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Coordination Mechanisms for Integrated Health Campaigns:

A Descriptive Review

Health Campaign Effectiveness Coalition at the
Task Force for Global Health

March 2023

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Key Messages

Effective coordination of integrated campaigns is crucial for enhancing campaign quality of service delivery, outcomes, and reaching target populations. However, coordination mechanisms can be more complex for integrated campaigns, especially in challenges to planning and mobilizing resources across health programs. This report provides an overview of models of integrated campaign coordination mechanisms and promising practices for implementation.

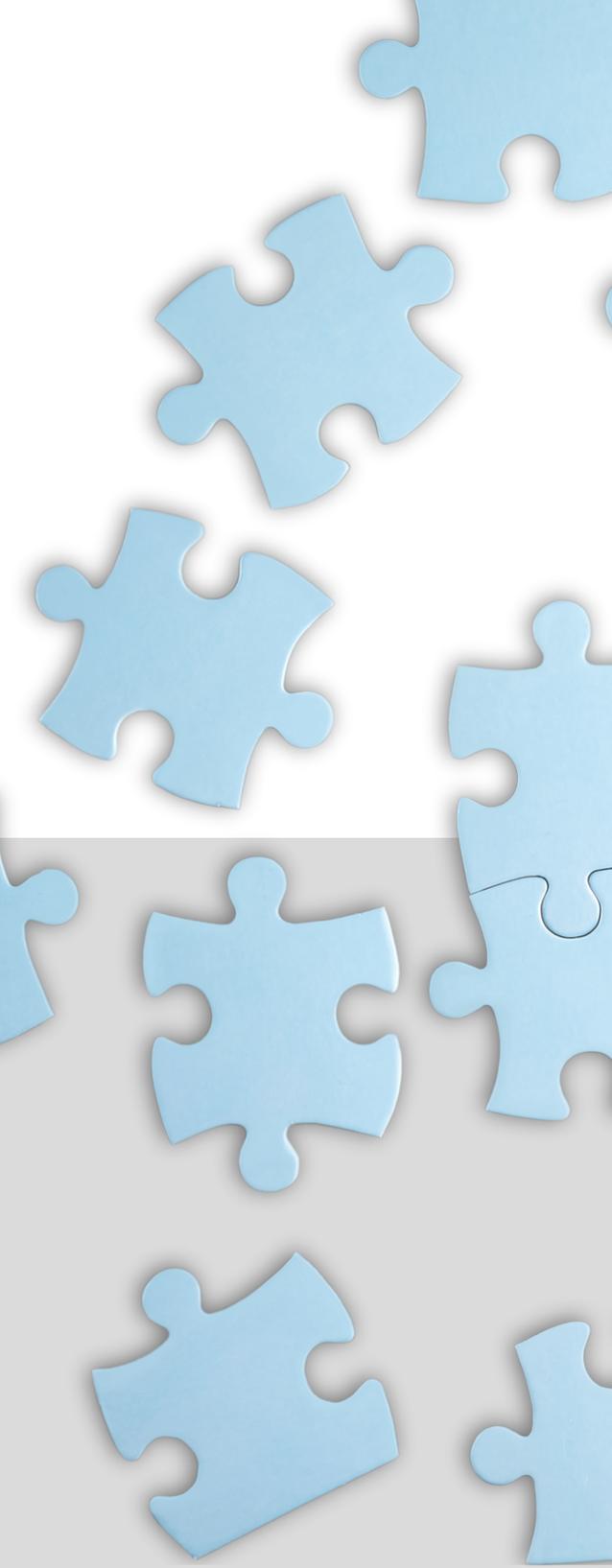
- Coordination mechanisms should include an overarching national leadership team such as an Interagency Coordinating Committee, with subcommittees focused on technical coordination, administration, communications, monitoring and evaluation, and subnational coordination structures at regional, provincial, district, and community levels.
- Enablers of integrated coordination included strong government support, participation of diverse partners and donors, and clear mandates provided to coordination teams.
- Donor restrictions on use of funds and complex accounting and reporting requirements were identified as barriers to coordination, along with challenges in coordinating training for health workers to cover all health interventions and disruptions related to COVID-19.
- Aligning the operations of the integrated campaign coordinating mechanisms with the country's national strategic health plan can promote cost-effectiveness and cost-efficiency.
- A country-driven approach that involves directing country resources toward integrated health campaigns can help leverage coordination resources.
- Digitalization can enable the integration campaign coordination body to share data more efficiently and quickly with its members.
- Community involvement in encouraging participation of relevant stakeholders at the community level, such as religious groups, can foster acceptance of the campaign services being coordinated.



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Promising Practices

The literature review and the key informant interviews revealed the following promising practices.

- For establishing coordination mechanisms:
- Encouraging government authorities to officially recognize and institutionalize the integrated campaign coordinating mechanisms can empower these mechanisms to oversee campaign activities.
- Aligning the operations of the integrated campaign coordinating mechanisms with the country's national strategic health plan can promote cost-effectiveness and cost-efficiency of the health systems.
- Implementing a joint funding basket for donors can enable more effective financial management of integrated campaigns.
- Conducting a stakeholder analysis and mapping can bring new partners on-board while establishing a common purpose across stakeholders.
- Forming cross-country partnerships on integrated campaigns in border communities in remote or insecure settings can help address health inequity gaps and improve coverage.

