



Health Campaign Effectiveness Coalition

2025 Annual Meeting Report

18 March – 20 March 2025

Held Virtually

HEALTH CAMPAIGN
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Executive Summary

Meeting Overview and Purpose

The 2025 Health Campaign Effectiveness Coalition (HCE Coalition) Annual Meeting took place 18 – 20 March virtually over Zoom. There were 82 participants representing 20 organizations in attendance. The complete list of attendees and their organizations can be found in the [Appendix](#).

Day 1 focused on progress and lessons learned from implementation of [the Collaborative Action Strategy for Campaign Effectiveness \(CAS\)](#) in the two focus countries, Ethiopia and Nigeria. Presentations from the country teams were followed with a panel on opportunities and challenges in campaign financing. Day 2 began with a panel discussion on aligning the CAS with other global health initiatives and strategies, featuring presentations from the Big Catch Up (BCU) and the Global Polio Eradication Initiative (GPEI).

This plenary was followed by four facilitated breakouts focused on solutioning and action planning. Each breakout focused on one of the following four topics, each aligned with the four workstreams in the Draft HCE Coalition 2025 Action Plan: 1) *CAS Implementation in Countries*, 2) *Campaign Financing*, 3) *HCE Coalition Advocacy and Partnership Opportunities*, and 4) *Measurement and Defining Success*. Finally, on Day 3, each breakout group generated actionable next steps from their solutioning discussions and shared them with attendees at the closing plenary.

Meeting Objectives

In service of the Draft HCE Coalition 2025 Action Plan, the meeting objectives were:

1. Share CAS progress, lessons learned, and plans for 2025 in Nigeria and Ethiopia, the two CAS focus countries.
2. Discuss new and current global health initiatives, priorities, and strategies, and the role of the HCE Coalition to support their implementation.
3. Develop solutions and align expectations, actions, and roles and responsibilities to achieve the 2025 Action Plan priorities.

See the [Meeting Agenda](#) for more details.

Background

Country-owned strategies to make health campaigns more integrated, equitable, and efficient matter more than ever in this unprecedented, challenging, and rapidly shifting global health landscape. The

lessons learned from this process in the focus countries will also help build the evidence base for campaign effectiveness and application of the CAS in other countries and contexts.

In 2023, the HCE Coalition co-developed the [Collaborative Action Strategy \(CAS\) for Health Campaign Effectiveness](#) with over 50 partners from global, regional and country-level settings, representing more than 20 organizations. In 2024, the Coalition built upon that success, moving from research to action and laying the foundation for implementing and scaling up the CAS in two focus countries that opted-in, Ethiopia and Nigeria.

Both countries have since developed customized strategies that are adapted to their country-specific contexts, along with detailed, costed implementation plans. With these critical foundations developed, the stage is set in 2025 for both countries to implement their customized strategies and for CAS recommendations to be socialized and scaled up in the broader global health ecosystem.

Key Takeaways

More details from each session can be found in the [Session Summaries](#).

Key Takeaways, Day 1 Plenary: HCE Coalition Leadership Remarks

Day 1 of the meeting opened with remarks from the HCE Coalition Leadership Team Chair, Dr. Hamid Jafari (World Health Organization/WHO Eastern Mediterranean Region Office/EMRO).

- Dr. Jafari discussed the HCE Coalition's journey so far, current Coalition priorities, and the need for collective action in the contracting global health funding environment.
- An overarching lesson learned so far is that a lot of behavior change is needed at both the country and international levels.
- The top priority of the HCE Coalition should be to demonstrate success in the focus countries (Ethiopia and Nigeria), where there is political and programmatic momentum. This involves ensuring these countries have the support and assistance they need to implement the CAS and make an impact.
- Successful CAS implementation will generate the rich learnings the HCE Coalition is seeking, which will in turn inform/enable more effective advocacy efforts, as well as changes to international financing.
- While the HCE Coalition might not be able to implement the full CAS in many countries, in World Health Organization (WHO) Eastern Mediterranean region (EMRO), there are still opportunities to at least engage governments on improving campaign effectiveness and minimizing the fragmentation of the health system that multiple health campaigns impose.
- Changes in U.S. Government (USG) policy/funding mean the mission and urgency of the Coalition's work matter more than ever. The Coalition must "meet the moment."

- Everyone is looking for efficiencies, therefore the Coalition should also prioritize connectedness and advocacy, as well as supporting integration efforts with lessons learned from CAS focus countries.

Key Takeaways, Day 1 Plenary: CAS Implementation in Nigeria and Ethiopia – Lessons on Building Partnerships, Mitigating Challenges and Developing Pathways to Success in 2025

Panelists included representatives from both focus countries: Yonas Zula (Ethiopia Federal Ministry of Health/FMoH), Dr. Shehu Hassan (Nigeria National Primary Health Care Development Agency/NPHCDA), and Dr. Olusola Ogunmola (Nigeria FMoH). Moderator: Dr. Chi Chi Amadi (HCE Program Office/PO, The Task Force for Global Health)

- CAS integration advanced by aligning with government structures and policies, such as Nigeria's Sector-Wide Approach (SWAp).
 - Nigeria saw improved coordination due to strong commitment from FMoH and NPHCDA, with CAS priorities being aligned with national strategies.
 - Ethiopia strengthened collaboration through meetings/engagement with health ministries and bureaus.
- Early subnational buy-in has proven critical for CAS implementation in both countries.
 - Nigeria focused on Kano/Oyo states, engaging state health leaders.
 - Ethiopia's State Minister championed the CAS, engaging regional health bureaus via meetings/reviews.
 - Both countries integrated CAS subnationally using existing campaigns.
- Sudden reductions in global health funding have required domestic resource mobilization.
 - Nigeria utilized SWAp to pool resources (e.g., for malaria).
 - Ethiopia's FMoH convened to analyze gaps after losing USG funding.
- Assessing integration's impact on campaign quality/effectiveness was key — Ethiopia used quality assurance mechanisms previously.
- Monitoring the 2025 calendar for integration feasibility has been important — Nigeria's October Measles/Polio campaign and Ethiopia's May Measles campaign are key tests. Continued policy engagement/capacity-building in this area remains vital.

