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What is a "Campaign?" – Determining Shared Meaning Across Global Health Programs

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Abstract

What is a "Campaign?" – Determining Shared Meaning Across Global Health Programs
By Chelsea Toledo

The purpose of this study is to generate an operational definition of the term "global health campaign." While in many global health contexts, campaigns represent the preferred delivery method for public health initiatives, there is a lack of agreement on what constitutes a "campaign." Without this consensus on what defines a campaign, it becomes difficult for those delivering public health services – namely, ministry of health workers in developing nations – to establish best practices and learn from one another. To generate an operational definition of "global health campaign," this study leveraged a series of qualitative interviews with individuals associated with ministries of health in eight different countries. Using a grounded theory approach, the data were coded inductively and seven key themes were identified. These themes were collated to form the following definition of "global health campaign."

"A global health campaign is a context-specific activity or set of activities based in a strategy to deliver a product (in the form of a service, treatment, or public health message) to a specific audience in a constrained period of time and distinct from routine health services – with the end goal of having an impact on a health condition of importance to the population."

In the short term, the findings of this study have the potential to inform the work of a newly created program at The Task Force for Global Health, the Campaign Effectiveness Program. In the longer term, an operational definition of "global health campaign" could help promote cross-learning through the literature, allowing for greater visibility of this general framework encompassing a broad range of activities around the world.

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Table of Contents

Chapter 1

Introduction

Introduction and Rationale

In developing nations, the delivery of individual services (such as immunizations) through large-scale, targeted "health campaigns" is so pervasive that it has begun to disrupt routine healthcare delivery (Mounier-Jack, Edengue, Lagarde, Baonga, & Ongolo-Zogo, 2016). While the word "campaign" is commonly used to describe this type of intervention, health ministries lack consensus around a common set of components for what constitutes a campaign. Further, the global health community appears to have no clear definition of what is and is *not* a health campaign.

For instance, in the context of immunization, a "campaign" has been described as "vaccination offered as a supplemental immunization activity on single or multiple occasions or as a recurrent strategy at regular intervals" (Date, Bentsi-Engchill, Marks, & Fox, 2015), whereas the term has been described completely differently in the context of Child Health Days, which are said to "deliver a package of services such as deworming and nutritional screening, as well as vitamin A capsules, on specific days during the year" (Gatobu, et al., 2017). Non-governmental organizations (including The Task Force for Global Health and the Bill & Melinda Gates Foundation) have expressed interest in identifying best practices and platform-sharing opportunities for global health campaigns. However, without a consistent understanding of the what constitutes a health campaign, even identifying the partners to engage in a coalition for campaign effectiveness becomes problematic.

Problem Statement

While in many global health contexts, campaigns represent the preferred delivery method for public health initiatives, there is a lack of agreement on what constitutes a "campaign." Without this consensus on what defines a campaign, it becomes difficult for those delivering public health services – namely, ministry of health workers in developing nations – to establish best practices and learn from one another. This lack of cross-learning may mean missed opportunities for global health programs to implement an already-proven approach, using coveted resources to start from scratch. Providing an operational definition of "global health campaign" that applies to a variety of contexts empowers those executing campaigns to have shared meaning when discussing their work, so that they may establish best practices by learning from one another. This study aims to fill the knowledge gap and address the ambiguity around the term "global health campaign."

Theoretical Framework

To develop a definition of the term "global health campaign," this study leveraged grounded theory, which "sets out to discover or construct theory from data, systematically obtained and analysed using comparative analysis" (Tie, Birks, & Francis, 2019). Grounded theory relies on inductive reasoning, so that the theory emerges from the data, and not the other way around. According to Tie, Birks and Francis (2019), this approach is "appropriate when little is known about a phenomenon; the aim being to produce or construct an explanatory theory that uncovers a process inherent to the substantive area of inquiry." Since no agreed-upon definition exists for the term "global health campaign" – and especially not among individuals conducting these activities themselves – this theoretical framework has been applied with the aim of extracting shared meaning on the concept of campaigns from multiple sets of data.

Purpose Statement

The purpose of this study is to define "global health campaign" in terms of its essential component elements, based upon data generated from a qualitative study focusing on ministry of health activities in developing African, Asian, and South American countries around initiatives including child health weeks, immunization, distribution of bed nets and seasonal malaria chemoprevention, mass drug administration for neglected tropical diseases, polio prevention, and vitamin A distribution.

Research Question and Significance

This study aims to answer the question, "How do individuals working with ministries of health define the term 'campaign'?" This overarching research question is broken down into a series of interview questions, which are laid out in the Methodology chapter, and which were posed to individuals working at a level high enough within a country's ministry of health that they would oversee or contribute to multiple disease-specific initiatives. The significance of this line of inquiry stems from the assumption that "professional health discourse is itself composed of culturally mediated perceptions and representations" (Barrett, 2009). With a shared operational definition of "campaign," global health practitioners around the globe are better able to collaborate with and learn from one another. Without such a definition, they risk frequent misunderstandings and duplication of effort – strengthening the siloes that already exist firmly in the field (Raguin & Girard, 2018).

Definition of Terms

Since the objective of this thesis is to generate an operational definition of the term "campaign," that particular term is not defined here. That definition is provided and explained in the Discussion Chapter. The codes that were used in this study are defined in the code book in Appendix 1. Other terms and abbreviations that appear in this document are defined below.

- *DEC* – Abbreviation for diethylcarbamazine, a drug given to prevent lymphatic filariasis

- *EPI* – Abbreviation for expanded immunization program for vaccine-preventable diseases

- *Global health* – The practice and study of activities aimed at improving health in multiple contexts worldwide

- *HIV* – Abbreviation for human immunodeficiency virus, a sexually transmitted infection

- *HPV* – Abbreviation for human papillomavirus, a common sexually transmitted infection

- *KAP* – Abbreviation for knowledge, attitudes, and practices, a common survey methodology to assess perceptions and behaviors around a given issue

- *LLIN* – Abbreviation for long-lasting insecticidal nets, commonly known as "bed nets," used to prevent mosquito bites that lead to malaria

- *MDA* – Abbreviation for mass drug administration, a format for delivering preventive medicines at a large scale, often for neglected tropical diseases

- *MDR TB* – Abbreviation for multi-drug resistant tuberculosis

- *Ministry of health* – Government entity in charge of promoting and protecting the health of the public

- *LF* – Abbreviation for lymphatic filariasis, a neglected tropical disease

- *NTD* – Abbreviation for neglected tropical disease, a designation given to 20 diseases recognized by the World Health Organization as being communicable and endemic in tropical and subtropical contexts

- *PC* – Abbreviation for preventive chemotherapy, the approach used for the neglected tropical diseases lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma

- *Public health* – The multi-pronged process (including policy, education, and research) of protecting and promoting health at the population level

- *Schisto* – Abbreviation for schistosomiasis, a neglected tropical disease, also known as bilharzia

- *Shared meaning* – A common understanding of a concept or phenomenon, recognizable in distinct contexts

- *STH* – Abbreviation for soil-transmitted helminthiasis, a neglected tropical disease

- *TAS* – Abbreviation for transmission assessment survey, a methodology used to determine whether mass drug administration for lymphatic filariasis can be stopped

- *WHO* – Abbreviation for the World Health Organization, the health coordination body of the United Nations

Chapter 2

Review of the Literature

Introduction

For more than a century, the word "campaign" has been applied widely in literature on the topic of public health. Variations of "campaign" are included in the National Library of Medicine's Medical Subject Headings (MeSH) database, an index established with the aim of "describing...content using a controlled vocabulary" (U.S. National Library of Medicine, 2019). Terms containing "campaign" are included beneath the broader heading of "Health Promotion," which is defined as "Encouraging consumer behaviors most likely to optimize health potentials (physical and psychosocial) through health information, preventive programs, and access to medical care" (U.S. National Library of Medicine, 1980). Beneath that heading, the terms "Health Campaigns," "Campaign, Health," "Campaigns, Health," and "Health Campaign" are entry terms (U.S. National Library of Medicine, 1980). As of February 2020, more than 2,700 articles result from a PubMed search for articles under the "Health Promotion" MeSH heading that include the term "campaign" (U.S. National Library of Medicine, 2020).

In spite of the wide use of the term "campaign" by itself, far fewer articles center the concept of a "health campaign," and even fewer discuss a "public health campaign" or "global health campaign." As of February 2020, a PubMed search for "health campaign" yields 481 results (U.S. National Library of Medicine, 2020), while a search for "public health campaign," which yields 218 results (U.S. National Library of Medicine, 2020), with results dating back to 1913. The first publication to use the term "public health campaign" and other historical uses of the term "campaign" are discussed in the next section of this review.

Historical Use of "Campaign"

The term "campaign" has had a varied application from the start of its use in public

health literature. In a 1913 publication on the "pure food" movement – titled "The Place of the

Pure Food Agitation in the Public Health Campaign" and published in the *American Journal of*

Public Health – the word "campaign" is used negatively in its first instance (outside of the title):

> In the case for the agitation for "pure food" it is particularly difficult for the public health
> officer to keep his [sic] head, either personally or officially, in the face of the brilliant
> publicity campaign which has been carried out by a number of scientists and pseudo-
> scientists during the past five years. ([No authors listed], 1913, p. 1023)

Within the same source, the phrase "public health campaign" is leveraged more generally, with

the push for "pure food" designated "a very minor factor in the public health campaign" ([No

authors listed], 1913, p. 1025). Further into the article, the phrase "public health campaign" is

described as an effort to address "the problem of lengthening human life" ([No authors listed],

1913, p. 1026). Here, as well as in subsequent references over the next decade, the term

"campaign" is used similarly to the way the term "movement" has been applied in recent years –

such as in the phrase "local food movement" (Cunningham, 2011).

Two years later, the same source published another article with reference to the phrase

"public health campaign." (Crandall, 1915). Like the previously published article, this one made

specific reference to "the public health campaign" in its title: "The Relation of Public Health

Nursing to the Public Health Campaign." Unlike the previously published article, this one refers

to public health campaigns with more specific targets than lengthening human life:

> What has been said of the campaign against tuberculosis and the nurse as a factor in it,
> must be reiterated with even greater emphasis when we turn our attention to that farther
> reaching and vastly more hopeful movement, known as school-hygiene. (Crandall, 1915,
> p. 227)

In addition to tuberculosis, the article makes reference to a different type of campaign: the

"safety first" campaigns for laborers in the field of industry. This effort was introduced in

response to an increasing awareness on the part of industrial managers that "the health and

general well-being of their employees is a valuable asset" (Crandall, 1915, p. 230).

In 1923, Yale University Press published a 65-page book – the sixth work ever to come

from the publisher – focusing on the public health campaign. Entitled "The evolution and

significance of the modern public health campaign," the book is described as an "An address

delivered under the auspices of the Gamma alpha fraternity of Yale university" (Winslow, 1923).

While it is called a fraternity, Gamma alpha was founded as a scientific society, meant to provide

a platform for cross-learning between graduate students of various disciplines ([No authors

listed], 1963). With Yale School of Medicine's Department of Public Health having been

founded only seven years prior – and by the book's author, Charles-Edward Amory Winslow

himself – holistic perspectives on human health provided a fitting topic for cross-disciplinary

dialogue (Yale School of Public Health, 2019).

Outside of its title, the book first makes reference to the term "public health campaign"

twelve pages in, following a chapter describing outbreaks of smallpox and typhus as a result of

unsanitary living conditions in England prior to the nineteenth century. Winslow goes on to

explain:

> The serious concerted effort to remedy such conditions as have been described in the
> previous chapter – a effort which formed the real starting point of the modern public
> health campaign – was essentially a product of the first half of the nineteenth century.
> (Winslow, 1923, p. 12)

In the subsequent pages of the book, he describes a "campaign known as the sanitary awakening"

(Winslow, 1923, p. 19) led by Sirs Edwin Chadwick and John Simon. According to Winslow,

Chadwick laid the groundwork for Simon by researching the connection between poverty and

disease and suggesting that disease could be prevented through sanitary conditions for the

working poor. As a Medical Officer for the City of London and then a Central Medical Officer

for the General Board of Health, Simon oversaw the passage of several laws to improve these conditions, including the Sanitary act of 1866 (Winslow, 1923, pp. 19-25).

