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Community health workers in Uttar Pradesh (photo credit: IIHMR)
Vision and Strategic Approaches

Why the Health Campaign Effectiveness Coalition was formed, its vision for change, and the outcomes it expects to achieve.
Health Campaign Effectiveness: Case for Action

- Campaigns are a key strategy for achieving priority global health epidemiological, coverage, and equity goals.

- Countries report significant overlap in geography, timing, and target populations between campaigns.

- Campaign planning and implementation may be carried out with little communication or collaboration among campaigns and with inadequate coordination with country health systems.

- Operational inefficiencies and inequities can strain health systems, burden health care workers, and pull resources away from routine services.

- Recognition that current approach may not meet community needs, achieve intended goals, and may also create missed opportunities to link and integrate campaigns to the PHC system.

- Full Landscaping Analysis available at campaigneffectiveness.org.

What is a Health Campaign?
See campaigneffectiveness.org/about/
Vision & Strategic Approaches

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.

Strategic Approaches

• Foster improved communication and collaboration among country leaders, donors and implementing groups.

• Support implementation research to identify, test and scale up effective health campaign practices and tools.

• Advocate for policy alignment and collaboration between global partners and countries on campaign programming guidance, funding and support.

Photo credit: UNICEF Ghana
Theory of Change
### Coalition Theory of Change

#### 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.

#### 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).

#### LONG-TERM OUTCOMES
- Countries lead decision making about campaign delivery and financing based on evidence and what is appropriate for their health system, population and community context.
- Donor and global campaign policies and financing structures are guided by evidence and aligned to support country needs.

#### INTERMEDIATE OUTCOMES
- Countries plan, implement, monitor and evaluate effective campaigns that serve their unique context and needs and reflect national and global program standards.
- Countries and global partners both use and contribute to an evidence base on effective, efficient and equitable campaign delivery approaches and financing models.
- Countries and their partners demonstrate strong collaboration in the design, financing, implementation and evaluation of public health campaigns.

#### APPROACHES
- Form a first-of-its-kind cross-campaign coalition to foster learning, collaboration and systems change, which positions country leaders at the helm.
- Support implementation research that fosters the identification, testing, evaluation and replication of evidence-based campaign practices, delivery models, tools and approaches which are relevant and acceptable to country health program.
- Advocate for policy alignment and collaboration between global partners and countries on campaign funding and support.

#### 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 country 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.

#### ASSUMPTIONS:
1) Different health campaigns can benefit from sharing experiences and working together
2) COVID-19 will alter campaigns, presenting new opportunities and challenges
3) Evidence-based and promising practices will be adopted and implemented by countries
4) Global partners are receptive to collaboration around country health strategies
Milestones
A Coalition Design Team was convened in early 2020, resulting in the HCE Coalition Theory of Change and Charter, which were finalized later that year. The first HCE Coalition annual meeting was held in October 2020, and the Campaign Integration Working Group, Scientific and Technical Advisory Committee and Leadership Team were formulated. Virtual Coalition learning events were hosted throughout 2021 and into 2022 (Test & Learn series, webinars, working group meetings, annual meeting).

Key technical briefs were developed in mid to late 2020, feeding into the development and approval of a Research and Learning Agenda. At the end of 2020 and into early 2021, case study and implementation research projects were funded, with results, analysis, and synthesis (to harvest promising practices) in late 2021 and mid to late 2022.

Promising practices identified through the HCE Implementation Research portfolio are being disseminated for adoption. Barriers and disincentives to integration, including financing, were identified in 2022 and a plan to address them is underway.
Profile of Coalition Members and Governance Structure
Profile of Coalition Membership

- **1000 individuals** engaged
- **300 organizations**
  - Coordinating bodies
  - Funding organizations
  - National governments
  - Implementing organizations
- **80+ countries**
  - 32 African Region (AFR)
  - 9 Eastern Mediterranean Region (EMR)
  - 12 European Region (EUR)
  - 15 Region of the Americas (AMR)
  - 4 South-East Asian Region (SEAR)
  - 11 Western Pacific Region (WPR)
- **5 major disease domains** (NTDs, polio, VPDs, malaria, vitamin A supplementation)
## Coalition Governance

### Leadership Team
- Set strategic direction for Coalition
- Assure priorities align with vision and achieve identified outcomes/impact
- Communicate/develop revised policies/programmatic guidance

### Working Groups (Integration; Digitization)
- Address specific research and learning needs
- Develop tools and resources
- Advise on the application and adoption of promising practices
- Support dissemination of research findings
- Provide recommendations for consideration to the STAC

### Scientific and Technical Advisory Committee
- Develops research and learning agenda and advise cross-campaign dissemination and systems change. Reviews promising practices and research findings.
- Prepare policy and programmatic recommendations for Leadership Team

### General Members
- Develop research and learning agenda and advise cross-campaign dissemination and systems change
- Review promising practices and research findings
- Prepare policy and programmatic recommendations for Leadership Team

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**Health Campaign Effectiveness Program Office**: Provides secretariat support for the Coalition that includes the management of the implementation research awards and the knowledge management platform.
Fostering Learning, Collaboration and Systems Change

**Generate Practices** through continuous learning driven by campaign effectiveness data

**Capture Practices** in collaboration with local partners and sub-grantees

**Apply Practices** in normative guidance and campaign implementation

**Synthesize Practices** with members of the STAC and other experts

**Share Practices** with campaign planners and implementers

Improved practice — Replicable approaches

Promising campaign practices become knowledge when it has been processed, codified, synthesized and contextualized. Knowledge is then made available for Coalition-wide cross-domain learning and application.
Products in Development: Evidence-informed tools for campaign practitioners