For implementing coordination mechanisms:

- A country-driven approach that involves directing country resources toward integrated health campaigns could help leverage coordination resources.
 - Digitalization can enable the integration campaign coordination body to share data more efficiently and quickly with its members.
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Abstract

Integrated health campaigns can be more efficient and effective than vertical campaigns in their use of human and financial resources to achieve health outcomes. Effective coordination of integrated campaigns is crucial for enhancing campaign quality of service delivery, outcomes, and reaching target populations. Coordination mechanisms can be more complex for integrated campaigns, however, especially related to planning and mobilizing resources across programs.

To address the complexity of campaign integration, the Health Campaign Effectiveness Coalition (HCE) conducted case studies to identify promising practices for integrating campaigns and to inform development of related guidelines and tools. Based on these studies, HCE identified a key promising practice: Form a coordinating body to oversee campaign integration and collaborate with regional/local coordination bodies [1]. For this reason, HCE's Leadership Team prioritized a review of integrated campaign coordination mechanisms and development of a corresponding tool on coordination. This report provides background information for developing the tool, with an overview of models of integrated campaign coordination mechanisms and promising practices in establishing and implementing them.

HCE reviewed published and gray literature on both vertical and integrated health campaign coordination. Key informant interviews were then conducted with six program partners in five countries that had integrated health campaigns in HCE's focus intervention areas—vaccinations, malaria prevention, neglected tropical diseases, and vitamin A supplementation. The interviews focused on respondents' experiences and lessons in coordinating the integrated campaigns in their countries.

This report documents the main characteristics of coordination structures and the players responsible for convening stakeholders and implementing integrated health campaigns in diverse global settings, with a focus on key informant experiences in Cameroon, Ethiopia, Nepal, Nigeria, and Sierra Leone. It further highlights enablers, barriers, and recommendations for understanding successful integrated campaign coordination bodies.

The findings highlight a need to establish an overarching national leadership team with subcommittees focused on technical coordination, administration, communications, monitoring and evaluation (including data collection and digitalization), and subnational coordination structures at regional, provincial, district, and community levels. Enablers of integrated coordination included strong government support, participation of diverse partners and donors, and clear mandates provided to coordination teams. Donor restrictions on use of funds along with complex accounting and reporting requirements by individual donors were identified as barriers to such coordination, along with challenges in coordinating additional training for health workers to cover all health interventions and disruptions related to the COVID-19 pandemic. Recommendations are made for more in-depth study of integrated campaign coordination mechanisms, including their operation in the context of complex operating environments, stakeholder analysis and mapping, committee membership, private-public partnership, functions of the technical coordination sub-groups including microplanning, and community participation in the national campaign coordination process.

Background

Health campaigns are “time-bound, intermittent activities that address specific epidemiologic challenges, expediently fill delivery gaps, or provide surge coverage for health interventions”[2]. Integrated health campaigns can be more effective and efficient in attaining health goals than stand-alone, vertical campaigns. Integration refers to co-delivering all or most campaign components for two or more health interventions (“full integration”) or collaborating and sharing specific campaign components among vertical campaigns (“partial integration”)[3]. The 2030 Sustainable Development Goals (SDG) outline the need for an integrated multisectoral approach to address intricate global health challenges; in particular, SDG 17 highlights the need for partnerships to achieve health goals. Despite this objective, high-priority interventions globally are most frequently organized vertically, whether through campaigns or routine channels. Independent coordinating bodies tend to work toward individual disease prevention and control targets.

The Health Campaign Effectiveness (HCE) program at The Task Force for Global Health, with funding from the Bill & Melinda Gates Foundation, hosts a global coalition that fosters learning and systems change among country programs that implement health campaigns, their supporting partners, and policy and academic institutions. The coalition focuses on campaign interventions typically implemented at large scale: vaccinations including those against polio and measles, malaria prevention especially through distribution of insecticide-treated nets (ITNs) and seasonal malaria chemoprevention, mass drug administration for neglected tropical diseases (NTDs), and vitamin A supplementation. The HCE’s Campaign Integration Working Group explores promising practices related to co-delivery across interventions as one approach to enhance both the efficiency and effectiveness of health campaigns. A comprehensive toolkit in development will synthesize these practices for each integrated campaign component and phase to assist countries and partners in planning and implementing integrated campaigns.

Recent case studies supported by HCE identified 10 key promising practices for campaign integration, including the following: “Form a coordinating body to oversee campaign integration and collaborate with regional/local coordination bodies”[1]. For this reason, HCE’s Leadership Team prioritized a review of integrated campaign coordination mechanisms and development of a corresponding tool on coordination as part of that comprehensive toolkit. This report provides background information for developing the tool or chapter within the toolkit, highlighting experiences and models of integrated campaign coordination mechanisms.

Project Objectives

The aim was to provide background information for characterizing coordination mechanisms for integrated health campaigns. The objectives of this project were to:

- Identify the main stakeholders responsible for convening and implementing the coordinating body. This includes the membership, roles played, and potentially overlooked members for these structures at national and subnational levels.
- Determine how decisions are made within the coordination structure especially given other competing country program priorities.

