

Phases of Social Marketing

Building the Sustainability of Donor-Supported Programs





Phases of Social Marketing: Building the Sustainability of Donor–Supported Programs

There are multiple definitions of social marketing in the academic and public health literature. The seminal publication, *Social Marketing: Influencing Behaviors for Good*, describes social marketing as “a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence the targeted audience’s behaviors for the benefit of the target audience and society” (Kotler and Lee 2008). Social marketing

is based on the “marketing mix”, a commercial approach to developing and selling products and services, also referred to as the “4 Ps” (Box 1). To maximize sales, the marketing mix helps make the right product available in the right place at the right price. The main difference between commercial and social marketing is that the latter aims to achieve a social goal—behavior change—rather than profits.

Box 1. The 4 Ps

Product: An object, service, or concept marketed to an audience. In a family planning program, the product may be a commodity, service, or behavior.

Price: The cost that must be paid by the consumer to access the product or service, or to practice the behavior.

Place: The channel through which the product or service is available and accessed by a consumer. Examples include a health center, pharmacy, retail outlet, or community–based distribution agent.

Promotion: The means used to communicate the benefits. These may include interpersonal communication, advertising, public relations, social media, or advocacy.

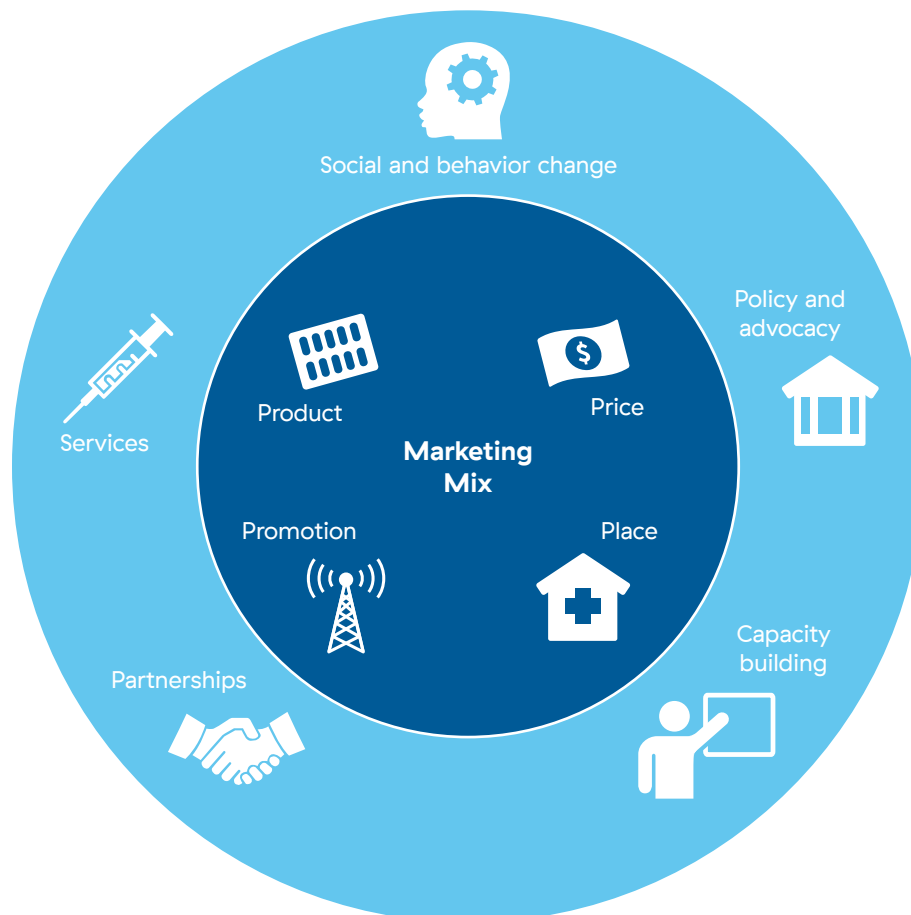
Adapted from the Global Health eLearning Center (2016)

In developing countries, **social marketing programs** usually focus on distributing and promoting health products through the private sector, with the goal of increasing their use by targeted populations. Social marketing has been widely used in programs to increase the adoption of modern family planning methods. Additional information about these programs, including different models of product-based social marketing, can be found in *Social Marketing: Leveraging the Private Sector to Improve Contraceptive Access, Choice, and Use* (High Impact Practices in Family Planning 2013).

