Thank You

The Health Campaigns Intelligence Hub ("Campaign Hub"), formerly referred to as the Campaign Calendar, improves transparency into campaign planning across disease programs and geographies, helps improve data collection and analysis across campaign platforms, and offers insight into campaign performance. The Campaign Hub would not be possible without the support of our longstanding partners, who provide data, share insights, and collaborate to make campaign-based delivery more effective. All updated Campaign Hub information can be found at campaigneffectiveness.org. Linksbridge is happy to provide the underlying data for this report if requested and welcomes feedback. Please reach out to us at hce@linksbridge.com.

Data Partners

Our team collects health campaign data from global partners and media sources to keep the Campaign Hub as up to date as possible. We receive daily data updates through direct API connections, monthly updates from partners and media monitoring, and semiannual or annual updates from specific contributors. We review each update, validate it against existing data and supplementary data sources, and incorporate it into our database. We also have an online input tool that allows partners at any level to make direct database edits. We hope to continue to improve the frequency, completeness, and scope of our data updates so that the Campaign Hub remains relevant and valuable for our stakeholders. We also welcome opportunities to collaborate with countries for data inputs and visualizations to improve the Campaign Hub’s utility for on-the-ground decision-making around campaign planning and delivery.
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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AFR</td>
<td>WHO African Region</td>
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<td>AMR</td>
<td>WHO Region of the Americas</td>
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<tr>
<td>CHW</td>
<td>community health worker</td>
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<tr>
<td>cVDPV</td>
<td>circulating vaccine-derived poliovirus</td>
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<td>DRC</td>
<td>Democratic Republic of the Congo</td>
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<tr>
<td>EMR</td>
<td>WHO Eastern Mediterranean Region</td>
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<td>ESPEN</td>
<td>Expanded Special Project for Elimination of Neglected Tropical Diseases</td>
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<td>EUR</td>
<td>WHO European Region</td>
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<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
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<td>HPV</td>
<td>human papillomavirus</td>
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<td>IPV</td>
<td>inactivated polio vaccine</td>
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<td>ITN</td>
<td>insecticide-treated net</td>
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<td>LF</td>
<td>lymphatic filariasis</td>
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<td>MCV</td>
<td>measles-containing vaccine</td>
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<td>MDA</td>
<td>mass drug administration</td>
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<td>nOPV2</td>
<td>novel oral polio vaccine 2</td>
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<td>NTDs</td>
<td>neglected tropical diseases</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>Schisto</td>
<td>schistosomiasis</td>
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<td>sustainable development goals</td>
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<td>SEAR</td>
<td>WHO South-East Asia Region</td>
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<td>SMC</td>
<td>seasonal malaria chemoprevention</td>
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<td>STHs</td>
<td>soil-transmitted helminths</td>
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<td>SUDV</td>
<td>Sudan ebolavirus</td>
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<td>Td</td>
<td>tetanus and diphtheria vaccine</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO Western Pacific Region</td>
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<td>WPV/WPV1</td>
<td>wild poliovirus/wild poliovirus 1</td>
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<td>YF</td>
<td>yellow fever vaccine</td>
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Introduction

This edition of State of Campaigns highlights a mix of challenges and opportunities facing global health infrastructure at a crucial moment—three years after the emergence of SARS-COV-2.

Those challenges include pandemic-related disruptions, the re-emergence of wild poliovirus (WPV) outside endemic countries, and an unprecedented series of cholera outbreaks.

But the trends aren’t exclusively dire: among other developments, the deployment of novel oral polio vaccine type 2 (nOPV2) has reached approximately 450 million doses, global health actors are preparing for the mass rollout of the world’s first malaria vaccine, and efforts to overcome what UNICEF and WHO have called “the largest sustained decline in childhood vaccinations in approximately 30 years” are driving campaign innovation.

This snapshot of health campaigns is made possible by a four-year collaboration among global-level stakeholders. The result of that collaboration—a cross-cutting calendar and data repository—we introduce here with its new name: the Health Campaigns Intelligence Hub (“Campaign Hub”). From its origins as a tool indexing upcoming campaign events across disease verticals and geographies, the Campaign Hub has matured into a comprehensive health campaign resource incorporating details such as target populations, subnational geographies, and co-delivery of interventions.

