

Collaborative Action Strategy (CAS)

Ethiopia Briefing & Update



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MINISTRY OF HEALTH - ETHIOPIA

HEALTH CAMPAIGN
EFFECTIVENESS COALITION

Strengthen Systems. Maximize Impact.

May 29th Webinar | Agenda

Objectives

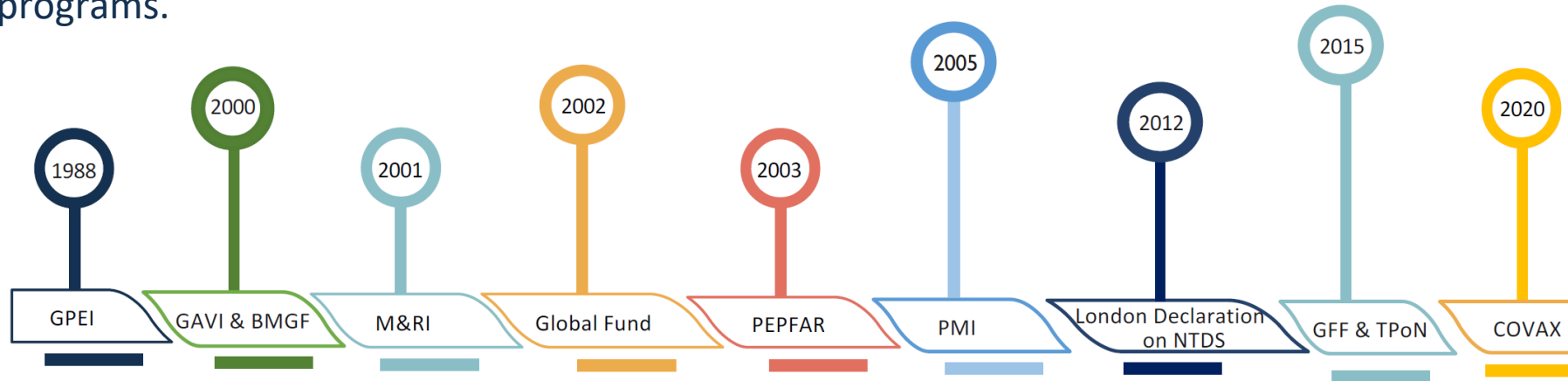
- Share an overview of the Collaborative Action Strategy (CAS) for Health Campaign Effectiveness (HCE)
- Discuss MoH priorities and key next steps for CAS implementation in Ethiopia
- Share and discuss feasibility assessment results

Topic	Activities	Est. Time
Welcome & Introductions	<ul style="list-style-type: none"> • Welcome and general introduction to CAS focal person(s) in Ethiopia 	10 mins
HCE & CAS Overview	<ul style="list-style-type: none"> • Overview of the HCE Coalition and the Collaborative Action Strategy (CAS) 	15 mins
Focus Country Priorities & Update	<ul style="list-style-type: none"> • Overview of where the CAS sits in terms of government priorities & next steps 	10 mins
Feasibility (& Opportunity) Discussion	<ul style="list-style-type: none"> • Feasibility assessment overview 	20mins
Q&A	<ul style="list-style-type: none"> • Audience questions on government priorities and feasibility assessment 	30 mins
Closing	<ul style="list-style-type: none"> • Closing (incl. reminder of upcoming in-person meeting) 	5 mins

HCE Coalition & CAS Overview

A Fragmented Campaign Ecosystem With An Opportunity For Change

- 1 Over the last 25 years, there has been a growth of disease-specific initiatives and financing, which has driven a **proliferation of health campaigns** targeting diseases, with **little coordination** between programs.



- 2 Global health **campaigns play a strategic role within the context of a broader health system (e.g., PHC)**, and one does not always need to be at the cost of the other.

- 3 The long-term aim is to **reduce reliance on campaigns by strengthening health systems**, but **campaigns will continue in the near-term** to respond to outbreaks, and support disease elimination and SDG health goals.

The Health Campaign Effectiveness (HCE) Coalition



Founded in 2020, the HCE Coalition's Program Office is run by the Task Force for Global Health (TFGH)



The Coalition Leadership Team comprises global campaign funders, multi- and bi-lateral institutions, and country



Coalition members work around the world and across multiple disease domains (e.g., NTD, polio, VPDs, malaria, nutrition)



BILL & MELINDA GATES foundation



unicef
for every child



The Coalition seeks to identify best practices, reduce fragmentation, harmonize financing and strengthen collaboration amongst country leaders, funders, and implementers

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



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Strengthen Systems. Maximize Impact.

