and Pakistan (n=4).

*Note: Approximately 1/3 of the news stories could be matched to data in the campaign calendar (by cross-referencing campaign dates, location, and health domains) but as mentioned in the methodology section, calendar and news data are currently not linked in the database.
49 individuals initiated the survey and provided their information. **47 respondents** went on to answer the first question on the survey. **35 respondents** answered the majority of the survey questions. No responses were completely excluded from the survey analysis. The survey design allowed respondents to “skip” questions, so each question in the survey has a different total number of responses.

<table>
<thead>
<tr>
<th>Disease Areas</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer, Covid-19, Family Planning, Gene Therapy, Health System Strengthening, Malaria, Measles, NTDs, Nutrition, Polio, TB, Yellow fever</td>
<td>Country Representative, Desk Officer, Immunization Advisor/Officer, Independent Researcher, M&amp;E Officer, Program Analyst, Program Director, Program Manager, Project Facilitator, Supply Chain Officer, Surveillance Support Agent, Technical Officer</td>
</tr>
</tbody>
</table>

**Location of Respondents**

49 individuals, 26 countries, 4 WHO regions
## Survey Questions and Response Metrics

<table>
<thead>
<tr>
<th>Question</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the definitions above, have campaigns been fully integrated, partially integrated, or both in your country(s) and/or programs?</td>
<td>47</td>
</tr>
<tr>
<td>Under what circumstances are integrated campaign activities not advisable in achieving programmatic goals?</td>
<td>32</td>
</tr>
<tr>
<td>In your experience, are there specific health campaigns/activities that are easier to integrate?</td>
<td>32</td>
</tr>
<tr>
<td>In your experience, are there geographic areas of campaigns (or components of campaigns) that are more optimal for integration?</td>
<td>32</td>
</tr>
<tr>
<td>At present, does your national health policy/strategy or your program-specific (e.g., measles, ITNs, NTD MDAs, etc.) strategy promote opportunities for campaign integration?</td>
<td>32</td>
</tr>
<tr>
<td>In an ideal situation in which there were unlimited funds and resources, would you promote campaign integration (full or partial)?</td>
<td>32</td>
</tr>
<tr>
<td>To what extent do you think health campaign integration should be part of a country's national health policy or strategy?</td>
<td>27</td>
</tr>
<tr>
<td>For integration of campaign activities, have there been campaign coordinating bodies or an integration workgroup in place?</td>
<td>27</td>
</tr>
<tr>
<td>For integrated campaign activities in your country or geographic area of focus, are any elements of the campaigns digitized?</td>
<td>27</td>
</tr>
<tr>
<td>For both full and partial integration, what is the overall rationale or expected outcome of campaign activity integration?</td>
<td>27</td>
</tr>
<tr>
<td>Are the integrated campaign interventions that you support implemented in conjunction with Immunization Weeks, National Immunization Days, National Chil..</td>
<td>23</td>
</tr>
<tr>
<td>Are the integrated campaign interventions that you support implemented in conjunction with Immunization Weeks, National Immunization Days, National Chil..</td>
<td>23</td>
</tr>
<tr>
<td>For fully integrated campaigns, on which of the following activities has there been collaboration?</td>
<td>22</td>
</tr>
<tr>
<td>In your country(s) and/or program(s), in which disease area(s) has full campaign integration taken place in the last 5 years?</td>
<td>21</td>
</tr>
<tr>
<td>At which level has full campaign integration happened/been happening in your country(s) in the last 5 years?</td>
<td>21</td>
</tr>
<tr>
<td>In your country(s) and/or program(s), in which disease area(s) has partial campaign integration taken place in the last 5 years?</td>
<td>20</td>
</tr>
<tr>
<td>For partially integrated campaigns, on which of the following activities has there been collaboration?</td>
<td>20</td>
</tr>
<tr>
<td>At which level has partial campaign integration happened/been happening in your country(s) in the last 5 years?</td>
<td>20</td>
</tr>
<tr>
<td>Which barriers to partial campaign integration have you experienced, if any? Please select from the list below.</td>
<td>18</td>
</tr>
<tr>
<td>Which barriers to full campaign integration have you experienced, if any? Please select from the list below.</td>
<td>18</td>
</tr>
<tr>
<td>In thinking about successful partial campaign integration, which of the following areas helped to facilitate integration?</td>
<td>18</td>
</tr>
<tr>
<td>In thinking about successful full campaign integration, which of the following areas help(ed) to facilitate integration?</td>
<td>18</td>
</tr>
</tbody>
</table>
Reaching Coverage Targets Through Integrated Campaigns