We conclude this edition with a note on campaign data collection insights from a recent survey on campaign integration. As we continue our mission to provide indispensable resources for campaign planning and execution, we aim to improve how the Campaign Hub works. In part, this means collaborating more extensively with country campaign managers and soliciting their data contributions. We anticipate a future in which partners at the global and the country levels access, edit, and use the Campaign Hub’s data to benefit human health.
Current State of Campaigns

The Campaign Hub includes data collected from 2019 onward; for 2022 campaigns, information presented in this report is current as of November 1. Please note that Figures 1-4 exclude Covid-19 and any forecasted campaigns we could not confirm were subsequently planned. The Campaign Hub shows 500 planned health campaigns in 2022, with 336, or 67%, in the AFRO region.

![Figure 1: Number of Campaigns by Year and WHO Region, 2019-2022](image)

According to Figure 2, most of 2022’s campaigns are for polio (27%), NTDs (26%), malaria (16%), and MCV (14%) programs. To avoid duplicate counts, fully integrated campaigns (which involve more than one disease intervention) are counted and reported by their disease group; for example, a nOPV2 campaign focused on polio, but fully integrated with measles and deworming, would appear only under the polio group.

![Figure 2: Number of Campaigns by Disease Group, 2022](image)
The Campaign Hub shows that campaigns have taken place in 97 countries this year (Figure 3); about half of those countries are in the AFR region. Nigeria has the largest number of campaigns both globally and within Africa, listing 25 total activities for the year.

24% of all health campaigns have been delayed either from previous years or this year. Figure 4 shows that among all health services, NTD programs were among the most negatively impacted. Africa has one of the highest burdens of NTDs, and a decrease in funding due to the pandemic resulted in constrained capacity and resources. As Africa pushes to get campaigns back on track after Covid-19’s impact, “a continent-wide response will be required to galvanize political and societal commitment and facilitate greater regional coordination and cross-border collaboration between countries,” according to a WHO report.¹

This visual presents a consolidated view of average campaign coverage rates by disease and country from 2010 to 2022. Target campaigns were set for the following: Helminthic Control Vaccine 99%, D. Rai, Soil-Transmitted Helminths & S. Raimondi, Helminthic Control 99%, Polio, S. Rai, Pentavalent Vaccine & S. Raimondi, Polio & Hib, BCG, and others. These coverage trends are not illustrated if the coverage is collected yearly.

Click here to view campaign coverage data from previous years!
Figure 4: Campaign Delay Status by Disease Group, 2022

2022 Campaigns

- Ebola
- Meningitis
- Typhoid
- Diphtheria & Tetanus
- YF
- HPV
- Cholera
- Nutrition
- MCV
- Malaria
- Polio
- NTDs

Total Not Delayed: 380
Total Delayed: 120
Ebola

Challenges: Increasing frequency of Ebola outbreaks

The Democratic Republic of the Congo (DRC) declared the end of its latest Ebola outbreak—the country’s 15th since 1976—on September 27, 2022. Vaccination played a vital role in the response, with 51 direct contacts of the sole victim and 303 contacts of contacts immunized in a ring vaccination effort.

Meanwhile, Uganda on September 20 declared an outbreak caused by the Sudan ebolavirus (SUDV). Unlike the Zaire strain in the DRC, no vaccines or treatments are currently available for the Sudan strain.

Opportunity: Ebola Zaire vaccine success provides a model for effective development

Polio

Challenges: WPV1 Resistance, cVDPV outbreaks

Polio eradication efforts saw worrying setbacks in 2022. These included the detection of wild poliovirus 1 (WPV1) in Pakistan for the first time in 15 months, as well as its appearance in Malawi and Mozambique. Additionally, recent circulating vaccine-derived poliovirus (cVDPV) outbreaks in new settings—such as Israel, the United Kingdom, and the United States—revealed the troubling threat of polio re-emergence in countries where anti-vaccination sentiment has grown.

A promising tool to address the risk of cVDPVs is nOPV2, which in November 2020 became the first vaccine listed under WHO’s Emergency Use Listing procedure. Approximately 450 million doses have been deployed for outbreak control in 21 countries since its authorization.

Opportunity: nOPV2

Meningitis

Challenges: Pandemic-delayed campaigns

The Covid-19 pandemic delayed meningitis vaccination campaigns for more than 50 million children in Africa, leaving the region at heightened risk of outbreaks of meningitis type A, which has nearly been eliminated on the continent. To address this risk, WHO recently announced that $1.5 billion will be needed between now and 2030 to stop outbreaks of bacterial meningitis across Africa, including the potential rollout of a “next generation” vaccine in 26 countries, planned for the beginning of next year.