- Identify the enablers and barriers that affect the coordinating body's initiation and operation at the national and subnational levels.
- Highlight promising practices related to coordination of integrated campaigns.
- Explore integrated campaign coordination experiences in the specific context of the COVID-19 pandemic and in complex operating environments.

Methods

To understand the range of experiences in establishing coordination structures on both vertical and integrated health campaigns, HCE conducted a literature review and key informant interviews. The literature review was performed between March and July 2022 using Google, PubMed, and Google Scholar databases. This included case study reports supported by HCE and campaign guidelines available from different health programs (e.g., the Alliance for Malaria Prevention toolkit on insecticide-treated nets, and the World Health Organization Expanded Program on Immunization for polio and measles campaigns). The literature search was limited to the English language and a 10-year publication period. Keywords used to identify eligible materials included "health campaign integration," "health campaign coordination," "immunization campaign," "insecticide-treated nets campaign," "immunization campaign guidelines," "insecticide-treated nets campaign guidelines," "NTD mass drug administration," "vitamin A campaign," and "multi-sectoral partnership." The search identified approximately 44 published and gray literature documents, of which 17 were deemed relevant to the theme of campaign integration coordination.

Using purposive sampling, qualitative data specific to integrated campaigns were gathered through key informant interviews with individuals who had campaign experience and were identified by HCE members and others recommended by global partners. The six interviewees represented integrated campaign experiences in Cameroon, Ethiopia, Nepal, Nigeria, and Sierra Leone. Interviews could not be completed with three other potential respondents in Bangladesh, Colombia, and Nigeria due to difficulty with network communications, non-response to follow-up requests, or the need for internal official clearance to be interviewed. A senior technical representative of a global partner provided information on the experience in Sierra Leone rather than a country-based representative; this individual shared insights based on substantial past technical support of the integration campaigns in that country. Given the limited time available for this study along with communication and scheduling challenges, only one interview with a country program manager was completed.

Table 1. Types of key informant interviewees and countries and programs represented

Country	Interviewees	Programs
Cameroon	Global partner	Immunization (polio and non-polio), malaria insecticide-treated nets (ITNs), measles, lymphatic filariasis, vitamin A
Ethiopia	Global partner	Immunization (polio), malaria ITNs, onchocerciasis, schistosomiasis, trachoma
Nepal	Country program manager, implementing partner	Lymphatic filariasis, vitamin A
Nigeria	Global partner	Immunization (polio, measles, and others), vitamin A
Nigeria	Implementing partner	Soil-transmitted helminths and vitamin A
Sierra Leone	Global partner	Immunization (polio, measles, and others), malaria ITNs, schistosomiasis

A semi-structured questionnaire was developed to gather information on the coordinating structures to plan and oversee integrated health campaigns. The questionnaire reflected some of the program campaign guidelines, other technical documents, critical issues identified in the literature search, and technical inputs from HCE advisors. The interviewees were asked for permission to record their interviews and were assured that all responses would remain confidential and used only among the researchers for purposes of this review. Key issues covered in the questionnaire included:

- Integrated campaign health interventions
- Overview of national campaign coordination mechanisms:
 - Leadership: decision making, funding of structure, membership (and membership gaps)
 - Subcommittees: technical, administration, communications, funding of sub-committees, data collection including digitalization, supervision, monitoring and evaluation
- Overview of subnational coordination structures
- Enablers and barriers for coordination structures
- Promising practices

HCE used Dedoose© qualitative survey analysis software (<https://www.dedoose.com/>) for thematic analysis. Interview notes from the interviews were imported into Dedoose with 180 codes generated to include root and child codes based on the research questions. Codes were organized into six major themes and defined as follows:

- *Campaign integration mode*: whether the campaign was fully or partially integrated, and the services included in the campaigns such as immunization, malaria ITNs, and NTDs.
- *Organization of national coordination structures*: leadership, administration, communication, data collection, decision making, funding, supervision, monitoring and evaluation, and technical coordinating body.
- *Organization of subnational coordination*: decision making at this level, level of subnational structures, and collaboration effectiveness.
- *Complex operating environments*: challenges experienced by coordinating bodies including insecurity, mobile population, natural disasters, political instability, and poor infrastructure.
- *Coordination during COVID-19*: how coordination structures were operationalized during the COVID-19 pandemic to include the COVID-19 measures, program activities during the acute period, and specific program guidelines.
- *Others*: enablers, barriers, and suggestions for improvement of coordination structures.

Findings

This descriptive investigation was organized around the coordination structures that programs targeted by HCE will typically apply to integrated campaigns. These structures centered around an overarching national leadership team with subcommittees focused on technical coordination, administration, communications, monitoring, and evaluation including data collection and digitalization, and typical sub-national coordination structures such as those at the regional, provincial, district, and community levels.