For both full and partial integration, what is the overall rationale or expected outcome of campaign activity integration? Select all that apply (n = 27)

**Summary**
In survey responses, the most frequently selected rationale for campaign integration (partial or full) was to reach coverage targets more efficiently.

Respondents also mentioned catching up partially immunized children, increasing impact in communities, leveraging one intervention to promote another, and accessing hard-to-reach areas and conflict zones.

**KII finding**
Campaign integration is key to reaching zero-dose or hard-to-reach communities.
Partial Integration is Occurring Most Frequently

Have campaigns been fully integrated, partially integrated, or both in your country(s) and/or programs? (n = 47)

### KII finding
Determination in opting for full or partial campaign integration can be complex. Regulatory barriers that prevent resource sharing, limitations in implementer roles, institutional competency level, and restrictions around resource use can hinder successful integration.
## Integrated Campaigns by Interventions and Region

**In your country(s) and/or program(s), in which disease area(s) has campaign integration taken place in the last 5 years?**

<table>
<thead>
<tr>
<th>PAHO</th>
<th>EURO</th>
<th>SEARO</th>
<th>Central AFRO</th>
<th>Western AFRO</th>
<th>Eastern AFRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>STH + Trachoma</td>
<td>Covid-19 + Flu + Pneumonia</td>
<td>Polio + Measles</td>
<td>Covid-19 + Cholera</td>
<td>Vitamin A + Deworming</td>
<td>Vitamin A + Polio</td>
</tr>
<tr>
<td>STH + Trachoma</td>
<td></td>
<td>Polio + Vitamin A + Malaria</td>
<td>Vitamin A + Polio + Measles</td>
<td>Vitamin A + Malaria + Polio</td>
<td>LF + Oncho</td>
</tr>
<tr>
<td>STH + Covid-19</td>
<td></td>
<td>Tetanus + Typhoid</td>
<td>Polio + Vitamin A + Deworming</td>
<td>Polio + Measles</td>
<td>Vitamin A + STH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Malaria + Pneumonia</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Covid-19 + HPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vitamin A + STH + Malaria (SMC)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Vitamin A + STH</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Vitamin A + Malaria (SMC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Guinea Worm + Trachoma</td>
<td></td>
<td>LF + STH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LF + Oncho + STH + Trachoma</td>
</tr>
</tbody>
</table>

**Database Validation Finding**

Campaign integration is occurring more frequently than what is currently captured; this is especially true for partial integration.

**Full Integration (n = 21) Partial Integration (n = 20)**

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**HEALTH CAMPAIGN EFFECTIVENESS**

**Strengthen Systems. Maximize Impact.**

A program of **TASK FORCE GLOBAL HEALTH**
At which level(s) has campaign integration happened/ been happening in your country(s) in the last 5 years?

**Full Integration (n = 21)**

- National: 15
- Subnational: 2
- Pilot: 2
- Other: 2

**Partial Integration (n = 20)**

- National: 15
- Subnational: 2
- Pilot: 2
- Other: 1

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**KII finding**

Scope of campaign (national, subnational, etc.) was highlighted as an important component to consider in determining the feasibility of health campaign integration.
Facilitators of Campaign Integration

In thinking about successful full/partial campaign integration, which of the following areas help(ed) to facilitate integration? (n = 18 full; n = 18 partial)

- Some interventions (e.g., vitamin A or deworming) require no additional technical skills
- In the case of vaccination campaigns paired with malaria (bed nets), the bed nets act as an incentive
### Best Conditions for Campaign Integration

**In your experience, are there geographic areas of campaigns (or components of campaigns) that are more optimal for integration? (n = 32)**

Respondents had a slight preference for integrating at the subnational over the national level.