While it can be argued that campaigning of some form or fashion led to the evolution of Chadwick's research into Simon's policy change, Winslow only describes such activities as components of a "campaign" when he details how the sanitary awakening came to the United States. The movement began with the dissemination in 1850 of *The Report of the Massachusetts Sanitary Commission*, which according to Winslow was inspired by Chadwick and Simon, and which could be considered "the most remarkable document in the history of public health." The report, authored by Lemuel Shattuck, argued for the establishment of state and local health departments and ongoing investigation into public health concerns of the day, as well as the establishment of a sanitary police. Meanwhile, in New York, Dr. Stephen Smith conducted a sanitary survey, the findings of which inspired the Metropolitan Health Law, whose "triumphant" passage, per Winslow, was the result of a political campaign. (Winslow, 1923, pp. 26-27)

As outlined above, the beginning chapters of Winslow's book leverage the term "campaign" in the context of efforts to influence public policy. However, the book also describes an "educational campaign" comprised of "prepared circulars of information designed to reach different classes of the population (one of which was printed in many different languages) and also the utilization of the public press and lectures for the dissemination of popular information" (Winslow, 1923, p. 52). He also praises the role of the nurse in the "modern health campaign," describing a nurse as "the teacher of health *par excellence,* a sort of community mother but armed with the expert knowledge which few mothers can possess" (Winslow, 1923, p. 56). Of the descriptions provided in the literature thus far, these most closely

approximate the MeSH definition applied today – of an effort to effect behavior change for the sake of better health outcomes via the dissemination of health information.

"Health Campaign" versus "Public Health Campaign"

The literature discussed thus far has mostly focused on the phrase "public health campaign," which appears in four journal articles before the phrase "health campaign" is ever featured alone ([No authors listed], 1913), (Crandall, 1915), (Horwood & Schevitz, 1921), (Clarke, 1930). In PubMed, the two search terms appear to diverge in the late 1930s (U.S. National Library of Medicine, 2020). After the first four references – three of which are published in the *American Journal of Public Health* – "public health campaign" does not appear again until 1961, within an article in Spanish about the reduction of bilharziasis, also known as schistosomiasis (Jove & Marszewski, 1961). Meanwhile, references to "health campaign" alone continue to appear steadily, featuring articles on general national health campaigns in Great Britain ([No authors listed], 1937) and in Greece (Vine, 1946), as well as an article in Spanish on the health campaign against burns (De Dulanto, 1959).

As reviewed above, the terms "health campaign" and "public health campaign" emerged in the literature somewhat interchangeably in terms of their context. In some instances, the term "health campaign" refers to national activities to improve health – as was the case in the journal articles on health campaigns on Britain and Greece ([No authors listed], 1937), (Vine, 1946). In other instances, such as those published in the *American Journal of Public Health*, the phrase "public health campaign" is used to refer to general activities to improve health at the population level, presumably nationally in the United States ([No authors listed], 1913), (Crandall, 1915), (Horwood & Schevitz, 1921). As an example of the phrase "health campaign" used in this

general context, the 1937 article provides a transcript of an address given by the British Prime

Minister Neville Chamberlain, which included the following call for a national health campaign.

> Local authorities know well the difficulty of persuading people to take full advantage of
> their health services. They have made great and praiseworthy efforts to spread the know-
> ledge of what they are doing, and they have been backed up by numerous voluntary bodies
> with all that enthusiasm which is so characteristic of voluntary service. But we believe. that
> something more is called for at this time; something in the nature of a national campaign,
> with all the publicity that can only be achieved by a concerted and organized attack by
> Government, local authorities, voluntary organizations, doctors, teachers, and Press, all
> working together for the same end. ([No authors listed], 1937, p. 719)

The phrase "public health campaign" is used similarly in the American context in a 1921

describing the utility of public health surveys to the greater public health campaign. The authors

conclude that surveys contribute to the goals of the public health campaign as follows:

1. As a force in stimulating active public interest in the conditions affecting health in a
   community.
2. As a strong agent to promote public health education.
3. As the best and only means for determining the exact status of health conditions in a
   community.
4. As a powerful weapon for introducing health improvements. (Horwood & Schevitz,
   1921, p. 117)

As both of the above quotes demonstrate, large-scale health campaigns during the first half of the

twentieth century seemed chiefly concerned with capturing the attention of the public.

While the phrases "health campaign" and "public health campaign" have historically

been used to describe broad efforts to engage communities and populations with health

information – again, more closely aligned to what would be called "movements" today – they

have both also been used to describe more time-limited, target-driven health promotion activities.

For example, a 1930 article in *California and Western Medicine* entitled "A Public Health

Campaign" describes a health information campaign on tuberculosis, which included messages

on prevention, care for undernourished children, and the utility of convalescent homes for

susceptible individuals, called "preventatoria." This messaging was delivered via a bulletin

inserted into newspapers and magazines in the Long Beach area. The author concludes:

> We learned a great many things during the development of this publicity campaign and
> now feel that during the coming year we can endeavor to bring the public other messages
> pertaining to their health. (Clarke, 1930, p. 915)

Examples of the phrase "health campaign" in this more targeted context include a 1959 article

(published in Spanish) detailing "The Health Campaign against burns" (De Dulanto, 1959), as

well as a 1963 article (published in Portuguese) describing "A Health Campaign in Cabo

Delgado (Mozambique)," with disease targets including vitamin A deficiency, trachoma, yaws,

leprosy, cataract, and glaucoma (De Magalhaes & Teixeiraecosta, 1963).

"Global Health Campaign"

As of February 2020, a PubMed search for the phrase "global health campaign" (with

quotes) yields no results; however, a search for "global health" and "campaign" separately yields

663 (U.S. National Library of Medicine, 2020). While the terms first appear in PubMed a

decade earlier, a 1989 article – entitled "Putting biomedical knowledge to use in the Third

World" – retains the health information-sharing aspect featured in earlier works on campaigns

(Grant, 1989). The two terms first appear together in articles on smallpox eradication (Ladnyi &

Breman, 1978), (Fenner, 1982). Within these publications, a shift in the use of the term

"campaign" is apparent. With a global strategy to address smallpox in hand, the authors refer to

"campaign" not only in the context of activities to disseminate health information, but also in

reference to the provision of health services at the population level (Fenner, 1982).

Examples of the term "campaign" used in the context of service provision include the

following:

> In 1962 the Government of India launched a national smallpox eradication campaign,
> with mass vaccination as its main activity…The disease spread rapidly throughout South
> Africa, caused severe cases with a high death rate, and stimulated an intensive

vaccination campaign that was responsible for eliminating variola major. (Fenner, 1982, pp. 918-24)

Around that same time, the literature on global health began to append new meaning to the term "campaign," setting it in contrast to routine health practices. For instance, in a 1989 article on the Child Survival and Development Revolution (CSDR), the author makes the distinction as follows: "Campaign leaders designed it so that immunization activities would continue after the campaign and that it would serve to expand other primary health care programs" (Grant, 1989). The information in this case seems to flow from researchers to health workers, as opposed to information flowing from health workers to community members.

The Use of "Campaign" in 2020

The articles discussed above provide a historical framework for the use of campaign in the literature today. Contemporary references to the phrase "health campaign" include an evaluation of National Colorectal Cancer Awareness Month (Pantel, et al., 2020), an experiment on messaging the health dangers posed by sugary drinks (Scully, Morley, Wakefield, & Dixon, 2020), and an assessment of the media's role in meningitis prevention and control in Nigeria (Wogu, Chukwu, Nwafor, Ugwuoke, & Ugwulor-Onyinyechi, 2020). Several of these refer solidly to public health information campaigns. For instance, the article on meningitis in Nigeria defines such campaigns explicitly: "The primary purpose of media campaigns during disease outbreaks is to elicit population behaviour change, which leads to disease prevention and control" (Wogu, Chukwu, Nwafor, Ugwuoke, & Ugwulor-Onyinyechi, 2020, p. 2).

However, other contemporary articles describe service delivery as a component of campaigns, or vice versa. For instance, a 2020 article on promoting HIV testing among men in Uganda provides a contrast between a campaign versus other methods to access the test:

> The testing alternatives varied by service delivery model (community health campaign, counselor-administered home-based testing, distribution of HIV self-test kits at local

pharmacies), availability of multi-disease testing, access to antiretroviral therapy (ART), and provision of a US$0.85 incentive. (Schaffer, et al., 2020, p. 11)

Others use the term "campaign" in reference to partnerships with corporate entities, such as food

brands. For instance, a 2020 Australian study explored how various (fictional) food sponsorships

were perceived by parents to fit in the context of children's sports. The authors concluded that:

Restrictions on unhealthy food sponsorship of children's sport are needed to prevent unhealthy food brands from exploiting junior sport sponsorship to create a 'health halo' around their products. Such policy action may also provide greater opportunities for healthier food brands or public health nutrition campaigns to forge sponsorship arrangements with children's sport, which have the potential to help promote healthier food choices among parents. (Scully, Wakefield, Pettigrew, Kelly, & Dixon, 2020)

Based on the relevant articles published in 2020 (as of February), it is clear that the term

"campaign" continues to be applied with a wide variation, as it has been for the past 100 years.

Chapter 3

Methodology

Study Design

To answer the research question, this study leveraged a qualitative design, comprised of eight key informant interviews conducted in 2019 and 2020. Interviewees were selected based on their involvement in multiple disease-related activities within ministries of health in their home countries. Key informants had either participated in or overseen activities that could be construed as "campaigns" targeting more than one disease initiative. From the interview data, a series of overarching themes was established, comparing perspectives as they converged and differed with relation to each theme. This thematic analysis – based in grounded theory – informed the definition of "global health campaign" presented here. The modern-day definition represents an evolution of the term from its early use in reference to health movements, as well as from its use in reference to the advocacy that resulted in the first public health departments, as discussed in the previous chapter.

The bulk of data collection occurred at the 2019 Annual Meeting of the American Society of Tropical Medicine and Hygiene (ASTMH), with participants selected based on their involvement in presentations at the meeting that were related to the thesis topic. Of the eight interviews, five were conducted at the ASTMH meeting, which was held in National Harbor, Maryland. The sixth and seventh interviews took place remotely, both with individuals involved in ASTMH presentations who were unable to meet with the researcher in person. The final interview was conducted in person at The Task Force for Global Health in Decatur, Georgia. All interviews were conducted between November 2019 and January 2020.

Study Context

The impetus for this study was the development and launch of a new program at The Task Force for Global Health – with the working title of "Campaign Effectiveness" – in 2019 (The Task Force for Global Health, 2019). Funded by the Bill & Melinda Gates Foundation, the new program aims to establish a coalition to define and disseminate best practices for public health campaigns. In conversations leading up to the launch of the new initiative – in which the researcher took part, along with The Task Force's CEO, head of the health systems strengthening sector, head of business development, and the director of the Neglected Tropical Diseases Support Center – the question arose as to how the terms "campaign" and "effectiveness" would be defined to frame the coalition's work. This thesis sets out to answer the former question, for the benefit of both the new program and the larger global health community. Similar efforts have been undertaken to define the terms "epidemiology" and "food literacy" – resulting in definitions that help practitioners of both fields to ground themselves in the concepts they discuss (Frérot, et al., 2018), (Krause, Sommerhalder, Beer-Borst, & Abel, 2018).

Study Population

Study participants were selected for their background and expertise, as well for their geographic representation. Interviews were conducted with individuals from four of the six regions defined by the World Health Organization (WHO): three from the African Region (AFRO), two from the Western Pacific Region (WPRO), two from the Americas (PAHO), and one from the Southeast Asian Region (SEARO) (World Health Organization, 2020). Of the eight countries represented, three are classified as low income, three as lower-middle income, one as upper-middle income, and one as high income (The World Bank, 2020). However, all countries represented in this study have ministries of health providing services at the population level. The

self-descriptions from the study participants of their roles within those agencies are provided in

the table below.

Participant	Description of Role
Participant 1	"In charge of the laboratory department of ministry of health"
Participant 2	"Chief of the one of the division under the Bureau of Disease Control and Prevention"
Participant 3	"Director responsible for epidemiologic and disease control"
Participant 4	"My primary duty is oversee all NTDs implementation, monitoring and evaluation and oversee also research"
Participant 5	"Director for the national vector-borne disease control program"
Participant 6	"Manager for disease control and surveillance programming"
Participant 7	"Responsible for surveillance of communicable diseases"
Participant 8	"In charge of the epidemiology department"

Table 1 – Participants' self-descriptions of their role, as a response to the interview question,
"Tell me about your primary duties."

