

COR-NTD 2020

Virtual Meeting, November 12 – 14

Integrating for Impact

How the HCE Coalition can contribute to NTD control & elimination

Session Date: 11/13/20

Session Time: 9:00 AM - 12:00 PM EST

Session Description: The Health Campaign Effectiveness (HCE) Coalition aims to strengthen collaboration between NTDs, Vitamin A, immunizations, polio and malaria ITN campaigns. With the suspension of most campaigns during the COVID-19 pandemic, we are exploring opportunities for cross-campaign co-delivery and integration. This session will discuss an emerging integration research and learning agenda.

Session Chair/Moderator: Kristin Saarlax

Session Rapporteur: Sarah Gilbreath

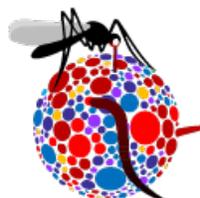
KEY DISCUSSION POINTS

What key findings and data did the group identify via presentations? What issues were raised in discussions?

Kris Saarlax kicked off the meeting by presenting the Health Campaign Effectiveness Coalition's Case for Action, highlighting the numerous opportunities to improve collaboration among the different campaign programs. This was followed by three presentations on country experiences integrating different campaigns.

Presentation 1: Opportunities and Challenges for Health Campaign Integration Through Co-Delivery and Collaboration During The COVID-19 Era: Perceptions of Campaign Managers and Other Country-Level Decision Makers

Dr. Olumide Ogundahunsi, Professor and Director of Research, Innovation and Development at the University of Medical Sciences of Nigeria, presented on co-delivery from the perspective of country-level decision makers. The presentation covered the coordination of deworming, vitamin A supplements, and immunizations in Côte d'Ivoire, Ethiopia, Guyana, Indonesia, and Nigeria. The coordination of these campaigns had many successes, namely the reduction of missed vaccines, higher coverage, better service to hard-to-reach communities, improved data accuracy, and increased cost effectiveness. However, a number of challenges also arose,



COR-NTD 2020

Virtual Meeting, November 12 – 14

Integrating for Impact

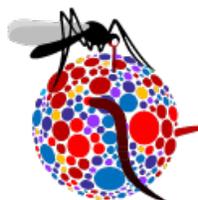
including slow delivery of services, unequal distribution of funds, increased burden on staff, and delays in data collection. Donors and implementers saw strong incentives to integrate, but frontline supervisors and workers had little motivation. The study found that appropriately designed implementation research (IR) can help deliver campaigns more efficiently and with greater impact. Key informant interviews continued through November, and the team plans to submit their final report in January of 2021.

Presentation 2: Integrated Campaign of Measles and Polio Vaccines, Vitamin A and Deworming in Banadir, Somalia

Dr. Muhammad Farid, Medical Officer with WHO in Somalia, presented on the results of co-delivering several treatments in Banadir. The campaign was conducted by Somali health authorities, with technical support from WHO, UNICEF and other Global Polio Eradication Initiative (GPEI) partners, and national and international partners, including Gavi, and the Vaccine Alliance. The campaign had a high success rate of 92% for deworming, vitamin A and measles, and a 93% success rate for polio treatments. COVID-19 presented a number of challenges, including the need for increased supervision and training, distancing team members, and crowd control. Overall, the campaign found that integrated campaigns are more cost-effective than single antigen intervention, and the community welcomed the integrated package of services.

Presentation 3: Health Campaign Integration Experience in Ethiopia: The Case of Malaria and Trachoma (MALTRA) integration in Amhara Region, Northern Ethiopia

Dr. Teshome Gebre, Regional Director for Africa, International Trachoma Initiative, presented on his team's work toward scaling up community health interventions and enhancing achievement of Health Sector Development Program (HSDP) III targets for Amhara National Regional State (ANRS) and Ethiopia. The campaign focused on five targets; speed, volume, quality, cost, and overall effectiveness. A key element of the campaign was the engagement of the local community: the project utilized TV and radio ads, organized school groups, held community meetings and mobilized community leaders to foster support on the ground. Dr. Gebre called attention to the crucial contributions of financial partners, such as the Carter Center, stressing that high-level political and donor contributions are critical. The program consisted of five component areas: planning and budgeting, logistics and supply chain, training and capacity development, communication and social mobilization, and monitoring and evaluation. The MALTRA program was administered twice annually from 2008-2014, and ceased after 12 highly successful campaign rounds.



COR-NTD 2020

Virtual Meeting, November 12 – 14

Integrating for Impact

After the presentations, Dr. Olumide and Dr. Teshome answered questions from the session participants. Several questions arose about how the campaigns were impacted by COVID-19; Dr. Teshome confirmed that there was a sense of “nervousness” among health officials that integrating could increase the number of contacts and increase the spread of COVID-19, but confirmed that after coronavirus subsides, there are plans to organize additional integrated campaigns. Dr. Teshome also fielded questions on the importance of community involvement, commenting that the majority of community mobilization on the ground was done by community leaders and not campaign workers.