**Why integration is easier at certain levels (select examples)**

- At subnational level, integration could be more optimal: Normally decision making is close to operational levels
- Geographic areas sharing same culture, religion and weather are easier to run integrated campaigns

**In your experience, are there specific health campaigns/activities that are easier to integrate? (n = 32)**

Respondents overwhelmingly agreed that some health campaigns/activities are easier to integrate than others.

**Why certain activities are easier to integrate (select examples)**

- Integration of vitamin A, deworming and polio campaigns since it does not involve administration of technical skills
- Oncho/LF - because of the same target group, no drug reactivity for both case, both are NTDs groups etc..
- Polio/vitamin A/deworming/routine EPI catch up because of same actors, same targets – they take advantage of the unifying effect and acceptability of some interventions to promote others
Barriers to Campaign Integration

Which barriers to full/partial campaign integration have you experienced, if any? (n = 18, full; n = 18, partial)

Under what circumstances are integrated campaign activities not advisable in achieving programmatic goals (n = 32)?

- In conflict, emergency, or outbreak response settings
- When distrust of one intervention could harm uptake of another
- When campaign logistics are too dissimilar (e.g., different target populations or supply chains, inconsistent timing of funding delivery, HCWs skills not compatible)
Most Integrated Activities Use Campaign Coordinating Bodies

For integration of campaign activities, have there been campaign coordinating bodies or an integration workgroup in place? (n = 27)

<table>
<thead>
<tr>
<th></th>
<th>Central AFRO</th>
<th>Eastern AFRO</th>
<th>Western AFRO</th>
<th>EURO</th>
<th>Global/Unknown</th>
<th>PAHO</th>
<th>SEARO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

KII finding
Integration of health campaigns is "not something to be done ad hoc and must be well-planned"

Specific examples:
- Between the National Primary Health and Nigeria Centre for Disease Control
- Campaign situation rooms
- Coordination committee of the campaign; steering committee
- District Health Team: Supervisors, focal point persons, data manager
- Governmental representatives assigned for this purpose - NTD team leader in our case
- Health Promotion unit of MoH
- INC Instance de coordination
- Local campaign coordination committees comprising implementing partner, government and community leaders
- Ministry of health, regional health bureau
- National commission for the campaign
- National coordination committee, regional coordination committees
Heavy Collaboration Occurs During Training, Macroplanning, Mobilization, and Communication

For fully and partially integrated campaigns, on which of the following activities has there been collaboration? (n = 22, full; n = 20, partial)

- Training, engagement, and recognition of campaign workers: Total - 33
- Coordination and macroplanning: Total - 32
- Social mobilization and communication: Total - 31
- Supply chain and logistics: Total - 29
- Data collection and sharing: Total - 27
- Microplanning: Total - 27
- Participation of interested parties/commu.: Total - 27
- Supportive supervision: Total - 27
- Evaluation and surveillance: Total - 19
- Other: Total - 4

KII finding
Coordination and macroplanning was repeatedly cited as the most important area for collaboration when integrating health campaigns.
Most Respondents Reported Using Digital Tools

For integrated campaign activities in your country or geographic area of focus, are any elements of the campaigns digitized? (n = 27)

<table>
<thead>
<tr>
<th></th>
<th>AFRO Central</th>
<th>AFRO Eastern</th>
<th>AFRO Western</th>
<th>EURO</th>
<th>SEARO</th>
<th>PAHO</th>
<th>Unknown</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>19</td>
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<tr>
<td>No</td>
<td>2</td>
<td>3</td>
<td>0</td>
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<td>6</td>
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<tr>
<td>Unsure</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The most frequently cited uses were **data collection** and **reporting**. Lack of infrastructure and poor resourcing were identified as digitization barriers.

Survey respondent examples of digitization include:

- “Data collection and storage (HNQIS and DHIS2), e-Learning (Kassai platform)”
- “Online meeting, social network communication, record distribution, facilitating payments, monitoring coverage, data entering, data sharing, online coordination, online supervision via dashboard”
- “Yes, we use ODK and EMID and data are captured by M&E at all levels from the lowest to National.”