Data Collection

Interviews took place between November 20, 2019 and January 9, 2020. All eight

participants provided informed consent via a signed form approved by Emory University's

Institutional Review Board. Through the process of obtaining informed consent, the researcher

agreed to remove information that could make the participants identifiable (such as the country

names) from the analysis. An hour was scheduled for each interview, with actual conversations

ranging from eight to 34 minutes in length. The interview guide was comprised of the following

questions, posed to all participants:

1. Tell me about your primary duties.

2. What is an activity that you would consider a campaign?

3. If you had to define some common elements that define a campaign, what would you include?

4. What does your campaign have in common with other public health campaigns?

5. What makes it different from other public health campaigns?

6. What situations call for a campaign, as opposed to another approach?

7. What, in your view, are the characteristics of a successful campaign?

8. Is there anything else you think I should know?

Data Analysis

The analysis for the study was based on practices of grounded theory – beginning with purposive sampling, followed by data collection, then multiple iterations of coding with memoing throughout. This approach helped to uncover an operational definition of the term "campaign" from the data resulting from multiple interviews with key informants in the field of global health. Transcription, memoing, and coding were conducted via the software package MAXQDA, with codes determined inductively based on the emergent themes presented in the transcripts. Role-ordered matrices were also developed to assess differences in viewpoints among study participants (identified by their WHO region and country income level) for each of the various themes. (See Appendix 2.). Codes were organized, categorized, and defined in a code book. (See Appendix 1.)

Data Quality and Study Limitations

The most significant factor affecting data quality and limiting the generalizability of this study is the language barrier. All eight study participants had a primary language other than English, and therefore provided their responses to the interview questions in a secondary language. Had the interviews been conducted in their primary languages (and by a native

speaker), the interviewees may have given more authentic responses, which would better convey

their meaning in the context of this linguistically focused study. However, the participants also

rely upon English to conduct some aspects of their work (such as publications and presentations),

and meaning can also be lost in the process of translation into English (van Nes, Abma, Jonsson,

& Deeg, 2010). Therefore, the definition of "global health campaign" derived from this study

represents the English-language understanding of the concept among individuals who use

English as a non-primary language in international fora.

Additional limiting factors include the number of participants, as well as a bias in their

selection. Participants represent a purposive sample, with the majority already known to the

researcher through their shared involvement in neglected tropical diseases. To mitigate the bias

towards neglected tropical disease programming, the researcher selected mostly participants

whose work focused on other disease types, as well. Finally, the researcher was unable to

conduct all eight interviews in person, with one conducted over video conference and one by

phone. The lack of in-person interaction precludes thick description, and may have impacted the

naturalness of the interaction between the researcher and participants. For instance, during the

telephone interview, the researcher was unable to detect non-verbal cues from the interviewee.

Chapter 4

Results

As demonstrated in this chapter, the data collected during this study were used to establish themes to classify the participants' perspectives on the elements of campaigns. These themes, in turn, inform the operational definition provided in the following chapter. Along with the narrative analysis provided here, role-ordered matrices were developed to compare viewpoints on common things among participants from different regions. Those tables and the codebook used in this study are provided as appendices.

How Participants Defined "Campaign"

The interview guide, provided in the previous chapter, did not contain a question explicitly asking participants to define the word "campaign." However, during some of the interviews, participants elected to provide their own definitions of the term. These provided a helpful starting point for the analysis that follows, and elucidated the participants' views on the important features distinguishing campaigns from other types of activities. For instance, one participant defined the term "campaign" as follows, emphasizing the importance of process.

> So I think that a campaign, in, terms of medical program, you know targeted medical program – I mean campaign can be anything – but for example you want to do awareness campaign or you want to do treatment campaign, like for like vaccination campaigns, or things is to first of all run it like a project, some, some agenda you have and then you want to run it like a project, so you are given some time frame to do what you have to do. And so in terms of health programs, in my understanding the health campaigns is when it's not really routine but it's something that is a problem. You identify a crisis or a problem or something, and you want to get over that so you do a little plan and then you have your target set and whether or not you are going to achieve those targets or not, and run it like so. (Interview 6, Pos. 17)

Another participant highlighted the importance of audience in defining the term "campaign":

> Basically, campaign, what we look at, especially wherever we look for engagement of mass population, that means – especially if I give you the example about the LF – that means wherever we have to do an activity on a certain period of time and we want, it should be the whole population has to be involved. (Interview 5, Pos. 13)

For another participant, the salient element in defining the term "campaign" seemed to be the

goal of the activities undertaken:

> Almost all the health campaigns in [COUNTRY] aim to increase awareness of certain
> diseases, with the vision of empowering these targeted beneficiaries to change their
> behavior for better health outcomes. That is the endpoint. (Interview 2, Pos. 26)

Finally, one participant gave two definitions of "campaign," each from a different career vantage

point:

> Let me start with the ministry of health first, where we took some discussion in trying to
> figure out what was a campaign. And a campaign to us, there was an activity very well
> defined in time in a relative sense, in short term, that was different than the usual
> activities dedicated to that particular goal. And the activity was bringing something into
> the target group of population. That something could be information in terms of a
> communication campaign, could be a preventive measure in terms of a vaccine, could be
> medication or could be doing something in order to contain an outbreak. And campaigns
> were either a response to outbreaks, but also most commonly activities that were planned
> for example the, the flu vaccine, the flu season campaign…Now, in my research group,
> we – internally within my group – we use more loosely the term campaign but we, when
> we talk about campaigns, we mean going into the community again to do activities that
> are short, in terms of time, that have a beginning and an end that, just like in the previous
> definition in the ministry of health, are different than the day-to-day activities. It means
> more intense with a particular goal. (Interview 8, Pos. 17-21)

Each of these definitions – along with all the other interview data – helped to inform the list of

themes described below (see Figure 1). The themes appear in the order of their prevalence as

codes within the transcripts, with the most commonly coded theme appearing first. Additional,

less commonly appearing themes are discussed in the "Other Findings" section at the end of this

chapter.

| Code System	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Time		·	■	·	■	■	·	■
Product	■	■	■	■	■	■	·	■
Intensity			■			·		■
Audience	·	■	■	■	■	·	■	■
Strategy	·	■	■	■	■	■	■	■
Context	■	■	■	■	■	■	■	■
Impact	■	·	■	·	■	·	■	
Integration	·	·				■		
NotCampaigns	■		■	·		■		■
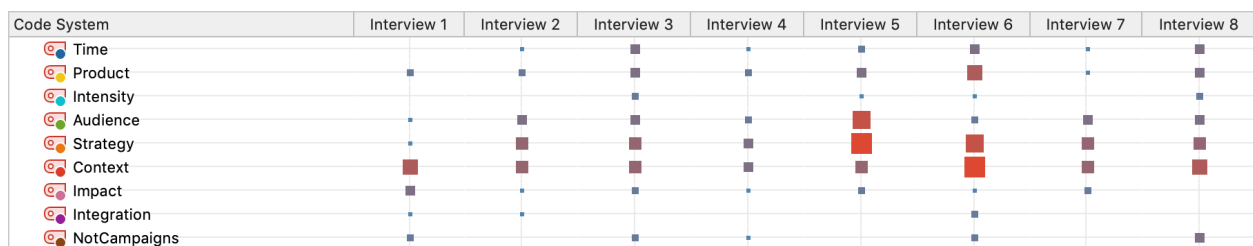
Figure 2 - Frequency of top-level codes within each transcript.

Main Findings

    Context

By far, the most commonly appearing code in all eight interview transcripts was context, defined as, "a mention of the background in which a campaign is set." Of note, this code also had the largest amount of sub-codes assigned to it. These included Need (with the sub-code Baseline), Resources (with the sub-codes Budget and Personnel, the latter with its own sub-code, Training), Ownership, Guideline, Political, Cultural (with the sub-code Stigma), and Research (see Figure 2). Each sub-code is defined in the code book in the appendix.

Code System	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Context	■	■	■	▪	■	■	■	■
Need	·	·	▪	·	·	■	▪	▪
Baseline	·	·	·	·				
Partner	▪	·	·	·		▪		
Resources	■	▪	■	▪	·	■	·	▪
Budget	·	·	▪			▪	·	
Personnel	▪	·	▪	·		▪		▪
Training	·	·	·					▪
Ownership	·	·	·				▪	▪
Guideline	·	·	·		·		▪	
Political	▪	▪	·	·		▪	▪	▪
Cultural	▪	▪	·		·			
Stigma	·	·	·					
Research	·	·	·	▪	·	■	▪	▪
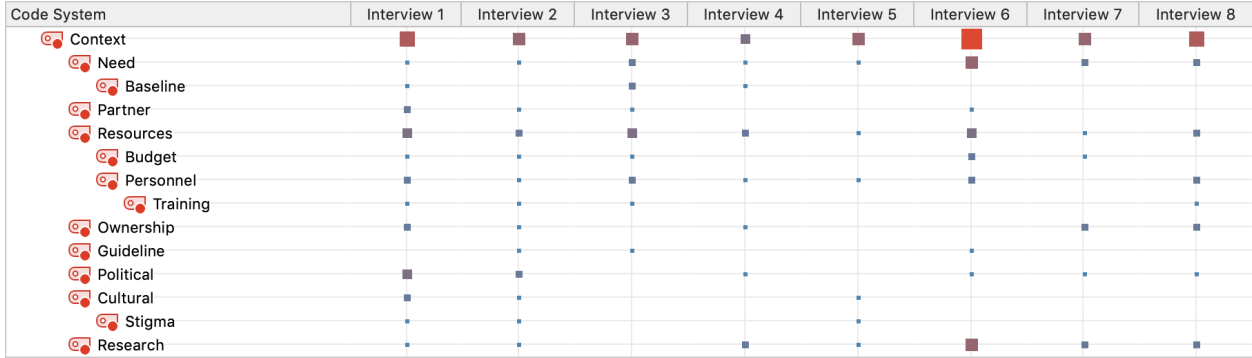
Figure 3 - Frequency of sub-codes for Context within each transcript.

Participants discussed the context in varying ways, noting how the context informed a campaign and how campaigns had the potential to impact the context. For instance, one participant described how different types of baseline assessments are necessary before beginning campaigns, as follows.

> But before, you need to do baseline assessment, but not baseline assessment for the prevalence of disease, no. It's an assessment to see the gap of health system before, in our country…And after this, you can, for campaign, is also the baseline assessment for disease. (Interview 1, Pos. 42)

Similarly, another participant referenced the importance of considering context in preparing for the campaigns – this time emphasizing the human and monetary resources needed.

