Health campaigns address epidemiological challenges, expediently fill delivery gaps, or provide surge coverage to prevent or eliminate disease and malnutrition. Campaigns are increasingly being led by governments and connecting more with primary health care (PHC) systems, with reduced support from external donors. Transition may entail the full integration of all elements into domestic governance or may only involve the transfer of one or more components into the PHC system. The process of transition is complex and requires careful consideration and planning to ensure continued provision of campaign interventions. Although resources exist to guide campaign delivery, there is a need for country-based examples of recent transitions of campaigns with implementation research (IR) to move toward evidence-based practices.

**Background**
- Health campaigns address epidemiological challenges, expediently fill delivery gaps, or provide surge coverage to prevent or eliminate disease and malnutrition.
- Campaigns are increasingly being led by governments and connecting more with primary health care (PHC) systems, with reduced support from external donors.
- Transition may entail the full integration of all elements into domestic governance or may only involve the transfer of one or more components into the PHC system.
- The process of transition is complex and requires careful consideration and planning to ensure continued provision of campaign interventions.
- Although resources exist to guide campaign delivery, there is a need for country-based examples of recent transitions of campaigns with implementation research (IR) to move toward evidence-based practices.

**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 six mixed-methods IR studies were conducted between March 2021 and August 2022 in Cameroon, Ghana, Vanuatu, Nigeria, Ethiopia, and Côte d’Ivoire.
- Findings were organized thematically in a synthesis report and distilled for this document.

**What can be learned from the outcomes of campaign transition assessed?**

**Coverage of the intervention(s)**
- In Nigeria, coverage of deworming interventions remained high following transition from external support to government ownership, when not complicated by drug supply issues.
- Vitamin A supplementation was transitioned to the PHC system in Côte d’Ivoire. Due to low coverage, a complementary district-level, campaign-style strategy of intensification was employed.

**Incorporating referrals to the PHC system and surveillance activities**
- Incorporating skin exams, with referrals to a health facility, and serosurveillance sample collection in a community setting can be effective with adequate training and sensitization.

**Acceptability of campaign transition to, or linkages with PHC system**
- A community health advocacy intervention in Ghana delivered social and behavioral change communication (SBCC) and was found to be acceptable, appropriate, and feasible among community members.
- Sufficient training and resources are required for health workers to take on the additional workload related to campaign services.

**Cost-related effects**
- In Cameroon, the cost of ivermectin treatment to treat neglected tropical diseases (NTDs) per person was calculated, but varied widely across geographic regions.
What challenges were encountered and what solutions were proposed by the IR studies?

<table>
<thead>
<tr>
<th>Challenges Encountered</th>
<th>Proposed Solutions by IR Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uneven government commitment and insufficient funding</td>
<td>Advocacy to prepare stakeholders, leverage funding from existing programs</td>
</tr>
<tr>
<td>Disproportionate remuneration or motivation of facility- and community-based health workers</td>
<td>Additional staffing, capacity strengthening, and motivation strategies</td>
</tr>
<tr>
<td>Cultural beliefs, myths, and rumors prevent acceptance of interventions</td>
<td>Community engagement to raise awareness, health education to dispel misinformation</td>
</tr>
<tr>
<td>Poor coordination and communication among government departments</td>
<td>Harmonization and trust building among stakeholders</td>
</tr>
<tr>
<td>Lack/absence of quality data for decision making, need for information systems</td>
<td>Effective monitoring and evaluation system, including supervision</td>
</tr>
<tr>
<td>Stockouts and issues in supply chain management due to disruption and pilferage</td>
<td>Data management systems to project and maintain correct stock levels</td>
</tr>
</tbody>
</table>

Knowledge Gaps in Need of Future Research

- Test the impact of specific campaign transition strategies on routine coverage of interventions and their cost effectiveness.
- Identify strategies to strengthen capacity building and supply chains to support campaign transition and maintain coverage with minimal to no external support.
- Establish the optimal time and stages needed for successful transition of different campaigns.
## Promising Practices

### Phased Transition Plan

1. Develop a phased transition framework, define players, their roles, and allocate budget amounts.
2. Continue existing government partnerships to support campaign activities.

### Inclusive engagement of stakeholders

3. Include government stakeholders for an intersectoral approach.
4. Foster purposeful community engagement as an ongoing campaign activity.
5. Facilitate ownership of transitioned interventions among health workers.

### Managing and strengthening human resources

6. Assess existing and needed cadres of health workers for better alignment with campaign activities.
7. Plan for capacity building needs, approaches to staff motivation, and supervision for sustainability.
8. Develop a strategy for identifying sources of financing where additional staffing is needed.

### Information systems, including supply chain

9. Develop/strengthen a reliable data management system.
10. Establish/strengthen a system that forecasts drug needs and manages the supply chain across levels.

## How can these findings be operationalized?

### Policy makers should:
- Allocate budget lines for transition activities, including staff availability and development
- Ensure transition is included in national policy
- Convene a meeting of all stakeholders to sensitize them and get their buy in
- Develop a procurement and supplies management policy and ensure appropriate financing

### Campaign managers should:
- Develop a phased campaign transition framework
- Assess existing and needed workforce and plan for capacity building based on assessment
- Use local structures to engage communities, dispel myths, and increase awareness and acceptance
- Ensure key indicators are included in the health management reporting system
- Plan for data use at all levels
- Use data to plan for and maintain correct stock levels

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