Part II: Promising Practices for Campaign Integration: Insights from Implementation Research

April 2023

Tabitha Kibuka, Eva Bazant, Michaela Bonnett, Neha Kamat
# Implementation Research Studies in Campaign Integration

*(conducted between March 2021 & Aug 2022)*

<table>
<thead>
<tr>
<th>Title</th>
<th>Organization, Country</th>
<th>Domains</th>
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</thead>
<tbody>
<tr>
<td><strong>Preparation &amp; Planning</strong></td>
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<tr>
<td>Use of predictive analytics and a web data management platform for integrated micro planning to achieve better health campaign efficiency</td>
<td>Connecti3 LLC, Rwanda</td>
<td>Deworming, Nutrition, and MNCH</td>
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<td>Strengthening capacity building and data collection in co-administration against trachoma and soil transmitted helminthiasis in Vaupés, Colombia</td>
<td>Univ. de los Andes, Colombia</td>
<td>NTDs</td>
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<td><strong>Co-delivery Evaluation</strong></td>
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<td>Improving Vitamin A Coverage through integration with Seasonal Malaria Chemoprevention: IR in rural/urban settings in Nigeria</td>
<td>Malaria Consortium, Nigeria</td>
<td>Seasonal Malaria Chemoprevention, VAS</td>
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<td>Evaluating the effectiveness, acceptability of the fully integrated campaign of two mass drug administrations and more in Ethiopia</td>
<td>Jimma University, Ethiopia</td>
<td>Integrated NTDs</td>
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<td>Implementation of the integrated Meningitis A and Measles 2nd dose vaccination campaign: Assessment in the Meningitis Belt of Guinea</td>
<td>FOSAD-CEFORPAG, Guinea</td>
<td>Meningitis, Immunization</td>
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<td><strong>Multi-country campaign insights</strong></td>
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<td>A Retrospective Study of Campaign Integration in Immunization and NTDs</td>
<td>BRAC University, Bangladesh</td>
<td>Immunization</td>
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<td>Understanding the Full Value of Integrated Health Campaigns - A Scoping Review of the Benefits and Risks</td>
<td>Emory University, Multiple Countries</td>
<td>Immunization, NTDs, Malaria, VAS</td>
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<td>Survey of campaign managers on full and partial integration</td>
<td>Linksbridge, Multiple Countries</td>
<td>Immunization, NTDs, Malaria, VAS</td>
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Findings:

● Outcomes
● Themes
  ○ Enablers, Challenges, and Solutions
  ○ Promising Practices

Source: Malaria Consortium, Nigeria
# Outcomes Measured in the IR Studies

| Coverage of co-delivered interventions | Treatment coverage remained high  
|                                        | No negative impact of co-delivery  
|                                        | Use of DOT for quality assessment  
|                                        | Equitable coverage was found in one study  
| Ethiopia, Guinea, Nigeria, literature review, multi-country survey, Bangladesh  |
| Beneficiary safety                     | Beneficiary safety was not compromised  
|                                        | No increase in adverse events during co-delivery vs. delivery of single intervention  
| Ethiopia, Guinea, Nigeria, scoping literature review  |
| Community acceptability of campaign    | Acceptance of and support for the integration  
|                                        | Some concern on safety of co-delivery that could be allayed by health education  
| Ethiopia, Guinea, Nigeria, Bangladesh  |
| Opportunity to identify, refer zero dose individuals | Integrated approach created opportunity to identify and refer unvaccinated or undervaccinated, improving coverage  
| Ethiopia, Guinea, multi-country survey, Bangladesh  |
| Cost effectiveness                     | Offering two vs. one intervention had additional cost per beneficiary  
|                                        | Seen as cost-effective  
|                                        | Needs to be accounted for in budget  
| Nigeria, Rwanda, scoping literature review, multi-country survey, Bangladesh  |
| Improvements in Knowledge, Attitudes and Practices | Knowledge, attitudes, and practices generally improved among populations who received tailored SBCC during an integrated campaign  
| Ethiopia  |
Coverage of co-delivered interventions

- Intervention coverage remained high (at target)
- No negative impact of co-delivery on outcomes

**Ethiopia:** Treatment coverage of 83.2% (n=2,610 eligible individuals) for co-administration of ivermectin (for onchocerciasis) and mebendazole/albendazole (for soil-transmitted helminthiasis).