Key Takeaways, Day 1 Plenary: Addressing Campaign Financing Challenges and Opportunities

Panelists representing global funders discussed the need for alignment between national strategies and global funding efforts while identifying potential digital payment solutions. Panelists: Chris Wolff (Gates Foundation), Jalaa' Abdelwahab (Gavi, the Vaccine Alliance), Dan Walter (WHO). Moderator: Sidney Sampson (Sydani Group).

- Significant funding reductions are expected due to the U.S. withdrawal from WHO and potential bilateral donor reductions.
- Iteration between national CAS and global financing is important, as are the needs for standardization of campaign worker payments and opportunities for digital payment platforms.
- Tracking costs across campaigns and financing planning/implementation can help identify campaign inefficiencies and potential areas for sharing costs.
- Functional integration should be strengthened across campaigns. Harmonizing training programs and workforce investments across health campaigns is important (versus developing in silos).
- The HCE Coalition should focus on driving alignment between vertical programs and making integration “the norm, not the exception.”
- To optimize campaign financing, funders should seek detailed country feedback, standardize cost visibility, explore digital payment solutions, promote functional integration, and advocate for flexible policy changes.
- Enhancing campaign collaboration and integration means global organizations must embrace behavioral change, shift from vertical programs to integrated models, leverage existing resources, and use platforms like HCE to work effectively across sectors.
- Countries can explore domestic resource mobilization, innovative financing models, and aligning donor funding. Maintenance of campaign quality should be prioritized.
- Comprehensive planning, aligned financing, strong inter-program collaboration, monitoring for insights, and scaling up learning platforms like the CAS can help improve campaign implementation and learning.

Key Takeaways, Day 2 Plenary: Aligning the CAS with Other Global Health Initiatives and Strategies

This plenary session mapped global health initiatives and identified alignment, partnership, and knowledge exchange opportunities for the HCE Coalition. It featured presentations on the Big Catch Up Initiative (BCU) by Dr. Ann Lindstrand and the Global Polio Eradication Initiative (GPEI) by Elena Lipson, their Integration Lead. Moderator: Allison Snyder (HCE PO).

Big Catch Up Initiative (BCU) Presentation

- BCU has focused on systemic changes for sustained immunization, not one-off campaigns, and aimed to "restore and sustain" coverage through 2025.
- The initiative involves systems changes and capacity-building, including catch-up policies, standard operating procedures, adapted data collection tools, and health worker orientation.
- The BCU Monitoring Dashboard (supported by Gavi, the Vaccine Alliance) tracks data on doses administered across 35 countries, including Penta, IPV, and Polio vaccines.
- There is an emphasis on integrating BCU activities into routine immunization sessions, Periodic Intensification of Routine Immunization (PIRI), and Supplementary Immunization Activities (SIAs).
- BCU round 2 (May 2025) and HCE Coalition are aligned, prioritizing country-level implementation and monitoring with MERLA.

Global Polio Eradication Initiative (GPEI) Presentation (Elena Lipson, Integration Lead)

- Launched in July 2023, GPEI focuses on strengthening routine immunization and interrupting polio transmission through a networked model with partners, global initiatives, regions & country offices.
- GPEI prioritizes integration activities across four key areas: Plusses, Co-Delivery & Multi-Antigen Campaigns, Routine Immunization Strengthening, and Integrated Service Delivery.
- The initiative continues advocating for partnership opportunities to enhance collaboration on campaign schedules, quality assessment, and economic evaluation.
- GPEI faces challenges with campaign schedules (requiring 6-12 months visibility) and potential/prospective funding reductions.

Discussion Highlights

- Implementation of initiatives is primarily country-driven, with global stakeholders providing support.
- WHO is developing microplanning and integrated health campaign guidance. Integration efforts face challenges in data monitoring, change management, and stakeholder coordination. Both initiatives recognize the importance of monitoring, evaluation, and learning, and are actively working to improve data collection and evaluation tools.
- A key challenge for both initiatives is campaign scheduling, requiring better sharing, visibility, and coordination. Economic evaluations for generating evidence of effectiveness for integrated campaigns are also needed.

- The integration of immunization activities with other health interventions (such as measles and other antigens, and plusses) provides a key opportunity.
- The HCE Coalition should support joint work plans and microplanning, particularly for the upcoming BCU 2025 intervention, and continues to provide value as a platform for knowledge sharing, partner alignment, and advocacy.

Key Takeaways, Days 2-3: Breakout Sessions

On Day 2, attendees split into four facilitated breakout groups to focus on solutioning and action planning. On Day 3, each breakout group met again to generate actionable next steps from their prior solutioning discussions and presented them to the other attendees/groups during the closing plenary.

Breakout Group 1: CAS Implementation in Countries

Key Discussion Points

- This breakout focused on ways to support CAS implementation in focus countries and practical next steps to address/solve funding challenges and ensure effective regional CAS rollout.
- Many global initiatives (Big Catch Up, GPEI) are already aligned with CAS recommendations and their customized versions in Nigeria and Ethiopia
- Availability of resources is the main challenge for CAS implementation. Governments are discussing ways to bridge the gap and reorient funding.
- Implementation is primarily country-driven, with global stakeholders providing support.

Priority Action Items

- ⇒ Leverage existing initiatives like Big Catch Up, GPEI, Gavi 6.0, and NTD vertical programs.
- ⇒ Harmonize/coordinate initiative budgets, resources, and other TA.
- ⇒ Advocate for dedicated or more flexible CAS funding.
- ⇒ Undertake/organize regular joint meetings.
- ⇒ Dedicate human resources for implementation, especially in MoHs.
- ⇒ Increase/broaden/embed communications support for CAS rollout/advocacy.
- ⇒ Increase effective partner engagement and coordination beyond MoH.

⇒ Provide supports for state/regional rollout, pilot CAS in two Nigeria states.

Breakout Group 2: Campaign Financing

Key Discussion Points

- This breakout sought to identify and leverage insights from Nigeria's and Ethiopia's finance assessment and their broader implications for global health campaign financing, as well as practical strategies for improving transparency, coordination, and sustainability.
- Potential solutions for financial planning and coordination challenges include intentional budgeting for campaigns within countries' annual budgets and strengthening accountability/transparency of funds use.
- For challenges related to resource mobilization and optimization, long-term coordinated funding plans can improve efficiency, along with process integration at the country level (one plan for all health campaigns), and the introduction of policies to guide campaign financing.
- With data management challenges, potential solutions raised were:
 - Implementing biometric-verified, timely, direct digital payment systems for health care workers;
 - Identifying and upgrading paper-based financial system processes;
 - Strengthening government and donor coordination structures towards aligning financial systems and improving budgeting processes for campaigns.