A program of
THE TASK FORCE
FOR GLOBAL HEALTH

The HCE Coalition Identified Best Practices & Opportunities For Impact



The HCE Coalition undertook **3 years of research in 15 countries**, which demonstrated **benefits and best practices** associated with **better coordinated and integrated campaigns**:



Better coverage & acceptability



Cost savings



Improved program efficiencies

Examples of identified **best practices that underpin the CAS** and its recommendations

Collaborative Planning

- Effective **cross campaign coordinating bodies**
- **Collaborative, cross campaign** planning

Implementation

- Ensure **active participation** at all levels of decision-making
- Ensure **community acceptability**

M&E/MERLA

- **Digitalize & harmonize tools & logistics**
- Create tools & protocols for **co-delivery** that align across campaigns

Financing

- **Align & coordinate** funding
- **Optimize incentive arrangements** at various levels of the health system

What is the Collaborative Action Strategy for Campaign Effectiveness (CAS)?



Collaborative Action Strategy (CAS)
for Health Campaign Effectiveness

December 2023

HEALTH CAMPAIGN
EFFECTIVENESS
COALITION

Strengthen Systems.
Maximize Impact.

Photo Credit: Brent Stirton / Getty Images for ITI | The Task Force for Global Health 2018

Who: The Collaborative Action Strategy (CAS)¹ for Campaign Effectiveness was **developed in 2023 by 48 global, regional, and country-level experts** representing major campaign funders, implementors, and country leadership.

What: The CAS is meant to **shift ways of working amongst global, regional, and country level partners** on key actions, roles, and coordinated approaches at the country level. It is designed to add **practical but transformative value to countries' existing campaign and health care efforts.**

Vision: The strategy seeks to guide partners toward a future state where programs collaborate effectively with each other and with corresponding health services to **maximize the impact of campaigns on health outcomes**, and ultimately aims to **catalyze stronger, more resilient country-led health systems** in the long term.

The core of the CAS are 12 Recommendations Developed to Enhance Country-Level Impact and Coordination

The CAS recommendations are intended to be **adaptable** and **flexible**, allowing for country specific decision-making. All recommendations will require **joint effort between countries, global funders and implementers**, with specific recommendations targeting funders (e.g., campaign finance), implementers (e.g., 1d), and MOHs (e.g., 1a).



Planning & Implementation



M&E/MERLA¹



Campaign Financing

<p>Rec #1a</p> <p>Establish or leverage an existing multi-sectoral, cross-campaign National Coordination Body</p>	<p>Rec #1b</p> <p>Identify campaigns and domains for collaboration and integration</p>	<p>Rec #2a</p> <p>Within countries, develop a coordinated and collaborative cross-campaign MERLA strategy</p>	<p>Rec #3a</p> <p>Create a comprehensive view of campaign financing at the country level</p>
<p>Rec #1c</p> <p>Develop a multi-year, cross-campaign workplan and schedule for campaigns</p>	<p>Rec #1d</p> <p>Harmonize tools and operations (e.g., logistics, supply chain, microplanning) across campaigns</p>	<p>Rec #2b</p> <p>Aligned with the coordinated country MERLA strategy, improve the ability of campaign implementers and partners to identify, measure, utilize, and share data on campaign effectiveness</p>	<p>Rec #3b</p> <p>Take incremental steps toward harmonizing and aligning campaign financing</p>
<p>Rec #1e</p> <p>Develop a coordinated and effective approach to enable active community engagement at all levels and phases</p>		<p>Rec #2c</p> <p>At the global level, develop a Learning Platform and a MERLA framework as a practical guidance to countries and global stakeholders</p>	<p>Rec #3c</p> <p>Harmonize and align incentive payment modalities and rates across campaigns</p>
			<p>Rec #3d</p> <p>Advance government role in campaign financing</p>

1. Monitoring, evaluation, research, learning, and adaptation

High-level Anticipated Outcomes For The CAS

1



Reduced fragmentation, and increased coordination and/or integration between campaign stakeholders & public health programs

2



More **effective campaigns** and **efficient resource** use to address country health gaps and priorities, and optimally serve target populations and communities

3



Streamlined approaches to **measurement, monitoring, evaluation, and learning** that foster sharing of information on the effectiveness and benefits of interventions, coordination, and integration

4



Timely, harmonized funding processes and streams to decrease the burden on countries and implement more effective campaigns

5



Progress toward transitioning health campaign interventions to the primary health care (PHC) system in the long-term

6



High-quality, equitable, accessible and people-centered health services via genuine community engagement throughout campaign phases, to meet multiple health needs