**Guinea:** Measles and meningitis A immunization coverage was 82.4% in Kankan district and 54.9% in Siguiri district.

**Nigeria:** Seasonal malaria chemoprevention coverage was 91.9% and 89.4%, before and after integration with vitamin A supplementation, respectively (non-significant difference).
  - The proportion of children who received the first dose of SMC through directly observed therapy increased from 77.1% at baseline to 85.9% at endline (with integration).
Beneficiary Safety

• **Beneficiary safety was not compromised**

• No increase in adverse events during co-delivery vs. delivery of single intervention

**Ethiopia:** The post-campaign survey found only three reported cases of mild adverse drug events (nausea, vomiting, and abdominal pain) during the integrated health campaign. Beneficiaries and health workers reported that the co-administration was safe.

**Nigeria:** Adverse drug events were reported at endline among 1.6% of children receiving vitamin A supplementation (VAS) and 4.1% among children receiving seasonal malaria chemoprevention (SMC).

**Scoping literature review:** Across six integrated NTD studies, reported adverse events were mild or transient and none were severe.
Cost-effectiveness

- Offering two vs. one intervention had additional cost per beneficiary
- Seen as cost-effective
- Needs to be accounted for in budget

**Nigeria:** The project team measured the economic and financial program costs associated with adding VAS to SMC campaign delivery. Integrating VAS into the SMC campaign introduced an additional cost of $0.24 per child (from $0.94 to $1.18).

**Guinea:** According to the project team, “the vaccination campaign integration allows for efficiency by managing the campaign economically and rationally with regards to the budget. From a temporal point of view, integration makes it possible to ‘speed up the work.’”

**Scoping literature review:** Found evidence from 16 studies that integrated NTD campaigns were more cost-effective than single-intervention campaigns. This was measured in a variety of ways, including programmatic costs, cost per individual reached, cost per DALY, and cost savings.
Themes from the Synthesis

Collaborative Approach to Planning Contributes to Integrated Campaigns

Engaging Communities and Stakeholders During all Phases Contributes to Acceptance of and Support for the Integrated Campaign

Government Leadership and Coordination during all Phases Ensures Well-Planned, Coordinated Campaign

Use of Digital Tools or Applications Facilitates Campaign Integration and Creates Efficiencies
Theme 1: Collaborative Approach to Planning Contributes to Integrated Campaigns

**Enablers**
- Involvement of stakeholders (implementers, donors, national and sub-national government teams) from the earliest stages of planning to foster collaborative planning

**Challenges**
- Poor communication and coordination are barriers to collaborative planning

**Promising Practices**
1. Employ co-design approach for adaptive management to address potential bottlenecks.
2. Align with health system for sustainability.
3. Leverage aspects of established national health program for greater acceptability.
<table>
<thead>
<tr>
<th><strong>Enablers</strong></th>
<th><strong>Challenges</strong></th>
<th><strong>Promising Practices</strong></th>
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</table>
| • Purposeful selection/alignment of community workers for activities based on priorities  
• Engage community leaders in plans and implementation for sensitizing, engaging, and mobilizing | • Conflicting priorities/interests of stakeholders needs to be addressed from the planning phase  
• Volunteer compensation, incentives, and motivation are not well understood in the context of integrated campaigns | 4. Incorporate range of perspectives  
5. Leverage existing coordination mechanisms, capitalizing on resources  
6. Select appropriate health worker cadre based on skills mix  
7. Address workload of health workers.  
8. Deliver tailored SBCC. |
## Theme 3: Government Leadership and Coordination during all Phases Ensures Well-Planned, Coordinated Campaign

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<th>Enablers</th>
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<th>Promising Practices</th>
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<tbody>
<tr>
<td>● Collaboration among involved health programs for efficiency and improved outcomes</td>
<td>● Projects did not specify explicit challenges</td>
<td>9. Work through coordinating body to ensure transparency, facilitate advocacy, and raise support.</td>
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<td>● Support governments to lead, convene, and coordinate stakeholders</td>
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<td>10. Convene all stakeholders post-campaign to review performance and reflect on challenges and solutions.</td>
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Theme 4: Use of Digital Tools or Applications Facilitates Campaign Integration and Creates Efficiencies

**Enablers**
- Application of digital approaches/tools reduces planning complexity, enhances collaboration

**Challenges**
- Lack of infrastructure, scarcity of supportive policies, inadequate resources
- Limited in-country capacity to use tools, need for continuous capacity building

**Promising Practices**
11. Identify opportunities for digital tools during all phases of campaign.
12. Strengthen capacity to use, manage digital tools to close capacity gap among implementers.
# Promising Practices in Campaign Integration