Priority Action Items

- ⇒ Share costed implementation plans with donors and partners.
- ⇒ Engage donors to identify partners who are being funded and for what campaigns.
- ⇒ Engage partners to identify funding scope and areas of CAS alignment.
- ⇒ Map performance KPIs and guidelines for implementers, donors and government.
- ⇒ Map beneficiaries accounts and unify payments and fund transfers.
- ⇒ Establish or leverage existing cross health program coordination bodies.
- ⇒ Develop a joint template for annual health campaign planning.

Breakout Group 3: HCE Coalition Advocacy and Partnership Opportunities

Key Discussion Points

- The breakout focused on prioritization and action planning for partnerships and campaign integration, aiming to leverage resources and improve collaboration across health programs.
- Because Global Health Initiatives (GHIs) vary by scope (narrow to wide), this will necessitate different strategies and approaches.
- The group identified specific near-term opportunities for GHI alignment and partnership, like integrating CAS messages with RLM's upcoming learning session, strengthening GPEI's links to other programs to support multi-antigen campaigns.
- Private sector partners as well as community-based advocacy from local health volunteers should be considered.

- Challenges in co-delivery were identified, and participants noted the importance of utilizing nutrition programs and plusses for greater community involvement.
- There have been difficulties in connecting with appropriate focal points, especially in NTDs.
- Funding constraints for measles and rubella and technical assistance are significant.
- There is an apparent need for a platform to enable two-way communication and proactive integration planning, as well as for elevating integration opportunities.

Priority Action Items

- ⇒ Meet to explore functional integration and co-delivery opportunities with high priority potential partner GHIs: GPEI, Big Push, and Measles and Rubella Partnership (M&RP). Also discussed, but not yet prioritized: Lusaka Agenda, Gavi 6.0, and RLM.
- ⇒ Develop HCE/CAS advocacy package.
- ⇒ Explore potential relaunch of HCE Coalition Campaign Integration Working Group (CIWG) to provide a “two-way” forum.
- ⇒ Continue actively promoting the Health Campaigns Integration Hub as an asynchronous option for information sharing on planned campaigns.
- ⇒ Monitor for opportunities to support/enable integration with NTD campaigns like RLM.

Breakout Group 4: Measurement and Defining Success

Key Discussion Points

- This breakout centered on developing practical country guidance on defining and measuring the effectiveness of health campaigns using measures beyond coverage. An approach for applying/documenting the guidance’s use in a small number of countries was also explored.
- In addition to coverage, equity, efficiency, availability and acceptance, key measures of service quality, timeliness, and community acceptance should be prioritized. A review of existing effectiveness measures by campaign type and mapping of available indicators is needed.
- Addressing data quality variations and social/cultural contexts in measurement is also crucial.
- To strengthen campaign planning (and integration of existing frameworks), it should be positioned as key to improving coverage, quality, and equity. Efforts should align with WHO HQ’s work on enhancing campaign planning and evaluation. Integrating existing program guidelines and ensuring field staff involvement is also important.
- To improve support for implantation and capacity building, guidance should be provided for evaluation of existing indicators against potential measures.
- Assessing country readiness and resource needs for adopting new measures will be critical, as is offering technical assistance and change management support.

Priority Action Items

- ⇒ Collaborate with the MERLA Task Team and other stakeholders on developing the measurement guidance document.
- ⇒ Seek feedback from country representatives in HCE focus countries and UNICEF VINA (Vitamin A in a New Age) project.

⇒ Draft the guidance document incorporating stakeholder input and evidence; review and validate the guidance draft with partners.

Plenary Session Summaries

Collaborative Action Strategy (CAS) Implementation in Nigeria and Ethiopia: Lessons on Building Partnerships, Mitigating Challenges, and Developing Pathways to Success in 2025

This opening plenary session continued the discussion with country teams started during the March 6th HCE Coalition webinar, titled [The CAS in 2025 — Moving From Foundation to Implementation](#). At the webinar, focus country representatives were asked three questions illustrating the direction and progress of the CAS in their country: What problem(s) does the CAS solve/Why did your country opt in to the CAS?; How was the CAS adapted to fit your country context?; What are the next steps and long-term vision for the CAS in your country?

This annual meeting plenary panel discussion was built on these questions and answers, focusing on acknowledging challenges and surfacing opportunities. It was intended to help prepare meeting attendees for the solutioning breakout discussions the following two days.

Panelists included representatives from both focus countries: Yonas Zula (Ethiopia FMOH), Dr. Shehu Hassan (Nigeria NPHCDA), and Dr. Olusola Ogunmola (Nigeria FMOH). Panel moderator: Dr. Chi Chi Amadi (HCE Program Office)

Country Updates/Presentations

Lessons, change and 2025 opportunities

Strong progress was made in 2024 in both focus countries, initiating systemic change and opening up clear opportunities for this year



Key lessons

- ▶ Clear **MoH/NPHCDA focal points** are key to successful coordination and implementation.
- ▶ Large **in-person kick-off** workshop facilitated effective socialization & **weekly meetings** supported engagement
- ▶ Readiness **assessment** (incl. a mapping of the campaign ecosystem) provided essential **context** for CAS
- ▶ **DPH MoH and ED NPHCDA** co-chairing and being regularly briefed are crucial for **sustaining political will**.





