

Innovations for Improving the Impact of Health Campaigns

Grand Challenges Explorations Round 24
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THE OPPORTUNITY

Countries rely on both routine health systems and campaign-based delivery to extend the reach of important health interventions such as accelerated disease control and delivery of life-saving health products and services. Many programs, including immunization, neglected tropical diseases, nutrition, malaria, and polio regularly rely on such campaigns to manage the spread of disease and achieve large scale health impact.

Campaign-based delivery of health interventions is typically time-limited, targeted, and implemented at-scale. All countries utilize health campaigns in some capacity – such as outbreak response – and campaigns have 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 44% of the measles campaigns and 31% of mass drug administration for NTDs conducted in 2017 reached their intended coverage targets.³ Campaign evaluations may also show they consistently miss a subset of populations, resulting in reduced equity and coverage 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.

We believe there is opportunity to dramatically **improve the way health campaigns realize impact** – including achieving higher coverage of health interventions, better identifying and reaching the highest risk populations, and improving efficiency of campaign resources.

THE CHALLENGE

We are seeking innovative solutions that accelerate the improvement of coverage, reach, efficiency, and effectiveness of health campaigns.

Specifically, we are looking for innovations in approaches, practices, or tools that dramatically improve the **planning and microplanning, implementation / operations, and monitoring and evaluation** that will lead to improved effectiveness of 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 private sector.

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.

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

Successful proposals should consider the following phases of campaign delivery:

- **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:
 - 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.
 - 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).
- **Implementation / operations:** Improvement in this area may encompass all aspects of campaign operations, ranging from logistics management, identification and reach of target populations, delivery of interventions, management of human resources (including payments, incentives, and training), data collection & analysis, and supervision. Innovations might include/consider:
 - Novel approaches to leverage data, maps, or other information or data to better identify and reach high-risk or unreached (e.g. “zero dose”) populations.
 - Approaches to delivering campaigns in a way that prioritize high-risk or vulnerable populations.
 - Leveraging of novel partnerships such as linking with other disease control programs, community initiatives, or religious or traditional structure that may improve campaign outcomes.
 - Use of innovative technologies to support logistics management, campaign supervision, data collection and use.
- **Monitoring and evaluation:** Campaigns rely on monitoring and evaluation both during and after the campaign to understand campaign performance, identify populations that require post-campaign mop-up or targeting, to inform post-campaign improvement activities and routine system strengthening and identify lessons learned. Additionally, although M&E has not been used to systematically test and identify promising or best practices that may be replicated across geographies or campaign types, there is an opportunity to improve the use of iterative testing or operations research to identify best practices. Innovations might include/consider:
 - Novel approaches to understanding the effectiveness of campaign planning and implementation while campaigns are ongoing or during post-campaign evaluations.
 - Approaches for measuring and incorporating real time process, quality, and coverage improvement during campaigns.
 - Methods of identifying, testing, and disseminating lessons learned and promising or best practices.

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 not presenting clear innovation for improving the planning, implementation, or evaluation of health campaigns.
- Interventions that are better classified as technical assistance or campaign implementation (e.g. focused on the delivery or improvement of a single campaign).
- Proposals 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).
- Incremental improvements or small, non-transformative operational improvements (e.g. use of mobile data collection instead of paper-based collection) with no clear link to dramatically improved campaign effectiveness.
- Proposals focused on improving access to existing tools or technologies.
- Innovative ideas without a clearly-articulated and testable approach.
- Approaches not directly relevant to low-income settings;
- Approaches for which proof of concept cannot be demonstrated within the scope of the GCE Phase 1 award (\$100,000 over 18 months);
- 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;
- Proof of concept studies that do not clearly consider the current context of available financial systems and infrastructure for resource poor health settings. For example, ideas that are tested using expensive devices or require government-issued IDs in a country where few people have them, or to populations which require hospital deliveries in settings where this is not the norm;
- Approaches that circumvent the public sector completely;
- Approaches which would require a donor’s long-term financial support to sustain;
- Innovative ideas that repeat conventional approaches without novel application