Leadership Team

The literature review and interviews revealed a variety of campaign leadership structures, largely involving national coordination committees chaired by high-profile government individuals or program managers. Countries have typically organized a national-level Interagency Coordinating Committee to oversee campaigns, including for integrated immunization campaigns (particularly for polio and Vitamin A), for vertical malaria ITN campaigns, and through the polio elimination initiative in Angola, Chad, and Zambia [4,5,6]. For NTD Control Program covering onchocerciasis, lymphatic filariasis, trachoma, and schistosomiasis, the Director of Disease Control and Prevention chaired coordination leadership [7,8]. The International Coalition for Trachoma Control guidelines recommend a well-functioning National Trachoma Task Force involving governmental and nongovernmental members from such sectors as water, sanitation, and hygiene (WASH), education, agriculture, information, health, and administration to coordinate plans with those of the NTD program [8]. The respondent from Ethiopia revealed that each disease has a specific task force, which serve as technical groups such as those for trachoma and lymphatic filariasis.

The first lady of Honduras has overseen high-level coordination for annual integrated NTD vaccination campaigns, while the Minister of Health in Colombia has taken charge of the national campaign coordination [9]. The directors of Nepal's Epidemiology and Disease Control and Family Welfare Divisions co-coordinated the lymphatic filariasis elimination and vitamin A supplementation campaign [10]. Nepal's Ministry of Health created a campaign integration working group that approved the project work plan and guidelines and issued directives for completing preparations before the campaign launch.

Nigeria's National Measles Technical Coordinating Committee oversaw its 2017-2018 measles vaccination campaign as well as the 2019 integrated measles, meningitis, and yellow fever campaigns. The Committee was created in part to ensure accountability and transparency in implementing the campaign, under a broader national framework to address challenges faced with lack of accountability in previous campaigns. In this context, the Committee established reporting protocols, roles and responsibilities, communications timelines, and oversight of payment of vaccination teams [11]. The Committee was integrated with the Polio Emergency Operations Center to overcome poor high-level political commitment as observed by previous measles vaccination campaigns. The Polio Emergency Operations Center is under a Presidential Task Force chaired by the President. In the Democratic Republic of Congo, the original Interagency Coordination Committee for polio was expanded into a National Coordinating Committee for disease control [4,12].

Guidelines for conducting stand-alone ITN campaigns—whether for targeted populations or for universal coverage—recommend that national malaria programs establish a central coordination committee for campaign planning [5]. This can either be a new coordination structure, or a subcommittee of an existing coordination validated by the Minister of Health [6]. In Ghana's 2018 vertical ITN campaign, a Mass Campaign Planning Team led by the national malaria program manager provided leadership and direction and was responsible for overseeing and communicating on all aspects of the campaign [13].

The literature and interviewees identified the following general responsibilities of the leadership team:

- Establish campaign strategies
- Oversee all campaign planning, implementation, and evaluation
- Approve technical and operational guidelines to be used in campaign
- Liaise with international partners for resource mobilization
- Convene various actors, donors, and all key stakeholders to coordinate campaign activities
- Oversee coordination sub-committees' activities, including actual implementation of campaigns
- Allocate donor funds to different programs to implement campaign
- Review campaign progress, prepare and validate the final campaign report

In addition, interviewees emphasized the need for diverse membership within the coordination structures, including health programs managers, national public health institutes leaders, communications heads, donor partners, school management authorities, and community group leaders at national and subnational levels. They also observed that some representatives of departments or sectors were often excluded, such as private sector representatives. Ethiopia's National Coordinating Committee leadership team missed a representative from a water, sanitation, and hygiene (WASH) program in one campaign, and the subnational coordination mechanism in Cameroon lacked representation of the faith-based organizations despite their significant role in health communication and achieving wide community reach and trust. These oversights highlight the need for inclusive leadership and equitable decision making when determining membership of these coordination structures.

Technical Coordinating Committees or Subcommittees

Technical coordinating committees (TCCs) or subcommittees typically provide technical assistance nationally for planning, training, logistics, data management, supervision, communication and social mobilization, and monitoring and evaluation. These responsibilities were identified for TCCs supporting immunization campaigns (i.e., measles and polio in Nigeria, polio and vitamin A in Ghana), ITN distribution (Nigeria, Ghana, Mozambique), and NTDs in Mali [6,7,12,13,14]. Depending on the country or region, the TCCs also supported logistics and data management. For the NTDs campaign in Mali, the Chief of the Division of Disease Prevention and Control chaired the TCC, which consisted of four national coordinators of the disease-specific control programs, the head of the Nutrition Division, and representatives from the National Public Health Research Institute, the National Center for Information, Education and Communication, and the representative of the nongovernmental development organization grantee [7]. Meeting intervals for the TCC and subcommittees varied from weekly, monthly, and mostly quarterly intervals for planning, budgeting, with targets set according to campaign timelines, and campaign activities reported to the Interagency Coordination Committee or National Coordinating Committee [5,7,12,13,14].

Administration

While country governments assume administrative responsibilities for coordination mechanisms, donor partners appear to provide the most funding to implement the coordination structures. The governments (largely the ministries of health) allocate operational funds, and organized training and supervision-for both the vertical and integrated campaigns in coordination with the campaign partners such as the World Health Organization (WHO), the Bill & Melinda Gates Foundation, United Nations Children's Fund (UNICEF), and Population Services International. Mali's Ministry of Health worked with the United States Agency for International Development in administrative coordination of NTD campaigns, and the Governors' Forum was responsible for allocating funds to endemic regions [7]. This review could not clarify meeting intervals and forms of reporting for these administrative activities.