Key Changes

- ▶ **CAS principles** are starting to be **embedded** in upcoming campaigns
- ▶ MoH and NPHCDA departments are **sharing information about campaigns** and have developed a 2025 campaign calendar
- ▶ Collaboration/integration is a **growing priority**



Opportunities

- ▶ **Government ownership and State-Minister involvement** was essential to 2024 success
- ▶ Inviting **all major stakeholders to workshops** ensured mobilization and socialization
- ▶ Involving **Regional Health Bureaus** early in the process facilitated socialization of CAS principles

- ▶ **A National Steering Committee** was launched, as formal governance of campaign coordination
- ▶ Ethiopia has **already started integrating campaigns** (polio, zero dose, clubfoot identification), following an identification of campaign groups for 2025



Opportunities

- ▶ **NPHCDA/MoH alignment** and coordination starting from planning
- ▶ **Alignment among donors** and discussions on bridging US funding gap

- ▶ **Regional CAS roll-out**
- ▶ Campaign integration/collaboration following **budgetary reallocations** in a shifting Global Health environment

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- **Strengthening Government Coordination & Policy Integration:** The integration of the CAS into national policies is progressing through alignment with existing government (e.g. Sector-Wide Approach/SWAp in Nigeria) and governance structures.
 - Nigeria: There is strong leadership commitment from FMoH and NPHCDA, with government buy-in improving coordination. CAS priorities are aligned with SWAp and NPHCDA strategies, making national integration more feasible.
 - Ethiopia: Multi-sectoral collaboration has been reinforced through national steering meetings, sensitization efforts, and a structured engagement approach with the Ministry of Health and regional bureaus.
- **Enhancing Subnational Engagement for CAS Implementation:** Early buy-in at the subnational level is critical for sustaining CAS implementation by engaging political and health system leaders from the inception. Monitoring progress on how CAS is institutionalized in subnational health planning can be a key learning opportunity.
 - Nigeria: Two focus states (Kano and Oyo) have been identified for CAS implementation. Early engagement of state leadership (Commissioners of Health, department directors) will be crucial for success.
 - Ethiopia: The State Minister actively champions the CAS, ensuring consistent engagement with regional health bureaus (RHBs) through quarterly meetings and a 6-month review process.
 - Both countries are leveraging existing campaigns and program activities to integrate CAS into subnational health systems.
- **Addressing the Challenge of Contracting Global Health Funding:** Funding constraints require a proactive approach to domestic resource mobilization. Tracking financial shifts and their impact on campaign coverage and quality is essential to inform adaptive planning.
 - Nigeria: Countries are leveraging SWAp to pool resources across health programs (e.g., TB, HIV, Malaria TWG in Nigeria) to fill funding gaps for Malaria.
 - Ethiopia: The Ministry of Health (MoH) is conducting a gap analysis following the loss of U.S. funding to determine necessary action.
- **Ensuring Campaign Quality Amid Integration Efforts:** Assessing the impact of integration on campaign quality is crucial, tracking outcomes related to campaign effectiveness. Stakeholders need to understand how integration impacts quality and what migration strategies are effective.
 - Ethiopia: While integration is still in its early stages, quality assurance mechanisms (e.g., checklists, supervision) were used in previous campaigns.
- **Next Steps for CAS Implementation in 2025:** The 2025 campaign calendar should be closely monitored to assess integration feasibility, challenges, and best practices.
 - Nigeria: October 2025 Measles and Polio campaigns in Kano and Oyo will be a key test for integration.
 - Ethiopia: May 2025 Measles campaign will serve as a key integration opportunity for Nutrition and Polio interventions.
 - Both countries: Continued policy engagement, subnational capacity-building, and evidence generation will be critical to long-term CAS success.

Panel Q&A

- **What are the key strategies for integrating CAS into national health policies?**
 - Nigeria: Strong government leadership through FMOH and NPHCDA, aligning CAS with national strategies like SWAp.
 - Ethiopia: Multi-sectoral collaboration via the National Steering Committee and strong regional engagement.
- **How are Nigeria and Ethiopia engaging subnational levels in CAS implementation?**
 - Nigeria: Focusing on state leadership in Kano and Oyo for upcoming campaigns and conducting intervention mapping.
 - Ethiopia: State Minister-led regional engagement, prioritizing CAS in regional health meetings.
- **How are these countries addressing funding constraints?**
 - Nigeria: Leveraging SWAp for resource pooling and mitigating gaps, particularly for malaria.
 - Ethiopia: Conducting gap analysis due to funding cuts and exploring integration opportunities in upcoming campaigns.
- **What are the plans for integrated campaigns in 2025?**
 - Both countries are prioritizing integrated Measles and Polio campaigns to test and refine integration strategies.
- **What are the common themes and challenges across both countries?**
 - Both countries are actively integrating CAS and strengthening subnational engagement.
 - Funding constraints necessitate domestic resource mobilization.
 - Campaign mapping and CAS updates can be used to adapt to changes.
 - Maintaining campaign quality is a priority.
 - Campaign integration is done where feasible, acknowledging that some campaigns are not compatible.

Addressing Campaign Financing Challenges and Opportunities

The plenary session on financing challenges and opportunities was informed by the results of the situational landscape assessment of Health Campaign Financing in Nigeria and Ethiopia conducted by The Sydani Group. The assessment results indicated that health campaigns in Nigeria and Ethiopia have demonstrably improved health outcomes, but their reliance on external funding results in vulnerabilities.

While organizations like the Global Fund facilitate resource pooling, the absence of dedicated national financing policies — coupled with political and economic instability — hinders campaign effectiveness. These challenges are further exacerbated by inefficient fund management and disbursement, along with governance and transparency issues.

To address these problems, the CAS focuses on enhancing stakeholder coordination and promoting domestic resource mobilization, including public-private partnerships, to ensure sustainability and

impact of health campaigns. Additional details from the assessment results are highlighted in the presentation.

Panelists representing global funders discussed the need for alignment between national strategies and global funding efforts while identifying potential digital payment solutions. The Panelists were Chris Wolff (Gates Foundation), Jalaa' Abdelwahab (Gavi, the Vaccine Alliance), Dan Walter (WHO). This session was moderated by Sidney Sampson (Sydani Group).

Presentation

- **Enhancing Financing Transparency and Standardization**
 - Tracking costs across campaigns can help identify inefficiencies and potential areas for sharing costs.
 - Tracking campaign financing from proposal to implementation can help pinpoint bottlenecks and improve resource alignment.
- **Strengthening Functional Integration Across Campaigns**
 - Digital payment platforms for campaign workers could be a cross-cutting investment, reducing administrative inefficiencies across multiple campaigns.
 - Training programs and workforce investments should be harmonized across health campaigns, rather than being developed in silos.
- **Domestic Resource Mobilization & the Shift in Funding Models**
 - Integration should be the default to increase efficiency amid increasingly limited resources — not the exception.
 - Funding cuts of 15-30% are expected due to U.S. withdrawal from WHO, as well as potential bilateral donor reductions.
 - Polio campaigns are still heavily externally funded (e.g., \$14.5M for April 2025 Nigeria campaign, with <10% domestic contribution).
- **The HCE Coalition's Role in Driving Strategic Change**
 - The Coalition can advocate for financing and policy shifts that promote sustainable integration tracking country-level implementation.
 - HCE can facilitate cross-country learning on integration models and domestic resource mobilization. The Coalition can document and analyze alternative financing approaches, such as impact investing, to inform global funding strategies.

