Learning from Integrated Health Campaigns: Promising Practices from a Synthesis of Implementation Research

Background
- Health campaigns address epidemiological challenges, expediently fill delivery gaps, or provide surge coverage to prevent or eliminate disease and malnutrition.
- Campaigns can target specific populations, geographic areas, and/or health needs, but multiple campaigns may result in strategic and operational inefficiencies and inequities that strain health systems.

Why integration?
- Co-delivery of more than one health intervention may better utilize existing resources to address multiple health needs.
- There’s a continuum of integration: partial integration, if one or few components are shared; full integration, or co-delivery, when logistical components (planning, microplanning, social mobilization, preparations, management, implementation, post-campaign activities, and surveillance, monitoring, and evaluation) are shared.
- Although resources exist to guide campaign delivery, there’s limited documentation on what has been learned from experiences of integrated campaigns and how best to move forward.

What research was conducted?
- The Health Campaign Effectiveness (HCE) Coalition funded implementation research (IR) studies in support of a research and learning agenda.
- A synthesis of these studies resulted in a summary of outcomes of integrated campaigns and identified the challenges, enablers, promising practices and knowledge gaps.
- The eight IR studies employed mixed methods and were conducted between March 2021 and August 2022 in Colombia, Rwanda, Ethiopia, Guinea, Nigeria, the South Pacific, and Bangladesh, or were multi-country reviews or surveys.
- Findings were organized thematically in a synthesis report and distilled for this document.

What did we learn about the outcomes of integrated campaigns?
- Co-delivery of interventions in these IR studies did not negatively impact coverage.
- Communities accepted and supported integration; health education and community engagement allayed concerns.
- Integration resulted in additional costs per beneficiary, but seen as cost-effective.
- Knowledge, attitudes, and practices improved where tailored social and behavior change was communicated.
- Beneficiary safety was not compromised; no increase in adverse events occurred.
- Integration created opportunities to identify and refer zero dose individuals.
Findings from IR studies are organized thematically, with enablers and challenges.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Enablers</th>
<th>Challenges</th>
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</table>
| Collaborative approach to planning | Involvement of stakeholders (implementers; donors; national, sub-national government) from the earliest stages of planning to foster collaborative planning  
Community and stakeholder engagement | Poor communication and coordination among the stakeholders are barriers to collaborative planning  
Selection of community workers based on priorities  
Engage community leaders in planning and implementation for sensitizing, engaging, and mobilizing communities.  
Collaboration and data sharing among health programs  
Support governments to lead, convene, and coordinate stakeholders | Conflicting priorities and interests of stakeholders need to be addressed early on  
Volunteer compensation/motivation/incentives is not well defined or well understood in the context of integration  
Challenges were not explicitly mentioned |
| Government leadership and coordination | Application of digital approaches/tools reduces planning complexity and enhances collaboration to one or more phases of the campaign | Lack of infrastructure, scarcity of supportive policies, inadequate resources for digital tool use  
Limited in-country capacity to use digital tools, and the need for continuous capacity building |
| Digital tool use and applications |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                               |

**Image Description:**
- The image includes a table with themes, enablers, and challenges.
- The table is divided into three columns: Theme, Enablers, and Challenges.
- The images at the bottom show people engaged in discussions, which likely represent the collaborative approach mentioned in the enablers.

**Additional Information:**
- The image also includes a logo and text that mention the Health Campaign Effectiveness Coalition and a program of The Task Force for Global Health.
Promising practices and suggestions on their operationalization are provided to guide campaign managers during integration.

<table>
<thead>
<tr>
<th>Promising Practices</th>
<th>How campaign managers can operationalize the practices</th>
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<tbody>
<tr>
<td>1. Employ a co-design approach for adaptive management to address potential bottlenecks.</td>
<td>• Engage various stakeholders (government, implementing partners, community leaders, religious leaders and community members) to co-design an integrated campaign</td>
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<td>2. Align with the health system for sustainability.</td>
<td>• Develop integrated campaign plan, allowing for flexibility and adaptation</td>
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<td>3. Leverage aspects of the national health program for greater acceptability.</td>
<td>• Identify potential bottlenecks (and solutions) and ways to align with national health system for each phase of the integrated campaign</td>
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<td>4. Incorporate a range of perspectives.</td>
<td>• Invite representatives from stakeholder groups (national, sub-national and community level representation); define roles and responsibilities for each phase of the integrated campaign</td>
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<td>5. Leverage existing coordination mechanisms.</td>
<td>• Map skills required for co-delivery; identify and train existing facility- and community-based workers</td>
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<td>6. Select appropriate health worker cadres, based on skills.</td>
<td>• Anticipate the workload of health facility- and community-based workers during integrated campaign and plan accordingly</td>
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<td>7. Ensure planning and remuneration reflect workload of health workers.</td>
<td>• Plan and adapt social and behavior change communication (SBCC) from each health program</td>
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<td>8. Develop and delivery tailored social and behavioral change communication.</td>
<td>• Use existing planning committees and technical working groups to convene and coordinate implementation of integrated campaigns during all phases; define roles and responsibilities</td>
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<td>9. Work through a coordinating body to ensure transparency, facilitate advocacy and support.</td>
<td>• Include after-action review meetings in the campaign timeline; use meetings discuss and document preliminary findings, technical and operational successes and challenges</td>
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<td>10. Convene all stakeholders post-campaign to review performance and reflect on challenges.</td>
<td>• Determine when digital tools may be used to optimize activities for each phase of the integrated campaign</td>
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<td>11. Identify opportunities for digital tool use during all phases of integrated campaigns.</td>
<td>• Secure financial and human resource allocation for use of digital tools (building capacity, digitizing and pilot testing of tools, and use and maintenance of tools)</td>
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<td>12. Strengthen capacity to use and manage digital tool use among implementers.</td>
<td>• Identify champions to support capacity building</td>
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Knowledge Gaps

- Community worker compensation/incentives: understand compensation particularly in the context of two or more health interventions (may involve different health programs with different sources of funding)
- Cost-effectiveness: document costs and cost-effectiveness of integrated health campaigns
- Expansion of integrated health campaigns and evaluations of the expansions: explore opportunities and strategies to expand integration, identify optimal bundling of campaign interventions, and maximize coverage among populations of interest and increase coverage across geographic areas
- Continuous input from the community: community inputs inform future integration, from planning and engaging to sensitizing and partnering with communities
- Digitization of integrated health campaigns: identify opportunities to use digital tools throughout the campaign

How can stakeholders address knowledge gaps?

**Program Managers**

- Ensure the commensurate incentive/compensation (financial or material) is budgeted for and provided
- Draw from lessons learned of other integrated campaigns to guide the bundling of health interventions
- Build feedback mechanisms for continuous community input during an integrated campaign
- Identify opportunities for use of digital tools during all phases of integrated campaign

**Policy Makers**

- Consider including integration in national health strategic plans and policies to stimulate resource allocation
- Examine opportunities to ensure costs of integrated campaigns are included in annual health budgets
- Review policy frameworks related to digital health and consider updating language to strengthen digital health ecosystem and support use of digital tools

**Researchers**

- Identify best practices that can be adapted to various contexts for integrated campaigns
- Identify compensation approaches for community workers co-delivering health interventions
- Expand on evidence related to cost effectiveness, operational costs, and cost benefit analysis related to integrated campaigns


For more information, consult the synthesis of implementation research and study briefs at campaigneffectiveness.org.