Social marketing programs may subsidize one or more elements of the mix to increase product

availability and affordability, and invest in social and behavior change activities to motivate healthy behaviors. Some programs also include service delivery, policy and advocacy, partnerships, and capacity-building activities designed to build a supportive environment for social marketing implementation (Figure 1). Different types of international and country-based organizations, including contractors for the United States Agency for International Development (USAID), clinic-based NGOs, and social marketing organizations (SMOs) may be involved in social marketing implementation. “Social marketing program” in this primer refers to a product-based contraceptive social marketing program funded by USAID through a contract or cooperative agreement.

Figure 1. The marketing mix and enabling interventions



For the purpose of this primer, **graduation** is defined as the phasing out of USAID support for procuring, distributing, and promoting health *products* under a social marketing program. Although many SMOs also manage service delivery activities, this primer only addresses the product component of social marketing programs. Graduating social marketing products therefore does not preclude continued USAID support for other activities performed by the implementing organization.

The **sustainability** of social marketing programs can be defined in different ways. A program may be technically, financially, and institutionally sustainable and thus able to function beyond graduation from donor support. Because this primer focuses on the product component of social marketing, it does not include a full discussion of institutional sustainability, which can be found in other publications (Cromer et al. 2004; O’Sullivan et al. 2007; Barnes et al. 2015; Bertrand, Santiso-Gálvez, and Ward 2015). Rather, its focus is on

program sustainability, and the commercial viability of social marketing brands (whether they can survive without subsidies). In addition, this primer examines the conditions for market sustainability, which is achieved when the marketing of products in a particular category (e.g., oral contraceptives) is a potentially viable activity for any nonsubsidized supplier.

In terms of definition, this primer assumes that a product is sustainable when it *no longer requires USAID support to remain in the market*. The market itself is assumed to be sustainable when it *continues to attract new products and suppliers without donor investments*.

Key objectives of the primer are to (1) identify strategies to improve the sustainability of social marketing products, and (2) support the creation of a market that can sustain the product category beyond graduation. An example of a country where both have been achieved is Paraguay in 2012 (Box 2).

Box 2. Post-graduation market for oral contraceptives in Paraguay

USAID donations of contraceptive commodities to a social marketing program in Paraguay (PROMESA) were phased out in 2004 as part of a five-year country graduation process. In 2009, an assessment conducted by the USAID-funded Strengthening Health Outcomes through the Private Sector project found that 28 brands of commercial oral contraceptives were marketed in the private sector. Prices ranged from \$1.60 to \$6.00, with the social marketing brand, priced at \$1.90, accounting for 25 percent of total volume sales.

Source: Strengthening Health Outcomes through the Private Sector Project (2012)

Social marketing is a complex methodology that blends marketing techniques with social and behavioral sciences, and it should not be oversimplified. This primer is not meant to substitute for existing primers and tools, or replace in-depth market analysis. The annex to this primer provides resources for more information and research related to the design and management of social marketing programs.

This primer will explore the three phases of social marketing programs, providing a framework to align investment decisions with sustainability planning.



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Program Life

Social marketing programs are among the longest running because they constitute operating platforms that make it possible to add products, services, and behavior change interventions with every new funding cycle. It is not unusual for donor-funded programs to receive multiple rounds of funding. When a program evolves into a complex operation with multiple activities, it can be difficult to determine where each social marketing product sits in its life cycle, and how mature the market has become for that particular product. Family planning products marketed together may also have different levels of potential sustainability because they are subject to different market conditions.

All USAID-supported social marketing products share a timeline that can be divided into three phases: a scale-up phase during which a market is

being created for the product; a maturing phase, typically the longest, that corresponds to market expansion, increased health impact, and local capacity building; and a transition phase that precedes graduation from USAID support (Figure 2). This timeline is similar to the “product life cycle” described in marketing textbooks, which includes introduction, growth, maturity, and decline. Although a social marketing product may not disappear following graduation, over time it becomes subject to the same market forces that cause most products to decline and be replaced by others with new benefits. To be successful, graduation should lead to a vibrant market with enough demand to sustain widespread product supply, and regular investments in the product category by different types of suppliers.