<table>
<thead>
<tr>
<th>Campaign Calendar</th>
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<tbody>
<tr>
<td>● A high-level analyses of campaign activity.</td>
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<tr>
<td>● A view of upcoming campaigns across all sectors that enables analysis of campaign compatibility for integration based on key variables.</td>
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<table>
<thead>
<tr>
<th>Campaign Integration Toolkit</th>
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<tbody>
<tr>
<td><strong>Promising practices for integrated health campaigns</strong></td>
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<tr>
<td>● Decision Tool for Health Campaign Integration</td>
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<tr>
<td>○ Identifies opportunities for initiating discussion on integration</td>
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<tr>
<td>○ Provides evidence-based criteria for effective coordination and collaboration</td>
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<tr>
<td>● Regional Profiles of Integrated Campaigns</td>
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<tr>
<td>○ A dashboard of integrated campaign profiles by country to include descriptive statistics, integration variables, and an aggregation of lessons learned</td>
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<tr>
<td>● Microplanning for Campaign Integration</td>
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<tr>
<td>○ Presents a collection of forms and procedures for microplanning that may be promising models for adaptation.</td>
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<tr>
<td>○ Reflects promising practices with district-level microplanning for each key component of integrated campaigns</td>
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<tr>
<td>● Roadmap for Establishing Country-based Campaign Coordination Mechanisms</td>
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<tr>
<td>○ Essential functions for coordinating mechanisms</td>
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<td>○ Options and opportunities for developing coordinating mechanisms</td>
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<tr>
<th>Case Studies in Campaign Digitization</th>
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<tr>
<td>● Use of DHIS2 for Microplanning</td>
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<tr>
<td>● Software for Campaign Digitization</td>
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<tr>
<td>● Long-term planning for Campaign Digitization: Lessons from Nigeria</td>
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Research and Learning Agenda

Priority questions, activities, research projects, key findings and resources
Coalition Research and Learning Agenda Themes

1. The Campaign Ecosystem and Campaigns During COVID-19
2. Integration Between Health Campaigns: Collaboration and Co-delivery Approaches
3. Campaign Transition to and Alignment with the Primary Health Care System

Review the research questions on campaigneffectiveness.org
### HCE Supported Implementation Research Awards by Region

Projects focus on 15 countries (+ global projects)

Awardees are located in nine low income and lower-middle income countries, one upper-middle, and five high income countries (World Bank country classification)

<table>
<thead>
<tr>
<th>WHO Region</th>
<th># of Awards</th>
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<tbody>
<tr>
<td><strong>Africa</strong></td>
<td>14</td>
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<tr>
<td>West</td>
<td>(10): Nigeria (4), Ghana (3, one is in a two-country project), Guinea (2, same awardee), Côte d’Ivoire, Mauritania &amp; Sierra Leone (1 project in two countries) Central (2): Cameroon, Rwanda East: Ethiopia (2)</td>
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<tr>
<td><strong>SE Asia &amp; Western Pacific</strong></td>
<td>6</td>
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<tr>
<td>Bangladesh, Nepal, India (2), Indonesia (in a 2-country project); Vanuatu (not shown)</td>
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<tr>
<td><strong>Americas</strong></td>
<td>2</td>
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<tr>
<td>Colombia (same awardee)</td>
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<tr>
<td><strong>Global</strong></td>
<td>6</td>
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<tr>
<td>Studies across multiple countries</td>
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HCE Implementation Research Portfolio - $2.7 M total - 27 IR studies in 4 WHO regions

- **Implementation Research Objectives**: Explore, identify, explain and test interventions across the Research and Learning Agenda: campaign ecosystem, integration, and transition to PHC

- **Profile**: studies in 15 countries + global studies; involved NTDs (9), immunization/polio (6), vitamin A (6) and malaria (3); mixed methods, gained perspectives at all levels; pre & post-campaign surveys

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**KEY FINDINGS**

- **Campaign Ecosystem**:
  - Lessons from the COVID-19 pandemic related to hesitancy, infection prevention costs, digital tools and workforce issues can be leveraged.
  - A new delivery effectiveness framework posits that beyond coverage, important parameters are equity, availability, access, community acceptance, and sustainability, along with 6 other parameters (see right).
  - Reasons for community members’ non-participation across multiple campaigns involve gender roles and decision making, rumors/misperceptions and concerns on side effects and limited health literacy and awareness affect non-participation.

- **Campaign Integration**:
  - Government leadership, coordination mechanisms and early engagement and through all phases creates an enabling environment; Community workforce needs to be well trained, supervised and linked to health system; Community leaders and stakeholders should be engaged in all phases.
  - Coverage remained high when two interventions were co-delivered, per surveys. Coverage disparities were noted (e.g. gender); cost to reach each child had a minimal increase when VAS was integrated with SMC; Adverse events were minimal.
  - Digital tools may create efficiencies; a predictive analytics tool was acceptable in Rwanda.

- **Campaign Transition/Mainstreaming**:
  - Full government support, including leadership, coordination and budget, enables campaign transition, including across sectors.
  - Phased transition allows for testing of strategies;
  - Additional resources are needed during and after campaign transition for continuous drug supplies, capacity building and supervision, workforce availability, adverse event monitoring, community engagement and demand creation - leading to better uptake of services and management of concerns/rumors/cultural beliefs.

