

INNOVATIONS FOR IMPROVING THE IMPACT OF HEALTH CAMPAIGNS

Grand Challenges Explorations Round 25

February 2020

THE OPPORTUNITY

Countries rely on both routine health systems and campaign-based delivery to extend the reach of important health products. Many programs, including immunization, neglected tropical diseases, nutrition, malaria, and polio regularly rely on such campaigns to support accelerated disease control, make progress towards elimination/eradication goals, and achieve large scale health impact.

Campaign-based delivery of health interventions is typically time-limited, intermittent, and implemented at-scale. All countries utilize health campaigns in some capacity – such as for outbreak response – and campaigns have been shown to be an effective way of driving health impact. For example, Vitamin A supplementation is estimated to reduce risk of all-cause child mortality by 12%.¹ Measles campaigns are estimated to reach 66% of "zero-dose" children who are not otherwise immunized by routine health systems.²

Still, the performance of campaigns is variable, and campaigns often do not realize their potential impact. For example, only 47% of the measles campaigns and 38% of vitamin A campaigns reached their intended coverage targets.³ **Campaign evaluations may also show they consistently miss a subset of populations - most often the most vulnerable - resulting in reduced equity of the health intervention.** Although many campaigns experiment with or implement innovations to increase effectiveness, these innovations are rarely systematically evaluated, iterated upon, and disseminated.

Quality planning is a key enabler of effective campaign implementation and is critical to support campaign performance. More specifically, microplanning, which specifically addresses the detailed, delivery-level planning required to reach intended populations with a health intervention, is recognized as a critical driver of campaign success. Planning and microplanning can be used as a tool to identify and reach the most vulnerable populations (e.g., high-risk and unreached populations).

We believe there is opportunity to dramatically **improve the way health campaigns that deliver health products or services realize impact**, including through improved planning/microplanning. These campaigns will achieve higher coverage of target populations, better identify and reach high-risk/unreached populations, and efficiently use campaign resources.

THE CHALLENGE

We are seeking innovative solutions that accelerate the improvement of coverage, reach, efficiency, and effectiveness of mass health campaigns that deliver health products or services in low-and middle-income countries, specifically through improved planning/microplanning and focus on unreached populations.

Specifically, we are looking for innovations in approaches, practices, or tools that dramatically improve the **planning/microplanning** that will lead to improved effectiveness of campaigns. We are also looking for **innovative tools and technologies to more effectively identify and reach the most vulnerable populations** when countries are designing and implementing mass campaigns.

In order to contribute to the development and spread of campaign "best practices", a solution should be applicable to campaigns beyond the context in which it is originally tested (e.g., applicable in *multiple* lower- to middle-income countries and/or applicable *across multiple types of health campaigns* such as immunization, NTDs, malaria, or nutrition).

We are especially interested in novel approaches that draw on innovation from large-scale delivery models outside of the health sector, which may include interventions used in the private sector.

Successful proposals should consider the following:

Planning and microplanning: This includes the planning processes - led by governments and often supported by partners - at the national, sub-national, facility, or community levels. Overall planning supports the mobilization of information and resources needed to conduct the campaign, and microplanning specifically addresses the detailed, delivery-level planning required to reach intended populations with the health intervention. Innovations might include/consider:

- Interactive or adaptive microplans that better incorporate past or real-time data (e.g. based on prior campaign performance or operational monitoring data) to guide planning and implementation.
- Increased automation of microplans (e.g. updating, adapting microplans for other platforms).
- Modeling and analytics to test, identify, and recommend more effective implementation approaches (e.g. modeling to identify optimal location of campaign fixed sites and outreach posts in order to improve community access).
- Novel or nontraditional information or data sources to improve the accuracy of planning (e.g. geospatial data to improve population estimation or location and more accurately plan for and target campaign delivery).
- Technologies for developing and using community maps or populations that can help campaigns to better reach their intended age groups or sub-populations.
- Novel approaches to understanding the effectiveness of campaign planning and implementation while campaigns are ongoing or during post-campaign evaluations.

Identifying and reaching high-risk or unreached populations: This includes innovative approaches to better understand, identify, and reach un/underserved communities and unreached or "zero-dose" children. This will likely include novel tools, technologies, and methodologies to more effectively identify and reach high-risk or unreached populations at a subnational level (e.g. approaches to leverage data, maps, or other information to support campaign planning, appropriate use of targeted or sub-national campaigns, and post-campaign assessments).

Criteria for success include solutions that:

- Are transformative, novel, or innovative. These interventions will significantly change the way in which campaigns are planned, conducted, or evaluated by proposing new ways of working, leveraging lessons from other sectors, or increasing transparency and effectiveness.
- Could be used by various health campaigns beyond the campaign in which the innovation is originally conceptualized or tested, such as for immunization (measles, yellow fever, meningitis, etc.), neglected tropical diseases (trachoma, onchocerciasis, schistosomiasis etc.), nutrition (vitamin A, deworming), malaria (bed net distribution, seasonal malaria chemoprophylaxis), and polio.
- Could be used in various low- and middle-income countries beyond the country in which the innovation is originally conceptualized or tested.
- Can be designed, tested, and scaled as a "best practice".

- Can be applied in low- and middle-income countries.
- Are cost effective.

We will not consider funding for:

- Proposals that are **not innovative**; proposals that only offer **incremental / non-transformative** improvements (e.g., use of mobile data collection instead of paper-based collection) with no clear link to dramatically improved campaign effectiveness; proposals that repeat **conventional** approaches without novel application.
- Proposals addressing one specific health need/campaign platform, rather than an innovation that would improve health campaigns in general.
- Proposals focused on educational campaigns or are **not specifically focused on campaign-based delivery of health goods and services**. Interventions that are better classified as technical assistance or campaign implementation (e.g., focused on the delivery or improvement of a single campaign).
- Proposals focused on improving access to existing tools or technologies or seeking to apply existing tools in ways that do not transform the current practices used for campaign-based delivery.
- Proposals where the solution is to leverage one health campaign for co-delivery of other goods or services (e.g., using a NTD campaign to deliver vaccine reminders).
- Approaches not directly relevant to **low-income settings** and that do not clearly consider the local context of available financial systems and infrastructure for resource poor health settings (e.g., using expensive devices; require government issued IDs where few people have them; require hospital deliveries in settings where this is not the norm).
- Secondary analysis of existing studies or systematic reviews unless there is a clear way in which the analysis can be scaled and will fundamentally change practice.
- Approaches that circumvent the **public sector** completely.
- Approaches which would require a donor’s long-term financial support to **sustain**.
- Approaches that are clinic based.

¹ Imdad et al. Vitamin A supplementation for preventing morbidity and mortality in children from six months to five years of age. Cochrane Database of Systematic Reviews, 2017.

² Portnoy et al. Impact of measles supplementary immunization activities on reaching children missed by routine programs. Vaccine, 2018; In this use, “zero-dose” refers to children with no prior dose of measles vaccine. “Zero-dose” can also refer to children who have not received their first dose of other key vaccines

³ Internal analysis of WHO PCT Databank and GHO data (accessed September 2019).