Principles to guide CAS Implementation

- **Country-led:** CAS implementation is **led by the focus country (i.e., the MoH)** and aligns with the country's priorities—**CAS success** (i.e., what does campaign effectiveness look like) **will be defined by the country stakeholders**
- **Coalition Leadership Team Commitment:** The HCE Coalition's Leadership Team and Program Office are committed to supporting focus countries by **mobilizing staff and resources, providing technical assistance, and facilitating policy and funding changes where necessary**
- **Multi-partner & Multi-sectoral Collaboration:** The CAS is not intended to be another vertical project or top-down initiative but rather is an **approach that asks ALL country campaign partners** (e.g., MoH, funders, implementing partners, HEWs) to **break away from silos and collaborate toward shared goals**
- **Learning & Adaptation:** The implementation process will be different for each country; the HCE Coalition supports countries in the learning process, **facilitating adaptation and continuous improvement** along the way

Ethiopia CAS Implementation

Contextual Factors Driving CAS Implementation in Ethiopia



Background

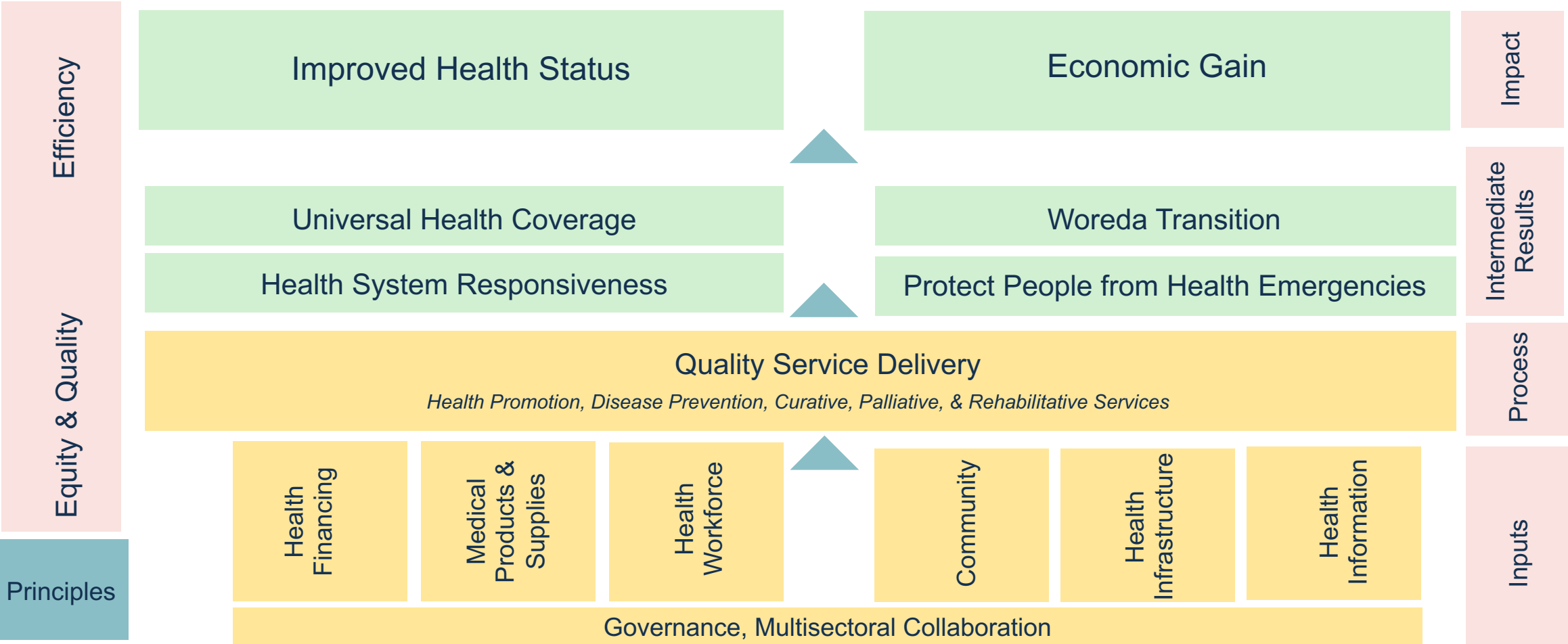
- Ethiopia is a signatory to numerous global targets for the elimination and eradication of diseases, e.g., Onchocerciasis, Measles, polio etc.
- Recognizing the complexity of these goals, strategies such as campaigns are employed to bridge gaps and quickly attain the goals.
- Many campaigns are planned for and implemented within the Ethiopia health ecosystem. However, as we move towards attaining the goals, this has inadvertently led to:
 - Fragmentations within the health system,
 - Stretching of resources,
 - Campaign fatigue among stakeholders, etc.
- Consequently, this disruption has impacted the traditional and consistent provision of health services at the facilities.