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“We acknowledge the HCE team for unrelenting support throughout the project.”
~Awardee in Ethiopia
Campaign Ecosystem and Campaigns During COVID-19
Campaign Effectiveness Defined

The ability of a campaign to achieve specific objectives related to coverage, equity, efficiency and impact.

Key evidence gaps
- Indicators of effectiveness beyond coverage.
- Context-specific measures.
- Evaluation metrics that determine equity, efficiency, accessibility, and acceptability.

See the technical brief “Defining Health Campaigns and Health Campaign Effectiveness” at campaigneffectiveness.org
The Campaign Ecosystem and Implications of the COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Focus of Research &amp; Learning Agenda</th>
<th>Questions</th>
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<tbody>
<tr>
<td>Challenges and opportunities to improve campaign effectiveness, monitor and evaluate outcomes, and reach “zero dose” and never treated communities</td>
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**Planning and delivery of campaigns during the COVID-19** pandemic (decisions to delay, restart, collaborate with other campaigns, safety issues, added costs, community trust/engagement)

Opportunities to apply lessons learned from current campaign platforms to planning and delivery of the COVID-19 vaccines
Campaign Ecosystem and Impact of COVID-19: Activities

- Share campaign guidance, resources and promising practices across the campaign domains
- Foster discussion about how campaigns have adjusted approaches due to COVID-19 and identify opportunities for collaborative work
- Track planned campaigns, delays and restarts in the Campaign Calendar hosted at campaigneffectiveness.org
- Support research on how to define and measure campaign effectiveness (UNICEF’s global and country-based studies on outcomes beyond coverage) & two-country exploration on zero dose/never treated
- Host working group on campaign digitization to gather and share lessons learned and promising practices
What We Are Learning about the Campaign Ecosystem and Impact of COVID-19

Campaigns continue to be a key delivery mechanism for many countries: 44 countries planned 20+ campaigns for 2021-2022 with most in the AFRO region. In 2022 (Jan-Aug), 418 campaigns were planned, with 23 integrated campaigns planned. See the Campaign Calendar for information by campaign and country.

COVID-19 resulted in significant campaign disruptions/delays and adapted operations for physical spacing/infection protection resulting in higher costs for most campaigns. The impact on disease outbreaks, morbidity and mortality is still being realized.

Opportunities arose during the pandemic for campaign programs to collaborate, such as integration of surveillance, facilitation of catch-up immunizations, improved behavior change messaging, remote meetings/trainings and additional coordination mechanisms.

There is a need and interest to define new measures of delivery effectiveness beyond “coverage” to include parameters of equity, sustainability and community acceptance, and to gain country-level inputs to the measures. Country consultations on country-level data sources has begun. Measures addressing safety and movement restriction must be infused into all phases of planning & implementation.

Digital tools and georeferenced/geospatial demographic data can significantly improve campaigns in functional areas such as: targeting, planning, real-time monitoring and evaluation.
Remaining evidence gaps about campaign effectiveness ecosystem during the COVID-19 pandemic

**How expert opinion can be used** to complement and enhance the interpretation of quantitative data, in addition to appropriate formats for eliciting and analyzing expert opinion as a key data source for the assessment of campaign effectiveness.

**Mechanisms to include community engagement** and views among the experts to inform measures of campaign effectiveness.

**Ways to rapidly build capacity among country stakeholders** to review campaign and program effectiveness while implementing changes in a way that is cost-effective and efficacious.

**Approaches to improving health literacy** so that multiple campaigns can address hesitancy and reasons for zero dose/never treated.

**Country priorities for parameters of campaign effectiveness** beyond coverage and ensuring data towards decision making.

Effective ways to sustain multiple campaigns through collaboration during COVID-19 vaccine rollout.
Campaign Ecosystem and Impact of COVID-19: Publications, Presentations and Resources

- Defining health campaigns and campaign effectiveness (HCE Technical Brief)
- Campaign effectiveness landscape and case for action (HCE/Camber Collective study)
- Health campaigns during COVID-19 challenges and lessons for restarting (HCE 2020 survey)
- Rethinking public health campaigns in the COVID-19 era: a call to improve effectiveness equity and impact (BMJ Global Health commentary by HCE Leadership Team)
- Community Factors Shaping Campaign Effectiveness (Design Institute for Health study)
- Promising Practices in Health Campaign Microplanning (HCE/Camber Collective report)
- Campaign Calendar and presentation on Using Partner Data in the Campaign Calendar (Linksbridge)
Integration Between Health Campaigns: Collaboration and Co-delivery Approaches
Integration Between Health Campaigns Defined

Campaign integration occurs through a variety of ways and is a spectrum of activities based on country and local context, disease/problem needs, and feasibility.

- **Partial Integration (Collaboration)**
  Collaboration or sharing of specific campaign components between vertical health programs *without* co-delivery of interventions at the same point of service.

- **Full Integration (Co-delivery)**
  Coordination of most or all campaign components to provide two or more health interventions together at point of service.

