# HCE Coalition Annual Meeting Breakout Group Report Outs - Days 2 and 3 March 18-20, 2025

HEALTH CAMPAIGN
EFFECTIVENESS COALITION
Strengthen Systems. Maximize Impact.

## **CAS Implementation Breakout Discussion 1 Report-Out**

March 19, 2025

# I. CAS Implementation

March 19, 2025 / Breakout Discussion 1 - 3 challenges/solutions for action-planning tomorrow

- Many global initiatives (Big Catch Up, GPEI) are in alignment with CAS recommendations and their customized version in Nigeria and Ethiopia
- Available resources is the main challenge for CAS implementation.
   Government are discussing ways to bridge the gap and reorienting funding/tying some of it to CAS might need to be discussed
- To practically support CAS in 2025 in countries three things have been discussed by the break-out: official endorsement and continued socialization; catalytic funding mobilization; and effective partner engagement and coordination beyond the MoH

### **Campaign Financing Breakout Discussion 1 Report-Out**

March 19, 2025

## II. Campaign Financing

#### March 19, 2025 / Breakout Discussion 1 - 3 challenges/solutions for action-planning tomorrow

#### Financial Planning and Coordination

- Intentional budgeting for campaigns within countries annual budgets
- Introduction of digital payments to reduce inefficiencies
- Strengthen accountability and transparency of fund utilization

#### Resource mobilization and optimization

- Long term coordinated funding plans to improve efficiency
- Process integration at the country level (one plan for all health campaigns)
- Introduction of policies to guide campaign financing

#### Data Management

- Implement biometrically verified, timely and direct digital payment systems for HCWs
- Identifying and upgrading paper-based processes in current financial systems
- Strengthening of government and donor coordination structures towards aligning financial systems and improving budgeting processes for campaigns

### **Advocacy & Partnerships Breakout Discussion 1 Report-Out**

March 19, 2025

# III. Advocacy & Partnerships

#### March 19, 2025 / Breakout Discussion 1 - 3 takeaways

- Note there are ~2 types of GHIs on the list they will require different strategies and approaches
  - o some that are more narrow in scope than the HCE Coalition (eg: GPEI, BCU, RLM, Gavi 6.0, other disease or health program-specific initiatives)
  - some that are much broader in scope (eg: PAHO disease elimination initiative, Lusaka agenda, AU
     2030 Roadmap, etc)
- Specific near-term opportunities with:
  - RLM- upcoming learning session re: integration should include key messages/recommendations from CAS
  - GPEI- inflection point requires stronger links to other programs to support multi-antigen campaigns and move to RI strengthening
  - In general- development of broader HCE Coalition messaging/advocacy package
- Suggested additional criteria for which GHIs to target/prioritize for alignment:
  - Considering private sector partners (e.g. Merck for Mothers)?
  - Advocacy from within the community (e.g. community health volunteers)

# Measurement & Defining Success Breakout Discussion 1 Report-Out

March 19, 2025

# IV. Measuring and Defining Success

#### March 19, 2025 / Breakout Discussion areas for action-planning tomorrow

#### Refinement of Health Campaign Effectiveness Measures

- o In addition to coverage, equity, efficiency, availability and acceptance, prioritize service quality, timeliness, and community acceptance as key measures.
- Review existing effectiveness measures by campaign type and map available indicators.
- Address data quality variations and social/cultural contexts in measurement.

#### Strengthening Campaign Planning and Integration of Existing Frameworks

- Position planning as key to improving coverage, quality, and equity.
- Align with WHO HQ efforts to enhance campaign planning and evaluation.
- Integrate existing program guidelines and ensure field staff involvement.

#### Support for Implementation and Capacity Building

- Provide guidance on evaluating existing indicators against the menu of potential measures.
- Offer technical assistance and change management support
- Assess country readiness and resource needs for adopting new measures.