Figure 2. Key goals for social marketing programs

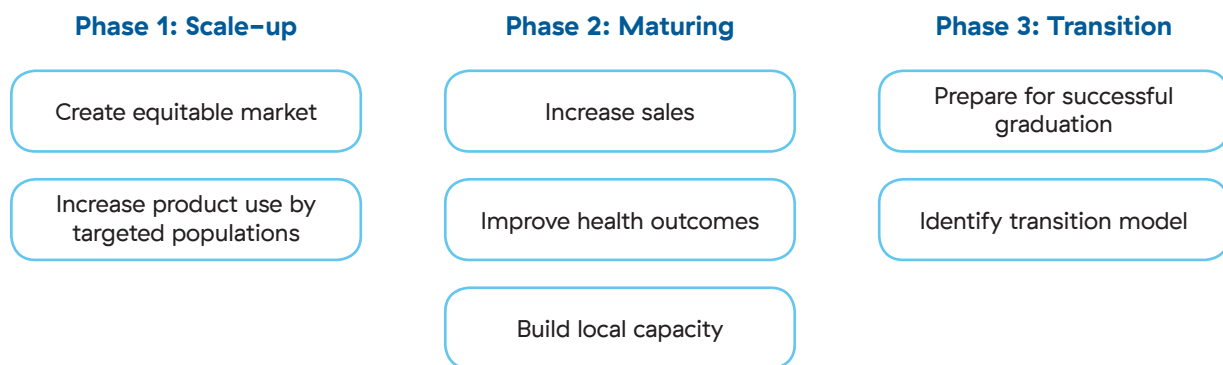


Photo: Jessica Scranton

Phase 1: Scale-up

In the initial phase of a new product-based social marketing program, any or all of the following market characteristics may be true:

- There is very low awareness of the product in the general population.
- There is awareness of the product but low demand for it.
- The product is not widely available or is too expensive for potential users.
- The product is available and affordable but not used by those who need it most.
- Local manufacturing or large-scale importation of the product is not profitable.
- The product is perceived as a commodity or “public good” with little commercial value.

During the scale-up phase, the program typically focuses on building a market for the product by stimulating demand from potential users, while maximizing its availability in commercial outlets. As more people ask for and use the product, more outlets are encouraged to carry it, and the market can grow.

Social marketing is also expected to reduce inequities and increase product use by those with the highest need. This is achieved through targeted subsidies and investments in social and behavior change activities. The marketing mix in the scale-up phase is therefore a combination of commercial and social interventions designed to build a market that serves everyone (Box 3).

Box 3. Example of social marketing mix in the scale-up phase

Product:

- Develop a high-quality product with user-friendly features
- Design attractive packaging that reflects target group tastes and preferences

Price

- Make the product affordable to as many users as possible
- Ensure adequate profit margins for distributors, wholesalers, and retailers

Place

- Facilitate product access by placing products where people live and shop
- Increase product placement in underserved areas (such as rural areas)

Promotion

- Create market demand through awareness campaigns
- Promote the brand through mass media and point-of-sale advertising

Social and behavior change

- Stimulate use of the product by people who need it the most (vulnerable, underserved, most at risk) through targeted communications

Sustainability strategies

Although they contribute to growing demand, equity-enhancing and behavior change strategies are usually absent from commercial marketing, which prioritizes consumers who already want to use a product (the “low-hanging fruit”). Social marketing programs can achieve both sales targets and social goals because they are not subject to the same profitability requirements as commercial enterprises. Despite the focus on rapid growth, some sustainability strategies adopted early on can help build a vibrant market that attracts increasing levels of private investments over time.

Use a total market approach

A total market approach (TMA) is a lens or process used by governments, donors, or health organizations to increase access to priority health products and services. A TMA builds demand for health products across all consumer segments, allowing the public, nonprofit, and commercial sectors to meet this demand. When consumers have the choice of using free, subsidized, or commercial products, the market can grow in a more sustainable way because it taps into different sources of financing. Social marketing programs can adopt a TMA from the very beginning by engaging

manufacturers or local distributors with high investment capability. If there is already significant commercial activity on the market, it may not be necessary to create new brands.

Use branding strategically

Branded promotion is used in the scale-up phase to build demand for the social marketing brand and ensure its placement in commercial outlets. A single branded product, however, may not be enough to meet the needs of all users, or leverage the purchasing power of different consumer segments. Promoting social marketing brands exclusively can prevent other potential suppliers from launching their own brands, especially in a similar price range. This is because few companies can compete with a subsidized brand, or match the resources typically invested in social marketing campaigns. Unbranded campaigns promote the attributes and benefits of a category of product, such as condoms, or a family of products (such as hormonal contraceptives), without advertising a specific brand (Box 4). The campaigns may be referred to as “umbrella campaigns” if a branded logo is used to build recognition for participating companies. In this case, the companies can apply the campaign logo on their products.

