

HEALTH CAMPAIGN
EFFECTIVENESS COALITION
Strengthen Systems. **Maximize** Impact.

A program of

THE **TASK**
FORCE
FOR
GLOBAL HEALTH



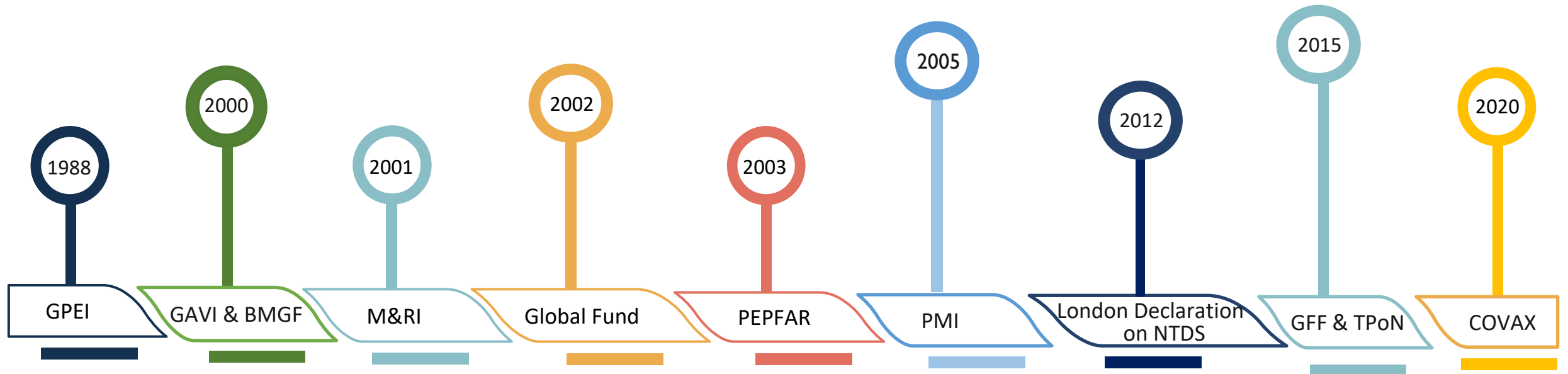
Addressing Financial Barriers and Disincentives to Health Campaign Integration and Coordination Among Vertical Programs

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There has been a growth of disease-specific financing, which has driven a proliferation of standalone campaigns.

Disease-Specific Coordinating Bodies and their Year of Inception



Amidst growing interest in and momentum for integration, what is preventing it from happening?



**Polio Endgame
Strategy 2019–2023**

Gavi, the Vaccine Alliance strategy 2021 - 2025

Leaving no-one behind with immunisation

**Ending the neglect to
attain the Sustainable
Development Goals
A road map for neglected
tropical diseases 2021–2030**

**Fighting Pandemics
and Building a Healthier
and More Equitable World**

Global Fund Strategy
(2023–2028)

Vitamin A Supplementation Remains Vital in Sub-Saharan Africa
Declaration made in Dakar, April 6, 2016

Landscape Analysis Purpose and Summary of Methods

Purpose of the Analysis

Identify financial barriers, bottlenecks, and bureaucratic obstacles to integration/coordination between health programs and across campaigns.

Understand disincentives at the global and country level that hinder integration of campaign functions or co-delivery of interventions.

Surface opportunities to overcome financial barriers and address disincentives.

Summary of Methods

51 semi-structured interviews with key informants

Focus on settings with many externally financed campaigns

Review of global strategy and guidance documents

Barriers and Disincentives

**Global aid and
financing
architecture**

**Unproductive
competition
and power
dynamics**

**Fragmented
financing**

**The tragedy of
the commons**

**Powerful
disincentives**

**Lack of
coordination**

**Integration is
complex and
change is hard**

Global Aid and Financing Architecture

Funders have different stovepipes of funding and restrictions due to directed money. They want to know their ROI and are interested in attribution.

This fragmented financial system is replicated in countries through vertical programs. Each level is accountable for reporting to funders against individual mandates.

Many implementing partners are not set up for integration.

Some programs are well-resourced and others less so, with significant differences in scale making the imperative for integration different.

Unproductive Competition and Power Dynamics

Competition for scarce resources and priority.

Competition for expertise and political influence.

Competition to demonstrate and claim results.

Fragmented Financing and Off-budget Aid

Distinct financial flows, funding sources, timelines, and reporting.

Independent funding cycles not congruent with country processes or fiscal calendars.

Distortions introduced by differential remuneration of health workers and volunteers.

Inefficiencies from overlaps, duplications, and misalignment of campaign functions.

The Tragedy of the Commons

Why change the status quo?

Who bears the cost of not integrating?

Opportunity Space

Collaborating, Co-investing, and Learning

- *Aligning and coordinating funding*
- *Optimizing incentives for collaboration*
- *Functional integration*

Advocacy and Coordination

- *Advocacy to existing global governance bodies*
- *Engagement of regional partners*
- *Call to Action for integration focal points at campaign funding institutions*

Research, Guidance, and Tools

- *Research and learning agenda on integration and campaign quality*
- *Guiding principles/ checklist on how campaign investments can “do no harm” and strengthen PHC*

Collaborating, co-investing, and learning: Health systems and financing interventions (1/3)

Aligned and Coordinated Funding

- Cost sharing arrangements (i.e., pooled funding mechanisms)
- Planning and grant cycle alignment across funders
- Common platform for increased visibility and harmonization of payment rates

Collaborating, co-investing, and learning: Health systems and financing interventions (2/3)

Optimized Incentives for Collaboration

- Results-based financing
- Retainment of cost savings from integrated campaigns by the government
- Upward payment rate adjustments for frontline workers

Collaborating, co-investing, and learning: Health systems and financing interventions (3/3)

Functional Integration

- Addressing inefficiencies through investing in joint health system functions and tools across campaigns of different health interventions or antigens
- E.g., data collection, analysis and information sharing; microplanning; health worker training; digital tools and solutions; MEL systems

For More Detail

Campaign financing analysis:
opportunities for cross-
campaign integration

<https://campaigneffectiveness.org/campaign-financing-analysis-opportunities-for-cross-campaign-integration/>

Annex

Powerful Disincentives

A perception that integrated campaigns would have negative consequences:

Erosion of focus and efficacy (coverage and impact)?

Threaten the special protected status of eradication?

Reallocate funds away from least prioritized diseases?

Increase the cost of better resourced interventions?

Rationalize per diems/stipends to health workers and volunteers?

Limited Intra and Inter Coordination

Lack of strategy, funding, or planning coordination.

Disjointed planning with cycles at different times.

Discussions happening with different parts of government.

Limited policy dialogue or awareness outside verticals.

Integration is Complex and Change is Hard

Country absorptive capacity

Ensuring efficacy and quality

Funding, commodity, and campaign activity alignment

Institutionalized grant making processes and systems