**Why now?**

1. COVID-19 delayed campaigns and exacerbated low coverage of some interventions
2. Opportunities to enhance efficiencies and community acceptability
3. Growing interest and momentum (e.g. WHO NTD Roadmap, IA2030)

See the technical brief, “Integration Between Health Campaigns: Intervention Co-delivery and Collaboration” at campaigneffectiveness.org
## Integration Between Health Campaigns

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<thead>
<tr>
<th>Focus of Research &amp; Learning Agenda</th>
<th>Questions</th>
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<tbody>
<tr>
<td><strong>Structural, political, behavioral, or procedural enabling and hindering factors; barriers, challenges and/or opportunities to full or partial campaign integration</strong></td>
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<tr>
<td><strong>Decision factors and collaborative planning approaches (partial integration):</strong> 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&amp;E)</td>
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<tr>
<td><strong>Effective strategies to engage communities and front line campaign workers</strong></td>
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<tr>
<td><strong>Use of digital tools and technology innovations</strong> (e.g., mobile payments to campaign workers mobile phones, geospatial mapping, real-time monitoring tools, HIS)</td>
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<tr>
<td><strong>Impact of full and/or partial campaign integration on outcomes:</strong> coverage, equity, efficiency, safety, cost, sustainability, and health systems and inter-sectoral linkages (type of metrics / M&amp;E and cost-benefit approaches)</td>
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Campaign Integration: Activities

- Identify, synthesize and disseminate knowledge of integration delivery approaches, challenges and opportunities, and promising practices through technical briefs, Test & Learn sessions.

- Host an Campaign Integration Working Group (CIWG) that identifies and reviews promising practices, develops tools and guidance for countries (e.g., Campaign Calendar, Integration Decision Tool).

- Support 16 implementation research studies in 12 countries to identify collaborative approaches to campaign planning and test different integration models and approaches.

- Foster improved knowledge on where integrated approaches are implemented through a multi-country survey of campaign managers on full and partial integration and the campaign calendar’s tracking of co-delivery.

- Identify the disincentives and financial barriers to integration and opportunities to overcome them through a campaign financing landscape analysis.

- Identify the balance of societal benefits and risks of campaign integration through a scoping literature review.

- Identify opportunities to measure delivery effectiveness beyond coverage in campaign integration.
Promising Practices in Collaborative Campaign Planning

1. Facilitate participatory decision-making by forming a coordinating body to oversee campaign integration and collaborate with regional/local coordinating bodies.

2. Secure broad participation, commitment and buy-in early in the campaign planning process by engaging stakeholders at all levels, including at the national, regional/district, and local/community levels.

3. Ensure that planning for integrated campaigns assesses the readiness for campaign integration at different geographic levels.

4. Embrace the learnings of previously successful platforms and approaches and build acceptance of the integrated campaign by pairing the campaign with another familiar and popular campaign.

5. Enable timely and context-specific campaigns by allowing for decentralized campaign decision making to meet unusual conditions (e.g. multiple epidemics) in certain areas, as appropriate.
Promising Practices in Collaborative Campaign Planning

6. Meet the information and knowledge needs of the integrated campaign by harmonizing tools, templates and guidance from standalone campaigns early in the campaign timeline.

7. Facilitate supply chain and logistics management, coordination meetings, training and real-time monitoring of campaigns by using technology and digital tools.

8. Set up campaign workers for success by providing appropriate training, supportive supervision, incentives and recognition, and promoting the transparency and accountability needed for timely remuneration.

9. Increase community acceptance of campaign interventions by enabling the community to observe trusted leaders’ actions (e.g., demonstrating taking medications) and learn from culturally sensitive information, education and communication (IEC) material addressing concerns about integrated interventions.

10. Identify populations missed by traditional campaigns through nuanced strategies.
What we are learning about campaign integration

Many countries are considering, planning or engaged in integrating campaigns to enhance efficiency, effectiveness and equity, and to reach missed populations and reduce zero dose.

Perceived benefits such as improved coverage, community acceptability, program efficiencies and cost savings, potential for sustainability of campaign interventions, and improved health outcomes enable campaign integration.

Common strategies include using integrated resources efficiently in remote locations; using national immunization days to maximize impact; targeting specific age groups in select locations; building community ownership; and integrating programs with common elements.

Barriers to integration include insufficient lead time for planning and coordination, competing priorities, lack of political commitment, funding approaches, potential for adverse impact on coverage of interventions, ‘overshadowing,’ differences in target populations, complex data collection, burden on community workers.

Appropriate planning and preparation are especially critical to the success of integrated campaigns.

Engaging communities and front line campaign workers responds to the health situational assessment of the community; considers the popularity and acceptance of a past campaigns when considering integration; decentralizes decision making during unusual situations; secures broad participation.

Identify missed populations and the reasons for being missed by increasing community acceptance by observing trusted leaders taking medicines; setting up campaign workers for success with training, supportive supervision, incentives, recognition, and timely remuneration.

An array of technology and digital tools are selectively used to facilitate supply chain and logistics management, coordination meetings, training and real-time monitoring of campaigns.
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.

Country Campaign Manager Perspectives on Health Campaign Integration, Linksbridge
## 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>
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<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>
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<td>STH + Trachoma</td>
<td>Vitamin A + Malaria (ITN)</td>
<td>Vitamin A + Polio</td>
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<td>Vitamin A + Malaria (SMC)</td>
<td>LF + Oncho</td>
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<td>STH + Covid-19</td>
<td>Tetanus + Typhoid</td>
<td>Polio + Vitamin A + Deworming</td>
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<td>Polio + Measles</td>
<td>Vitamin A + STH</td>
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<td>Polio + Vitamin A + Measles</td>
<td>Malaria + Pneumonia</td>
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<td>Covid-19 + HPV</td>
<td>LF + Oncho</td>
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<td>Vitamin A + STH + Malaria (SMC)</td>
<td>Measles + Covid-19 + Malaria (ITN)</td>
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<td>Guinea Worm + Trachoma</td>
<td>LF + STH</td>
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<td><strong>Database Validation Finding</strong></td>
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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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**Country Campaign Manager Perspectives on Health Campaign Integration**, Linksbridge
Campaign Integration: Publications, Tools, Study Findings