Box 4. Examples of unbranded campaigns

Unbranded campaigns have been used by USAID-funded projects in multiple countries. Examples include the *Friends of the Pill*, and *Pill of the Moon* umbrella oral contraceptive campaigns in India and Morocco (Commercial Market Strategies project); the *This is the Right Choice* and *Just Say It* condom campaigns in North India (PACT-CRH project); and the *Future is Worth Planning* campaign to increase the use of modern contraceptives in Ukraine (Healthy Women of Ukraine project). Unbranded campaigns can also link products and services: In India, the USAID-supported Dimpa provider network helped build demand for a range of commercial injectable brands, including Depo-Provera, Depo Progestin, and Khushi. Unbranded campaigns supported by pharmaceutical companies have also become commonplace in the United States: In 2016, Mylan and Merck supported campaigns to increase awareness of allergy (*Face Your Risk*), and vaccination against HPV and shingles, respectively.



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An ad for injectable contraceptives in India. The USAID-supported Dimpa provider network helped build demand for a range of family planning methods, including injectable contraceptives.

Work with commercial partners

In most countries, the commercial supply infrastructure includes distributors, wholesalers, and retailers, linked together by standard trading practices and supply networks. Pharmaceutical and consumer products are locally produced or imported, then transported by distributors to wholesalers who re-sell them to retailers. The demand for products at each level of the commercial supply chain fuels the system. An early sustainability strategy might consist of keeping the project salesforce small and maximizing the share of products distributed

through commercial distributors. In the early stages of product introduction, social marketing programs may deliver products directly to lower-level wholesalers and retailers to create product visibility and stimulate retail sales. Over time, bypassing distributors requires more resources because warehousing and distribution costs cannot be spread over hundreds or thousands of products. Well-financed, high-capacity distributors are important players in the pharmaceutical and consumer goods industry, and they should be key partners for social marketing programs.

Phase 2: Maturing

If enough demand has been created to convince a large number of wholesalers and retailers to carry a product, it quickly becomes widely available in the private sector. Some distributors may also be motivated to launch commercial brands in the same class of product.

In the maturing phase, social marketing programs are typically expected to simultaneously increase sales, improve health outcomes, and build local capacity. It is important for mainstreaming activities to continue if growing overall sales is a program requirement, but marketing costs can be reduced where the social marketing brand is well established (e.g., in urban areas). Subsidies may also be reduced in high commercial density areas, as the maturing program focuses resources on harder-to-reach communities.

The marketing mix includes the same types of activities as in the scale-up phase, but the targeting of distribution and communication efforts may change, moving from mainstream to more selective groups (such as vulnerable clients or youths). In the maturing phase, the social marketing program is often encouraged to develop partnerships with local organizations to increase health impact.

When demand has reached critical mass, social marketing programs often invest in market research to identify consumer segments that can be targeted with a different marketing mix (known as market segmentation). For example, condom social marketing programs often introduce brand extensions (new products or product lines within a brand) or even new brands with features designed to attract a different type of consumer. This strategy primarily helps programs generate income and build market share, but it may also help recruit new users.

Sustainability strategies

Aim for cost recovery and support a fair marketplace

One of the biggest threats to sustainability is the inadvertent creation of a monopoly by the social marketing program. This typically occurs when a program fails to keep up with market conditions, including demand and ability to pay, inflation, and commercial presence. Using market data to institute regular price increases and reducing investments in branded advertising not only increases cost recovery but also motivates private investment in the market.



ADEMAS, a Senegalese social marketing organization, promotes and sells a variety of health products, including Fagaru and Protec condoms, Aquatabs, and Securil Press (a sub-cutaneous injectable contraceptive).

Build local ownership

Local ownership may be realized through multiple organizations and more than one sector. Depending on the context, it may or may not be desirable to sustain all core social marketing functions and supporting activities (social and behavior change, service delivery, policy and advocacy) under the same roof. Transitioning the program to local ownership may involve commercial distributors, community-based organizations, clinic-based NGOs, civil society organizations, and increased local linkages with the public sector. This strategy for building local ownership is best implemented through a TMA, and should start in the maturing stage.

Technical assistance to a local SMO is a common approach to increased local ownership that typically centers on building marketing and programmatic capacity. To survive in the long term, especially after graduation, SMOs also need the capacity, resources, and independence to remain competitive as suppliers. Experience has shown that management, human resources, and financial systems, while adequate for a single donor-supported project, must be improved to support NGO growth and sustainability. The maturing phase is a good time to invest in building the capacity of the local SMO to address this transformation challenge (Box 5).