What are the aspects that we should consider? First we have to know the target beneficiaries for the campaigns and are the campaigns good only for endemic areas or selected areas, or is this nation-wide? And also we have to consider thinking about the influence group that you can tap. Also you have to consider the budget that will be needed, the logistics that would be needed in the campaign, and the important people that you can tap as an advocate. (Interview 2, Pos. 19)

Another participant discussed how the presence of official guidelines (or lack thereof) could

inform how a campaign moves forward:

So when we started planning for HPV, we didn't have a guideline. What I didn't say is normally for most of our programming we use WHO guidelines but the HPV was one were we had no guideline when we started…But we had had deworming within the schools since 2012, and we had forged a very good relationship with the school health authorities and they are very particular about their time…they are very happy to support anything that improves learner welfare, particularly health-wise, but they don't want their time to be unnecessarily taken and unnecessarily long, because they have a curriculum to do, and sometimes they have exams. So we learned to manage time and then it meant that whatever program we brought into the schools it could be at most one week long. (Interview 3, Pos. 49)

The fourth participant – in answering why a campaign might be launched instead of another type

of approach – explained very briefly how context matters: "Most of the time, the health system is

not strong" (Interview 4, Pos. 33). Another participant illustrated how cultural differences need

to be considered in the planning of a campaign:

If you want the focus of the community on you, then you have to be very sure that your strategy, whatever you're doing, is community-specific. That means that there has to be totally, one should be aware about the concepts, the misconceptions, the myths, the beliefs that are prevailing in those community…I'll give you an example is, you can't do mass media with a community which is like villages, 'cause they don't have TVs, they don't have radios so they won't be listening to the mass media. (Interview 5, Pos. 15)

The next participant discussed how a country's geographical context can impact the feasibility of

a campaign:

You know according to WHO criteria, you have to give albendazole and DEC one time per year for five years. Now just imagine, that was really an expensive exercise. And we couldn't do it…where the country is too rugged, the geography is, you know it's got lots of bad terrain and the only way to get around is by airplane and it's very expensive. And then you go onto the ground have you have to catch a boat to an island there and another

come back go to the other island there. You have rough seas. And you just cannot do it. And you have to do this for five years. (Interview 6, Pos. 28)

The next participant made a distinction that campaigns specifically target problems faced by

most individuals in a given context:

Usually we would try to go for a mass approach when it would affect a lot of people. So mosquitoes affects everybody. Rodents can affect everybody. If there was an individual problem, we have measures in place to go to a particular community or a particular household, but when it would affect a lot of persons, we tend to go more the public route. (Interview 7, Pos. 7)

The final participant pointed out how the workforce often needs to be re-allocated to conduct a

and promote campaign:

What the campaign is for flu is getting with all the manpower that we normally do not dedicate to flu into distributing vaccines, applying vaccines and having a mass media communication informing about the availability of the vaccine, where and which are the risk groups who should be getting it. (Interview 8, Pos. 62)

As demonstrated in this section, context is crucial to the decision to conduct a campaign in the

first place, and also to the approach the campaign will take. As the next section will show,

context often informs the strategy leveraged in a campaign.

Strategy

Strategy was the second-most commonly appearing code in the transcript (see Figure 3).

Defined as a "mention of the overarching plan for a campaign," the strategy code contained as

sub-codes several elements commonly leveraged in strategic planning: vision, mission, and

objectives (Overgaag, 2019). Communication was also included as a sub-code, as interviewees

frequently referenced media and other types of outreach as part of their plans for enacting their

campaign strategy. Importantly, the sub-code "communication" is distinct from "message,"

which was also used in in this analysis (under the top-level code Audience). While a "message"

refers to a mention of information delivered directly to the audience by campaign personnel,

"communication" refers to outreach that occurs prior to the campaign, with the aim of increasing

awareness of the campaign itself.
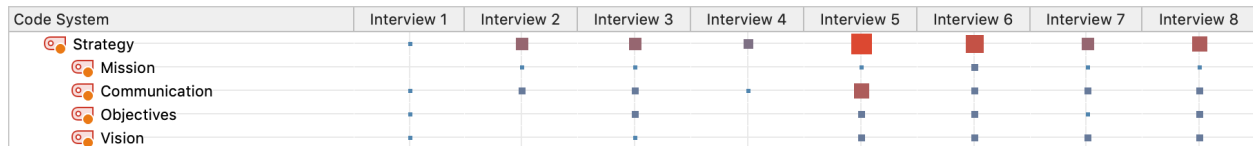
Figure 4 - Frequency of sub-codes for Strategy within each transcript.

All eight interviewees mentioned the strategies underlying campaigns in which they

participated. Their descriptions of strategy ranged from general preparation to tactics tailored to

their specific contexts. In discussing strategy, the first participant made a distinction between

activities comprising a campaign and the larger strategy informing and supporting those

activities. In this case, the activity described was mass drug administration (conducted to

prevent the spread of neglected tropical diseases).

> You have an activity and you have a strategy. You have an objective. For me, MDA is
> activity. You need the strategy to have more vision. For me, MDA is…one part of the
> whole system. It's just activity. But for advocacy, because authorities need to be
> sensitized to understand what you do in our country. (Interview 1, Pos. 50)

The next participant mentioned the forces leading strategies to evolve from campaign to

campaign:

> You have to assess the campaigns, if the campaigns you conducted are working or not, so
> that in the next campaign, you can improve on that. Or think of another strategy.
> (Interview 2, Pos. 70)

The third participant discussed the role of pre-campaign communication within the larger

campaign strategy:

> You're also using all sorts of communication to get the message across to the population,
> the target population but whoever else can support that target population to come forth.
> (Interview 3, Pos. 32)

The fourth participant described strategy as an essential element of a successful campaign:

> Successful campaign has a good process, well thought-out plan, with evidence-based implementation, and a quality of the process in reaching to the final point. And at the end of the day, it is also making some progress towards a primary target with WHO. (Interview 4, Pos. 36)

The fifth participant explained how the process of creating a strategy can inform the level at which the campaign is conducted (depending on the context):

> What you do is you build the campaign strategy, build a campaign, much before the day on which this event is going to take place, you build aware total campaign. Now those campaigns can be at various levels. Campaign can be, for example, at a very high level when you try to project the need of taking this drug on a single day to the whole population, doing an event far out but covered totally by media and everything. (Interview 5, Pos. 15)

The sixth participant gave an example of a situation that called for a campaign, talking through the process for developing a strategy to address the problem:

> I'll give you the example of, we have a MDR TB problem in [COUNTRY] right now…And how do we do a campaign against that? So we have to plan the components of the campaign. Like one is to write out awareness campaign to tell everybody about the danger of the disease and how it can spread and how one can prevent yourself and how one can go and get treated. And then we move onto the treatment – how is that going to be administered? (Interview 6, Pos. 21)

The next participant also gave a specific example, explaining how strategy is an essential element in the preparation for campaigns:

> For example, when we were talkin' about when measles was in the rest of the world, in the rest of the region and we were thinkin' about, "How are we gonna prepare persons?" I was a part of that preparation part – one of the stakeholders that talked about who would be goin' out to look in the community to see who is immunized and who is not and then encouragin' persons who are not immunized. (Interview 7, Pos. 4)

Similar to the fifth participant, the final participant mentioned strategy as critical to a campaign's success. After all, it would be impossible for a one to judge whether a campaign went according to plan if no plan had ever been in place.

> [The characteristics for success are] that the activities occur according to the plan, that the target population is reached, and that the goals are accomplished. (Interview 8, Pos. 94)

As this section demonstrates, strategy is a key function of a global health campaign. Before committing resources to launch a campaign, the health ministry must first have a vision for how the context will be at the end of a successful campaign, a mission in place to achieve the vision, and specific and measurable objectives to help the mission approach the vision. Each of these elements is enhanced by communication – either to attract resources to the campaign from higher levels of government or to promote the campaign to its intended audience, discussed in the next section.

Audience

Another key theme appearing in the interviews was audience, defined as "the group to be targeted by campaign activities." Within the theme of audience, two sub-codes appeared: interaction (contact with the audience as a function of the campaign) and message (information delivered directly to the audience by campaign personnel) (see Figure 4). As noted above, delivering a message during the course of a campaign was considered a separate activity from the communications strategy to promote a campaign. In their interviews, participants discussed the scale of audience to their campaigns at various levels; some talked about targeting specific groups of the population, while others talked about campaigns targeting the population as a whole. A key point made throughout the interviews, however, is that a campaign cannot exist without an audience. If activities are being undertaken without any attempt to inform or attract members of the population, these activities cannot be considered campaigns.

Code System	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Audience		■	■	■	■	■	■	■
Interaction	■	■	■	■	■	■	■	■
Message	■	■	■	■	■	■	■	■

Figure 5 - Frequency of sub-codes for Audience within each transcript.

All eight interviewees mentioned audience at least once. The first participant discussed the importance of having the right staff on hand to engage the audience of a campaign:

> You targeting the population through the community worker. In our country, community
> health worker is volunteers. It's not taking charge by the government. I think it's a big
> issue to success. Because you have a huge ton of these personnel help us, who are the
> link between the ministry of health and the community. (Interview 1, Pos. 53)

The second participant discussed how different campaigns have different audiences, depending

on the need:

> It targets a certain group of people. Like for example for schisto, the five years and above
> in endemic areas, for LF the two years and above in endemic areas, for STH we target
> one to 18 years old nationwide. That is nationwide. (Interview 2, Pos. 21)

Similar the first participant, the third stressed the importance of appropriately trained staff, in this

case in preparing for adverse events, which are virtually inevitable within an especially large

audience.

> I was once involved in a campaign where we targeted five million people with measles
> vaccination and you know that one in a million event can now occur, maybe five times,
> and this is in one week, so you then have to make sure that whoever is administering that
> agent – the vaccine, the medicine – has been well trained in terms of screening any
> possible sick persons, allergic persons, but also looking out at treatment appropriately of
> any untoward event. It's a massive undertaking. (Interview 3, Pos. 32)

The fourth participant explicitly referenced audience as an essential element of a campaign, also

referencing the need or desired outcome shared by audience members:

> It has to have audience, the one whom you want to deliver the message or the service that
> you are taking. And it need to be common interest. (Interview 4, Pos. 16-18)

The fifth participant discussed how engagement with the audience (in the form of both strategic

communication and direct messaging) can improve the uptake of the campaign among the

audience:

> The thing is that this protects you if you have a very good coverage, if you reach to, let's
> say, more than 90 percent of the population, at the most 90 percent of the population eat
> those drugs. Otherwise, that's what the compliance is. Coverage is that you know the
> eligible population and you want 90 percent of the population to be reached, and 90
> percent should be able to consume the drug. That comes out to be compliance. So this
> involves large-scale community engagement and community participation in the sense
> that people should not, at the time of doing this drug administration, which will be done

on specific dates, specific period of time, that there should not be any resistance. (Interview 5, Pos. 15)

The sixth participant discussed audience in the context of comparing different types of campaigns – those with little to no follow-up versus those that require months of continued interaction with the audience.

> To provide bed nets is easy – just give them bed nets– and the number of bed nets distributed is easier target right there and everyone is happy, but when you're coming to giving medicine to people like in nine month you have to watch over them, it's a bit trickier than just giving one mass drug, mass drug administration, one time. Just one day and that's enough for the rest of the year is different to someone getting nine months of treatment every day, that's got its own challenges. (Interview 6, Pos. 52)

The seventh participant explained how campaigns are the chosen approach when the situation calls for interaction with a large audience:

> I may be a part of a campaign. So that would be collectin' the information that would suggest that interaction with the public is necessary to change their behavior or to mitigate an outbreak or something that has been noted. (Interview 7, Pos. 4)

The final participant mentioned audience while providing examples of campaigns, explaining how different audiences are reached in different settings:

> Examples of that could be going to remote town to get samples to do an HIV survey…Could be going to a school or a community to do a deworming activity and blood draws. That's what I call campaign in my group. (Interview 8, Pos. 21-23)

As demonstrated in this section, audience is a key feature of campaigns. In considering how best to reach an audience, another element – time – emerges as a crucial component, as discussed in the next section.

Time

All but one of the interviewees mentioned time as a factor of campaigns. Defined as "the periodicity of campaign activities," time could either refer to a campaign's duration or to its defined beginning and end points (see Figure 5). Participants also mentioned strategic times of the day or times of the year to plan campaigns – or even the time needed to achieve the vision

behind a campaign. As shown in the quotes below, timing is inextricably linked to context,

strategy, and audience. In choosing a timeframe in which to conduct a campaign, one necessarily

engages in forming a strategy, considering the context and the audience to be reached.

Code System	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Time		▪	■	▪	▪	■	▪	■
Boundedness		▪	▪	▪	▪	▪		▪
Duration		▪	▪	▪	▪	▪	▪	▪

Figure 6 - Frequency of sub-codes for Time within each transcript.