Technical Briefs
- Integration Between Health Campaigns: Intervention Co-delivery and Collaboration (HCE)
- Health Campaign Integration Related to Neglected Infectious Diseases in Latin America and the Caribbean: A Landscape Analysis (HCE Andrei Chell & PAHO)
- Public Health Campaign Integration: Lessons Learned from 30 Years of Polio Campaigns in Ethiopia, India, and Nigeria (JHU STRIPE)
- Promising Practices in Health Campaign Microplanning (HCE/Camber Collective)

Tools/Resources
- Decision Guidance Tool for People-Centered Integration of Health Campaigns (HCE CIWG)
- Campaign Calendar - Co-Delivered Campaigns

Country Studies
- Opportunities and Barriers to Campaign Integration Across Vitamin A, Immunisation, Polio, NTDs, and Insecticide Treated Bednet Distribution: A Key Informant Interview (KII) Study in Five Countries (Bruyere Research Institute)
- 8 Case Studies on Collaborative Planning for Campaign Integration (HCE awards) and synthesis of top 10 promising practices
Campaign Integration: Presentations

- **Opportunities for Campaign Integration and Co-delivery** (Bruyere Research Institute, Coalition Test and Learn Session)
- **Cost and efficiencies related to integrated campaigns: Methods & findings from Sierra Leone and Nigeria** (Thinkwell Global, Coalition Test and Learn Session)
- **Country led approaches on planning and operationalizing the integration and mainstreaming of NTD** (HCE awardee presentation, 2021 NNN annual meeting)
- **Lessons Learned on Collaborative Planning of Health Campaigns in Nigeria** (CHAI and Ibolda Health, Coalition Test and Learn Session)
- **Experiences in Campaign Integration** (Oct 2021 Coalition Mtg-moderated by Gladys Muhire, CRS)
- **A retrospective study in immunization related campaign integration in Bangladesh** (Oct 2021 Coalition Mtg-poster presented by Shams Shabab Haider, BRAC University, Bangladesh)
- **Oncho and STH 2MDA+3 Co-delivery** in Ethiopia (poster presentation by Jimma University)
- **Health Campaign Integration Related to Neglected Infectious Diseases in Latin America and the Caribbean** (Andrei Chell poster presentation Oct 2021 Coalition Mtg)
- **Integrated Campaign of Measles and Polio Vaccines, Vitamin A and Deworming in Somalia** (Dr. Muhammad Farid, WHO, presented at the 2020 COR NTD meeting)
- **Achieving Equitable and Feasible Campaign Integration through SMC and Vitamin A Collaboration: Findings from Bauchi State Nigeria** (Dr. Olusola Oresanya, Senior Country Technical Coordinator, Malaria Consortium, Coalition Test & Learn Session)
- **Country Campaign Manager Perspectives on Integration: Snapshot 2022** (Linksbridge, Coalition Test & Learn Session)
Campaign Transition to and Alignment with the Primary Health Care System
Campaign Transition to and Alignment with the Primary Health Care System Defined

An approach to improve campaign effectiveness and sustainability of the independent delivery of health campaign interventions by the transfer of ownership and operations to the national Primary Health Care (PHC) system.

The goals may include:
1. Programmatic effectiveness (e.g., program coverage and utilization)
2. Higher community acceptability of PHC to receive a range of services
3. Reduction in frontline health worker and community fatigue due to multiple campaigns
4. Cost-effectiveness of preventing and controlling multiple diseases or conditions
5. Sustainability of health outcomes

See the technical brief “Transitioning Delivery of Health Campaign Interventions to the Primary Health Care System: Achieving a Strategic Balance of Independent and Integrated Delivery of Interventions” at campaigneffectiveness.org
Campaign Transition to and Alignment with the Primary Health Care System

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<tr>
<th>Focus of Research &amp; Learning Agenda</th>
<th>Questions</th>
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<tr>
<td><strong>Process</strong> (decisions, governance, enabling/hindering factors) of transitioning delivery of services/campaign components to PHC or routine health services</td>
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<tr>
<td><strong>Outcomes and impact</strong> (e.g. coverage, resource allocation and costs, equity, community demand and satisfaction, country health goals, metrics)</td>
<td></td>
</tr>
<tr>
<td><strong>Application and use of campaign inputs, processes and resources to strengthen routine and PHC system</strong> (e.g., monitoring data, information on community health behaviors/perceptions, microplans with population enumeration, best practices for training, supervision and monitoring)</td>
<td></td>
</tr>
</tbody>
</table>
Campaigns and the PHC System: Activities

- Identify how contextual and decision-making factors influence the transition of all or some campaign-based services.

- Support 6 implementation research awards in countries to identify 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.

- Identify opportunities to measure delivery effectiveness beyond coverage in campaigns transition to and integration with PHC.

- Support learning by showing the diverse landscape of campaign transition across health domains and countries.
What We Are Learning About Campaigns and the PHC System

Public health campaigns are part of the PHC system, yet service delivery of campaign interventions is often conducted independently to address targeted health goals.

Independent delivery of recurring campaigns may be transitioned/transferred to the PHC system in certain scenarios: countries entering middle-income status, facing donor funding shifts, seeing positive epidemiological trends (e.g., reaching disease elimination targets), and/or aiming for universal health coverage.