Box 5. Building local capacity in Tanzania

The USAID-funded Tanzania Social Marketing Program has been in existence since 1988. The 2010–2016 cooperative agreement for the follow-on project aimed to achieve the following results:

1. Impact of targeted social marketing initiatives (including access to, sales of, and use of social marketing products) aggressively expanded.
2. Local capacity (civil, public, and private) to sustain social marketing activities in Tanzania strengthened to achieve public health outcomes.

One recipient of USAID assistance under the Tanzania Social Marketing Program was T-MARC Tanzania, a local NGO. A 2015 evaluation showed that the NGO had increased its capacity and impact as an SMO. However, its potential for financial sustainability remained limited, a challenge compounded by the fact that T-MARC Tanzania did not own the brands that were marketed by the Tanzania Social Marketing Program.

Source: USAID (2015)

Phase 3: Transition

Once USAID has made the decision to phase out support for a social marketing product or program, a detailed market analysis and graduation plan are needed to ensure a smooth transition to the appropriate model and the right local partners.

Impact

Before a discussion on sustainability strategies, it is necessary to look at the effect of graduation on the market and the key players. Understanding market reactions in the transition phase is critical to mitigate possible price increases, lower product availability, and less support for marketing and behavior change programs.

Impact on the overall market

Market maturity is often cited as a reason for graduating a social marketing program. A mature market usually has multiple suppliers competing for market share, and products with different features and prices can be found in commercial outlets. However, by the time a social marketing program faces graduation, market maturity may not have been reached. There may be high demand for contraceptives, but an absence of competing brands may suggest low commercial interest in supplying products at the current price. In a subsidized market, prices may be too low to warrant commercial investment in the product category. When subsidies are removed, and if enough people can pay higher prices, there may be a surge of commercial investment. This has been observed in Latin America following the graduation of social marketing programs. It is important to note that not all products in a social marketing portfolio reach the same level of market maturity at the same time.

For this reason, if market maturity is considered the key criterion for graduation, products in a social marketing portfolio may not be able to graduate at the same time, and underused methods may need continued donor support.

Impact on social marketing brands and social marketing organizations

Social marketing brands may be subsidized directly through commodity donations or indirectly through funding for staffing, operations, research, and marketing. As long as USAID supports these costs, SMOs can continue marketing their brands without major price increases. If all funding for the program is phased out, prices may have to be increased to achieve higher cost recovery. In the long run, the fate of social marketing brands is tied to the sustainability of the organization itself. Some SMOs in large, middle-income countries have developed cross-subsidy schemes that enable them to subsidize the cost of marketing their brands with profit from other products and services. Examples include DKT International in Indonesia and Brazil, Profamilia in the Dominican Republic, and PSI in South Africa. Cross-subsidization requires sophisticated marketing and financial systems, and is more effective for some products than for others. SMOs must also have realistic expectations of how much income can be generated from this scheme (Box 6).

Box 6. Cross-subsidizing social marketing products in Bangladesh

The Social Marketing Company (SMC) in Bangladesh implemented a social marketing program funded by USAID for nearly 40 years. SMC also received USAID assistance to achieve program sustainability, reaching 88 percent cost recovery by 2011. The company experimented with cross-subsidy schemes designed to support low-priced products with higher-priced condoms, oral contraceptives, and oral rehydration salts. Only condoms were found capable of generating cross-subsidy income, though they could not completely subsidize low-priced products. SMC has since adopted a more holistic and market-facing strategy to achieve financial sustainability.

Source: Global Health Technical Assistance Project (2012)