KII Finding: Digitization efforts can be **hampered by unsupportive policies**: e.g., when ministries restrict the use of specific applications, software, or platforms that have servers in other countries.
Respondents Support Integration Under the Right Conditions

At present, does your national health policy/strategy and/or your program-specific (e.g., measles, ITNs, NTD MDAs, etc.) strategy promote opportunities for campaign integration? (n = 32)

Should integration be a part of your countries national policy or strategy? (n = 27)

All respondents answering this question agreed that integration should be a part of national policies and/or strategies.

In an ideal situation in which there were unlimited funds and resources, would you promote campaign integration? (n = 32)

94% of respondents answering this question agreed they would promote integration.
Data Validation

22 survey respondents indicated their interest in validating Campaign Calendar data for their country and/or sector. Of these 22 respondents, 7 returned spreadsheets of validated campaign data to the research team.

- Benin, Burundi, Cameroon, Chad, Colombia, Nigeria (2)

Returned validated spreadsheets indicated:

- Some corrections to Campaign Calendar data
- A significant number of new integrated activities (both full and partial)
  - Based on information provided by survey respondents, health campaign integration is occurring and closely reflects desk research findings and Campaign Effectiveness newsletter content (most frequent disease targets being integrated with other campaigns included vitamin A/malnutrition, deworming, polio, and malaria for these countries)

The validated data received from survey respondents were used to update information about integrated campaigns in the Campaign Calendar database. Participants are encouraged to continue editing the database in the future to ensure that global-level data accurately represents activities occurring in country.
Summary - Main Findings

This was a mixed methods study with retrospective and prospective quantitative and qualitative data. Linksbridge SPC conducted a desk review, survey, key informant interviews (KII), and a data validation exercise with a wide range of stakeholders across different health domains and functional areas.

Main findings

Integration is happening in ways we didn't previously realize. Some areas (deworming, vitamin A) integrate more easily than others.

The sentiment toward integration is generally positive, but there are key barriers to integrating health campaigns (namely alignment between all actors, top-down).

Logistical barriers, especially poor coordination between stakeholders and siloed donors/funding streams make full integration very difficult in the context of most programs/countries.

Determination to move forward in integrating health campaigns depends heavily on context and requires a holistic assessment of the geographies and health verticals considering integration.
Promising Practices, Lessons Learned, and Implications
Promising Practices

**National Health Policy and Strategy**

Support the development of national health policies and health strategies for integration.

Given the importance of government buy-in and coordination, respondents viewed the inclusion of integration in a country’s national health policy or strategy as a key opportunity for success. By institutionalizing integration opportunities, programs are set up to reach country, disease, and global goals more efficiently while maximizing resources. Several KIIIs noted that government involvement is built into the determination of when to integrate campaign activities. In instances where the government has committed to integration as part of its national health strategic plan, integration tends to be more successful, in part because determinations, assessed at a regular cadence, are built into programming and planning processes.

**Collecting Data Directly from Countries**

Whenever possible, collect and defer to data from country-level partners.

While global systems do collect data on upcoming campaigns, the most robust information about what is occurring and how it is being planned can be found at the national level. Country level partners frequently have more information than what is sent up to the global level.
Lessons Learned

When asked what three things they would do to promote integration, survey respondents emphasized the importance of:

- **Establishing coordinating bodies** for defining roles or harmonizing plans
- **Using digital tools** to harmonize microplans, macroplans, social media strategies, and data collection
- **Sharing resources** that can be used as common inputs (e.g., population enumeration, waste management, financing)

Additionally, key informants echoed the importance of considerations such as:

- **Ensuring alignment** between key agencies with local entities to promote integration
- **Utilizing services** like the community health influencers, promoters, and services programs to increase the acceptability and frequency of integrated activities
- **Implementing human-centered design** approaches to implementing integration
Deployment Strategy: Via this project, the team has developed a small list of country campaign managers. These contacts will enable direct engagement and follow-up for future surveys.

Scope: As uncovered in this introductory survey, there are several areas that may be of further interest to the global health campaign community (e.g., digitization). The team recommends adjusting the survey to more comprehensively assess these areas of additional research.