Most interviewees noted that donors alone funded most coordination operations including per diem or transportation costs for attendees at coordination meetings. One interviewee highlighted this dependency on donor funding for these coordination mechanisms, noting that they would be

called “advocacy meetings,” which qualified for donor-eligible funding, versus “coordination meetings,” which donors saw as a government responsibility. In Nigeria and Nepal, governments provided meeting facilities or jointly covered the cost of meetings with donor partners. In decentralized country structures such as in Nigeria, the state-level joint program subnational committees allocated the administrative funds for the coordinating body. The literature reviewed on campaigns did not describe funding specifically allocated for coordination mechanisms.

Communication

Social and behavioral change interventions are integral to all types of health promotion, improving behaviors, and ensuring strong outcomes in response to health campaigns. In integrated campaigns conducted in India (for immunizations) and Ghana (vitamin A and polio), the Ministry of Information’s Information Service Department coordinated social and behavioral change interventions along with health partners, while social and behavioral change subcommittees were prominent in both vertical and integrated ITN campaigns [5]. The scope of work included pre-publicity and social mobilization using a variety of channels such as mass media and the use of artists and influencers. Details from this review were limited on how they functioned, how often they met, and how they reported on their activities.

Monitoring and Evaluation (Including Data Collection and Digitalization)

As noted earlier, this review found that technical coordinating committees or subcommittees often oversee monitoring and evaluation, which include data collection and digitalization for various aspects of campaigns. The interviewees in all five countries reported to have integrated data collection tools and digitalization, which included surveys, tally sheets, and monitoring and evaluation forms, directed by either the technical coordinating committees or program focal persons. Data from the integrated services was electronically transmitted from the district health information system in place, then transmitted to the national information system. This review could not generate further details on successes and challenges specific to integrated monitoring and evaluation including data collection.

Subnational Coordination Mechanisms

The subnational levels include the state, county, regional, provincial, district, and the village/community as the lowest level.

- **State, county, regional, and/or provincial coordination structures:** At these levels, regional health teams in some countries coordinate planning activities, training and supervision of district health teams, and reporting to the National Coordinating Committee or Interagency Coordination Committee [4,15]. In Nigeria (particularly the polio campaigns and non-polio supplemental immunization activities), the National Emergency Operations Centers and a State Task Force led by Director/ Chairman and Deputy Chairman, and the state polio incident managers took the lead in managing and coordinating the campaigns in their respective states [12]. Executive secretaries of the State Primary Health Care Development Agency oversaw clusters of local government authorities in all states, from planning through implementation of the campaigns [6].

- **District and community-level coordination structures:** District health management teams—the District Coordinating Council in Ghana’s vitamin A and polio campaign and the District Task Force for Immunization in India’s immunization campaign—coordinated most district-level campaign operations including planning, supervision, training of community health campaign workers, and reporting to the regional health teams [4,5,6,12]. At the subdistrict level for Mali’s NTDs integrated campaigns, community health workers were paramount to coordination in their catchment areas, including campaign planning, supervision, and selecting and training of community-directed drug distributors in villages. In Nigeria’s ITN and measles campaigns, community members provided coordination with household mobilizers and community drug distributors, ward supervisors, and distribution point supervisors overseeing activities including ITN inventory [5].

The interviewees noted that the organization of sub-national coordination structures mirrored the national-level structure and adopted the guidelines established at the national level. However, the federal system of government in countries such as Ethiopia decentralized organization of campaign coordination to the district levels.

Enablers of Coordination

The following factors were found to support integrated coordination mechanisms:

- **Government support and political will.** The interviewee describing Sierra Leone’s experiences highlighted the country-level ownership of the malaria program—including the direct interface between the President, the Ministry of Health, and the integrated campaign National Coordinating Committee leadership team—as a factor that strengthened integrated campaign coordination. When the government actively leads the coordinating mechanism, integrated campaigns can benefit from more rational planning and allocation of resources. Ultimately, such strong leadership can help ensure the potential for replicating that coordination structure for future campaigns and even for general health service delivery.
- **Strong and effective leadership; working in harmony with the same objective.** Across different campaign meetings and activities, well-positioned leaders (or champions of integrated campaign activities) are critical facilitators of convergence, as they can draw together siloed campaign domains.
- **Global Campaign Integration Working Groups as models for countries:** Working groups at the international level that bring together programs to identify opportunities for campaign integration or coordination incentivize coordinating mechanisms at the country level. Several global strategy and guidance documents describe these working groups, for example:
 - **Measles and Rubella Strategic Framework 2021–2030:** *“Governance structures and coordination mechanisms that facilitate joint programming, promote integration between different health programs and foster intersectoral collaboration (such as between the health and education sectors or the public and private health sectors) should be strengthened or established to facilitate life course vaccination.”* [16]

- **Considerations for Planning Integrated Campaigns—Immunization and Beyond (forthcoming)**
- **Conducting a stakeholder analysis at the outset of campaign planning:** The interviews identified such an analysis as an important enabler of effective campaign integration, as it ensures engagement of key, influential partners with shared objectives and critical functions.
- **Diverse partners and donors for the programs.** Since 2017 in Nigeria, a global Country Working Group supports coordination of measles and non-polio supplementary immunization activities. The Country Working Group links representatives of the US Centers for Disease Control and Prevention, Gavi the Vaccine Alliance, WHO, and UNICEF at the global level and meets regularly with the country coordinating team to ensure timelines are met while preparing for campaigns. They also help issues such as vaccine availability and accountability. In the same vein, both the public and private sectors were engaged for their contributions toward programs.