Understanding contextual and decision factors are critical for learning and developing guidance and tools. It is also important to assess the processes, promising practices, outcomes, and impact of integrating the delivery of campaign interventions with the PHC system.

Potential benefits of transitioning/transferring campaigns to PHC are maintenance of coverage; efficiency and utilization of ongoing health structures; health worker job satisfaction; reduced community fatigue; reduced missed opportunities during PHC visits; and holistic attention to community health needs and satisfaction.

Potential challenges of transitioning/transferring campaigns to PHC are: diverted/diluted political attention and funding, logistical challenges and stockouts, lower provision and coverage of interventions, need for capacity building (continuous training), decline in worker motivation and resentment due to changes in leadership and incentives. There are concerns about threatened disease elimination/eradication goals, missed doses and longer waiting or service times, reduced quality of care, and complexity in communication messages.
Campaigns and the PHC System: Publications and Presentations

Publications
- Transitioning Delivery of Health Campaign Interventions to the Primary Health Care System: Achieving a Strategic Balance of Independent and Integrated Delivery of Interventions (HCE Technical Brief)

Presentations
- Campaign Integration with PHC Systems (HCE Coalition Meeting session)
- Opportunities to measure delivery effectiveness beyond coverage (UNICEF Test and Learn webinar)
- Transitioning LLIN Distribution Campaign in Ghanaian Communities Through Social Mobilization and Capacity Building (poster presentation at HCE Coalition Mtg)
- Evaluating a Transition to Government Ownership of Schistosomiasis and Soil-Transmitted Helminth Control Programs in Four Districts in Nigeria (poster presentation at HCE Coalition Mtg)
Action Plan: 2022
HCE Leadership Team: Recommendations for Action


1. Strengthen collaboration and shared action among the different programmatic areas and campaign platforms. This will enable the identification of opportunities to improve campaign effectiveness, equity and impact.

2. Engage communities and local leaders in solutions. Community engagement, acceptance and partnership are critical to building community trust and sustaining health gains, but programmatic practices are often inflexible and disempowering to those at the local level.

3. Support and test integrated and collaborative campaign service delivery approaches, especially in communities affected by multiple diseases, where feasible and appropriate.

4. Adopt funding approaches and policies that enable and incentivize countries to use campaigns more strategically, thus reducing inequities and competition between campaigns and primary health care services.

5. Examine opportunities to coordinate and build upon current health campaign platforms and country expertise during delivery of COVID-19 vaccines.
### HCE 2022 Action Plan

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outcomes &amp; Outputs</th>
</tr>
</thead>
</table>
| Develop supportive financing policies and practices. | • **Campaign Financing Landscape Analysis** identifies challenges, disincentives and opportunities.  
• **Action Plan** to support opportunities agreed to by funders, partner organizations and countries. |
| Facilitate collaborative, inter- and cross-sectoral approaches to campaign planning and delivery. | • **Framework** developed by and for country-based campaign coordination entities with tools and recommendations for implementation and sustaining. |
| Build the evidence base on practices that enable countries to plan/implement integrated campaigns. | • **Promising practices, lessons learned, and actions needed** for campaign integration identified, socialized and published.  
• **Research and learning gaps identified** for future support. |
| Provide tools, resources and opportunities for knowledge sharing and learning to support countries. | • **Decision tools on integration and transitioning campaigns to PHC services** are developed and inform targeted planning and delivery of services.  
• **Countries share knowledge and learning.** |
Our Opportunity Space: Priorities Emerging from the Campaign Financing Landscape Analysis

Collaborate, Co-invest, and Learn in Specific Geographies
1. Aligned and Coordinated Funding
2. Optimized Incentives for Collaboration
3. Functional Integration

Advocate and Coordinate
1. Global Platforms
2. Regional Platforms
3. Country Platforms
4. Designated Focal Points

Develop research, guidance, and tools
1. Synthesis of Existing Evidence
2. Global Guidance and Tools
3. Country Policies and Plans
campaigneffectiveness.org

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Vanessa Orduna Zarazua,
Michaela Bonnett, Kehinde Ogunyemi
Interns
Implementation Research Studies

Priority questions, activities, research projects, key findings and resources
Campaign Ecosystem and Campaigns During COVID-19
# Implementation Research Studies on the Campaign Ecosystem and Impact of COVID-19