MOH Ethiopia Health System Framework

Core Principles: Equity, Quality and Efficiency

Vision: To see a healthy, productive, and prosperous society

Mission: To promote the health and wellbeing of the society through providing and regulating a comprehensive package of health services of the highest possible quality in an equitable manner



Strategic objectives of the HSDIP*

1 Improve maternal, child, and adolescent health and nutrition status

This focuses on improving the health of mothers, newborns, and children by implementing various programs and providing health services across the continuum of care through a life cycle approach.

2 Improve disease prevention and control

This aims to reduce disease occurrence and minimize their effects through focusing on the prevention, control, and management of major communicable diseases, non-communicable diseases, neglected tropical diseases, and other diseases.

3 Improve community ownership and primary health care

This strategic objective focuses on ensuring the active engagement of the community and creating ownership in the planning, execution, and monitoring and evaluation of health and health-related activities

4 Improve access to quality and equitable medical health services

This objective focuses on provision of comprehensive medical care services that are safe, effective, people-centered, efficient, equitably accessible, and affordable.

5 Enhance public health emergency and disaster risk management and post conflict recovery and rehabilitation

This strategic objective focuses on effective and timely anticipation, prevention, early detection, rapid response, control, recovery, and mitigation of any public health emergency crisis with direct or indirect impacts on the health, social, economic, and political wellbeing of communities and society.

*Each of the nine strategic objectives includes identified initiatives and major activities to be implemented during the strategic period.

Strategic objectives (continued)

6 Improve health system capacity and regulation

This strategic objective focuses on strengthening the capacity of the health system in delivering quality and equitable health services through transforming the national efforts toward building high-performing health system leadership, a competent and compassionate workforce, robust infrastructure, and strong regulatory capabilities.

7 Harnessing innovation for health system quality, equity and safety

This strategic objective aims to provide high-quality, equitable, and safe health services that result in improved health outcomes through seeking, developing, and implementing innovative ideas and technologies, with a focus on problem-solving and improving health system performances.

8 Improve pharmaceuticals and medical devices management and production

This objective aims to enhance the efficiency and effectiveness of the pharmaceutical supply chain, pharmacy services, and medical device management systems. It also focuses on promoting domestic manufacturing of medicines and medical devices, as well as improving the procurement and management procedures, and rational use of medicines.

9 Improve health financing and private engagement

The objective aims to secure sufficient and sustainable funds to achieve the “Universal Health Coverage through strengthening Primary Health Care”. It focuses on mobilizing enough financial resources and efficiently allocating them for health services and programs, while also improving accountability and transparency in managing and utilizing these funds. It also aims to improve the engagement of the private sector in a comprehensive range of health and health-related activities towards improving access to quality of health services.

Feasibility Assessment

Feasibility assessment objectives

1

Campaigns

Understand the **state of campaigns** (e.g., current and future campaigns), capacities, and resources available and needed for CAS customization & execution



2

Partners/Stakeholders

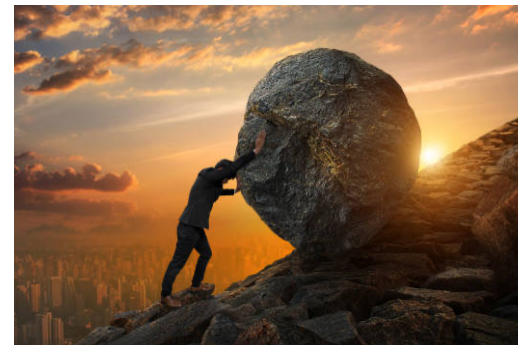
Identify **current and required partners** for CAS customization and implementation



3

Opportunities

Identify the risks, challenges, and **opportunities to CAS implementation**



4

Recommendations

Assess individual CAS recommendation **feasibility and sequencing** in the Ethiopian context



Stakeholder Interviews

We held 45-60 min semi-structured interviews with select health campaign related MOH departments and key partners to understand the campaign ecosystem in Ethiopia



We would like to thank the over 30 individuals (and organizations) who provided their valuable perspectives during this process