For example, the second participant revealed how campaigns conducted in that country

are planned on a monthly basis, as part pf a larger public health strategy:

> All the programs that I mentioned have certain part that we can say that these are campaigns. For example, for the STH, schisto and LF, so the preventive chemotherapy and this is being implemented in a harmonized way. Like for example in January, it's MDA for STH and schisto and July it's STH and LF…There is a calendar, actually. There is a calendar. (Interview 2, Pos. 12-16)

The third participant discussed the role of the context – specifically the weather – in deciding

when to launch prevention campaigns for vector-borne illnesses:

> In the malaria program there are campaigns, for example, to promote the use of bed nets before you embark on your annual spraying – we do indoor residual spraying – so that has to also be timebound, pull all your resources to inform the communities, and properly timed before the first rain fall. (Interview 3, Pos. 37)

The fourth participant discussed campaigns in the long term, framing the time period in the

months or years needed to fully address the problem:

> NTD campaigns have a pre-defined period, like you are bringing campaign for example for LF program, like 5 years, or 6-7 years. But like polio, most of the time it is even beyond that type of elimination target, so the target of the disease also really makes a difference in terms, campaign-wise. (Interview 4, Pos. 30)

The fifth participant noted the best times of day to reach a specific audience:

> For example in [COUNTRY], number of campaigns fail because you are trying to do them when, you'll do try to do the campaign from 9 AM to 6 PM, 6 PM – that's a working area. And the people aren't available at 9 AM. So what are you doing? Nothing. So those timings of the campaign has to be very important. (Interview 5, Pos. 38)

The sixth participant, similar to the second, explicitly mentioned timing as a function of strategic

planning for campaigns:

> I think if you do it in a bit of an organized fashion, and then the roles are delegated, and then you, you may have a certain timeframe you want to put into there, then you know what to expect. (Interview 6, Pos. 21)

The seventh participant explained how campaigns can have different durations and scheduling

depending on the context of the need:

> For something like flu season – or what we believe might be the flu season – which comes every year, but it's only for like the last quarter of year and then the first two weeks of the new year, the campaign would run for that length of time, which might be a few months. But for something like mosquito breedin', this is something that we do periodically all throughout the year because we don't want to wait until something happens to tell them, "Don't breed mosquitoes." So we usually have messages in the media – different messages, but all throughout the year. (Interview 7, Pos. 4)

The eighth participant listed time as the number one feature of campaigns, as well as a

distinguishing feature of campaigns as compared to routine activities within a country:

> Number one: a time definition – when it begins, when it ends, and it's for a short period relative to the usual activities. (Interview 8, Pos. 29)

As this section demonstrates, time is an important element of campaigns, informed by the

various other elements discussed here. The next section will focus on what the campaign is

meant to deliver – the product.

Product

All eight interviewees mentioned product, defined as "the service, treatment, or other

item to be delivered to the audience as a function of the campaign" (see Figure 6). As the

previous text segments show, products can take the form of physical items such as vaccines,

preventive or curative treatments, or medical supplies. They can also take the form of a service,

such as indoor residual spraying, surgery, or screening for diseases. In other contexts – such as

campaigns aimed at behavior change – the product is the message itself. In all cases, audience is

inextricable from product; the function of a campaign is for the former to receive the latter.

Code System	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
🔵 Product	▪	▪	▪	▪	▪	🟥	▪	▪

Figure 7 - Frequency of the code Product within each transcript.

The first participant explained how the product – in this case preventive treatments for

neglected tropical diseases – is only part of the larger campaign:

> Because campaign for me, I don't know it's the MDA…because for me, yes, you have
> MDA. But my preference is for impact, to evaluation, to coverage or something like that.
> (Interview 1, Pos. 27)

The second participant gave an example of a product – in this case bed nets to prevent malaria –

along with the warning that effective messaging must be delivered alongside the product in order

for it to be properly deployed:

> For malaria we only have one province that actually 94 percent of our malaria cases are
> in. So we do advocate the use of LLIN, especially in the highly endemic villages in
> [PROVINCE]. So you have to explain the importance of the bed nets and how to use it.
> Because sometimes they do not use it. They keep it in their closet, so you have to explain
> it. (Interview 2, Pos. 49)

The third participant discussed a specific product – in this case a vaccine – and the adverse

events that can result from its use:

> You also planning in terms of addressing any adverse events because they tend to feature,
> because now you are vaccinating, or you are deploying a therapeutic agent to a large
> number of people in a very short time period so whatever is rare may actually manifest.
> (Interview 3, Pos. 32)

The fourth participant, similar to the first, mentioned delivery of a product – again, preventive

treatments for neglected tropical diseases – as a segment of a larger campaign:

> There are many activities that can be considered as a campaign. There is social
> mobilization, advocacy, the actual mass drug administration. By far most of them are
> those. (Interview 4, Pos. 11)

The fifth participant discussed how a communications strategy ahead of a campaign can help

improve uptake of the product – in this case an oral vaccine:

> We did similar thing for immunization, polio drive in [COUNTRY], where we used the main [NATIONALITY] actor, you might have heard on [STATION]) and others, which is the [MOVIE INDUSTRY], you know, great. So he gave campaign days before that on TV that two drops of this immunization will help you. (Interview 5, Pos. 15)

The sixth participant discussed how research can inform the use of products, in this case

combination therapy for lymphatic filariasis to bring parasite loads down more quickly:

> We're looking at new ways of how we can do mass drug administration for neglected tropical diseases more effectively. 'Cause initially we used to do– we were following the WHO criteria for MDA for lymphatic filariasis was just using albendazole and DEC. And then just recently…they found out that ivermectin was more effective given together with DA, which is DEC and albendazole. So that new combination has now made its way in, made a policy change in [COUNTRY], and we are now using the triple drug for mass drug administration for lymphatic filariasis. (Interview 6, Pos. 14)

The seventh participant explained how roles and responsibilities can be delegated within a health

ministry so that some staff are tasked with delivering products, and others messages:

> Actual mass treatment we don't often – the diseases that we come across here in [COUNTRY] we don't often need to do mass treatment and for mass vaccination it's usually under…what we call EPI for vaccine-preventable diseases, and that's another desk. (Interview 7, Pos. 4)

The final participant used the word product, explaining how the goal of a campaign is to deliver

either a tangible object or a message to the target audience:

> It's bringing something into that community or population that's delivered through that campaign. And again, could be a product, could be information. (Interview 8, Pos. 29)

As this section demonstrates, global health campaigns are intended to deliver products to their

target audiences. Implicit in that goal is the assumption that successful delivery of said products

will have an impact on the health problem being addressed, as discussed in the next section.

Impact

All but one of the participants discussed the concept of impact in their interviews (see

Figure 7). Defined as "the long-term results of a campaign," impact is classified separately from

strategy by virtue of the way the concept is discussed in the transcripts. The distinction is that

health ministry staff devise a strategy before a campaign and measure the impact after a

campaign. As the third participant noted in the section on strategy above, impact assessments

can inform the strategy of future campaigns. They cannot, however, lead to changes in ongoing

campaigns, as impact refers to a long-term change to the context, as opposed to the successful

completion of campaign objectives by campaign personnel.

Code System	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Impact	■	■	■	■	■	■	■	
ImpactMeasures	■	■	■		■	■	■	

Figure 8 - Frequency of the code Impact and its sub-code within each transcript.

The first participant explained how the country must take ownership of the campaign for

its impact to be sustainable:

> You have for LF, you reach the step of validation of elimination. OK, everything is OK.
> Maybe next year, it is impossible for the partner to continue to support us. OK. And it is
> impossible to continue to implement the activity. What's this situation? For a few years
> after, it's not as successful, as you fail. Because the government or the population don't
> prioritize this fight as the top of health problem in our country. You need, before to be
> successful, you need to sustain, to strengthen the – no before to strengthen – to show our
> authority that this fight of disease is a priority. To have a national line budget for this
> activity, and if, after the partner the finish the job, or finish to help us, you can able to
> continue to sustain what you do, during 20 years or 25 years or however long. That is the
> meaning for me of success because today, maybe you can say congratulations for LF, but
> if in 10 years I have new cases of elephantiasis, of lymphedema, it's not a success.
> (Interview 1, Pos. 74)

Similarly, the second participant discussed how impact measures can inform advocacy for

campaigns within a country:

> To increase the coverage, you have to give them, or inform them that the intervention is
> working. Like for example for LF, out of the 46, 41 were declared, or passed the TAS. So
> you have to have data, especially for the local chief executives. (Interview 2, Pos. 53)

The third participant gave a specific example of a long-term impact – in this case, a lack of

measles cases – as a result of a given campaign:

> We wanted to vaccinate five million children and we hit 98 percent of that…And since
> 2010, there has not been a single case of measles in my country. And I'm still in charge of
> the surveillance system that makes sure…we are not reporting the measles either on the
> clinical criteria but also on the lab-based surveillance where we collaborate with WHO.
> So there has not been a single case of measles since that campaign, so we know the 98
> percent coverage was accurate, but you also know that subsequently the immunization
> coverage is also accurate. (Interview 3, Pos. 40-42)

The fourth participant made clear that impact refers to changes in disease transmission, as

opposed to successful completion of objectives:

> In NTDs, there are particular transmission thresholds. And lastly, it can be summed up by
> the kind of impact at the end of the day…Impact on the disease. (Interview 4, Pos. 36-38)

The fifth participant used another word for impact – "outcome" – discussing how it is easier to

measure the impact of campaigns for some diseases than for others:

> The thing is that outcome assessment is an entirely different aspect…if I'm doing where
> it is required only to change the treatment things – for example, if you take LF itself –
> that means you're trying to do MDA – what is next? You will do TAS and you will
> understand some, so that means your campaign has become some successful. But that
> side, in HIV that's not the kind, that's fine, you can't know. But the issue is it's not one-
> time protection. It's everyday protection…So that's entirely different way of looking at
> the things. So what you will have to do is, and the testing has to be done on a six-monthly
> basis…So in a disease campaign, what I'm trying to say is, you can always assess by the
> outcome of the disease. Whether it's increasing or decreasing, you can assess by that
> whether your campaign has been successful or not. (Interview 5, Pos. 40)

The sixth participant, similar to the third, described the desired impact of disease campaigns as a

lack of cases in the future:

> I think the campaign that I'm working on right now, which is the combining the mass
> treatment for lymphatic filariasis and yaws, that is actually going to be a game-changer in
> the way we give mass drug administration for treatment for yaws, LF, trachoma, scabies,
> soil-transmitted helminths, like that. And it's a policy impact study, when you look at it.
> And I think if we present it to WHO with a very convincing outcome, that is going to
> change the way [COUNTRY] do MDA for these diseases and then also in countries that
> have similar problems like co-existing neglected tropical disease in one setting, in one
> community that they can adapt this…We think that if it comes through and we don't find
> any more yaws cases at the end of these three years, then that would be a good thing for

> the world. At least those countries where there's neglected tropical disease and we can try and help those people who suffer from them. (Interview 6, Pos. 37)

Finally, the seventh participant gave specific examples of how the success of campaigns is assessed – usually by ascertaining whether objectives were met, as impact on knowledge, attitudes, and practices among the target audience is more difficult to determine.

> Well, there're two things to measure that. Because we want behavior change, very often we cannot – if you were just lookin' at behavior change we can't say whether it was successful or not. What we look at is whether we ticked the boxes that we said that we would tick when we started. So did we run? Or did we – if you're runnin' ads, did we run them? Did we run all of them? When, how did we run them? Were they received? Did people hear them, see them, when?…Sometimes we get an opportunity to go back to the persons to ask them if they saw, or if they heard and then more, less frequently we might be able to actually go and measure people's, do a KAP measure. (Interview 7, Pos. 9)

As this section demonstrates, impact is a key feature of campaigns. Ideally, the impact will match the vision set out in the campaign strategy. If it doesn't – as these interviews can attest – health ministries may need to devise a new strategy, better tailored to a given context.

Other Findings

Together, the elements above – context, strategy, audience, time, product, and impact – chiefly comprise the definition for "global health campaign" provided in the next chapter. While these themes were the most salient in the interviews, others appeared that merit discussion, as well. These themes – intensity, integration, and stigma – were either emphasized multiple times by a single participant or raised in multiple interviews. Each of these concepts is described briefly below, with examples of how they appeared in the interviews. While not included in the definition of "global health campaign" provided here, these themes should be considered by individuals who plan to execute campaigns. In addition, this section discusses the activities that the participants specifically deemed *not* to be campaigns, informing a seventh element to the definition of "global health campaign" given in the next chapter.

