

HCE Research and Learning Agenda Summary of Priority Questions 2020-2022

Purpose and Overview

The Health Campaign Effectiveness Research and Learning Agenda (RLA) outlines the knowledge gaps (a.k.a., learning needs) related to health campaign effectiveness and identifies key research questions that, when answered, will assist Coalition members and stakeholders (e.g., country leaders, campaign managers, implementing partners, global coordinating organizations and donors) to more effectively plan, implement, monitor and evaluate health campaigns. The HCE research goal is for **countries, global organizations, donors, implementing partners and other stakeholders to apply and use the research findings and promising practices to inform changes to campaign policies and programmatic guidance.** This agenda was developed with input from the HCE Coalition [Scientific and Technical Advisory Committee \(STAC\)](#) and the [Campaign Integration Working Group](#).

Research and Learning Questions

There are 11 priority questions across three themes to be addressed by the Coalition in its initial years (2020-2022).

Focus Area: The Campaign Ecosystem and Implications of the COVID-19 Pandemic

The [Campaign Landscape Analysis](#) conducted in 2019 identified several challenges to the current campaign ecosystem and opportunities to improve effectiveness, reach target populations and disease goals. When the COVID-19 pandemic suspended or delayed at least 287 of the 566 planned campaigns in 2020 (see [COVID-19 campaign impact tracker](#)), it impacted countries' ability to reach communities in need of services as well as opened opportunities to rethink how campaigns are planned, implemented and evaluated. The rollout of the COVID-19 vaccines presents new possibilities to leverage existing campaign platforms and partnerships to reach at-risk communities and improve campaign quality, effectiveness and efficiencies.

Priority Questions

1. **What approaches and tools have been successful in improving campaign effectiveness, efficiency and quality?**
 - a. What measures/metrics should be used to monitor and evaluate outcomes and whether campaigns are reaching “zero dose” and “never-treated” communities?
2. **What lessons have been learned about how to plan and deliver health campaigns during the COVID-19 pandemic?**
 - a. Which of these new approaches or methods will continue to be practiced beyond the pandemic?

3. **How can the lessons learned from existing campaign platforms inform and support the planning and delivery of COVID-19 vaccines?**
 - a. What has been the impact of the COVID-19 vaccine rollout on campaigns for NTDs, polio, VPDs, malaria, VAS? (e.g. negative impacts due to workforce prioritized for COVID vaccine delivery or positive impacts such as strengthening microplans, surveillance and other HIS, training, identification of hard to reach populations)

Focus Area: Integration (full and partial) between health campaigns

Integration of campaign inputs, processes and delivery mechanisms has been identified as a possible way to improve campaign effectiveness, equity and efficiencies as noted in key global partner strategy documents.¹ However, our literature review found limited recent evidence on effective campaigns integration models and approaches that resulted in improved processes or outcomes. Coalition member feedback also suggested country and global policies, donor financing, and engrained organizational behavior often does not enable integrated approaches. Consequently, members of the HCE Leadership Team as well as the STAC recommended that the HCE Coalition focus their research and learning efforts on defining and identifying promising practices on campaign integration; identifying the contextual, structural, and political factors that both enable and hinder integration from multiple campaign and country perspectives; and documenting which approaches lead to improved health outcomes. The overall outcome of such research would inform both country and global integration guidance and financing policies.

Priority Questions

4. **What structural, political, behavioral, or procedural enabling and hindering factors at different levels of the health system affect whether integrated campaigns are considered, planned and initiated?**
 - a. What do campaign managers and/or other decision makers see as the main barriers, challenges and/or opportunities to full or partial campaign integration?
5. **What are successful collaborative planning approaches and models (partial integration) for sharing of specific campaign components or platforms (e.g., budgeting, microplanning, household registration/enumeration, supply chains/logistics, data collection/or data systems, community messaging, M&E)?**
 - a. What are the drivers, criteria and processes used by planners and stakeholders to make decisions during the campaign planning process?
6. **What are effective approaches to engage communities during all phases of campaign planning, implementation and evaluation?**
 - a. What are community, community health workers/community drug distributors and front line campaign managers' perspectives on integrated campaign delivery approaches and best practices for community mobilization, BCC, CHW training, etc.?

¹ For example: the NTD Roadmap 2030, Global Polio Eradication Initiative (GPEI) Polio Eradication Strategic Plan 2022-2026, WHO Technical Strategy for Malaria 2016-2030, WHO Immunization Agenda 2030, the Gavi 5.0 Alliance 2021-2025 Strategy, UNICEF Vitamin A Supplementation at a crossroads report.

7. **How does the use of digital tools and technology innovations (e.g., mobile payments to campaign workers' mobile phones, geo-spatial mapping, real-time monitoring tools, HIS) support/enhance collaborative and integrated delivery approaches?**
8. **What is the impact of full and/or partial campaign integration on outcomes, such as coverage, equity, efficiency, safety, cost, sustainability, and health systems and inter-sectoral linkages?**
 - a. What monitoring and evaluation systems, including metrics related to process and outcomes, are used (or should be used) to assess the level and success of campaign integration?
 - b. What is the cost-benefit of full and/or partial campaign integration and from which perspectives is the cost-benefit analysis (CBA) conducted?

Focus Area: Transitioning Campaign Interventions to the PHC System

Health campaigns share many functions (e.g., planning, monitoring, surveillance, procurement systems) with the Primary Health Care (PHC) system, yet the intervention delivery function of campaigns continues to operate largely independently. Some interventions such as immunizations and vitamin A supplementation are delivered through a mix of routine services and campaign delivery mechanisms, often transitioning between the approaches according to disease trends and country capacity. Likewise, as diseases such as polio, lymphatic filariasis, trachoma, and onchocerciasis reach their elimination targets, public health approaches shift away from frequent campaigns to emphasize prevention and surveillance. As with the case of integration noted above, recently published global disease strategies call for an increased focus on country ownership and sustainability by moving away from vertical programs to approaches that strengthen primary health care systems. Understanding how and when campaigns can transition into PHC and routine services and how their inputs, infrastructure, and experiences can be leveraged to strengthen health systems in general has been identified by the Leadership Team, STAC and Coalition members as a priority area for the HCE Research and Learning Agenda.

Priority Questions

9. **In what circumstances (*what, how, when and why*) have interventions and services typically delivered via health campaigns been successfully transferred to the PHC system or routine health services?**
10. **What has been the impact on coverage, resource allocation and costs, equity, community demand and satisfaction, country health goals and can it be sustained?**
11. **How can health campaign inputs, processes, and resources (e.g., campaign monitoring data, information on community health behaviors/perceptions, microplans with population enumeration, best practices for training, supervision and monitoring) be successfully used to strengthen routine services and impact PHC systems?**