- **State Minister for Health Programs Office** (incl. State Minister, and Senior Disease Prevention & Control Advisor to the State Minister)
- **Diseases Prevention & Control LEO** (incl. Lead Executive Officer, Malaria, NCD, NTD leads)
- **Community Engagement & Primary Health Care LEO** (incl. Lead Executive Officer, and EPI / Immunization Team)
- **Nutrition Lead Executive Office** (incl. Executive and Nutrition Officer)
- **Community Engagement & Primary Health Care Department** (incl. Lead Executive and Nutrition Officer)
- **Strategic Affairs Executive Office**
- **EPHI** (incl. the Department of Vaccine Preventable Disease Team Leader)
- **South Ethiopia Regional Health Bureau**
- **Oromia Regional Health Bureau**
- **Carter Center** (Ethiopia)
- **BMGF** (Ethiopia)
- **UNICEF** (Ethiopia)
- **CDC** (Ethiopia)

Executive Summary: The CAS Responds to a Clear Need

Ethiopia can build on its political momentum and previous campaign collaboration experience

Ethiopia is at a crossroads for health campaigns, and there are critical challenges to overcome



Political Will

There is clear political will mentioned at all levels in the country towards fewer campaigns, integration into the PHC system, and increased efficiency.

Continuous commitment towards CAS at the highest-level of government is key for ultimate success



Coordinated System & Integration Experience

Ethiopia can leverage its centrally coordinated government structure and previous integration experience.

The country has already demonstrated its potential for campaign integration during COVID and other instances (e.g., MalTra campaigns; 2022 Nutrition/Measles/NTDs campaign)



Immediate Opportunity: Information Sharing

CAS implementation will need to happen in three distinct phases:

1. Create an enabling environment
2. Identify opportunities and prepare increased collaboration
3. Systematize collaboration

The clear first step is to foster information sharing between departments.



Campaign Fatigue & Disincentives

Campaigns are numerous and rising in Ethiopia. Stakeholders state a clear fatigue towards them.

There are still disincentives to collaboration (at all levels) to overcome (e.g., siloed working structure; disparate per-diem practices).



Change Management Support

CAS implementation will mean new ways of working and an adjustment time during which teams will adopt new tools, workflows, communication protocols.

Structural challenges and competing priorities will need to be overcome through effective change management at all levels.



Limited Bandwidth

Teams are overburdened at all levels (national and subnational). Additional bandwidth must be freed, and existing structures leveraged in implementing CAS.

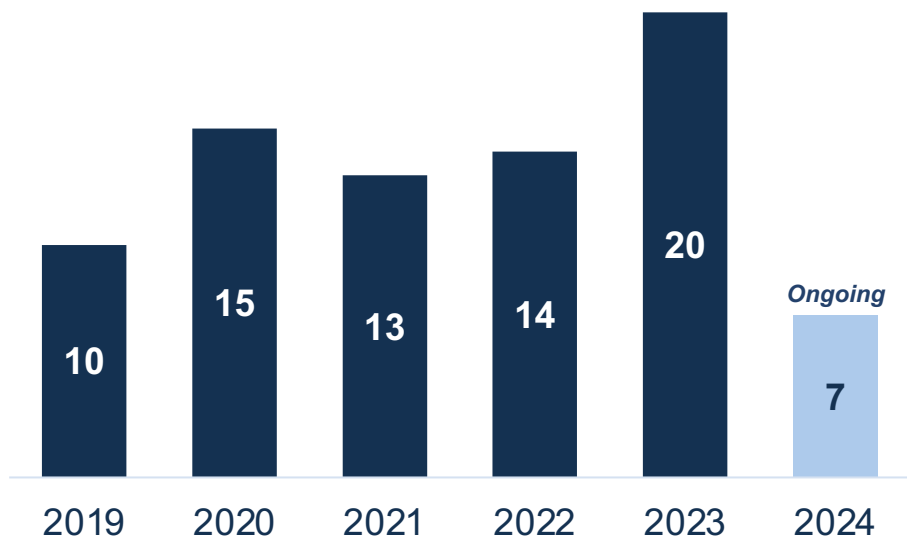
There is a need to assess the current technical working groups environment (and gaps) vis-à-vis the CAS.

How many and where campaigns happen in Ethiopia?