Panel Q&A

- **How can campaign financing be optimized for greater effectiveness and sustainability?**
 - Funders should seek detailed country feedback, standardize cost visibility, explore digital payment solutions, promote functional integration, and advocate for flexible policy changes.
- **What strategies are needed to enhance collaboration and integration in health campaigns?**
 - Global organizations must embrace behavioral change, shift from vertical programs to integrated models, leverage existing resources, and use platforms like the HCE Coalition for cross-sector collaboration.

- **How can countries address funding challenges and ensure campaign sustainability?**
 - Countries should explore domestic resource mobilization, innovative financing models, align donor funding, and prioritize maintaining campaign quality despite funding shortfalls.
- **What are the key factors for improving campaign implementation and learning?**
 - Comprehensive planning, aligned financing, strong inter-program collaboration, monitoring ongoing campaigns for insights, and expanding learning platforms like the CAS to other countries.

Aligning the CAS with other Global Health Initiatives (GHIs) and Strategies

The overarching goal of the Day 2 plenary session was to map relevant and timely global health initiatives and identify and prioritize alignment, partnership, and knowledge exchange opportunities for the HCE Coalition. There were two plenary presentations along this theme. Dr. Ann Lindstrand, Unit Head for the Essential Programme on Immunization (EPI), WHO, provided an overview of and status update on the Big Catch Up Initiative (BCU). Next, Elena Lipson, Integration Lead for the Global Polio Eradication Initiative (GPEI), presented, focusing on their Integration Strategy. This session was moderated by Allison Snyder (HCE PO).

Key Points: Big Catch Up Initiative (BCU) Presentation

- BCU focuses on systemic changes for sustained immunization, not one-off campaigns.
- The BCU Monitoring Dashboard (supported by Gavi, the Vaccine Alliance) tracks data on doses administered across 35 countries, with data on Penta, IPV, and Polio vaccines.
- There is an emphasis on integrating BCU activities into routine immunization sessions; Periodic Intensification of Routine Immunization (PIRI); Supplementary Immunization Activities (SIAs).
- The next phase (May 2025) was coordinated with the HCE Coalition, prioritizing country-level implementation, as well as monitoring through use of Monitoring, Evaluation, Research, Learning and Adaptation (MERLA).
- BCU aims to "restore and sustain" immunization coverage (concluding at the end of 2025) while also advocating for sustained routine catch-up vaccination.
- The initiative has involved systems changes and capacity-building, including catch-up policies, standard operating procedures, adapted data collection tools, updated information systems, health worker orientation, and demand generation plans.

Key Points: Global Polio Eradication Initiative (GPEI) Presentation

- GPEI launched renewed integration efforts in July 2023, focusing on strengthening routine immunization and interrupting polio transmission.
- The integration function of GPEI operates through a networked model, working with GPEI partners, global initiatives, regions & country offices to clearly define roles and responsibilities.
- It prioritizes integration activities across four key areas: plusses, co-delivery & multi-antigen campaigns, routine immunization strengthening, and integrated service delivery.
- The main challenges GPEI integration function experiences are campaign schedules (requiring 6-12 months visibility) and potential funding reductions.
- GPEI advocates for partnership opportunities to enhance collaboration on campaign schedules, quality assessment, and economic analysis of integrated campaigns.

Key Points: Presentation Discussion

- Implementation is primarily country-driven, with global partners providing support.
- WHO is currently developing microplanning and integrated health campaign guidance.
- Integration efforts face challenges in data monitoring, change management, and stakeholder coordination.
- Coalition members are encouraged to support joint work plans and microplanning.
- Follow-up sessions regarding malaria initiatives will be held.
- The HCE Coalition can provide value in this context as a platform for learning, partner alignment, and advocacy.

Breakout Group Summaries: Solutioning and Action Planning

On Day 2, attendees split into four facilitated breakout groups to focus on solutioning and action planning. Each breakout was assigned one of the following four topics in alignment with the four workstreams from the Draft HCE Coalition 2025 Action Plan: 1) *CAS Implementation in Countries*, 2) *Campaign Financing*, 3) *HCE Coalition Advocacy and Partnership Opportunities*, and 4) *Measurement and Defining Success*. On Day 3, each breakout group met again to generate actionable next steps from their Day 2 solutioning discussions and present them during the closing plenary.

Breakout Group 1: CAS Implementation in Countries

The first priority workstream of the Draft 2025 HCE Coalition Action Plan aims to continue enabling and supporting the CAS Focus Countries, Ethiopia and Nigeria, to successfully govern and implement their

customized strategies, and to develop and socialize a model/approach for CAS implementation (in full or in part) in other contexts.

Breakout Focuses/Objectives

Over the course of two sessions, participants from the breakout group brainstormed ways to support CAS implementation in focus countries, as well as practical next steps to address/solve funding challenges and ensure effective regional CAS rollout.

Key Solutions/Challenges Raised

The group cited availability of financial and human resources as the main challenge. They discussed how many global initiatives (e.g. BCU, GPEI) are at least partially in alignment with CAS recommendations, as well as their customized versions in Nigeria and Ethiopia. However, directly including the CAS in these strategies so their resources can be leveraged is needed. Additionally, the group discussed the imperative of integration in this new funding environment and the need to promote government-level discussions on bridging these gaps by possibly reorienting funding to support CAS implementation.

To support the CAS in 2025 in practical ways for countries, the breakout identified three main opportunities for action:

1. Funding mobilization vis-à-vis GHIs and domestic resource mobilization to address the current resource scarcity.
2. Continued socialization and effective partner engagement beyond FMOHs.
3. Support state and regional rollout with an officially endorsed CAS.