<table>
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<tr>
<th>Collaborative Approach to Planning</th>
<th>Community and Stakeholder Engagement in all Phases</th>
<th>Government Leadership and Coordination</th>
<th>Use of Digital Tools</th>
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<tr>
<td>1. Employ <strong>co-design</strong> approach for adaptive management to address potential bottlenecks.</td>
<td>4. Incorporate <strong>range of perspectives</strong></td>
<td>9. Work through coordinating body to ensure transparency, facilitate advocacy, and raise support.</td>
<td>11. Identify <strong>opportunities for digital tools</strong> during all phases of campaign.</td>
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<td>2. Align with <strong>health system</strong> for sustainability.</td>
<td>5. Leverage existing <strong>coordination mechanisms</strong>, capitalizing on resources</td>
<td>10. Convene all stakeholders <strong>post-campaign to review performance</strong> and reflect on challenges and solutions.</td>
<td>12. Strengthen <strong>capacity to use, manage</strong> digital tools to close capacity gap among implementers.</td>
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<td>3. Leverage aspects of <strong>established national health program</strong> for greater acceptability.</td>
<td>6. Select appropriate <strong>health worker cadre</strong> based on skills mix.</td>
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<td>13. <strong>Document challenges</strong> in use/management of tool use for improvement in future campaigns.</td>
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<td></td>
<td>7. Address <strong>workload</strong> of health workers.</td>
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<td>8. Deliver <strong>tailored SBCC</strong>.</td>
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Knowledge Gaps

Source: Malaria Consortium, Nigeria
Knowledge Gaps

Gather more evidence on community worker compensation/incentives during integrated campaigns

- **Program managers**: Ensure that incentive/compensation (financial or material) is appropriate and commensurate with the level of effort and complexity of co-delivery.
- **Researchers**: Examine factors that support worker morale and identify best practices that can be adapted and/or applied in various contexts. Identify best practices for community workers during integrated campaigns.

Expand and evaluate integrated campaigns, including cost effectiveness

- **Policy makers**: Consider promoting CI by including specific language in national health strategic plans and policies.
- **Program managers**: Draw on lessons learned and evidence from other integrated campaigns on feasibility and safety of administration of biomedical interventions to help guide the bundling of interventions for future integration. Ensure SBCC addresses all interventions that will be delivered during the campaign, and sensitize key stakeholders and beneficiaries.
Knowledge Gaps

Document role of digitization of integrated health campaigns

- **Policy makers**: Review policy frameworks related to digital health and identify areas that could be strengthened to support digital tool and application use in CI.

- **Program managers**: Identify opportunities (during each phase of the integrated campaign) where digital tools could create efficiencies in the campaign and facilitate doing so by strengthening capacity related to digital tools and applications and identifying champions who support others that are strengthening their capacity.

Capture input from community continuously to inform all phases of the campaign

- **Program managers**: Build in mechanisms for gathering data from the community during all phases of the campaign. Such mechanisms can be informal, through brief discussions with community stakeholders added to campaign monitoring activities, or formal, through qualitative data collection such as focus group discussions.
Acknowledgements

- **IR Research Teams** led by:
  - Universidad de los Andes, Connecti3, Jimma University, FOSAD, Malaria Consortium, BRAC University, Emory University, Linksbridge
- **MOH and Government Agencies** in Bangladesh, Colombia (Vaupes), Ethiopia, Guinea, Nigeria, Rwanda
- **HCE Governance**: Campaign Integration Working Group, Scientific and Technical Advisory Committee Members; Task Force for Global Health staff
- **Bill & Melinda Gates Foundation**
Learn more in the project briefs and the synthesis reports

- Promising practices are highlighted in the project IR report briefs, the synthesis brief and the synthesis report on the Coalition’s website campaigneffectiveness.org.
THANK YOU.
campaigneffectiveness.org

Moving from Evidence to Action: Illustrative Examples

Source: Jimma University, Ethiopia
Moving from evidence to action: Illustrative examples of operationalizing select promising practices

- Employ a co-design approach for adaptive management to address potential bottlenecks
- Select appropriate health worker cadres, based on skills.
- Develop integrated campaign plans, allowing for flexibility and adaptation
- Map skills required for co-delivery; identify and train existing facility- and community-based workers
Moving from evidence to action: Illustrative examples of operationalizing select promising practices

- Convene all stakeholders post-campaign to review performance and reflect on challenges.
- Identify opportunities to use digital tools during all phases of integrated campaigns.
- Include after-action reviews in the campaign timeline; discuss and document preliminary findings, technical and operational successes and challenges.
- Determine when digital tools can optimize activities for each phase of the integrated campaign.