There is a steady number of campaigns in the country, that are implemented in all regions

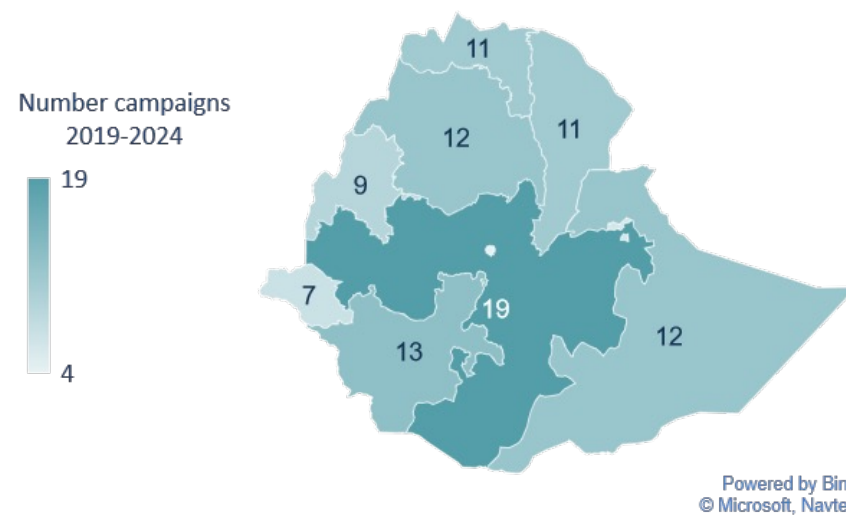
Number of campaigns identified in Ethiopia since 2019¹

n=79 identified campaigns in 2019-2024



Campaigns by Region between 2019 and 2024²

n=30 (n.b., between 2019 and 2024, 30 campaigns were identified as specific to certain regions - undertaken in one or more regions but not the entire country)



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● Collecting data is challenging but on **average there have been between 10 and 20 identified campaigns per year since 2019**

● Many campaigns (30) are country-wide. When they are region-specific, **Oromia is the most concerned region, followed by SNNP, Amhara and Somali.**

Campaign burden is a country-wide phenomenon with a rising number of campaigns in Ethiopia since 2019

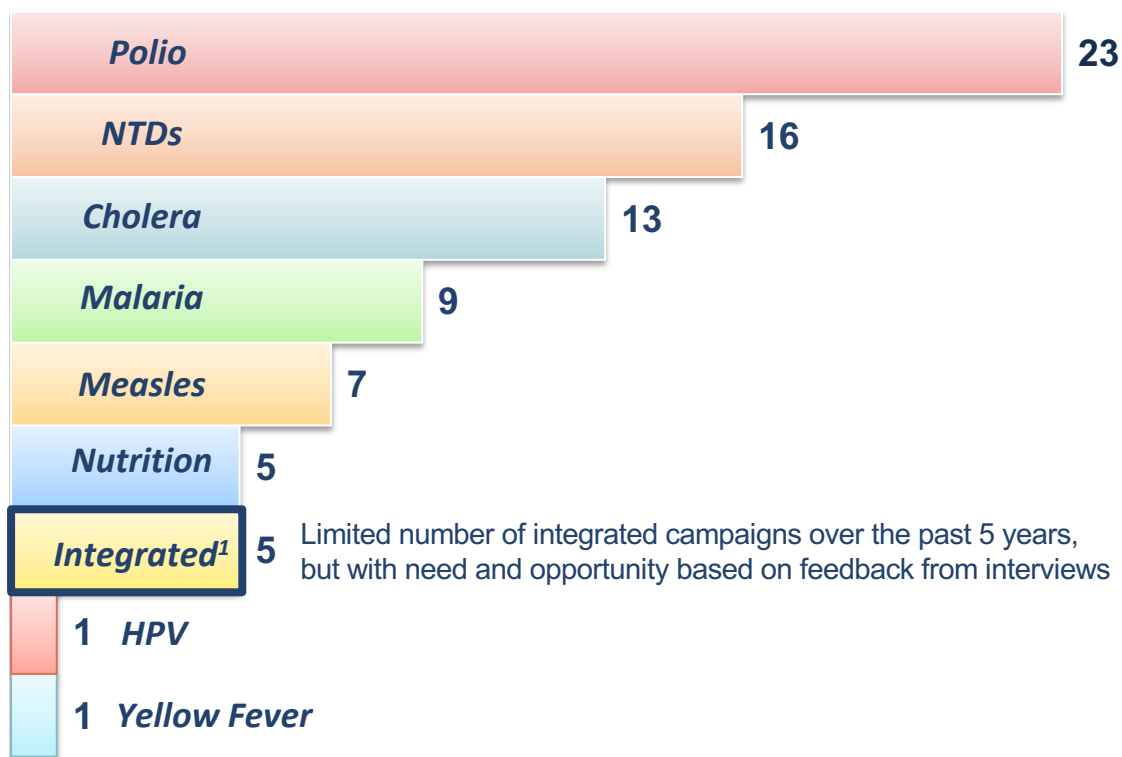
1. All data is reported to and collated by Linksbridge SPC from global health partners in the **Health Campaign Intelligence Hub**. Data pulled on April 2, 2024 and only include completed or assumed completed campaigns **through mid-2024**
 2. Because data presented here was collected before the dissolution of the Southern Nations, Nationalities, and Peoples' Region in August 2023, it is still presented on the map

What types of campaigns occur in Ethiopia?