Intensity

Defined as "the concentration of campaign activities into the time period," intensity only appeared nine times as a theme within the transcripts, appearing in only half of the interviews. However, those who mentioned intensity tended to emphasize it as an important element of campaigns. For instance, the third participant mentioned the "compression" of campaign activities, as compared to routine health services:

> I think when it comes to the numbers that you're dealing with, they are a lot larger numbers than usual walk-in clients, but you're also compressing an enormous amount of work into a number of days, a fixed number of days. (Interview 3, Pos. 32)

The sixth participant referenced "focus" when discussing intensity:

> For me I like when you call for a campaign, like when it's a problem, I think. When the situation is a problem, like we have routine program, routine campaign programs that we run all the time, but then one should stand out, and you know how you prioritize those things. And then, for example, if you get an emergency out of that – like you have a missed polio outbreak in [COUNTRY] recently – and then all attention should focus on that. And then the campaign for prevention and control of polio is seen differently from the routine campaign programs. (Interview 6, Pos. 42)

The eighth participant mentioned intensity explicitly, and multiple times within the interview, as one of two key elements of a campaign:

> INTERVIEWER: What situations call for a campaign as opposed to another approach?
>
> INTERVIEWEE: Just is, these two same elements: intensity of the activity and the time definition. (Interview 8, Pos. 82-83)

In analyzing how intensity appears as its own code, it seems that this concept is actually a function of time, audience, and product – delivering the product to a large target audience within a constrained period of time. This, in turn, creates a demand for resources, including health personnel – which is a function of the context.

Integration

Another theme that appeared somewhat sporadically was integration – specifically

defined as "combining campaigns (e.g., for different diseases)." As a code, integration only

appeared six times within the transcripts. However, those who discussed integration –

specifically the sixth participant – emphasized how combining campaigns can make addressing

multiple health care problems more feasible. For instance, the sixth participant (who had

previously described a successful program using combination therapy for lymphatic filariasis)

described the vision for combining campaigns as one shared in multiple contexts.

> If we can combine yaws and LF treatment together and do one mass drug administration,
> one-year or two-year mass drug administration to combine the disease, to treat the
> diseases for yaws, LF, trachoma, soil-transmitted helminths, scabies, that's like five
> neglected tropical diseases right there you can target with those four drugs. So that's it,
> that's what we're looking at. I think countries want – like can I call it a magic bullet?
> (Interview 6, Pos. 28)

The first participant, however, cautioned of the unforeseen training and supervision needs raised

via integration:

> That's what we try to integrate it but integrate it is to put five, six, seven, ten disease for
> community health worker. He have only a few information, a few basic education…You
> need to closely follow them and to ensure that the message passed to the community is
> very true, is a real message. (Interview 1, Pos. 55)

The second participant discussed integration pragmatically:

> If the two campaigns are sort of integratable, that can be done. Like for example, the PCs.
> That can be done. For disability, we are doing training for both leprosy and LF and we
> also integrated the persons with disability program. So it is possible. And for vector
> control, it is possible for all the mosquito-borne diseases. (Interview 2, Pos. 65)

As these text segments demonstrate, integration is not an element of a campaign, but an end goal

for some countries which execute campaigns. As with all campaigns, integrated campaigns

should be tailored to the context and staffed appropriately to achieve the campaign objectives.

Stigma

Stigma also merits discussion in the context of campaigns. Defined as "the potential shame conferred upon an individual as a result of a condition or participation in a campaign to treat or prevent that condition," stigma was analyzed as a sub-code of context. While the code only appeared three times within the transcripts, mentions of stigma tended to shed light on why certain individuals may choose not to participate in a campaign – an important consideration for those aiming to execute them. For instance, the first participant explained how campaigns for acute illnesses are often more approachable than those for chronic conditions, as some cultures associate chronic illnesses with spiritual blights.

> In the mind of the community the chronic disease is similar or identified as spirit. It's not disease. It…materialization of a spirit or the devil. And it is possible in some area in [CONTINENT], it is possible for you to offer the surgery for the person have hydrocele. But he can tell you no. Because in his mind, it is not medical problem. This is a spirit, is all. The husband of this woman is a very, is a. . . they have another, another understanding of the disease. That is the difference between polio or schistosomiasis. Because if you see the big leg, in the mind of the population it is impossible that a small parasite can cause this disease. (Interview 1, Pos. 58)

The second participant explained the difficulty in reaching individuals with visible manifestations of disease, as they tend to self-isolate due to stigma:

> For LF and schisto, these are not known nationwide, only in endemic areas so the complications like elephantiasis, hydroceles are not easily seen by most of the people in the country, unlike STH – they know, they are aware of the parasites, so… and because these are, the target are children, it is more easier to advocate. Rather than for LF and schisto, wherein they do not see, or they cannot relate to the disease, because the complications are not that visible or these patients with complication segregate themselves, or there is a certain stigma, so a lot of advocating and a lot of explaining, a lot of discussion regarding the benefits of these drugs should be done, including the health workers. (Interview 2, Pos. 29)

The fifth participant explained how interaction with audience members varies when dealing with diseases associated with sexual behavior:

> Now that's entirely a different type of campaign that you need to look into. Because normally, for HIV normally the campaign that you do, the maxim is how to use condoms,

> that is what. And you try to promote safe sex behavior. So that is what has been done on large media things. What other points of aspects that means, for testing – you can't make that public campaign: "You should please test yourself." You can't do, because there is issues of privacy and trust involved. (Interview 5, Pos. 28)

As demonstrated by these text segments, stigma is an important consideration for understanding why a campaign might not work in a given context.

What is *not* a campaign?

This chapter opened with definitions provided by the interview participants of what in their minds constituted a campaign. Similarly, some participants provided explicit examples of activities that, in their minds, did not constitute campaigns – and these will close out this chapter, in addition to informing the definition of "global health campaign presented in the following chapter. The first participant provided an example of a campaign alongside a counterexample:

> For example, if you take LF. LF you have MDA to interrupt transmission, but you have morbidity management. Morbidity management is not campaign. (Interview 1, Pos. 33)

The third participant contrasted campaigns to a different type of approach, in the context of a successful transmission assessment for a given disease:

> Now we have to re-think what is the best way forward. Is it still going to be campaign? Or are we settling in to case by case? (Interview 3, Pos. 56)

The sixth participant contrasted campaigns to activities that take place routinely, incidentally using the word "campaign" for both:

> We have routine programs, like for TB, HIV, malaria, neglected tropical disease. They are routine things that we do, like control programs or prevention programs. And then that's ongoing campaigns about – like for example, awareness campaign, treatment campaigns – they always go on all the time. When you have – that's the other thing that we are looking at is the outbreak of, for example, new diseases or old diseases like polio or Michels or things like that, or MDR TB, for example – then the way you address to attend to these disease is quite different from your normal, routine programs. (Interview 6, Pos. 42)

The eighth participant provided an example of activities that are not considered campaigns, although they share features of campaigns:

> We did a few things that were not, that had similar issues like being limited in time and, and having outside the regular activities that we did not call campaigns in the ministry of health. For example, I was in charge of – not alone, of course – of the signing and, and giving shape to the response to Ebola and, and to chikungunya. Those were not called campaigns, even though they include a communication component, they include doing activities that were not different, but they were not campaigns and I'm thinking aloud, now what didn't make them campaigns is that – I know, we could have called them campaigns and we didn't. It's just that they were preventive measures that we did around it without having the problem installed. (Interview 8, Pos. 50)

As this section demonstrates, an activity needs to have all of the elements described above –

context, strategy, audience, time, product, and impact – to be considered a campaign. It also

cannot be a routine part of health services to be considered a campaign. In the next chapter,

these elements will be combined logically to form a definition of campaign from the perspective

of health ministry representatives who conduct these efforts.

Chapter 5

Conclusions, Implications, and Recommendations

Introduction

This chapter presents a discussion of the key results of the study, including an operational definition of the term "global health campaign" informed by the qualitative data collected here. That definition is compared with one created for the Campaign Effectiveness Program after this study began, noting key differences resulting from the source information. In addition, this chapter presents the limitations faced in this study, along with its implications in the field. Recommendations for future study are provided, including considerations for the COVID-19 pandemic, which began after the data for this study were collected.

Summary of Study

This study aimed to answer the question, "How do individuals working with ministries of health define the term 'campaign'?" To answer that question, a series of qualitative interviews took place, assessing examples of campaigns, features of campaigns, use cases for campaigns, and similarities and differences between campaigns via a standardized questionnaire. The data were transcribed and analyzed using MAXQDA software to inform a definition of the term "global health campaign" via grounded theory – making note of repeated concepts, assigning codes to these concepts, categorizing the concepts, and building a definition of the term "global health campaign" from the six most prevalent categories, along with a reference to what makes an activity *not* a campaign. This definition could prove helpful to those planning, funding, implementing, and analyzing campaigns, as it spells out the multiple facets of a campaign to be considered in planning and in the assessment of campaigns that have already begun or have been completed.

Discussion of Key Results

Based on the six main themes identified in the Results Chapter – along with the distinction of what is *not* a campaign – the term "global health campaign" can be defined as follows:

> A global health campaign is a **context-specific** activity or set of activities based in a **strategy** to deliver a **product** (in the form of a service, treatment, or public health message) to a specific **audience** in a constrained period of **time** and **distinct from routine health services** – with the end goal of having an **impact** on a health condition of importance to the population.

The seven key elements comprising this operational definition are in bold, as these could be used as criteria for checking whether an initiative constitutes a campaign. For instance, vitamin A distribution in Nepal would be considered a campaign, as vitamin A deficiency is endemic to the region; the activity is based in a national strategy; a specific audience (preschool) children is being targeted with a product (vitamin A capsules) over a specific time cadence (twice a year and timed with seasonal changes); the campaign activities take place outside of the routine health services; and the distribution of vitamin A is intended to have an impact on mortality and disabilities like vision and hearing loss (Thorne-Lyman, et al., 2020). Routine immunizations, on the other hand, would not fit this definition, as they are not constrained in time – taking place at an individual level at all times throughout the year – and are presumably a component of routine health systems (World Health Organization, 2019).

This definition differs slightly from the one developed for the Campaign Effectiveness Program at The Task Force for Global Health, which is as follows:

> A "health campaign" is a coordinated, intensely-focused set of activities that brings carefully-targeted resources to bear to achieve a specific health goal, e.g., delivery of life-saving medicines; accelerated control of a particular disease; or protection of communities against a specific health threat. Campaigns are typically time-limited, geographically targeted, and often focused on delivery of a single intervention. Health campaigns are intended to supplement routine health service delivery systems, in order to

reach vulnerable populations and/or accelerate the achievement of specific health impacts or high-priority health goals. (O'Carroll, 2020)

The two definitions share some key similarities: both definitions define campaigns in terms of activities; both mention the item to be delivered ("product" versus "resources"); both mention strategy (with mentions of "coordinated" and "carefully targeted" in the second definition); both mention the need for a health goal; both mention boundedness in time; both set campaigns apart from the activities of routine health systems; and both mention a target population. The starkest difference between the two definitions is context. While the second definition mentions aspects of context individually – including "geographically targeted" and "high-priority health goals" – context has much greater prominence in the first definition.

The rationale for the emphasis on context in the definition presented here is that context was the most commonly appearing theme in the interview transcripts. As demonstrated in the code book (Appendix 1), context consists of many factors beyond geographic boundaries and local priorities. These factors include need (which may be established via assessing the disease baseline), research to inform campaign best practices, cultural factors (including stigma), political factors, the existence (or lack thereof) of operational guidelines, ownership of the campaign, resources allotted to the campaign (including budget and properly trained personnel), and partners working on the campaign. Based on the data presented here, context is the most important aspect of a campaign, as mentions of context were inextricable from descriptions of campaigns themselves. Campaigns are derived from the context, prioritized based on the context, designed for the context, and evaluated in light of the context.

In light of the COVID-19 pandemic, context is even more important now than it was at the time the data for this study were collected. In May of 2020, the World Health Organization issued interim guidance for campaigns, recommending that activities which rely on gatherings of

large groups of people (such as community-based mass drug administration) be suspended and

that other activities be modified to minimize the risk of COVID-19 transmission (World Health

Organization, 2020). Incidentally, that document defined campaigns as "supplementary activities

to routine services used to achieve high population coverage" (World Health Organization, 2020,

p. 6). As the language of the guidance demonstrates, COVID-19 has changed the context.

Activities that once represented a high national priority are now of lower priority, given the

balance of risks and benefits in executing those activities.