Proposed Recommendations/Priorities

At a Coalition level, the breakout group advocated for identifying and seizing opportunities arising in the rapidly shifting and contracting global health funding environment where integration is seen as a must. Specifically, the Reaching the Last Mile Fund (RLMF) was discussed as a key opportunity to leverage resources. Furthermore, the HCE Coalition should continue supporting partner engagement at a global level — for example, through webinars and partner engagement, and organizing meetings with key stakeholders.

The group also recommended that FMOHs in both focus countries should continue steering efforts on integration and CAS, including support for rollout to subnational efforts, identifying government resources to support integration and bridge the funding gap, and formally asking for support on key activities.

Solution Activity/Tasks	Responsibilities and Resources	Target Dates and Milestones
Leveraging existing initiatives <ul style="list-style-type: none"> • The Big Catch Up, GPEI • Gavi 6.0 • Vertical programs (e.g., NTDs, Last Mile Fund) • Mobilize funding from Gavi, the Vaccine Alliance 		<i>Note: Responsibilities, resources, target dates, and milestones for the solutions in this table may be found in each country's CAS implementation plan.</i>
Harmonization/coordination <ul style="list-style-type: none"> • Identify domains where there is opportunity for collaboration. • Harmonize budgets among different programs (Gavi, the Vaccine Alliance, World Bank, GPEI, Malaria); bring coordination of resources and other TA into one channel. • Organize and coordinate human resources and funding from partners. • Review the CAS implementation plan in both countries with the reduction of funds in mind. 		
Advocacy for dedicated or more flexible funding <ul style="list-style-type: none"> • Explicitly embed authorization to allow cross-uses of resources in plans (including from donors). • Advocate for more flexible funding at a donor/funder level. • Advocate for government funding to fill gaps and organize CAS activities. 		
Joint meetings <ul style="list-style-type: none"> • Undertake joint program reviews and joint microplanning work. • Regularly organize joint campaign coordinating meetings (with MoH/NPHCDA and partners). • It is particularly important to ensure that all relevant people participate in coordination meetings, such as the National Steering Committee. 		
Dedicated human resources <ul style="list-style-type: none"> • Extend the CAS focal point success to activities, assigning an activity focal point with clear objectives on engaging implementing partners and MoH program managers. • At the MoH level, instruct program managers to interact between themselves and partners for integration activities. 		
Official communications <ul style="list-style-type: none"> • Endorse the CAS officially with an event inviting all implementing partners and donors. • Embed the CAS in national programs (e.g. immunization strategy). • Regularly update the campaign mapping and share widely. • Increase communications with implementing partners. 		

State/regional rollout

- Pilot CAS implementation in two states in Nigeria (Kano/Oyo).
- Regional governments to mobilize resource support for CAS implementation.
- Continue formalized CAS support through the HCE Coalition and partners.

Breakout Group 2: Campaign Financing

The *Financing and Policy Improvements and Influence* priority workstream from the Draft 2025 HCE Coalition Action Plan aims to support policy changes that will decrease financial barriers and incentivize campaign collaboration for improved campaign effectiveness.

Breakout Focuses/Objectives

In alignment with the workstream, this breakout aimed to develop solutions to improve the effectiveness and sustainability of health campaign financing by identifying inefficiencies and proposing solutions for optimized resource management. The group sought to identify insights from Nigeria's and Ethiopia's finance assessment and their broader implications for global health campaign financing, as well as practical strategies for improving transparency, coordination, and sustainability.

Key Solutions/Challenges Raised

The discussion highlighted the need for intentional budgeting/costing, digital payment systems for healthcare workers, and increased accountability. Participants also emphasized the inefficiencies of fragmented planning and outdated data management, advocating for integrated "one plan" approaches and modernized systems.

Proposed Recommendations/Priorities

Priorities included implementing intentional budgeting, adopting digital payment solutions, strengthening accountability, developing long-term coordinated funding plans, promoting integrated "one plan" strategies, modernizing data management, and enhancing financial system coordination.

Solution Activity/Task	Responsibilities and Resources	Target Dates and Milestones
Share costed implementation plan with donors and partners	MoH Representatives	March 31
Engage Donors to identify partners who are being funded and for what campaigns	HCE Program Office	April 30

Engage partners to identify funding scope and areas of CAS alignment	HCE Program Office Country Finance Co-leads	May 15
Map performance KPIs and guidelines for implementers, donors and government	HCE Leadership Team Representatives	May 30
Map beneficiaries accounts and unify payments and fund transfer	Country Teams	TBD
Establish or leverage existing cross health program coordination bodies	HCE Program Office	TBD
Develop a joint template for annual health campaign planning	HCE Program Office Country Finance Co-leads	TBD

Breakout Group 3: HCE Coalition Advocacy and Partnership Opportunities

The *HCE Advocacy and Communication* priority workstream in the Draft 2025 HCE Coalition Action Plan aims to demonstrate the effectiveness of the Coalition as a trustworthy forum and platform to advocate for/support CAS implementation, and to strengthen knowledge exchange. To achieve this, the HCE Coalition seeks to align with and influence global health initiatives and strategies, as well as advocate effectively to support shared agendas and goals.

Breakout Focuses/Objectives

This breakout focused on prioritizing action planning for partnerships and campaign integration, aiming to leverage resources and improve collaboration across health programs.

Key Solutions/Challenges Raised

Global Health Initiatives (GHIs) exist on a continuum, ranging from those with narrower scopes (e.g., GPEI, BCU, RLM, Gavi 6.0) and those with broader scopes (e.g., PAHO/WHO Diseases Elimination Initiative; Lusaka Agenda; the African Union Roadmap to 2030).

The breakout group highlighted challenges in achieving co-delivery and recommended exploring both co-delivery and functional integration, such as through training and monitoring. They also emphasized the importance of leveraging nutrition programs to increase community engagement.

Participants also noted difficulties they had faced in connecting with the right focal points, especially in NTDs, which hinders collaboration and schedule sharing. They expressed concerns about funding limitations, particularly for measles and rubella, and the impact on technical assistance. Finally, some participants voiced a need for a platform to facilitate two-way communication and proactive integration planning.

Proposed Recommendations/Priorities

The group aligned around prioritizing action planning for GPEI and Big Push. Participants also outlined the need to explore functional integration with NTDs, malaria, and nutrition. They noted that a two-way forum for campaign tracking and stakeholder discussion will be critical. This could leverage existing platforms like the campaign tracker and the [Health Campaigns Integration Hub](#). The group also discussed relaunching and leveraging HCE Coalition Campaign Integration Working Group (CIWG) to improve integration planning and facilitate connections with key focal points in other programs.