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# **Day 3 Report-Out**

March 20, 2025 Breakout Discussions

#### **CAS Implementation Breakout Discussion 2 Report-Out**

March 20, 2025

# I. CAS Implementation: Near-Term Actions

Challenge	Solution type	ੂ Solutions identified	
Resource scarcity in a contracting Global Health environment	Leveraging of existing initiatives	<ul> <li>Leverage on the Big Catch Up and GPEI</li> <li>Leverage GAVI 6.0</li> <li>Leverage vertical programs (e.g. NTDs)</li> <li>Mobilize GAVI funding for CAS</li> </ul>	
	Harmonization/ coordination	Harmonize budgets among different programs (GAVI, World Bank, GPEI, Malaria)     Organize and coordinate HR and funding from partners	
	Advocacy for dedicated or more flexible funding	<ul> <li>Explicitly embed the authorization to allow cross-uses of resources in plans (including from donors)</li> <li>Advocate for more flexible funding at a donor/funder level</li> </ul>	
Limited partner engagement	Joint meetings	Undertake joint program reviews     Regularly organize joint campaign coordinating meetings	
	Dedicated human resources	<ul> <li>Extend the CAS focal point success to activities, assigning an activity focal point with clear objectives on engaging implementing partners and MoH program managers</li> <li>At the MoH level, instruct program managers to interact between themselves a partners for integration activities</li> </ul>	
	Official communications	<ul> <li>Endorse the CAS officially with an event inviting all implementing partners and donors</li> <li>Regularly update the campaign mapping and share widely</li> </ul>	
State/regional roll-out		Regional governments to mobilize resource support for CAS implementation     Continue a formalized CAS support through the HCE Coalition and partners	

# I. CAS Implementation: Critical Activities

- Monitor and seize opportunities arising in a rapidly shifting and resource-limited environment where integration is appeared as a must
  - The Last Mile Fund is a key opportunity to leverage resources
- MoH to continue steering efforts on integration and CAS
  - Support roll-out to subnational efforts
  - Identify government resources to support integration and bridge funding gap
  - Formally ask for support on key activities
- Coalition to support partner engagement (e.g. March webinar, this week's meeting) and the organization of meetings with key stakeholders
  - Ensure that all relevant people participate to coordination meetings (e.g. National Steering Committee)

### **Brainstorming solutions – Campaign Financing**

During our solutioning session of yesterday, you proposed and discussed different solutions to the challenges ahead, recapped here

#### Financial Planning and Coordination

- Intentional budgeting for campaigns within countries annual budgets
- Introduction of digital payment systems to reduce inefficiencies
- Strengthen accountability and transparency of fund utilization

#### Resource mobilization and optimization

- Long term coordinated funding plans to improve efficiency
- Process integration at the country level (one plan for all health campaigns)
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# **II. Campaign Financing: Near-Term Actions**

Solution Activity / Task	Responsibilities and resources	Target Dates and Milestones*	Comments /Notes
Share costed implementation plan with donors and partners	Adejoke (Nigeria) Chichi (Ethiopia)	31 <sup>st</sup> March	
Engage Donors to identify partners who are being funded and for what campaigns	HCE program office	30 <sup>th</sup> April	
Engage partners to identify funding scope and areas of alignment with CAS	HCE program office Country finance co-leads	15 <sup>th</sup> May	
Map performance KPIs and guidelines for implementers, donors and government	Ann	30 <sup>th</sup> May HEALTH CAMPAIGN EFFECTIVENESS COALITION Highen Systems, Maximize Impact.	THE TASK FORCE GLOBAL HEALTH

# II. Campaign Financing: Near-Term Actions

Solution Activity / Task	Responsibilities and resources	Target Dates and Milestones*	Comment s/Notes
Map beneficiaries accounts and unify payments and fund transfer	Country Teams	TBD	
Establish or leverage existing cross health programme coordination bodies	HCE program office	TBD	
Develop a joint template for annual health campaign planning	HCE program office Country finance co-leads	TBD	