Impact on commercial suppliers

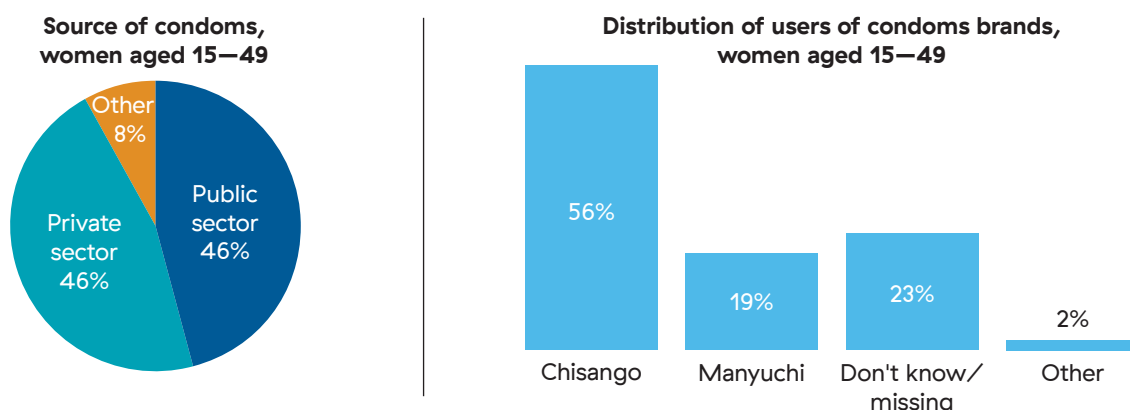
The decisions made by commercial manufacturers and local distributors are influenced by actual demand for products, profitability, and competition. If contraceptives have been subsidized for a long time, commercial suppliers may believe that those products are “public goods” with low profit potential. Faced with a change in market conditions, a supplier will sometimes conduct a market test (a low-investment product launch in a limited geographic area). If the market test fails, the manufacturer or distributor is unlikely to try again soon, especially if other investment opportunities are more appealing. For this reason, proposing partnerships that reduce risks and costs for commercial suppliers are likely to be more effective than simply engaging in dialogue or advocacy efforts.

Impact on the public sector

When social marketing brands no longer receive public subsidies, their availability may decrease in some areas because the social marketing program places more emphasis on efficiency and profitability. In addition, a variable proportion of users may not be able or willing to pay for the more expensive social marketing brands or for other commercial brands. The public sector is likely to become the new supply source for these users, as well as for future users living in underserved areas, who tend to be late adopters of modern family planning methods. It is important to conduct market research in the maturing phase to allow for enough time to build the capacity of the ministry of health to fulfill this role (Box 7).

Box 7. Social marketing condom programs in Malawi

In Malawi, a roughly equal percentage of women obtain condoms from the private and public sectors. In the private sector, social marketing brands supported by USAID and the UK Department for International Development have about a 56 percent and 19 percent market share, respectively. A sudden discontinuation of one social marketing program would likely increase the market share of the other. If both were terminated or their prices increased significantly, the demand for condoms may have to be largely met by the public sector. For those who can pay higher prices, a less subsidized market may mean an increased choice of condoms marketed by commercial suppliers.



Source: Malawi Demographic and Health Survey 2010

Sustainability strategies

The transition phase should include a strong focus on transferring ownership of different aspects of the social marketing program to one or more local organizations. Depending on the context, the responsibility for ensuring equitable access to affordable, quality products may continue to be mostly centralized under a local SMO, or shared among public and private entities.

Phasing out the social marketing program and transitioning to a commercial model

In some countries, the most sustainable option may be to phase out the social marketing program and rely on the commercial sector to sustain product supply and investments in the market. In Indonesia, Morocco, Turkey, and Ukraine, social marketing programs were designed around partnerships with

manufacturers and reverted to them following graduation. These programs were successfully transitioned to a fully commercial model but tended to be in middle-income countries with a gross national income per capita above \$4,000, high use of private sector services, and an advanced public safety net (such as national health insurance). They also had a relatively short duration (less than 15 years) and were less subsidized than current USAID social marketing programs.

In a social marketing portfolio, not all products may be graduated from donor support at the same time. Short-term “resupply” methods, including condoms and oral contraceptives, may suffer a minimal loss of clients following graduation because they are relatively inexpensive to produce and market. In contrast, long-acting and reversible contraceptive

methods such as IUDs and implants require access to affordable services from trained, competent providers. In this case, subsidies for commodities can be phased out, but continued donor support may be required to ensure access to quality, affordable services.

Commercially viable products can be successfully transitioned to a commercial delivery model. Products in high demand, which can be sold at a price that recovers all costs and generates a profit for their suppliers, are considered commercially viable. For-profit companies are not likely to support social and behavior change or other enabling activities under a social marketing program. However, a social enterprise may be able to sustain them and partially subsidize some products. The transition may take place one of two ways:

1. **Active transition** involves licensing one or more social marketing brand(s) to a private company, which can be a local distributor, social enterprise, or the current SMO.
2. **Passive transition** consists of relying on manufacturers and distributors to market their own brands. This is a likely scenario for products that typically receive significant commercial investment, such as oral contraceptives. If an international or local SMO has retained ownership of the social marketing brands, it may choose to continue marketing those brands in the commercial sector or through a different distribution network.