Attendees then participated in two brief polls: in the first, 69% said that integration was “relevant” or “very relevant” to their work, yet 54% reported that they had no experience working with an integrated or co-delivered campaign. Eva Bazant then presented the Coalition’s Learning and Research Agenda, which aims to identify evidence gaps and direct early learning; the pilot survey, which aims to rapidly understand the country-level challenges of campaign restarts due to COVID-19; and the decision toolkit, which incorporates variables like age range and seasonality.

For the second half of the session, participants were split into three breakout groups focusing on three key aspects of campaign integration:

Topic 1: Collaborative planning and implementation considerations between NTDs and other campaigns:

The participants of the first breakout group noted that successful campaigns must begin by prioritizing and aligning stakeholders towards integration at the highest level from the very beginning. This can be challenging, as each party may have their own calendars and priorities. These most commonly include targets, season, timing, age group, funding, partner presence, implementation timing, and booth-based vs house-to-house. Securing this “buy-in” at every level, from governments down to the frontline workers, is crucial to campaign success. Campaign planners also need to ensure that priorities and objectives reflect three major WHO 2030 NTD Roadmap shifts: from individual to integrated disease programs, from process-focused to impact-focused, and from donor-led to country-led. Finally, results and outcomes should be linked between programs.

Topic 2: Measuring the effectiveness of integrating NTDs with other campaigns: Research Priorities & Questions

The participants in the second workgroup noted that several key priorities must be identified and agreed upon during the planning process for successful integration, including the target



COR-NTD 2020

Virtual Meeting, November 12 – 14

Integrating for Impact

outcome, key indicators and process measures (how, when and where). Similarly, the outcome data must be disaggregated by disease and included in the HMIS and surveillance system. Healthcare worker capacity is a crucial consideration, and must be balanced against cost effectiveness, which was identified as a research gap and priority. On the ground, more work must be taken to monitor and ensure community acceptance. This can be achieved through effective communication, but campaigns need metrics on community acceptance and perception before they plan and deploy a communications strategy. Finally, campaign planners must know from the beginning which partners (donors, governments, etc.) are at the table so that they can determine which measurements will best show these partners that their goals are being achieved.

Topic 3: Considerations for transitioning appropriate NTD campaign interventions from independent to integrated delivery with Primary Health Care (PHC) services

Many programs cannot be implemented without coordination with PHC services. At the subnational level, the PHC workers are the same people who primarily engage with communities. Campaigns must use these subnational structures to ensure program goals are met. The line between PHC and campaigns can be a blurry one: some areas consider vaccines and immunization programs to be included in PHC, but others don't. Similarly, some difficult-to-reach areas, including rural communities, require both "test and treat" programs and PHC in one. Once the goal of the NTD program(s) in the area (control, elimination) has been achieved, the next challenge is that of sustainability and transitioning: systems must be in place for surveillance and monitoring by local health ministries. Transition depends on the program's goals, and the term "integration" may translate into a sense of loss of control, particularly for countries that rely on donors. Post-elimination activity integration requires support from country-level leadership. This drive from donors can be an instigating factor (e.g.: lymphatic filariasis integration in PHC) and the cost of integration must be justified to the funding bodies.

KNOWLEDGE GAPS IDENTIFIED

What data and tools need to be generated to address the issues raised by the group?

Data and tools that need to be generated:

- A tool to measure (and justify) the value for money (e.g. **cost savings**, cost effectiveness, cost trade-offs) of campaign integration.
- A system to ensure that **incentives** for healthcare workers are standardized and transparent to mitigate worker distrust and fatigue.



COR-NTD 2020

Virtual Meeting, November 12 – 14

Integrating for Impact

- Best practices to **engage the community** to prevent **community fatigue** from multiple campaigns, distrust, and lack of involvement at the subnational level.

Remaining questions that must be explored include:

- Alignment on priorities: How can health campaign planners successfully align stakeholders on the priorities of a campaign during planning?
- Campaigns vs PHC: Is it possible to standardize what is considered primary health care and what is not? How can campaigns strengthen healthcare systems?
- Infrastructural changes: How can campaign planners identify the differences across countries or treatments that must be accommodated when integrating campaigns?
- Success indicators: How can campaigns demonstrate that they have been cost-effective? What constitutes “value for money” to justify the cost of integration?
- Resource availability: Resources and policies for campaign integration often differ across countries. A better system is needed to identify and address these differences during the planning stage. How can we identify supply chain and workforce concerns?
- Community engagement: How can campaign planners ensure community acceptance?
- Sense of loss: How can campaigns mitigate the sense of loss (power, resources, control) that comes from integration?

RECOMMENDED NEXT STEPS

What operational research and other actions need to be taken to address the knowledge gaps identified by the group?

Suggested research opportunities should address the following:

- **Value for money/cost savings and outcomes of campaign integration:** This may include studies that measure the outcomes and value for money of integrating NTDs with other campaigns, including coverage, community acceptance, cost effectiveness, costs savings/tradeoffs, and equity.
- **Integration Incentives:** A country-by-country study to determine which incentives (monetary and non-monetary) will most effectively motivate local and national governments to support integration and co-delivery, as well as the best methods for standardizing these incentives and addressing identified disincentives.
- **Community engagement and fatigue:** This includes studies that address the capacity and burden of community health workers to deliver multiple health campaigns and the implications on training, acceptability and costs/incentives; determinants when considering an optimal number or campaign package.