“The private sectors are allowed to bring their own areas of strength, where they support for a partnership and collaborate in implementing programs. For instance, the private sector played a key role in provision of network services to facilitate communication.” —Key informant
- **Clear mandates** to members of the coordination teams. On Sierra Leone’s experience:

“One of the things that made the most difference was having minutes and action points assigned to different people or programs to say who needs to do this because you’re behind or its EPI [Expanded Program on Immunization] that needs to do this because you’re behind.” —Key informant
- **Availability of global guidelines on and high-level support for campaign coordination** through such documents as the London Declaration 2012 on NTDs, which stated:

“Enhance collaboration and coordination on NTDs at national and international levels through public and private multilateral organizations to work more efficiently and effectively together.” [17]
- **Community ownership** of and trust in the services being provided through integrated campaigns.
- **Promoting a joint funding basket for integrated campaigns** to provide more flexibility and efficiency to the coordination mechanism in implementing the campaign.

Barriers to Coordination

The respondents interviewed from different countries suggested that the following factors posed a challenge to country-level integrated coordination mechanisms:

- Challenges in accounting of **funds designated for campaigns by individual donors**. Most donors of different programs required specific reporting on how their funds were used, but program integration made this a challenge. In addition, according to one of the Nigerian respondents:

“We have an accountability framework, but the implementation is not as it should be, hindering coordination. Accountability problems arise because sometimes some of the partners are not forthcoming, about how to spend their money.”

- **Funding restrictions by donor and donor dependency**, as some donors restricted use of their funds to specific program areas. Establishing a joint funding basket was mentioned as an alternative. The Ethiopian respondent stated:

“Each donor provides funding for each specific disease/program in that the money can never be used for any other program even if it’s accessible. For instance, funds for trachoma cannot be channeled to onchocerciasis.”

In Cameroon, the interviewee cited issues with compensation of individuals who attended the coordination meetings:

“There is need to compensate the people attending meetings, in either in cash or in kind; for instance, T-shirts or caps as a way to motivate them even though compensation mode may differ as you go down to different levels.”

- **Competing health priorities** restricting budgets for integrated campaigns. In Nigeria, the national and state government prioritized campaign integration differently. For example, some state governments chose not to incorporate vitamin A supplementation and soil-transmitted helminths treatment with albendazole into a planned maternal, newborn, and child health week, despite national interest and directives.
- **Different target groups** for the campaign services: for example, health workers in Nepal may have challenges to address different target ages for vitamin A supplementation (children ages 6 months to 5 years), and mass drug administration for lymphatic filariasis (children ages 2 years and older).
- **Interference from the COVID-19 pandemic**, which led to lockdown or otherwise halted health campaigns in some countries, such as in Ethiopia during its acute period of COVID-19 in April 2021.
- **Narrow specialization of health workers**, for example, requiring coordination of additional training of immunization staff for other program services.
- **Inadequate briefing to members of the coordinating body** due to missed meetings, hindering effective coordination.

Campaign Coordination in Complex Operating Environments

A *complex operating environment* is defined by the Alliance for Malaria Prevention as:

“a country or part of a country in a situation of disrupted livelihoods and threats to life produced by warfare, civil disturbance, natural disaster and large-scale movements of people, which have led to or exacerbated weak governance, poor access to health services, mass famine or food shortage, fragile or failing economic, political and social institutions and created an operating environment with high risks, insecurity and threats to delivery of health care services and to health care workers” [18].

The need to provide multiple health services quickly in these settings can make campaign integration essential. Coordination mechanisms must be in place to address multiple funding streams and timelines for receiving funding. To avoid delays, the Alliance for Malaria Prevention recommends that coordination mechanisms for health cluster partners in emergencies establish “a joint timeline...with key milestones that will allow for early warning of delays to ensure timely communication with beneficiaries and donors” [18].

Similarly, the United Nations Refugee Agency (UNHCR) recommends the delivery of health and social services using standardized coordination mechanisms such as camp coordination and camp management cluster mechanism for operations in settings for internally displaced persons, and a refugee coordination model for refugee operations. In all operations, UNHCR advocates for strong governmental support and cross-sectoral partnerships for effective and efficient service delivery. It also proposes the use of designated mobile teams or community-based organizations to ensure continuity of services including health and nutrition interventions for clusters or areas with long distance and security challenges.