The Nepal CRS Company provides a substantial share of its country's contraceptives, including some of the socially marketed brands pictured here.

Photo: Samantha Lint



Transitioning the full program to a local organization

When local SMOs (or clinic-based NGOs) have the capacity to sustain a social marketing program without USAID support, the transition to local ownership can be relatively seamless. However, in many countries local organizations often have difficulties managing the impact of graduation. Losing a significant source of income makes it necessary to reduce expenditures and rationalize the use of resources. Increasing competition from commercial manufacturers and distributors has led clinic-based NGOs in Latin America to downsize or close their social marketing program. However, many have continued to procure and sell low-cost contraceptive products to support their social and health mission (Box 8).

Box 8. Sustaining the “social” in “social marketing” in Bolivia

PROSALUD, a Bolivian clinic-based NGO, received uninterrupted assistance from USAID for more than 25 years. Following a request by the Bolivian government to close its operations, USAID/Bolivia ended support to the contraceptive social marketing program in 2010. The abrupt loss of funding coincided with increased competition from commercial suppliers on the contraceptive market. Forced to reduce its social marketing staff by 70 percent and cut research and promotional expenditures, PROSALUD saw its sales and market share fall. The NGO now relies mostly on income from its 28 clinics and service contracts from municipalities. Still, PROSALUD did not end its social marketing program because it is a key component of its social mission, even if it is no longer a major source of income.

Source: Armand (2014)

NGO sustainability assessment tools are available and should be used. A low score on a sustainability assessment might call into question further investments in the social marketing program and suggest instead a commercial model or TMA. Any price increase applied to ensure increased cost recovery can potentially reduce demand for the social marketing brands, and the market share previously enjoyed by the SMO may decline as competition increases. Launching higher-priced products can help subsidize low-cost brands and preserve the SMO's social mission, but doing so means marketing products to new consumer segments, where competition might be stiffer. Some former USAID-supported NGOs have improved their financial sustainability by investing in new, mostly over-the-counter products, such as condoms. Marketing pharmaceutical products (such as hormonal contraceptives) has proven more challenging, due to challenges in accessing low-cost commodities and the cost of investing in marketing to providers.

Latin America provides multiple examples of USAID-funded NGO sustainability programs that helped clinic-based organizations and SMOs overcome the loss of donor support. These programs in part aimed to develop new income-generating services and product sales, enabling these grantees to become more self-sufficient, and successfully manage graduation (Cromer et al., 2004; Bertrand, Santiso-Gálvez, and Ward 2015).

NGO sustainability goes beyond technical capacity, and must be addressed holistically. SMOs may need to be allowed to hold program income beyond the life of a grant period, and build reserves to be used post-graduation. If USAID intends to contract SMOs after they graduate, they will need to be able to charge indirect costs as other contractors do. A number of publications dating back to the early 2000s can provide helpful insight into NGO sustainability. Several of them are listed in the “additional resources” section of this primer.

Unbundling program components

USAID-supported social marketing programs often include multiple components, such as commodity procurement, branding, packaging, warehousing, distribution, sales, and mass media campaign development. Most programs also include a strong social and behavior change component managed by

specialized staff. Implementing multidimensional programs under one roof builds synergies and is an effective development approach. However, it may not be sustainable as a long-term approach.

To make graduation possible, the product marketing component of social marketing can be turned over to distributors or a sustainable social enterprise. In addition, local advertising agencies with experience in social marketing can be contracted by the public sector or commercial manufacturers to develop campaigns that support increased use of products. This is an increasingly common occurrence in India, Pakistan, and Nepal.

Finally, unbundling social marketing programs may involve encouraging the public sector to increase family planning services to users unable to afford commercial prices, or living in areas where commercial presence is low. Engaging the ministry of health can be done in the context of a TMA, focusing on possible capacity and financing gaps. It is important to conduct appropriate research well in advance of graduation to allow for enough time to increase ministry capacity to fulfill this role. If the ministry has the resources to do so, it may want to contract local SMOs to implement community-based distribution or develop communication and education campaigns (Box 9).