<table>
<thead>
<tr>
<th>Country</th>
<th>Title</th>
<th>Organization</th>
<th>Domains</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>Landscape and Case for Action - Campaign Ecosystem</td>
<td>Camber Collective</td>
<td>Immunization, Malaria, NTDs, Polio, Vit A</td>
<td>This landscape provides an overview of campaigns as a delivery modality for global health — why and where they are used, their effectiveness at achieving outcome and impact targets, and challenges and opportunities. This HCE rapid survey sought to understand country-level challenges of starting or restarting campaigns during COVID-19, and the extent to which campaign integration is being considered or used.</td>
</tr>
<tr>
<td>Global</td>
<td>Health Campaigns During COVID-19: Challenges and Lessons for Restarting</td>
<td>TFGH, HCE Program</td>
<td>Immunization, Malaria, NTDs, Polio, Vit A</td>
<td>Analysis of what constitutes effective delivery of preventative public health services and beyond coverage, additional parameters according to experts and literature review. A framework can unify disparate parameters of effectiveness are presented.</td>
</tr>
<tr>
<td>Global</td>
<td>Campaign effectiveness: Measuring Effectiveness Beyond Coverage</td>
<td>UNICEF</td>
<td>Vit A</td>
<td>Explores prioritized parameters of effectiveness of campaigns (vit A) at the country level? What data do national and subnational campaign planners prioritize and perceived as important, and what data exist?</td>
</tr>
<tr>
<td>Sierra Leone and Mauritania</td>
<td>Beyond Coverage: Measuring Vitamin A Supplementation Program Effectiveness in Mauritania and Sierra Leone</td>
<td>UNICEF</td>
<td>Vit A</td>
<td>Community members’ experiences of acceptability, awareness, and hesitancy across multiple campaigns (NTDs, malaria, vaccinations, vitamin A, COVID-19 measures); and reasons for nonparticipation (being missed) to inform programmatic action to address ‘zero dose’/never treated.</td>
</tr>
<tr>
<td>Ghana and Indonesia</td>
<td>Exploring patterns of non-participation across multiple health campaigns: exploratory study using qualitative methods in Ghana and Indonesia</td>
<td>Bruyere Research Institute, Canada</td>
<td>Immunization, Malaria, NTDs, Polio, Vit A</td>
<td>Community members’ experiences of acceptability, awareness, and hesitancy across multiple campaigns (NTDs, malaria, vaccinations, vitamin A, COVID-19 measures); and reasons for nonparticipation (being missed) to inform programmatic action to address ‘zero dose’/never treated.</td>
</tr>
</tbody>
</table>
Integration Between Health Campaigns: Collaboration and Co-delivery Approaches
<table>
<thead>
<tr>
<th>Country</th>
<th>Title</th>
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<th>Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombia</td>
<td>Developing Health Promotion and Disease Prevention Strategies to Reduce Neglected Infectious Diseases</td>
<td>School of Med of the Univ of the Andes + Vaupes MOH</td>
<td>STH, Chagas, Trachoma</td>
</tr>
<tr>
<td>India</td>
<td>A Model for Integration of Lymphatic Filariasis and Deworming MDA</td>
<td>PATH + MoH</td>
<td>Lymphatic Filariasis (LF) Deworming Polio</td>
</tr>
<tr>
<td>India</td>
<td>Integration of NTD Control Campaigns with Other Health Interventions</td>
<td>IIHMR + UP MoH</td>
<td>Immunizations, including polio; LF, soil transmitted helminthiasis (STH), vitamin A supplementation (VAS) screening for chronic illness, COVID-19 communication</td>
</tr>
<tr>
<td>Nepal</td>
<td>Collaborative Campaign Planning of Vitamin A Supplementation and Lymphatic Filariasis Elimination</td>
<td>HEAL Group + MoH</td>
<td>VAS, LF</td>
</tr>
<tr>
<td>Ghana</td>
<td>An Integrated Campaign of Mono Oral Polio Vaccine Type 2 (mOPV2) and Vitamin A Supplementation</td>
<td>UNICEF + Ghana Health Svc</td>
<td>mOPV2 (polio), VAS</td>
</tr>
<tr>
<td>Guinea</td>
<td>Improving the Effectiveness of an Integrated Measles and Meningitis A Immunization Campaign</td>
<td>FOSAD-CEFOPAG + DNSP</td>
<td>Measles, Meningitis A</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Scaling up Access to Preventive Malaria Intervention</td>
<td>Ibolda Health + NMEP</td>
<td>Seasonal Malaria Chemoprevention, Insecticide Treated Nets</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lessons Learned from Measles and Meningitis A Integrated Campaigns in Northern Nigeria</td>
<td>CHAI + NPHCDA</td>
<td>Measles, Men A</td>
</tr>
</tbody>
</table>
# Campaign Integration Implementation Research Studies (1/2)
(April 2021-August 2022)