Opportunity: Next-generation vaccine

NTDs

Challenges: Funding cuts

The U.K.’s 2021 budget cuts decreased its neglected tropical disease funding by $200 million, according to Uniting to Combat NTDs. This shortfall caused nearly 72 million people to miss out on mass drug administration (MDA) during the six months from October 2021 to April 2022: among them, some 24 million people with lymphatic filariasis (LF), 21 million with river blindness, 22 million with schistosomiasis, and 4 million children with intestinal worms.

Nonetheless, 2022 also saw progress. Malawi became the first country in southern Africa to eliminate trachoma. WHO’s Regional Committee for Africa celebrated Togo’s unprecedented elimination of four NTDs. In an October 2022 progress report, WHO noted that the total population no longer requiring MDA for NTDs had risen to 740 million people the year prior. For LF alone, the population requiring interventions had fallen by 52%.

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Malaria

Preparations are underway for the mass rollout of the world's first malaria vaccine following Gavi’s rollout in July of $160 million in funding to deploy Mosquirix (RTS, S/AS01) in malaria-endemic countries. Since 2019, more than 1.3 million children have received immunizations through pilot programs in Ghana, Kenya, and Malawi. Newer research has added support to the vaccine: a study last year in the New England Journal of Medicine found that coupling Mosquirix with seasonal malaria chemoprevention cut clinical malaria by 62.8% and deaths by 72.9% compared to chemoprevention alone.

Vitamin A

The magnitude of the pandemic’s impact on preventive vitamin A supplementation programs is evident in UNICEF’s annual program coverage data, which found a 19 percentage point drop in two-dose vitamin A supplementation coverage (from 61% in 2019 to 42% in 2020), with 62 million fewer children receiving both doses in 2020. Children with the greatest need for supplementation—those living in countries with the highest child mortality rates—had the most significant drop and lowest coverage in 2020.

Measles

Measles cases jumped 79% worldwide in the first two months of 2022 compared to the same period the year before, after Covid-19-related lockdowns disrupted child vaccination campaigns and routine immunization worldwide. In April, UNICEF and WHO warned of a “perfect storm” of conditions for measles outbreaks due to immunization gaps combined with a relaxing of social distancing practices, as well as the millions of people displaced due to conflicts and crises, including in Afghanistan, Ethiopia, Somalia, and Ukraine.

Covid-19

With the lone exception of Eritrea, every country in the world has begun mass vaccination campaigns against Covid-19. But coverage remains below WHO’s global target goal of 70% by mid-2022. As of October, data from WHO showed that 63% of the world’s population had received at least two doses of the Covid-19 vaccine. In Africa, two-dose coverage was far worse, at only 23%.

Click here to visit one of our special dashboards: Historical data on Covid-19 campaigns!
Each month, Linksbridge curates a roundup of health campaign news on behalf of the Health Campaign Effectiveness Coalition and its partners (click here to sign up). The following highlights from our coverage underscore key themes for 2022.

**Ukraine's ongoing polio vaccination campaign came to a halt** at the end of February due to the Russian invasion of the country. Approximately 40,000 children ages 6 months to 6 years (out of a targeted 140,000) in Rivne and Zakarpattya received the inactivated polio vaccine (IPV) shot in the three weeks before fighting began. As people flee the conflict—an estimated 3.7 million to neighboring countries and 6.5 million displaced internally—there is a concern that polio will travel with them. As of October 2021, only 53% of 1-year-olds were vaccinated for polio in Ukraine.

**Japan rebooted its HPV vaccination drive** on April 1 after a nine-year pause, with the health ministry resuming its recommendation that girls ages 12-16 get the shot.

**Mozambique declared a wild poliovirus outbreak** on May 18 after confirming that a child in the northeastern Tete province had contracted the disease, marking the country's first case of wild poliovirus in 30 years. The case represents the second wild polio outbreak in southern Africa in 2022: in mid-February, Malawi declared an outbreak that, like the Mozambique case, was linked to a strain circulating in Pakistan. In response to the earlier outbreak, Mozambique had recently carried out two mass vaccination campaigns, reaching 4.2 million children. Efforts are currently underway to help strengthen disease surveillance in Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. The five countries will continue mass vaccinations, with plans to reach 23 million children ages 5 and under in the coming weeks.

**Nepal's Rupani Rural Municipality conducted an innovative oral cholera vaccination campaign** in May in which vaccine recipients self-administered their second doses as part of a feasibility study.