Logistics: The team suggests extending the survey open window from three weeks to one month to encourage a larger response. Also, offering the survey in languages other than English and Spanish (e.g., French and Arabic) could enable broader participation.
THANK YOU.

... Ministries of Health and global academic institutions!
Appendix
Country- and subnational-level systems and management between geographies are unique, adding complexity to health campaign integration

- No one-size-fits-all solution, integration determination should be done on a context-by-context basis

Campaign integration is key to reaching zero-dose or hard-to-reach communities

Instances of successful health campaign integration typically include open communication channels across levels and between donors/implementing parties, with all actors engaged and advocating for integration of activities

Health events (MNCH weeks, directed anthelminthic deworming days, etc.) are useful in supporting integration

Integration breakdown can occur at points of hand-off (i.e., from health departments to providers of health services), and when there is little to no assessment of strategic and/or intervention compatibility

Integration of health campaigns with RI/PHC services was widely perceived as the ideal

Coordination and macroplanning was repeatedly cited as the most important area for collaboration when integrating health campaigns

- Integration of health campaigns is "not something to be done ad hoc and must be well-planned"

Large global health actors and agencies must align their messaging for health campaign integration and adopt approaches that advocate for it

- It is not clear to countries if integration is a priority
- If integration is part of a donor or agency strategy, then appropriate levels of funding need to be allocated

A Sampling of KII Quotes
Survey Methods

This was a **mixed methods study** with retrospective and prospective quantitative and qualitative data. Linksbridge SPC conducted a desk review, survey, key informant interviews (KII's), and a data validation exercise with a wide range of stakeholders across different health domains and functional areas.

**Desk Review of Campaign Calendar and Media Monitoring**

- Reviewed data submitted from partners on 2019-2021 campaigns across all health domains to identify integration activities.
- Reviewed 35 monthly newsletters (April 2019-February 2022) to identify news stories that indicated any level of integration in campaign activities.

**Desk Review**
Desk review of two HCE data assets to obtain a sense of the number of integrated campaigns, where they occur, and in which health domains.
- Campaign Calendar database
- Campaign Effectiveness media monitoring of news stories complied in a monthly newsletter
Survey Methods

Survey, KII, Data Validation

- The survey was open for 3 weeks, from June 6 to 24, 2022. Linksbridge used existing contacts and networks to initiate the snowball method to reach the target audience and gather data.
  - Survey content was generated based on stakeholder/advisor interviews, distributed to stakeholders and advisors for feedback, and reviewed by TFGH colleagues for final insights.
  - Survey content was then transferred to Survey Monkey and piloted and final points of feedback were received. Finalized survey content was prepared for dissemination.
- To obtain greater detail and country- and/or disease-specific context for survey responses submitted, 7 KIIs were conducted in tandem within survey open window. If a respondent indicated that they would like to participate in a KII via the survey, Linksbridge reached out to schedule an interview. KII participants were selected to capture the widest range of disease verticals and geographies.
- The data validation exercise was used to assess if health campaign data held at the global level is accurate. If a respondent indicated interest in supporting data validation efforts, Linksbridge sent spreadsheets containing country-specific and health-vertical specific data for respondent review and editing. The country-validated data was then compared to the global-level data, and participants are encouraged to continue editing the database in the future to increase knowledge about integrated campaigns.
Survey Methods (continued)

Survey sample

49 unique survey respondents provided data on health campaign integration.

- 47 respondents went on to answer the first survey question on integration: “Based on the definitions above, have campaigns been fully integrated, partially integrated, or both in your country(s) and/ or programs?”
- 35 respondents answered most of the survey and could "skip" questions due to survey design.

Because no responses were completely excluded from the survey analysis, each question has a unique total number of responses.

Data cleaning

Survey data from SurveyMonkey were reshaped to create a useable data set for data analysis and visualization. Data were cleaned in the following ways to create a more cohesive and useable data set:

- Data were cleaned to create uniform groupings for variables such as disease (i.e., COVID-19 and Covid).
- Responses that could not be interpreted (e.g., unknown abbreviations, incorrectly filled in answers, etc.) were excluded from data analysis and visualization.
- Responses were translated into numeric values (i.e., if a response was given, give a score of 1) to allow for accurate counts in data visualization.