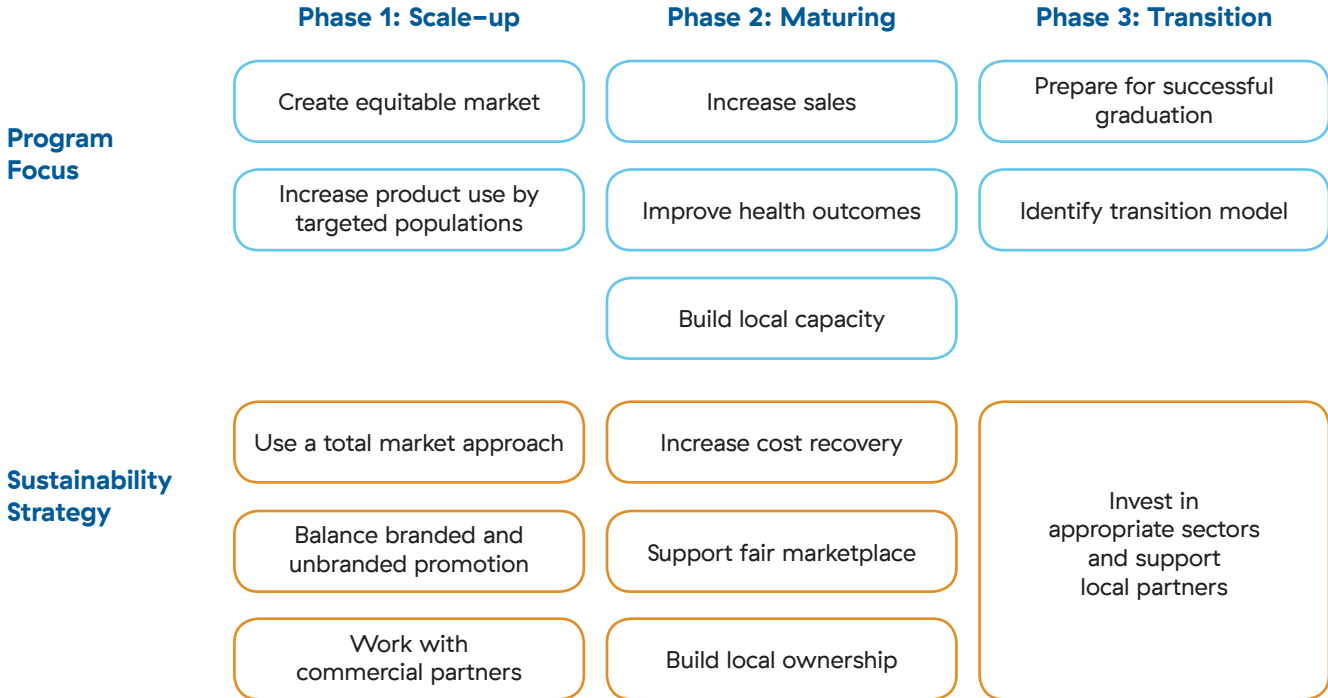
Box 9. PSI/South Africa: Introducing a new condom brand for the National Department of Health

PSI/South Africa is the main NGO partner of the South African government, tasked with delivering free condoms to non-clinical outlets. In late 2015, the National Department of Health contracted PSI to develop and introduce a new condom to replace its *Choice* brand. Using advanced market research and its own social marketing planning tool (DELTA), PSI developed *Max*, a condom line available in different scents. PSI then worked with local agencies on an aggressive communication strategy that combined brand promotion with a condom awareness and education campaign.

Source: Yasmin Madam of PSI, email message, November 22, 2016

The three-phase framework (Figure 3) helps identify sustainability strategies and make appropriate decisions at key junctures of the life of a program. USAID and implementing partners can use the framework and strategies described in this primer to identify a transition model adapted to the local context, develop a graduation plan, and invest accordingly, beginning in the maturing phase.

Figure 3. Key strategies for sustainable social marketing programming



Conclusion

The successes of USAID social marketing programs in building equitable markets for health products and increasing healthy behaviors by key populations have been well documented. These programs are expected to graduate someday, and must eventually transition to models that can be locally sustained without external inputs. USAID missions and implementing partners can work together to make decisions at key junctures of a program's life that achieve public health objectives without jeopardizing prospects for market sustainability. The strategies described in this primer are not based on immutable truths or strict rules, but designed to be adaptable to the evidence in a specific local context. Social marketing is a flexible methodology that cannot be reduced to a few established models of implementation, but should be tailored to development goals, and allowed to evolve with the market, increasing country ownership, and organizational self-determination.



Photo: Afghan Social Marketing Organization

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A billboard advertises socially marketed condoms in Benin.

Additional Resources

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