**Canada's Quebec province expanded its monkeypox vaccination campaign** on June 14 to all men who have sex with men, the population thought to be at the highest risk for the disease. Previously, the campaign focused on people exposed to the illness, those with multiple male partners, or attendees of events where cases had surfaced. Quebec's largest city, Montreal, is considered the epicenter of the North American monkeypox outbreak, with 126 confirmed cases as of mid-June. Quebec received 40,000 doses for the targeted campaign, with up to 25,000 reserved for Montreal. Since late May, approximately 3,000 people in the province have been vaccinated for the disease.

**Kenya and Tanzania ran a cross-border mass drug administration exercise against trachoma** July 12-16. The campaign aimed to administer antibiotics to over 1.3 million people in the pastoral Maa community living across the two East African countries.
Improving our Data Collection

The Health Campaigns Intelligence Hub has systematically collected campaign data from global-level stakeholders since 2019. Data from participants like WHO, Alliance for Malaria Prevention, UNICEF, ESPEN, and GPEI have helped the Campaign Hub curate cross-disease health campaign planning details, providing extensive information in a consolidated, interactive format. The Campaign Hub has worked diligently with partners to ensure we capture and present campaign data accurately and usefully.

The Campaign Hub largely relies on global-level rather than country-level data. But its resources are available to everyone—from multilateral stakeholders to country campaign managers. We’re continuously striving to improve our tools to better serve our counterparts at all levels. Pending improvements include:

- Working with country programs to ensure they have the most relevant data at a more granular level to drive program decision-making
- Forecasting campaigns out to 2040 to improve prospective data
- Searching for and incorporating new campaign data sources, especially for diseases that are tackled by interventions other than vaccines

As part of the improvement process, Linksbridge, in partnership with The Task Force for Global Health, recently engaged country-level campaign managers to identify gaps in the Campaign Hub’s data, with a particular emphasis on campaign integration.

Click here to explore the Health Campaigns Intelligence Hub!
**Campaign Integration**

Interest in integration has grown in the post-Covid-19 landscape, as partners at both the global and country levels develop strategies to compensate for delayed and suspended campaigns. At present, the Campaign Hub includes a co-delivery indicator that shows full integration (campaigns encompassing two or more interventions delivered jointly.) However, this data is limited. Among other problems, it omits partial integration—a tactic involving shared inputs, data, or tools among health campaigns, but without the co-delivery of interventions.

This year, the Health Campaign Effectiveness Coalition sponsored a survey to assess a range of factors affecting full and partial health campaign integration in low- and middle-income countries. As part of the project, the study team compared data from global-level partners against data from country-level campaign managers, highlighting gaps and inconsistencies.

Survey respondents had the opportunity to validate their countries’ campaign data in the Campaign Hub. Collectively, respondents identified 10 instances of integration not captured in the Campaign Hub for their country programs, also providing details on whether the integration was full (co-delivery) or partial (coordination and collaboration). Findings from the survey (Figure 5) highlighted that partially integrated campaigns are happening more frequently in-country than previously perceived across different disease areas and contexts. Facilitators and barriers to campaign integration were also captured in the survey.

These findings highlight an opportunity for global stakeholders to align with and use the coalition’s definitions of integration—both partial and full—to give international stakeholders a more accurate depiction of campaign integration implementation. Moreover, the findings suggest that current data collection and reporting should adapt to more closely reflect country program activities. The resulting enhanced snapshot of integration would better serve the needs of campaign stakeholders across the globe.

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**Figure 5: Partially and Fully Integrated Country-level Campaigns by Region, 2019-2027**
This State of Campaigns edition presents a picture of a campaign ecosystem vying to recover from a pandemic while confronting new challenges and deploying new tools. Such complex circumstances call for more effective campaigns, with efficient delivery as a key goal. As campaign planners worldwide prioritize efficiency through measures such as integration, challenges in data collection methods are becoming apparent. Looking ahead, stakeholders can create an improved campaign intelligence landscape—and a better Campaign Hub—by enhancing how they gather data:

- Global stakeholders should continue to work towards alignment with countries and revisit how integration is defined.

- Country campaign managers might consider sharing detailed data on integration, including barriers that tend to impede integration and facilitators that support it. Properly captured, this information could help adjust programmatic approaches to make integration more context- and geography-specific.

As we look back on four years of collaboration, we see much to celebrate and much work remaining to be done. We hope in the coming months to step up country-level involvement in the Campaign Hub’s data collection processes so that stakeholders all over the globe can realize the highest possible benefits from our collective experience.


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