Participants advocated next for a greater role for technological and logistical innovation, as well as the development of optimized country plans — particularly in the malaria domain. They suggested programs could be asked why they are not integrating (to help identify barriers, etc.). Additional ideas for prioritizing GHIs for increased alignment included considering private sector partners (e.g. Merck for Mothers) as well as community-based advocacy from local health volunteers/workers. Finally, the group advocated for WHO guidance or their endorsement of an outside report, as well as support for cross-domain partnerships.

The solutioning table below summarizes the GHIs prioritized for near-term action to explore or develop potential collaborations/partnerships and advocacy.

Prioritized Global Health Initiatives (GHIs)	Gaps/Opportunities
Global Polio Eradication Initiative (GPEI)	<ul style="list-style-type: none">• Connected to M&RP but cannot find country connections to NTDs— strategic scoping may be needed.• Significant motivation and desire to move forward to identify polio campaign integration opportunities.• Need funding to support 2025 campaigns.
Big Push to End Malaria	<ul style="list-style-type: none">• HCE Coalition will organize a special session on the Big Push.• Prioritized/Optimized Country (Nigeria, Benin). Plans are potential entry point.• Opportunity for functional integration.
Measles and Rubella Partnership (M&RP)	<ul style="list-style-type: none">• M&RP is facing a \$22M/year shortfall with USG funding withdrawals.• Need a two-way forum with other programs. Currently there's no single place to go for identifying two-way integration.• Explore relaunching HCE Coalition Campaign Integration Working Group (CIWG). While there is interest, it will need connections at country level to be actionable.• Explore leveraging Linksbridge Tracker for two-way forum on integration.

Reaching the Last Mile (RLM)	<ul style="list-style-type: none"> • Near-term opportunity: integrating CAS messages with upcoming RLM learning session. • Challenge: RLM is well-resourced but addresses only 2 NTDs (river blindness and lymphatic filariasis in 7 countries). • Gaps in supporting/enabling integration with NTD campaigns more broadly remain.
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Breakout Group 4: Measurement and Defining Success

Expanding the definition and measures of health campaign effectiveness beyond coverage is essential for strengthening health systems and achieving sustainable impact. The MERLA priority workstream from the Draft 2025 HCE Coalition Action Plan aims to assure effective use of the CAS MERLA plan and the development and application of tools to assess campaign effectiveness. This work is intended to produce actionable data that demonstrates progress towards CAS midterm outcomes, as well as facilitating learning.

Breakout Focuses/Objectives

This breakout focused on the development of practical guidance¹ for countries on defining and measuring the effectiveness of global health campaigns using measures that extend beyond coverage, as well as an approach for applying and documenting the use of that guidance in a small number of countries.

Key Solutions/Challenges Raised

Participants in this breakout group received a concept note to review prior to the session. The concept note outlined a proposed approach for the development of a guidance (aka, framework) document on measuring campaign effectiveness. During the initial breakout session, participants discussed the concept note and offered suggestions and revisions. For example, participants stressed the importance of adding indicators related to service quality, timeliness and community acceptance to other proposed indicators, which included coverage, equity, efficiency, availability and acceptance.

Group participants also noted that country-level implementation of an expanded set of measures to assess campaign effectiveness will need to be supported through technical assistance and change management support to countries. Lastly, participants also discussed and stressed the importance of using the campaign planning phase to ensure that those responsible for planning and implementing coordinated or integrated campaigns are aligned on issues such as denominators used to calculate campaign coverage.

¹ The term “guidance” has been replaced with “framework” based on feedback received during the HCE Annual Meeting.

Proposed Recommendations/Priorities

Solution Activity/Task	Responsibilities and Resources	Target Dates /Milestones	Comments/Notes
Engage the MERLA Task Team (soon to be expanded) and other stakeholders in developing the guidance document.	<ul style="list-style-type: none"> • Lead: HCE Program Office (PO) and UNICEF. • Support: MERLA Task Team + others who provide feedback during online review period. • Resources: Meeting facilitation support, stakeholder engagement materials. 	April 2025: Stakeholder consultations conducted and inputs collected.	<p>Risk: Limited engagement from stakeholders.</p> <p>Mitigation: Schedule consultations well in advance and provide multiple formats for input (e.g., surveys, virtual meetings).</p>
Seek feedback from country representatives in HCE focus countries and UNICEF's VINA (Vitamin A in a New Age).	<ul style="list-style-type: none"> • Lead: HCE PO and UNICEF. • Support: MERLA Task Team, HCE country representatives, UNICEF organizational and country representatives. • Resources: Meeting facilitation support, stakeholder engagement materials. 	April 2025: Stakeholder consultations conducted and inputs collected.	
Draft the guidance document incorporating stakeholder input and evidence.	<ul style="list-style-type: none"> • Lead: HCE PO and UNICEF. • Support: MERLA Task Team. • Resources: Writing and editorial support. 	April – May 2025: Draft guidance document.	<p>Risk: Conflicting stakeholder priorities and inputs.</p> <p>Mitigation: Use a structured review process with clear criteria for incorporating feedback.</p>
Review and validate the draft with partners (HCE Leadership Team, MERLA Task Team, focus countries, UNICEF VINA focus countries, and others).	<ul style="list-style-type: none"> • Lead: HCE PO and UNICEF. • Support: MERLA Task Team, LT, HCE country representatives, external reviewers (as needed), HCE country focal points, UNICEF organizational and country representatives. • Resources: Writing and editorial support, technical review panel, feedback mechanisms. 	May 2025: External review conducted and draft finalized.	

Meeting Closing Remarks

Dr. Hamid Jafari (WHO/EMRO), the HCE Coalition Leadership Team Chair, provided closing remarks.

Thanking the HCE Coalition and the meeting attendees, Dr. Jafari applauded their energy and dedication, as well as the richness of their discussions and meeting outputs. He noted that increased engagement at the meeting/with the Coalition was thoughtful and motivating, rather than being driven by panic — and that this is an indication the HCE Coalition has a mandate to improve campaign effectiveness with better collaboration and integration.