Key informants cited the following challenges for establishing integrated campaign coordination mechanisms in these settings, which mirror those of stand-alone campaigns:

- Poor infrastructure, which made it difficult to reach populations in remote areas. This necessitated microplanning to establish fixed sites in these areas to ensure access.
- Natural disasters including drought and famine posed great challenges for providing integrated services in semi-arid regions, as with mobile populations in Ethiopia. The country campaign coordinators designed specific outreach to these communities.
- Lockdowns due to the COVID-19 pandemic, which halted campaigns. The campaign coordination team in Lagos state, Nigeria, developed a plan to “routinize” campaign services to reach beneficiaries and avoid overcrowding. In other words, services were provided through routine services rather than attracting crowds at campaign sites.
- Political instability and insecurity in war-affected regions that posed insecurity. In Cameroon, the campaign coordination team organized temporary posts to provide services.

Coordination with COVID-19

Coordination teams for campaigns implemented during the emergence of COVID-19 referred to the pandemic-related adapted guidelines developed by countries' COVID-19 Task Forces [5]. For South Sudan's vertical ITN distribution campaign, the National Malaria Control Program coordinated its COVID-19 adaptations with international partners such as the Alliance for Malaria Prevention, Global Fund, the Malaria Consortium, Population Services International, and WHO. In Comoros, the central coordination committee comprising staff from different offices of the national malaria program worked with the National Commission for the Fight Against COVID-19 to design and implement its vertical ITN campaign [5].

The key informants all mentioned the presence of a national task force that provided guidance to the campaign coordination bodies, as in Nigeria. In Ethiopia, the NTD campaign coordination team referenced program-specific guidelines developed by WHO for COVID-19 adaptations. Programs also adhered to state-level guidelines on COVID-19, with some campaign programs suspending all activities from March 2020 and resuming services at various times depending on country strategies.

Promising Practices

The literature review and the key informant interviews revealed the following promising practices.

For establishing coordination mechanisms:

- Encouraging government authorities to officially recognize and institutionalize the integrated campaign coordinating mechanisms can empower these mechanisms to oversee campaign activities.
- Aligning the operations of the integrated campaign coordinating mechanisms with the country's national strategic health plan can promote cost-effectiveness and cost-efficiency of the health systems.
- Implementing a joint funding basket for donors can enable more effective financial management of integrated campaigns.
- Conducting a stakeholder analysis and mapping can bring new partners on-board while establishing a common purpose across stakeholders.
- Forming cross-country partnerships on integrated campaigns in border communities in remote or insecure settings can help address health inequity gaps and improve coverage.

For implementing coordination mechanisms:

- A country-driven approach that involves directing country resources toward integrated health campaigns could help leverage coordination resources.
- Digitalization can enable the integration campaign coordination body to share data more efficiently and quickly with its members.
- Community involvement in encouraging participation of relevant stakeholders at the community level, such as religious groups, can foster acceptance of the campaign services being coordinated.

Review Limitations

- Some country program managers could not obtain government authorization to participate in the interviews. Follow-up reviews could allocate additional resources to ensure adequate engagement of country program managers.
- There was insufficient opportunity to obtain adequate information on:
 - the potential longer-term sustainability of integrated coordination structures post-campaign;
 - subnational coordination structures;
 - integrated campaign coordination in complex operating environments; and
 - how coordination mechanisms oversee monitoring and evaluation, including data collection and digitalization.
- The key informant survey limited its focus to health interventions targeted by HCE. Consideration of coordination experiences in other health areas, such as HIV and Ebola, could contribute important models for integrated campaigns
- The review focused on coordination structures created for time-limited integrated campaigns. It did not focus on the potential for establishing permanent campaign coordination mechanisms which—if staff and resources are available—could be a promising element to explore for sustainability of integrated campaign coordination mechanisms.

Conclusion and Recommendations

Strong country-level coordination of any health campaign through effective national and community-based planning, active resource mobilization, and monitoring implementation is critical to enhancing the quality of services provided and the impact on the target populations. Documenting the experiences with campaign coordination mechanisms allows countries to adapt certain practices to their own context as they further explore the potential models for coordinating integrated campaigns.

This descriptive review provides background information on characterizing coordination mechanisms for integrated campaigns. To develop a detailed tool for country program managers and partners to develop such mechanisms, additional research and interviews—especially with country officials—could address some of the knowledge gaps identified. These knowledge gaps include more clarity on decision making and member selection within coordination mechanisms; examples of how communities inform national and sub-national coordination; deeper insight on integrated coordination of specific campaign functions overseen by technical coordination committees, including logistics and supply chain, monitoring and evaluation including data collection and digitalization; experiences in complex operating environments and with sub-national coordination structures; and assessment of the feasibility of a permanent country-level campaign integration coordinating mechanism.