### **Advocacy & Partnerships Breakout Discussion 2 Report-Out**

March 20, 2025

# III. Advocacy & Partnerships: Summary and Next Steps

- Identified, leveraging selection criteria, three high priority GHIs for partnership with HCE Coalition in 2025: GPEI, Big Push and M&RP
- HCE PO will organize 1:1 follow up with individual representatives/champions for these GHIs (e.g. Elena, Barbara, Natasha), to develop more tactical work plans for 2025, and identify opportunities for functional integration and co-delivery
  - Can also scope an "HCE/CAS advocacy package" that can be leveraged across partnerships
- HCE PO will explore potentially relaunching HCE Coalition Campaign Integration
   Working Group given noted absence of a "two way" forum for elevating integration opportunities; need to ensure global/country representation to make it actionable.
- HCE PO will continue to actively promote Health Campaigns Integration Hub as asynchronous option to share and receive information on planned campaigns.
- Also discussed but did not (yet) prioritize: Lusaka Agenda, Gavi 6.0, and RLM.
- Gap still noted in supporting/enabling integration with NTD campaigns (RLM is well resourced but quite siloed, so will continue to monitor this)

# Measurement & Defining Success Breakout Discussion 2 Report-Out

March 20, 2025

# IV. Measurement & Defining Success: Near-Term Actions

Solution Activity / Task	Responsibilities and Resources	Target Dates/ Milestones*	Comments/Notes	
Collaborate with the MERLA Task Team (soon to be expanded) and other stakeholders on developing the guidance document	<ul> <li>Lead: HCE Program Office (PO) and UNICEF</li> <li>Support: MERLA Task Team, and others who provide feedback during online review period</li> <li>Resources: Meeting facilitation support, stakeholder engagement materials</li> </ul>	March 31, 2025: Stakeholder consultations conducted and inputs collected	Risk: Limited engagement from stakeholders  Mitigation: Schedule consultations well in	
Seek feedback from country representatives in HCE focus countries and UNICEF's VINA project	<ul> <li>Lead: HCE PO and UNICEF</li> <li>Support: MERLA Task Team, HCE country representatives, UNICEF organizational and country representatives</li> <li>Resources: Meeting facilitation support, stakeholder engagement materials</li> </ul>	April 2025: Stakeholder consultations conducted and inputs collected	advance, provide multiple formats for input (e.g., surveys, virtual meetings)	
Draft the guidance document incorporating stakeholder input and evidence	<ul> <li>Lead: HCE PO and UNICEF</li> <li>Support: MERLA Task Team</li> <li>Resources: Writing and editorial support</li> </ul>	March-May 2025: Draft guidance document	Risk: Conflicting stakeholder priorities and inputs  Mitigation: Use a	
Review and validate the draft with partners (HCE Leadership Team, MERLA Task Team, focus countries, VINA focus countries, and others)	<ul> <li>Lead: HCE PO and UNICEF</li> <li>Support: MERLA Task Team, LT, HCE country representatives, external reviewers (as needed), HCE country focal points, UNICEF organizational and country representatives</li> <li>Resources: Writing and editorial support, technical review panel, feedback mechanisms</li> </ul>	May 2025: External review conducted and finalized draft  HEALTH CAMPAIGN EFFECTIVENESS COALITION trengthen Systems. Maximize Impact	structured review process with clear criteria for incorporating feedback TASK FORCE 21	

# IV. Measurement & Defining Success: Critical and/or At-Risk Activities March 20, 2025 / Breakout Discussion 2 - Report-out pt. 2

#### **General Risk**

 Insufficient attention paid to campaign planning, which is a critical aspect of campaign integration and measurement

#### Risks specific to development and testing of country guidance document

- Timeline for near-term activities is very tight
- Must ensure appropriate representation on the team developing and reviewing the country guidance
- Must get meaningful input from countries and that can be negatively impacted if people don't see themselves in the plan/document
- Need to anticipate that partners and stakeholders will have busy calendars and competing priorities
- Need to be nimble to recognize and respond to other risks/challenges as we move forward and become more specific in our activities