He emphasized the Coalition needs to tweak its business case to demonstrate why its work and the CAS are more important than ever. This case will need strong financial evidence and examples of how funding cuts are impacting programs and ministries of health in the two focus countries. This evidence should be implemented into the Coalition's advocacy and engagement documents/tools.

Dr. Jafari confirmed that successful CAS implementation in Ethiopia and Nigeria remains the priority. He noted that the meeting outputs will help the Coalition better align to achieve that, especially by using the learnings/knowledge generated in the process. One idea generated from the meeting was fast tracking both functional and co-delivery integration in the two countries, but there were also many others that can help. He wrapped up his remarks by once again expressing gratitude to the HCE Coalition and everyone who dedicated their limited time to attend, underlining the importance of this community.

Appendix

Resources

[HCE Coalition Website](#)

[Collaborative Action Strategy \(CAS\)](#)

[CAS.tools](#)

[Health Campaigns Intelligence Hub](#)

[Download the Campaign Hub Data and Data Dictionary](#)

[WHO Working Draft: *Decision-making & Planning Considerations for Integrated Health Campaigns*](#)

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Agenda

Day 1: Celebrate Success, Acknowledge Challenges, Identify Opportunities
<ul style="list-style-type: none"> • 08:00-08:10 (EDT) — Welcome and Overview • 08:10-08:25 — Opening Remarks by Dr. Kristin Saarlal (Recording) and Leadership Team Chair Dr. Hamid Jafari (Recording) • 08:25-09:15 — Panel Discussion: Collaborative Action Strategy (CAS) Implementation in Nigeria and Ethiopia – Lessons on Building Partnerships, Mitigating Challenges and Developing Pathways to Success in 2025. (Recording) <ul style="list-style-type: none"> ○ Pre-reads: <ul style="list-style-type: none"> ▪ March 6 HCE Webinar: Captioned Recording, Highlights Reel, Edited Transcript

- Slides: [Focus Country Progress, Implementation Plan Overview, & LT Support](#)
 - [Ethiopia Customized CAS \(E-CAS\)](#)
 - [Nigeria Customized CAS \(N-CAS\)](#)
 - [Ethiopia CAS Slides from March 6 Webinar](#)
- Post-session Materials:
 - [Day 1 Recording](#) (*All Sessions, Download Individual Session Videos Inline*)
 - [Day 1 Slides](#)
- **09:15-09:25** — Break
- **09:25-10:15** — Panel Discussion: Addressing Campaign Financing Challenges and Opportunities. ([Recording](#))
 - Pre-reads: Slides: [Nigeria Health Campaign Finance and Policy Assessment \(N-HCFPA\)](#)
- **10:15-10:30** — Day 1 Wrap-up

Day 2: Developing Solutions to Mitigate Challenges

- **08:00-08:10** — Welcome and Recap of Day 1 ([Recording](#))
- **08:10-08:50** — Panel Discussion: Aligning the HCE Collaborative Action Strategy with other Global Health Initiatives and Strategies ([Recording](#))
 - Pre-reads: [HCE Coalition Global Health Initiatives Tracker](#)
 - Post-session Materials: [Day 2 Slides](#) (*Report Out Slides Are [Here](#)*)
- **08:50-08:55** — Break
- **08:55-09:50** — Breakout Sessions: Developing Solutions to Meet Current Challenges:
 1. CAS Implementation in Countries ([Recording](#))
 - Pre-reads:
 - March 6 HCE Webinar: [Captioned Recording](#), [Highlights Reel](#), [Edited Transcript](#)
 - Slides: [Focus Country Progress, Implementation Plan Overview, and LT Support](#)
 - [Ethiopia Customized CAS \(E-CAS\)](#)
 - [Nigeria Customized CAS \(N-CAS\)](#)
 - [Ethiopia CAS Slides from March 6 Webinar](#)
 2. Campaign Financing ([Recording](#))
 - Pre-reads: Slides: [Nigeria Health Campaign Finance and Policy Assessment \(N-HCFPA\)](#)
 3. HCE Coalition Advocacy and Partnership Opportunities ([Recording](#))
 - Pre-reads: [HCE Coalition Global Health Initiatives Tracker](#)
 4. Measurement and Defining Success ([Recording](#))
 - Pre-reads: [Concept Note: Developing Country Guidance on Measuring the Effectiveness of Global Health Campaigns](#)
- **09:50-10:00** — Break
- **10:00-10:20** — Solutioning Session Report-out and Discussion ([Recording](#))

- Post-session Materials: [Day 2 Report Out Slides](#)
- **10:20-10:30** — Day 2 Wrap-up

Day 3: Develop Action Items and Identify Roles and Responsibilities

- **08:00-08:10** — Welcome and Recap of Day 2 ([Recording](#) and [Unedited AI Notes](#))
- **08:10-09:20** — Breakout Sessions: Moving from Solutioning to Action Planning
 - CAS Implementation in Countries ([Recording](#) and [Unedited AI Notes](#))
 - Pre-reads:
 - March 6 HCE Webinar: [Captioned Recording](#), [Highlights Reel](#), [Edited Transcript](#)
 - Slides: [Focus Country Progress](#), [Implementation Plan Overview](#), and [LT Support](#)
 - [Ethiopia Customized CAS \(E-CAS\)](#)
 - [Nigeria Customized CAS \(N-CAS\)](#)
 - [Ethiopia CAS Slides from March 6 Webinar](#)
 - Campaign Financing ([Recording](#) and [Unedited AI Notes](#))
 - Pre-reads: Slides: [Nigeria Health Campaign Finance and Policy Assessment \(N-HCFPA\)](#)
 - HCE Coalition Advocacy and Partnership Opportunities ([Recording](#) and [AI Notes](#))
 - Pre-reads: [HCE Coalition Global Health Initiatives Tracker](#)
 - Measurement and Defining Success ([Recording](#) and [AI Notes](#))
 - Pre-reads: [Concept Note: Developing Country Guidance on Measuring the Effectiveness of Global Health Campaigns](#)
- **09:20-09:30** — Break
- **09:30-10:20** — Action Planning Session Report-out and Discussion (See Plenary [Recording](#) and [AI Notes](#))
 - [Day 3 Report Out and Action Planning Slides](#)
- **10:20-10:30** — Day 3 Closing Remarks and Thanks