Ethiopia is concerned by all major campaign domains, with Polio and NTDs representing the majority of campaigns between 2019-2024

Number Of Health Campaigns By Type in 2019-2024

n=79



1. Integrated campaigns are campaigns co-delivering interventions from at least two distinct disease domains (e.g., Measles/Nutrition/STH or COVID-19/HPV). Different NTDs treated through one campaigns were not considered as "integrated".

- The greatest number of identified campaigns between 2019 and 2024 were for **Polio** and **Neglected Tropical Diseases** (e.g., Trachoma, LF, STCH, Schisto).
 - Campaigns have sometimes incompatible calendars (e.g., polio campaigns are implemented in 2-3 days and NTDs in one week with preparation lasting 6-8 weeks; some campaigns like Nutrition can take up to 5 months to plan)
- Measles, Malaria and Nutrition campaigns are regularly undertaken** in Ethiopia. It is also concerned by **disease outbreaks**, such as cholera with **8 campaigns in 2023**.
- Immunization campaigns (incl. Polio) are largely funded through GAVI**. Malaria campaigns are procured mainly through Global Fund and PMI and NTDs by the Carter Center, End Fund and Orbis.

Integrated campaigns are still limited in Ethiopia. Increasing the collaboration between these campaigns will likely lead to a reduction in overall interventions.

Synthetic SWOT Analysis

Ethiopia has strengths and opportunities to capitalize on for increased integration, and weaknesses and challenges to address

+ Strengths



Strong government infrastructure

The centrally coordinated government structure can be effectively mobilized for the CAS



Health Workers being central

Health Extension Workers run campaigns in the PHC system, limiting needs for ext. training.



Integration experience

Integrated campaigns and collaboration mechanisms exist (Health Pool Fund, Civil Service reform)

- Weaknesses



Scarce communication and limited info sharing

Collaboration is not systematized and depends on individual willingness. There is no shared campaign calendar and teams work in siloes.



Overburdened Human Resources

Teams in the MoH and Health Workers have little bandwidth. Campaigns are very time consuming.

💡 Opportunities



Political will and shared interest

Decision makers favor solutions focusing on increased efficiency. All partners are open for additional coordination.



Easy to reach opportunities

Campaigns are numerous and fragmented. In 2019-2023, a third included a potential missed integration opportunity.



Practices to leverage

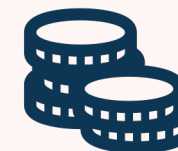
Coordination committees exist (e.g., JCC, ICC) and all stakeholders liaise with the same actors (e.g., Strategic Affairs, RHBs)

⚠️ Threats



Shifts in norms & resistance

Effective change management will mean a transition/adjustment period and additional time, effort and support.



Limited flexibility for funding

Some partners might not be open to the needed increase in funding flexibility (disbursement schedules, earmarking)