Limitations

This study faced several limitations, including limited resources. Without a separate

travel budget, the author was mostly able to conduct in-person interviews in the context of an

existing travel plan (to the annual ASTMH meeting). Therefore, interviewees chiefly consisted

of those who were able to attend the same meeting, thus excluding prospective participants from

financially constrained contexts. While subsequent interviews took place remotely (with one

additional in-person interview at the author's workplace), telephone interviews preclude the

generation of thick description, as discussed in the Methodology Chapter. Furthermore, some

selection bias played a part in this study, as the interviewees the author knew personally – who

were more likely to respond positively to an invitation to participate – were involved in

campaigns specifically targeting neglected tropical diseases. It should be noted that the

definition resulting from this study is of the phrase "global health campaign," while the

interviews themselves focused on the term "campaign" alone. This discrepancy is due to the fact

that the interviewees all worked in the field of global health, so their definition of "campaign" is

assumed to be one that applies to the same field.

The greatest limitation to this study, however, is the one that faces all qualitative inquiries – what has been referred to as "the personal composite of dispositional and deterministic orientations" (Peshkin, 1994, p. 55). This subjectivity permeated every step of the research process, from selecting the research question, to drafting interview questions, to body language during the interviews themselves, to the ultimate coding of results, to the way in which the major themes were put together to form the operational definition of "global health campaign." Attempts to mitigate the subjectivity of the analysis include its framing in grounded theory; by using open-ended questions and developing codes inductively, this study created space for unexpected findings. However – as with any qualitative inquiry – it is important to note the findings of this study cannot be divorced from their source, and that the definition presented here represents the information presented to the author (a public health communications professional and public health student) and synthesized by the same author to suit the author's particular context.

Implications

In the short term, the findings of this study have the potential to inform the work of a newly created program at The Task Force for Global Health, the Campaign Effectiveness Program. As that program establishes its coalition, this definition could help define the activities considered campaigns, and thus the partners to engage. In the longer term, an operational definition of "global health campaign" could help promote cross-learning through the literature. In summarizing the findings from a particular campaign, authors could turn to this definition to establish why the activity in question constituted a campaign in the first place and how it was similar and different to other activities deemed campaigns through the same definition. With a definition to unite them, mentions of campaigns may thus appear more generally in the literature,

allowing for greater visibility of this general framework encompassing a broad range of activities around the world.

Recommendations

Given the upheaval of many campaigns in light of the COVID-19 pandemic, a key recommendation resulting from this study would be to conduct interviews again with the same participants to assess how their answers might change in the context of COVID-19. Additional research could include an assessment of the definition established here with other representatives of ministries of health to evaluate its relevance in varying contexts. Given the findings of this study – especially around the importance of context to a global health campaign – future research could also assess which contexts call for a campaign as opposed to another approach (such as routine health services). Finally – and in response to one of the key limitations identified in the Methods Chapter – this study could be replicated with interviews conducted in participants' primary languages, with interviewers who are also native speakers. This would allow for a more nuanced understanding of individual participants' experiences and perspectives. However, such an inquiry may dilute the concept of "shared meaning," as the shared meaning of "campaign" presented here is one understood by both the researcher and by the participants in English.

Conclusion

This study presents an operational definition of the term campaign, based on qualitative data collected from representatives of ministries of public health. As such, this definition of "global health campaign" represents the views of individuals who conduct these activities themselves in the contexts in which they live. Such a country-specific definition is largely missing from the literature, presenting a missed opportunity for learning across countries and disease-specific initiatives. With this shared meaning established, global health practitioners and

researchers will be better placed to understand what constitutes a campaign and thus which

activities they may be able to learn from as they work to improve campaign effectiveness.

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Appendix 1 – Code Book

Code	Memo	Code Logic		
Time	Refers to a mention of the periodicity of campaign activities	//Time	Top-level Code	
Duration	Refers to a mention of the days, weeks, months, or years dedicated to completing a campaign	//Time//Duration	Sub-code	
Boundedness	Refers to a mention of the beginning and end points for campaigns	//Time//Boundedness		
Intensity	Refers to a mention of the concentration of campaign activities into the time period	//Intensity		
Audience	Refers to a mention of the group to be targeted by campaign activities	//Audience		
Interaction	Refers to a mention of contact with the audience as a function of the campaign	//Audience//Interaction		
Message	Refers to a mention of the information delivered directly to the audience by campaign personnel (separate from communication strategy)	//Audience//Interaction//Message		
Product	Refers to a mention of the service, treatment, or other item to be delivered to the audience as a function of the campaign	//Product		
Strategy	Refers to a mention of the overarching plan for the campaign	//Strategy		
Vision	Refers to a mention of the end goal of the campaign, if executed successfully	//Strategy//Vision		
Mission	Refers to a mention of the purpose of the campaign itself, meant to achieve the vision	//Strategy//Mission		
Objectives	Refers to a mention of the specific results to be achieved during the campaign	//Strategy//Objectives		
Communication	Refers to a mention of the outreach surrounding campaign activities to attract the target population	//Strategy//Communication		

Context	Refers to a mention of the background in which a campaign is set	//Context
Need	Refers to the problem to which the campaign aims to respond	//Context//Need
Baseline	Refers to a mention of the assessments conducted to establish the need for a campaign	//Context//Need//Baseline
Research	Refers to a mention of the epidemiological and operational studies informing a campaign	//Context//Research
Cultural	Refers to a mention of the socioeconomic, folk, and religious factors that might inform the campaign	//Context//Cultural
Stigma	Refers to a mention of the potential shame conferred upon an individual as a result of a condition or participation in a campaign to treat or prevent that condition	//Context//Cultural//Stigma
Political	Refers to a mention of the governmental factors that might inform a campaign	//Context//Political
Guideline	Refers to a mention of existing rules and guidance for conducting a campaign to fulfill a given mission	//Context//Guideline
Ownership	Refers to a mention of the organization in charge of the campaign	//Context//Ownership
Resources	Refers to a mention of the money, materials and manpower available to conduct the campaign	Context//Resources
Personnel	Refers to a mention of the staff (both paid and volunteer) dedicated to campaign activities	Context//Resources//Personnel
Training	Refers to a mention of the instruction needed to prepare campaign personnel to conduct campaign activities	Context//Resources//Personnel//Training
Budget	Refers to a mention of the money allocated to the campaign	Context//Resources//Budget

Partner	Refers to a mention of an organization or foreign government either funding or assisting with the campaign	Context//Partner
Impact	Refers to a mention of the long-term results of a campaign	//Impact
ImpactMeasures	Refers to a mention of the study to determine the long-term results of a campaign	//Impact//Impact Measures
Integration	Refers to a mention of combining campaigns (e.g., for different diseases)	//Integration
NotCampaigns	Refers to a mention of an activity that is not a campaign, according to the interviewee	//NotCampaigns
Routine	Refers to a mention of activities that ordinarily take place within a health system	//NotCampaigns//Routine

Appendix 2 – Role-ordered Matrices

Role-ordered Matrix 1: Context

This table compares the various participants' viewpoints on the context of campaigns, with

respect to the geographical region and economic standing of their countries.

Participant	Viewpoint
Participant 1 *(low-income country in Sub-Saharan Africa)*	But before, you need to do baseline assessment, but not baseline assessment for the prevalence of disease, no. It's an assessment to see the gap of health system before, in our country…And after this, you can, for campaign, is also the baseline assessment for disease. (Interview 1, Pos. 42)
Participant 2 *(lower-middle-income country in Southeast Asia)*	What are the aspects that we should consider? First we have to know the target beneficiaries for the campaigns and are the campaigns good only for endemic areas or selected areas, or is this nation-wide? And also we have to consider thinking about the influence group that you can tap. Also you have to consider the budget that will be needed, the logistics that would be needed in the campaign, and the important people that you can tap as an advocate. (Interview 2, Pos. 19)
Participant 3 *(low-income country in Sub-Saharan Africa)*	So when we started planning for HPV, we didn't have a guideline. What I didn't say is normally for most of our programming we use WHO guidelines but the HPV was one were we had no guideline when we started…But we had had deworming within the schools since 2012, and we had forged a very good relationship with the school health authorities and they are very particular about their time…they are very happy to support anything that improves learner welfare, particularly health-wise, but they don't want their time to be unnecessarily taken and unnecessarily long, because they have a curriculum to do, and sometimes they have exams. So we learned to manage time and then it meant that whatever program we brought into the schools it could be at most one week long. (Interview 3, Pos. 49)
Participant 4 *(low-income country in Sub-Saharan Africa)*	Most of the time, the health system is not strong. (Interview 4, Pos. 33)
Participant 5 *(lower-income country in South Asia)*	If you want the focus of the community on you, then you have to be very sure that your strategy, whatever you're doing, is community-specific. That means that there has to be totally, one should be aware about the concepts, the misconceptions, the myths, the beliefs that are

	prevailing in those community…I'll give you an example is, you can't do mass media with a community which is like villages, 'cause they don't have TVs, they don't have radios so they won't be listening to the mass media. (Interview 5, Pos. 15)
Participant 6 *(lower-middle-income country in Oceania)*	You know according to WHO criteria, you have to give albendazole and DEC one time per year for five years. Now just imagine, that was really an expensive exercise. And we couldn't do it…where the country is too rugged, the geography is, you know it's got lots of bad terrain and the only way to get around is by airplane and it's very expensive. And then you go onto the ground have you have to catch a boat to an island there and another come back go to the other island there. You have rough seas. And you just cannot do it. And you have to do this for five years. (Interview 6, Pos. 28)
Participant 7 *(high-income country in the Caribbean)*	Usually we would try to go for a mass approach when it would affect a lot of people. So mosquitoes affects everybody. Rodents can affect everybody. If there was an individual problem, we have measures in place to go to a particular community or a particular household, but when it would affect a lot of persons, we tend to go more the public route. (Interview 7, Pos. 7)
Participant 8 *(upper-middle-income country in South America)*	What the campaign is for flu is getting with all the manpower that we normally do not dedicate to flu into distributing vaccines, applying vaccines and having a mass media communication informing about the availability of the vaccine, where and which are the risk groups who should be getting it. (Interview 8, Pos. 62)

Role-ordered Matrix 2: Strategy

This table compares the various participants' viewpoints on the strategy for campaigns, with

respect to the geographical region and economic standing of their countries.

Participant	Viewpoint
Participant 1 *(low-income country in Sub-Saharan Africa)*	You have an activity and you have a strategy. You have an objective. For me, MDA is activity. You need the strategy to have more vision. For me, MDA is…one part of the whole system. It's just activity. But for advocacy, because authorities need to be sensitized to understand what you do in our country. (Interview 1, Pos. 50)
Participant 2 *(lower-middle-income country in Southeast Asia)*	You have to assess the campaigns, if the campaigns you conducted are working or not, so that in the next campaign, you can improve on that. Or think of another strategy. (Interview 2, Pos. 70)
Participant 3 *(low-income country in Sub-Saharan Africa)*	You're also using all sorts of communication to get the message across to the population, the target population but whoever else can support that target population to come forth. (Interview 3, Pos. 32)
Participant 4 *(low-income country in Sub-Saharan Africa)*	Successful campaign has a good process, well thought-out plan, with evidence-based implementation, and a quality of the process in reaching to the final point. And at the end of the day, it is also making some progress towards a primary target with WHO. (Interview 4, Pos. 36)
Participant 5 *(lower-income country in South Asia)*	What you do is you build the campaign strategy, build a campaign, much before the day on which this event is going to take place, you build aware total campaign. Now those campaigns can be at various levels. Campaign can be, for example, at a very high level when you try to project the need of taking this drug on a single day to the whole population, doing an event far out but covered totally by media and everything. (Interview 5, Pos. 15)
Participant 6 *(lower-middle-income country in Oceania)*	I'll give you the example of, we have a MDR TB problem in [COUNTRY] right now…And how do we do a campaign against that? So we have to plan the components of the campaign. Like one is to write out awareness campaign to tell everybody about the danger of the disease and how it can spread and how one can prevent yourself and how one can go and get treated. And then we move onto the treatment – how is that going to be administered? (Interview 6, Pos. 21)

Participant 7 *(high-income country in the Caribbean)*	For example, when we were talkin' about when measles was in the rest of the world, in the rest of the region and we were thinkin' about, "How are we gonna prepare persons?" I was a part of that preparation part – one of the stakeholders that talked about who would be goin' out to look in the community to see who is immunized and who is not and then encouragin' persons who are not immunized. (Interview 7, Pos. 4)
Participant 8 *(upper-middle-income country in South America)*	[The characteristics for success are] that the activities occur according to the plan, that the target population is reached, and that the goals are accomplished. (Interview 8, Pos. 94)

Role-ordered Matrix 3: Audience

This table compares the various participants' viewpoints on the audience for campaigns, with

respect to the geographical region and economic standing of their countries.