<table>
<thead>
<tr>
<th>Country</th>
<th>Title</th>
<th>Organization</th>
<th>Domains</th>
<th>Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>Improving Health Campaign Microplanning with Predictive Analytics Planning Tool</td>
<td>Connecti3 LLC</td>
<td>FP, Deworming, Nutrition, and possibly Vit A</td>
<td>Can the use of AI predictive analytics help better identify communities that need the health campaign services and are unreached by routine care?</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Implementation Research in Health Campaign Effectiveness in Bangladesh: A Retrospective Study of Campaign Integration in Immunization</td>
<td>James P Grant School of Public Health, BRAC University</td>
<td>Immunization</td>
<td>What factors led immunization campaigns to be integrated with other health campaigns? (such as Vit-A, Deworming)? What are enabling and hindering factors of integrated health campaigns at levels of the PHC system? What is the effect of integrated health campaigns on delivery outcomes?</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Achieving Equitable and Feasible Campaign Integration through SMC and Vitamin A Collaboration</td>
<td>Malaria Consortium</td>
<td>Malaria, Vit. A</td>
<td>What is the effect of full integration of SMC with VAS at scale on vitamin A coverage, SMC coverage, safety, equity, efficiency and cost?</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Evaluating the effectiveness, acceptability, and feasibility of the fully integrated campaign of two mass drug administrations and three other complementary health interventions (2MDA*3): A pragmatic implementation research in Ethiopia</td>
<td>Jimma University</td>
<td>NTDs, Malaria, Vit. A</td>
<td>What is the effectiveness of co-delivery of two core Mass Drug Distributions (2MDA*4) for STH/deworming and Onchocerciasis with four campaigns (LLIN, WASH, unvaccinated/dropout tracking and COVID-19 awareness)?</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>Building the Links between Campaigns and Primary Healthcare in Vanuatu</td>
<td>Bridges to Development</td>
<td>NTDs, Immunization</td>
<td>What is prevalence of NTDs using improved diagnostics; coverage and acceptability of integrated NTDs; effectiveness of sero-surveillance on NTDs and VPDs?; and effects of improved capacity building?</td>
</tr>
<tr>
<td>Country</td>
<td>Title</td>
<td>Organization</td>
<td>Domains</td>
<td>Research Questions</td>
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</tr>
<tr>
<td>Global</td>
<td>Opportunities and barriers to health campaign integration across immunizations, neglected tropical diseases, insecticide treated nets and VAS: A qualitative key informant interview study</td>
<td>Bruyere Research Institute, Univ. of Ottawa</td>
<td>Immunization, Malaria, NTDs, Polio, Vit A</td>
<td>What are the barriers, bottlenecks, and opportunities to better integration (co-delivery or increased collaboration) that have been augmented by the COVID-19 pandemic according to stakeholders in Cote d’Ivoire, Ethiopia, Ghana, Guyana, Indonesia, and Nigeria?</td>
</tr>
<tr>
<td></td>
<td>Health Campaign Financing Landscape Analysis</td>
<td>Results for Development (R4D)</td>
<td>Immunization, Malaria, NTDs, Polio, Vit A</td>
<td>What are the financial barriers and incentives/disincentives to campaign collaboration and integration and how can financial policies and practices be modified to support country integration efforts?</td>
</tr>
<tr>
<td></td>
<td>Health Campaign Integration: A Scoping Review</td>
<td>Emory University</td>
<td>NTDs</td>
<td>What is the balance of social benefits and risks of campaign integration at various levels, including in the community, according to a scoping literature view?</td>
</tr>
<tr>
<td></td>
<td>Country Campaign Manager Perspectives on Health Campaign Integration</td>
<td>Linksbridge</td>
<td></td>
<td>Where and in what types of campaigns has partial or full integration been conducted and what types of integration?</td>
</tr>
<tr>
<td></td>
<td>Strengthening technical capacities and data collection in integrated campaign implementation: mass co-administration azithromycin and albendazole for the control of trachoma and geo-helminthiasis in Vaupés</td>
<td>Univ. de los Andes</td>
<td>NTDs</td>
<td>What are the best ways to strengthen technical capacities in the implementation with individual data collection of the integrated NTD campaign to indigenous populations?</td>
</tr>
<tr>
<td>Colombia</td>
<td>Implementation of the integrated vaccination campaign against Meningitis A and Measles 2nd dose in Guinea: Assessment and lessons learned in terms of effectiveness in two health districts in the in the Meningitis Belt.</td>
<td>FOSAD-CEFOPAG</td>
<td>Immunization: Meningitis and Measles</td>
<td>Is the integrated Meningitis A and Measles second dose campaign, among children aged 9 to 59 months in the health districts of Kankan and Siguiri in Guinea, efficacious enough? What are the main challenges, obstacles and promising practices?</td>
</tr>
</tbody>
</table>
Campaign Transition to and Alignment with the Primary Health Care System
# Campaigns and the PHC System Implementation Research Studies
(April 2021-September 2022)

<table>
<thead>
<tr>
<th>Country</th>
<th>Title</th>
<th>Organization</th>
<th>Domain</th>
<th>Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Improving the Effectiveness of Long-lasting Insecticide-treated Net (LLIN) Campaigns in Ghana</td>
<td>University of Ghana, School of Public Health</td>
<td>Malaria</td>
<td>How can the Mass LLIN Distribution Campaign’s effectiveness be improved through transition to Community-based Health Planning and Services Programme (CHPS) in Ghana?</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>Building the Links between Campaigns and Primary Healthcare in Vanuatu</td>
<td>Bridges to Development</td>
<td>NTDs, Malaria, Immunization</td>
<td>Can campaigns refer individuals with severe skin diseases into primary health care and health information systems for diagnosis, treatment, and surveillance?</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Challenges and Opportunities of partial integration of ivermectin mass drug administration to prevent onchocerciasis into Cameroonian primary health care system.</td>
<td>Centre for Research on Filariasis and other Tropical Diseases</td>
<td>NTDs</td>
<td>What are challenges and opportunities of partial integration of ivermectin mass drug administration for onchocerciasis prevention into the primary health care system for continuous availability?</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Integrating NTD campaign interventions into the Primary Health Care System: an exploratory implementation research in Ethiopia</td>
<td>Eyu-Ethiopia</td>
<td>NTDs</td>
<td>What are preconditions and strategies facilitating partial or full integration of NTD (Trachoma and other) activities into the PHC in Ethiopia?</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>Assessment of the transition of vitamin A supplementation and deworming into the routine health care system in Côte d'Ivoire</td>
<td>Helen Keller International</td>
<td>Vit. A</td>
<td>How can health campaign inputs, processes and resources be used successfully to strengthen mainstream services including routine vitamin A supplementation and deworming (SVAD) and impact PHC systems?</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Evaluating a transition to government ownership of schistosomiasis and soil-transmitted helminth control programs in four districts in Nigeria</td>
<td>The Carter Center</td>
<td>NTDs</td>
<td>How will the treatment coverage of a district SCH/STH program in Nigeria change when the district is transitioned from partial support by an external partner to full support by the various levels of government? How will distribution of responsibilities and the mechanics of MDA among staff from throughout the local health system be affected?</td>
</tr>
</tbody>
</table>
campaigneffectiveness.org