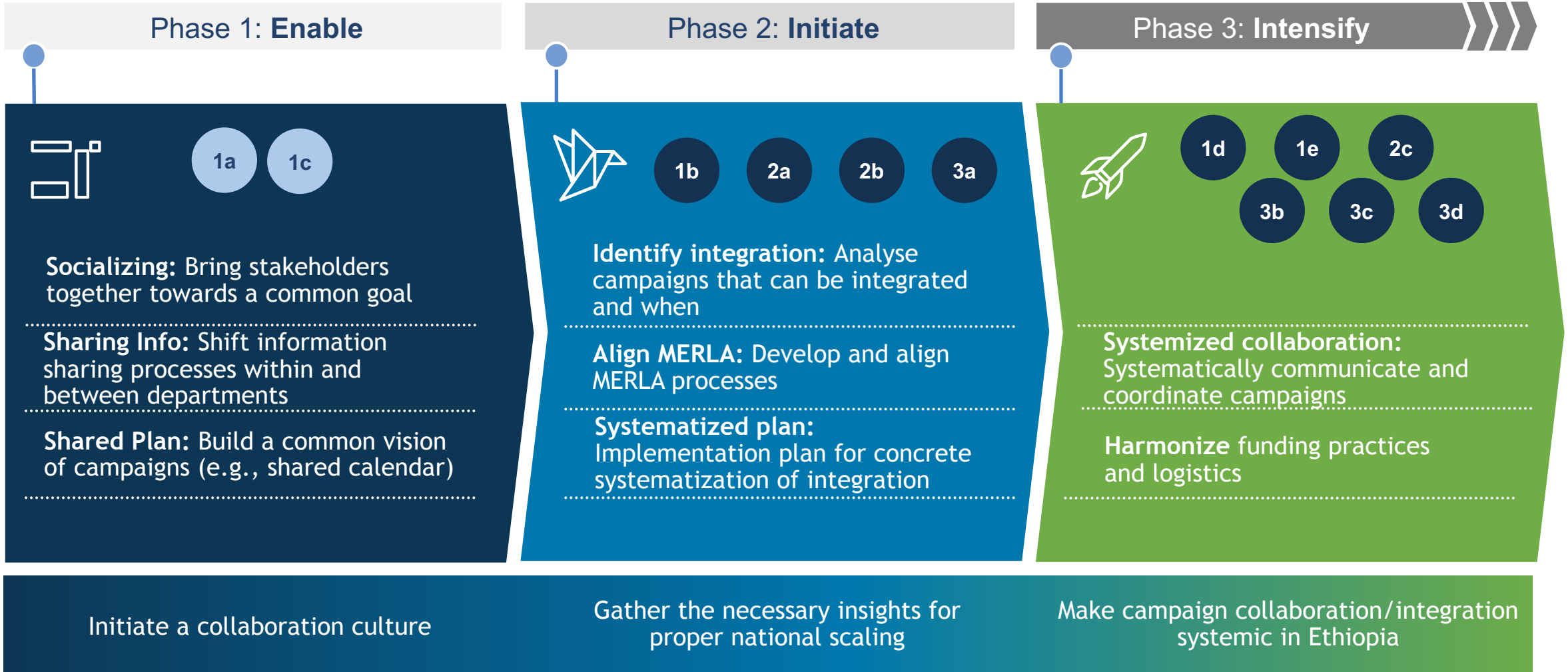
Competing priorities

Structural challenges (disparate systems, differing objectives) will be hard to overcome for overburdened teams.

Sequencing of recommendations (2/2)

In Ethiopia, the implementation of the CAS will need to happen in three distinct phases: 1. Create an enabling environment ; 2. Identify opportunities and prepare increased collaboration ; 3. Systematize collaboration/integration in the country






[Anticipated timing to be tested with TWG]



Support needed

To ensure CAS uptake, teams at all levels must be inspired, engaged and have access to the right level of resources

CAS implementation in Ethiopia will mandate four kinds of specific support:

	 Political Commitment	 Stakeholder Involvement	 Flexible Funding	 People
	 Government	Government	Donors/partners	Government/Donors
General need	A strong and continuous commitment and monitoring of CAS progress at the highest-level of government is key for CAS uptake and ultimate success	Bottom-up involvement, and regular consultation of regional, woreda and community level stakeholders will be needed from the Ethiopian government	Embedded flexibility in upcoming funding from disease-specific programs and anticipation of integration efforts is expected from international donors and campaign implementers	Additional human resources to lead change management efforts is anticipated
Specifics	<ul style="list-style-type: none"> • Dr. Dereje to participate in key meetings • Include CAS consideration in strategic plan refreshes 	<ul style="list-style-type: none"> • Include regional representatives in the National Steering Committee • Create regional steering committees 	<ul style="list-style-type: none"> • Global Fund country rep to liaise with MoH to build flexibility in the upcoming country proposal (<i>within 6 months</i>) 	<ul style="list-style-type: none"> • Free up time for TA for CAS in embedded teams in MoH (e.g., CDC, UNICEF) • Increase CAS advocacy efforts

2024 Customization & implementation process

Initial next steps will be to bring stakeholders together into a steering committee and build a common vision for CAS



Standing up National Steering Committee & TWGs

- Drafting of Terms of Reference
- Drafting of a customization template
- Organization of an initial workshop
- Formation of TWGs (and sub-groups) for customization



Subnational implementation

- Subnational consultation and regional socialization
- Initiation of subnational steering committees

May

June

July

August

September

October

November

December

2025

CAS Customization



- 2-3 pages per recommendation
- Country-specific background section
- Adoption by MoH by the end of July



Implementation Plan

- In-dept description of necessary steps for implementation
- GANTT Chart
- Dates/Milestones
- Cost
- Responsibility

Discussion

Discussion

1

How do you envision the CAS supporting the country's priorities?

2

Do you have any questions about the Health Campaign Effectiveness Coalition (HCE Coalition) or Collaborative Action Strategy (CAS)?

3

Do you have any questions about the feasibility assessment or next steps?