Participant	*Viewpoint*
Participant 1 *(low-income country in Sub-Saharan Africa)*	You targeting the population through the community worker. In our country, community health worker is volunteers. It's not taking charge by the government. I think it's a big issue to success. Because you have a huge ton of these personnel help us, who are the link between the ministry of health and the community. (Interview 1, Pos. 53)
Participant 2 *(lower-middle-income country in Southeast Asia)*	It targets a certain group of people. Like for example for schisto, the five years and above in endemic areas, for LF the two years and above in endemic areas, for STH we target one to 18 years old nationwide. That is nationwide. (Interview 2, Pos. 21)
Participant 3 *(low-income country in Sub-Saharan Africa)*	I was once involved in a campaign where we targeted five million people with measles vaccination and you know that one in a million event can now occur, maybe five times, and this is in one week, so you then have to make sure that whoever is administering that agent – the vaccine, the medicine – has been well trained in terms of screening any possible sick persons, allergic persons, but also looking out at treatment appropriately of any untoward event. It's a massive undertaking. (Interview 3, Pos. 32)
Participant 4 *(low-income country in Sub-Saharan Africa)*	It has to have audience, the one whom you want to deliver the message or the service that you are taking. And it need to be common interest. (Interview 4, Pos. 16-18)
Participant 5 *(lower-income country in South Asia)*	The thing is that this protects you if you have a very good coverage, if you reach to, let's say, more than 90 percent of the population, at the most 90 percent of the population eat those drugs. Otherwise, that's what the compliance is. Coverage is that you know the eligible population and you want 90 percent of the population to be reached, and 90 percent should be able to consume the drug. That comes out to be compliance. So this involves large-scale community engagement and community participation in the sense that people should not, at the time of doing this drug administration, which will be done on specific dates, specific period of time, that there should not be any resistance. (Interview 5, Pos. 15)

Participant 6 *(lower-middle-income country in Oceania)*	To provide bed nets is easy – just give them bed nets– and the number of bed nets distributed is easier target right there and everyone is happy, but when you're coming to giving medicine to people like in nine month you have to watch over them, it's a bit trickier than just giving one mass drug, mass drug administration, one time. Just one day and that's enough for the rest of the year is different to someone getting nine months of treatment every day, that's got its own challenges. (Interview 6, Pos. 52)
Participant 7 *(high-income country in the Caribbean)*	I may be a part of a campaign. So that would be collectin' the information that would suggest that interaction with the public is necessary to change their behavior or to mitigate an outbreak or something that has been noted. (Interview 7, Pos. 4)
Participant 8 *(upper-middle-income country in South America)*	Examples of that could be going to remote town to get samples to do an HIV survey…Could be going to a school or a community to do a deworming activity and blood draws. That's what I call campaign in my group. (Interview 8, Pos. 21-23)

Role-ordered Matrix 4: Time

This table compares the various participants' viewpoints on the time dedicated to campaigns,

with respect to the geographical region and economic standing of their countries.

Participant	Viewpoint
Participant 1 *(low-income country in Sub-Saharan Africa)*	*No data provided*
Participant 2 *(lower-middle-income country in Southeast Asia)*	All the programs that I mentioned have certain part that we can say that these are campaigns. For example, for the STH, schisto and LF, so the preventive chemotherapy and this is being implemented in a harmonized way. Like for example in January, it's MDA for STH and schisto and July it's STH and LF…There is a calendar, actually. There is a calendar. (Interview 2, Pos. 12-16)
Participant 3 *(low-income country in Sub-Saharan Africa)*	In the malaria program there are campaigns, for example, to promote the use of bed nets before you embark on your annual spraying – we do indoor residual spraying – so that has to also be timebound, pull all your resources to inform the communities, and properly timed before the first rain fall. (Interview 3, Pos. 37)
Participant 4 *(low-income country in Sub-Saharan Africa)*	NTD campaigns have a pre-defined period, like you are bringing campaign for example for LF program, like 5 years, or 6-7 years. But like polio, most of the time it is even beyond that type of elimination target, so the target of the disease also really makes a difference in terms, campaign-wise. (Interview 4, Pos. 30)
Participant 5 *(lower-income country in South Asia)*	For example in [COUNTRY], number of campaigns fail because you are trying to do them when, you'll do try to do the campaign from 9 AM to 6 PM, 6 PM – that's a working area. And the people aren't available at 9 AM. So what are you doing? Nothing. So those timings of the campaign has to be very important. (Interview 5, Pos. 38)
Participant 6 *(lower-middle-income country in Oceania)*	I think if you do it in a bit of an organized fashion, and then the roles are delegated, and then you, you may have a certain timeframe you want to put into there, then you know what to expect. (Interview 6, Pos. 21)
Participant 7 *(high-income country in the Caribbean)*	For something like flu season – or what we believe might be the flu season – which comes every year, but it's only for like the last quarter of year and then the first two weeks of the new year, the campaign would run for that length of time, which might be a few months. But

	for something like mosquito breedin', this is something that we do periodically all throughout the year because we don't want to wait until something happens to tell them, "Don't breed mosquitoes." So we usually have messages in the media – different messages, but all throughout the year. (Interview 7, Pos. 4)
Participant 8 *(upper-middle-income country in South America)*	Number one: a time definition – when it begins, when it ends, and it's for a short period relative to the usual activities. (Interview 8, Pos. 29)

Role-ordered Matrix 5: Product

This table compares the various participants' viewpoints on the product delivered via campaigns,

with respect to the geographical region and economic standing of their countries.

Participant	Viewpoint
Participant 1 *(low-income country in Sub-Saharan Africa)*	Because campaign for me, I don't know it's the MDA…because for me, yes, you have MDA. But my preference is for impact, to evaluation, to coverage or something like that. (Interview 1, Pos. 27)
Participant 2 *(lower-middle-income country in Southeast Asia)*	For malaria we only have one province that actually 94 percent of our malaria cases are in. So we do advocate the use of LLIN, especially in the highly endemic villages in [PROVINCE]. So you have to explain the importance of the bed nets and how to use it. Because sometimes they do not use it. They keep it in their closet, so you have to explain it. (Interview 2, Pos. 49)
Participant 3 *(low-income country in Sub-Saharan Africa)*	You also planning in terms of addressing any adverse events because they tend to feature, because now you are vaccinating, or you are deploying a therapeutic agent to a large number of people in a very short time period so whatever is rare may actually manifest. (Interview 3, Pos. 32)
Participant 4 *(low-income country in Sub-Saharan Africa)*	There are many activities that can be considered as a campaign. There is social mobilization, advocacy, the actual mass drug administration. By far most of them are those. (Interview 4, Pos. 11)
Participant 5 *(lower-income country in South Asia)*	We did similar thing for immunization, polio drive in [COUNTRY], where we used the main [NATIONALITY] actor, you might have heard on [STATION]) and others, which is the [MOVIE INDUSTRY], you know, great. So he gave campaign days before that on TV that two drops of this immunization will help you. (Interview 5, Pos. 15)
Participant 6 *(lower-middle-income country in Oceania)*	We're looking at new ways of how we can do mass drug administration for neglected tropical diseases more effectively. 'Cause initially we used to do– we were following the WHO criteria for MDA for lymphatic filariasis was just using albendazole and DEC. And then just recently…they found out that ivermectin was more effective given together with DA, which is DEC and albendazole. So that new combination has now made its way in, made a policy change in [COUNTRY], and we are now using the triple drug for mass drug administration for lymphatic filariasis. (Interview 6, Pos. 14)

Participant 7 *(high-income country in the Caribbean)*	Actual mass treatment we don't often – the diseases that we come across here in [COUNTRY] we don't often need to do mass treatment and for mass vaccination it's usually under…what we call EPI for vaccine-preventable diseases, and that's another desk. (Interview 7, Pos. 4)
Participant 8 *(upper-middle-income country in South America)*	It's bringing something into that community or population that's delivered through that campaign. And again, could be a product, could be information. (Interview 8, Pos. 29)

Role-ordered Matrix 6: Impact

This table compares the various participants' viewpoints on the impact of campaigns, with

respect to the geographical region and economic standing of their countries.

Participant	Viewpoint
Participant 1 *(low-income country in Sub-Saharan Africa)*	You have for LF, you reach the step of validation of elimination. OK, everything is OK. Maybe next year, it is impossible for the partner to continue to support us. OK. And it is impossible to continue to implement the activity. What's this situation? For a few years after, it's not as successful, as you fail. Because the government or the population don't prioritize this fight as the top of health problem in our country. You need, before to be successful, you need to sustain, to strengthen the – no before to strengthen – to show our authority that this fight of disease is a priority. To have a national line budget for this activity, and if, after the partner the finish the job, or finish to help us, you can able to continue to sustain what you do, during 20 years or 25 years or however long. That is the meaning for me of success because today, maybe you can say congratulations for LF, but if in 10 years I have new cases of elephantiasis, of lymphedema, it's not a success. (Interview 1, Pos. 74)
Participant 2 *(lower-middle-income country in Southeast Asia)*	To increase the coverage, you have to give them, or inform them that the intervention is working. Like for example for LF, out of the 46, 41 were declared, or passed the TAS. So you have to have data, especially for the local chief executives. (Interview 2, Pos. 53)
Participant 3 *(low-income country in Sub-Saharan Africa)*	We wanted to vaccinate five million children and we hit 98 percent of that…And since 2010, there has not been a single case of measles in my country. And I'm still in charge of the surveillance system that makes sure…we are not reporting the measles either on the clinical criteria but also on the lab-based surveillance where we collaborate with WHO. So there has not been a single case of measles since that campaign, so we know the 98 percent coverage was accurate, but you also know that subsequently the immunization coverage is also accurate. (Interview 3, Pos. 40-42)
Participant 4 *(low-income country in Sub-Saharan Africa)*	In NTDs, there are particular transmission thresholds. And lastly, it can be summed up by the kind of impact at the end of the day…Impact on the disease. (Interview 4, Pos. 36-38
Participant 5	The thing is that outcome assessment is an entirely different aspect…if I'm doing where it is required only to change the treatment things – for

(lower-income country in South Asia)	example, if you take LF itself – that means you're trying to do MDA – what is next? You will do TAS and you will understand some, so that means your campaign has become some successful. But that side, in HIV that's not the kind, that's fine, you can't know. But the issue is it's not one-time protection. It's everyday protection…So that's entirely different way of looking at the things. So what you will have to do is, and the testing has to be done on a six-monthly basis…So in a disease campaign, what I'm trying to say is, you can always assess by the outcome of the disease. Whether it's increasing or decreasing, you can assess by that whether your campaign has been successful or not. (Interview 5, Pos. 40)
Participant 6 *(lower-middle-income country in Oceania)*	I think the campaign that I'm working on right now, which is the combining the mass treatment for lymphatic filariasis and yaws, that is actually going to be a game-changer in the way we give mass drug administration for treatment for yaws, LF, trachoma, scabies, soil-transmitted helminths, like that. And it's a policy impact study, when you look at it. And I think if we present it to WHO with a very convincing outcome, that is going to change the way [COUNTRY] do MDA for these diseases and then also in countries that have similar problems like co-existing neglected tropical disease in one setting, in one community that they can adapt this…We think that if it comes through and we don't find any more yaws cases at the end of these three years, then that would be a good thing for the world. At least those countries where there's neglected tropical disease and we can try and help those people who suffer from them. (Interview 6, Pos. 37)
Participant 7 *(high-income country in the Caribbean)*	Well, there're two things to measure that. Because we want behavior change, very often we cannot – if you were just lookin' at behavior change we can't say whether it was successful or not. What we look at is whether we ticked the boxes that we said that we would tick when we started. So did we run? Or did we – if you're runnin' ads, did we run them? Did we run all of them? When, how did we run them? Were they received? Did people hear them, see them, when?…Sometimes we get an opportunity to go back to the persons to ask them if they saw, or if they heard and then more, less frequently we might be able to actually go and measure people's, do a KAP measure. (Interview 7, Pos. 9)
Participant 8 *(upper-middle-income country in South America)*	*No data provided*