Why do integrated campaign digitization?

May 2023

Public Health Campaigns are important instruments for delivering healthcare interventions at scale and with high coverage

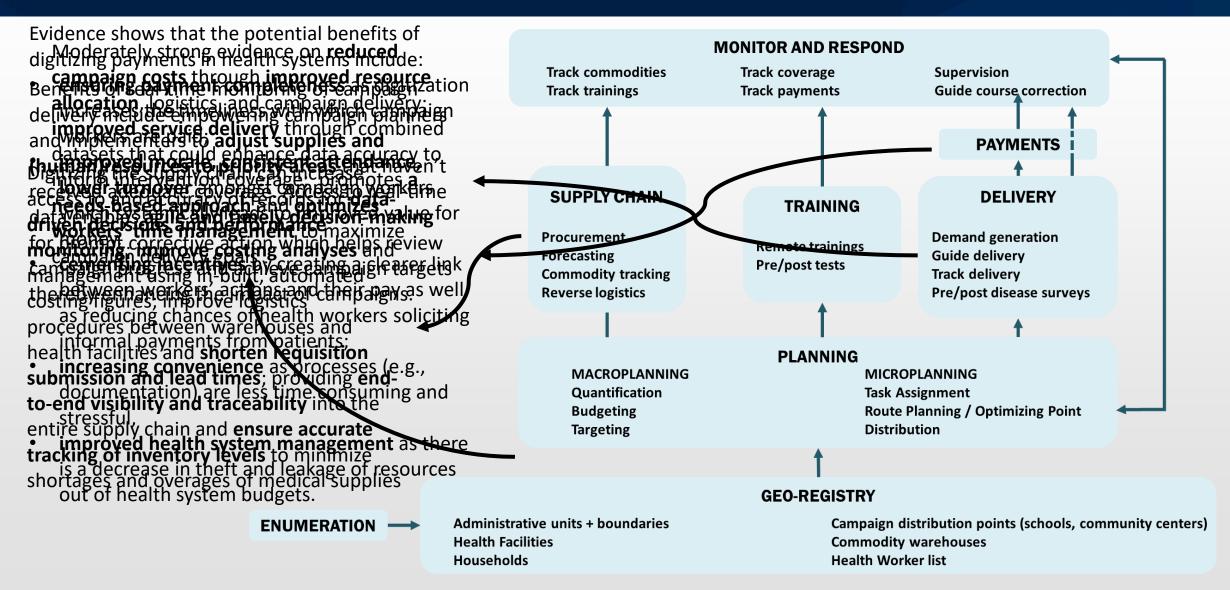
- 517 campaigns planned globally in 2022, providing vaccines, drugs, vitamins, and preventative tools for malaria, malnutrition, measles, meningitis, NTDs, polio, tetanus, typhoid, and yellow fever.
 - 2 billion bed nets distributed between 2004 and 2020
 - 3 billion children immunized against Polio
 - 14 million children targeted for deworming in Kenya
- Why campaigns?
 - vaccine coverage rates through health centers rarely surpass 60%, while well-supervised campaign staff provided with minimal training have shown to reach over 90% of the target population
 - 66% of previously unreached children were covered by measles supplementary immunization activities (SIAs) across 14 countries
 - 7 million onchocerciasis disability-adjusted life years (DALYs) averted between 2011-2020 through campaigns
 - 15% of Gavi, the Vaccine Alliance projected deaths averted will be due to campaign doses (80% of these via measles and rubella campaigns)





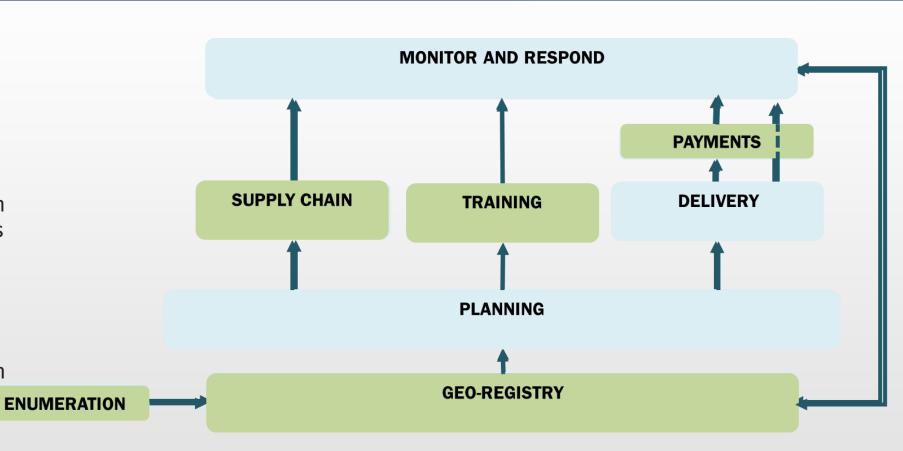


Technology can play a catalytic role in well planned and efficiently executed campaigns



Digitizing campaigns however can be resource-intensive and significantly silo-ed

- Multiple campaigns in a country are funded, planned, run, and monitored independently, with different disease programs and actors involved in each campaign
- Data is stored and managed in independent information silos
- Investments in digitization –
 hardware, technology
 (software development and
 configuration), training are
 made in silos, with duplication
 of investments across
 campaigns



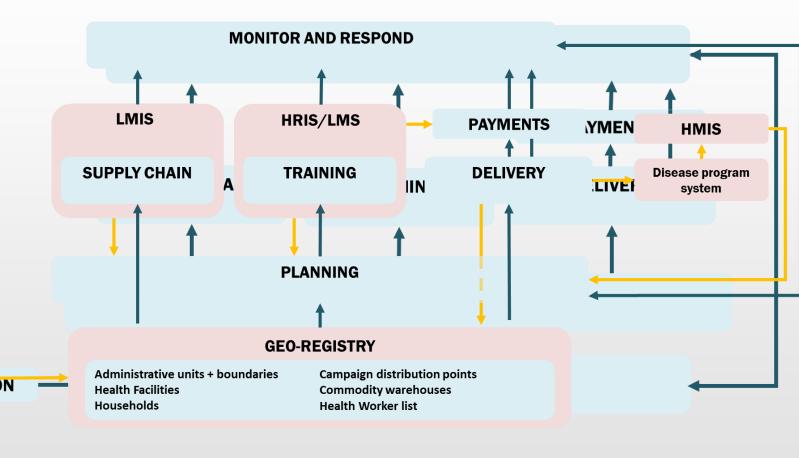
There is an opportunity for campaigns to improve data quality and reduce resources needed for digitization through the integration and/or sharing of digitization assets (hardware, software, data) between campaigns

Digitizing campaigns however can be resource-intensive and significantly silo-ed

- Limited leveraging of routine health services – e.g., established processes and systems for supply chain management not used for campaigns, HMIS data not coanalyzed with campaign data, etc.
- Hardware and training investments for routine health services not leveraged for campaigns
- Diversion of resources, from routine health services

 ENUMERATION

As routine campaign delivery update the geo-registry, oneoff enumeration and census activities will be less needed



There is an opportunity for campaigns to reduce resources needed for digitization and strengthen routine health service delivery through the integration and/or sharing of digitization assets (hardware, software, data) with routine health systems

Resources

- <u>Literature Review</u>
- Guidance on campaign digitization
- Tool selection framework
- <u>Campaign Digitization Working Group</u>

Thank you