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References

1. Health Campaign Effectiveness Coalition. Promising practices for collaborative planning. Available from: <https://campaigneffectiveness.org/promising-practices/>
2. Health Campaign Effectiveness Coalition. What is a health campaign? Available from: <https://campaigneffectiveness.org/about/>
3. Bhatnagar B, Gittelman D. *Technical Brief: Integration Between Health Campaigns: Intervention Co-Delivery and Collaboration*. Decatur, GA, USA: Health Campaign Effectiveness Program, The Task Force for Global Health; 2020. Available from: <https://campaigneffectiveness.org/publications/integration-between-health-campaigns-intervention-co-delivery-and-collaboration/>
4. Okeibunor J, Nsubuga P, Salla M, Mihigo R, Mkanda P. Coordination as a best practice from the polio eradication initiative: Experiences from five member states in the African region of the World Health Organization. *Vaccine*. 2016;34(43):5203-5207. Available from: <https://doi.org/10.1016/j.vaccine.2016.05.066>

5. Alliance for Malaria Prevention. *A Toolkit for Mass Distribution Campaigns to Increase Coverage and Use of Long-Lasting Insecticide-Treated Nets*. 2nd ed. Alliance for Malaria Prevention; 2021. Available from: <https://allianceformalariaprevention.com/tools-guidance/amp-toolkit/toolkit-2-0/>
6. Health Campaign Effectiveness Coalition. *UNICEF Ghana Case Study Report: Lessons From the Integrated Campaign of Monovalent Oral Polio Vaccine Type 2 and Vitamin A Supplementation in the Context of Covid-19 Pandemic in Ghana in 2020*. Decatur, GA, USA: Health Campaign Effectiveness Program, The Task Force for Global Health; 2022. Available from: <https://campaigneffectiveness.org/wp-content/uploads/2022/02/UNICEF-Ghana-Case-Study-Report-Feb-14-2022.pdf>
7. Dembélé M, Bamani S, Dembélé R, Traoré MO, Goita S, Traoré MN, et al. Implementing preventive chemotherapy through an integrated national neglected tropical disease control program in Mali. *PLoS Negl Trop Dis*. 2012;6(3):e1574. Available from: <https://doi.org/10.1371/journal.pntd.0001574>
8. International Coalition for Trachoma Control. *Preferred Practices for Zithromax® Mass Drug Administration*. International Coalition for Trachoma Control; 2013. Available from: https://www.cartercenter.org/resources/pdfs/news/health_publications/trachoma/ictc_mda-toolkit.pdf
9. Health Campaign Effectiveness Program. *Technical Brief: Health Campaign Integration Related to Neglected Infectious Diseases in Latin America and the Caribbean: A Landscape Analysis*. Decatur, GA, USA: Health Campaign Effectiveness Program, The Task Force for Global Health; 2021. Available from: https://campaigneffectiveness.org/wp-content/uploads/2021/12/Health-Campaign-Integration-NIDs-in-Latin-America-Caribbean_Oct21.pdf
10. Health Education, Agriculture and Logistics (HEAL) Group. *Collaborative Campaign Planning of Vitamin A Supplementation and Elimination of Lymphatic Filariasis in Nepal: Prospects and Challenges of Integration*. Decatur, GA, USA: Health Campaign Effectiveness Program, The Task Force for Global Health; 2022. Available from: <https://campaigneffectiveness.org/a-case-study-on-the-collaborative-campaign-planning-of-vitamin-a-supplementation-and-elimination-of-lymphatic-filariasis-in-nepal-prospects-and-challenges-of-integration/>
11. Momoh J, Oteri AJ, Moge kwu F, Onwu N, Dieng B, Bawa S, et al. Ensuring accountability in implementation of supplementary immunization activities: A case study of the 2017/2018 measles vaccination campaign in Nigeria. *Vaccine*. 2021;39(suppl 3):C12-C20. Available from: <https://doi.org/10.1016/j.vaccine.2021.02.068>
12. Oteri AJ, Adamu U, Dieng B, Bawa S, Terna N, Nsubuga P, et al. Nigeria experience on the use of polio assets for the 2017/18 measles vaccination campaign follow-up. *Vaccine*. 2021;39(suppl 3):C3-C11. Available from: <https://doi.org/10.1016/j.vaccine.2021.04.040>
13. Ghana Health Service, National Malaria Control Programme. *Draft Plan for 2018 Long Lasting Insecticide Nets (LLINs) Point Mass Distribution (PMD) Campaign*. Accra: Ghana Health Service; 2018. Available from:

https://files.givewell.org/files/DWDA%202009/AMF/AMF_Ghana2018_Distribution_Plan_ver14May18.pdf

14. Arroz J, Candrinho B, Pedro S, Mathe G, da Silva M, Tsabete S, et al. Planning and implementation of a countrywide campaign to deliver over 16 million long-lasting insecticidal nets in Mozambique. *Malaria J.* 2018;17(1):254. Available from: <https://doi.org/10.1186/s12936-018-2406-2>
15. World Health Organization (WHO). *A Guide for Conducting an Expanded Programme on Immunization (EPI) Review.* Geneva: WHO; 2017. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259960/WHO-IVB-17.17-eng.pdf>
16. World Health Organization (WHO). *Measles and Rubella Strategic Framework: 2021-2030.* Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/measles-and-rubella-strategic-framework-2021-2030>
17. Uniting to Combat Neglected Tropical Diseases. London Declaration on Neglected Tropical Diseases. Available from: <https://unitingtocombatntds.org/resource-hub/who-resources/london-declaration-neglected-tropical-diseases/>
18. Alliance for Malaria Prevention. *Operational Guidance for Insecticide-Treated Net (ITN) Distribution in Complex Operating Environments (COE).* Alliance for Malaria Prevention; 2018. Available from: https://allianceformalariaprevention.com/wp-content/uploads/2023/01/Challenging_Operating_Environments_ITN_EN_20190107.pdf