



USAID
FROM THE AMERICAN PEOPLE



Social Marketing Models to Achieve Public Health Goals

Susan Mitchell, Director
POUZN Project

August 6th, 2010



Abt Associates Inc.

SHOPS is funded by U.S. Agency for International Development and led by Abt Associates Inc. and includes five partners—

Banyan Global
Jhpiego
Marie Stopes International
Monitor Group
O'Hanlon Health Consulting

Learning Objectives

- Understand the definition of social marketing and the various social marketing models that one should consider
- Understand the factors that affect model choice
- Use a case study to apply learning

What is Social Marketing?

- The application of commercial marketing techniques to the planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.
- Applied to developing country settings it been used not only to influence behaviors, but to improve access to essential public health products through private sector outlets.
- Two primary models used in developing countries: Traditional NGO and commercial partnership

International Social Marketing Efforts

- The first developing country social marketing program was in India (Nirodh condom) 1967
- USAID has been applying social marketing in their strategy since the early 1980s, started as contraceptives but has broadened to HIV, Malaria, Child Health Products etc.
- DFID started funding social marketing in the early 1990's and currently supports close to 30 programs

Rationale for Social Marketing

- Effectively combines supply side (product availability) and demand side (behavior change) interventions that yields visible and measurable results
- Research shows that social marketing can significantly increase use
- Social marketing is a “good buy” for donors as it leverages private sector resources and recovers some or all costs from product sales
- Social Marketing by definition is implemented at scale
- Vertical health programs can be easily added to social marketing programs to achieve economies of scale.
- Social marketing provides quick diffusion of product innovations (treated mosquito nets, ORS, water treatment, zinc).

Key Principles

- Client-centered (research based)
- Use of the marketing mix or “4 P’s”
 - Product
 - Price
 - Place (distribution)
 - Promotion (mass media)



Social Marketing Models

1. Traditional NGO Model
2. Hybrid NGO model
3. Commercial Partnership Model



Traditional NGO Model

Whereby an NGO introduces their own product brand designed to meet the needs of a specific target group. The goal is wide reach and quick scale up in undeveloped commercial markets and/or a weak public health systems.

Product:	donated product (or purchases product with donor funds)
Price:	typically nominal to reach lower and middle income groups
Place/Distribution:	controlled by NGO, reaches traditional and non-traditional outlets in both urban and rural areas
Promotion:	Both branded and generic – multiple channel
Advantages:	Proven ability to reach poor, rural and high risk populations especially in low income and underdeveloped commercial markets, can help prime a commercial market if appropriate exit strategy
Disadvantages:	All aspects donor dependent, potential to crowd out commercial sector, success in targeting is mixed (often reach urban and wealthier)

The Hybrid: Sustainability Continuum

Hybrid models: Over time, hybrids outnumber the “pure” models

- NGO-based, with increased emphasis on sustainability
- The sustainability continuum for social marketing

Example: recovering product cost

Introducing Zinc In Benin

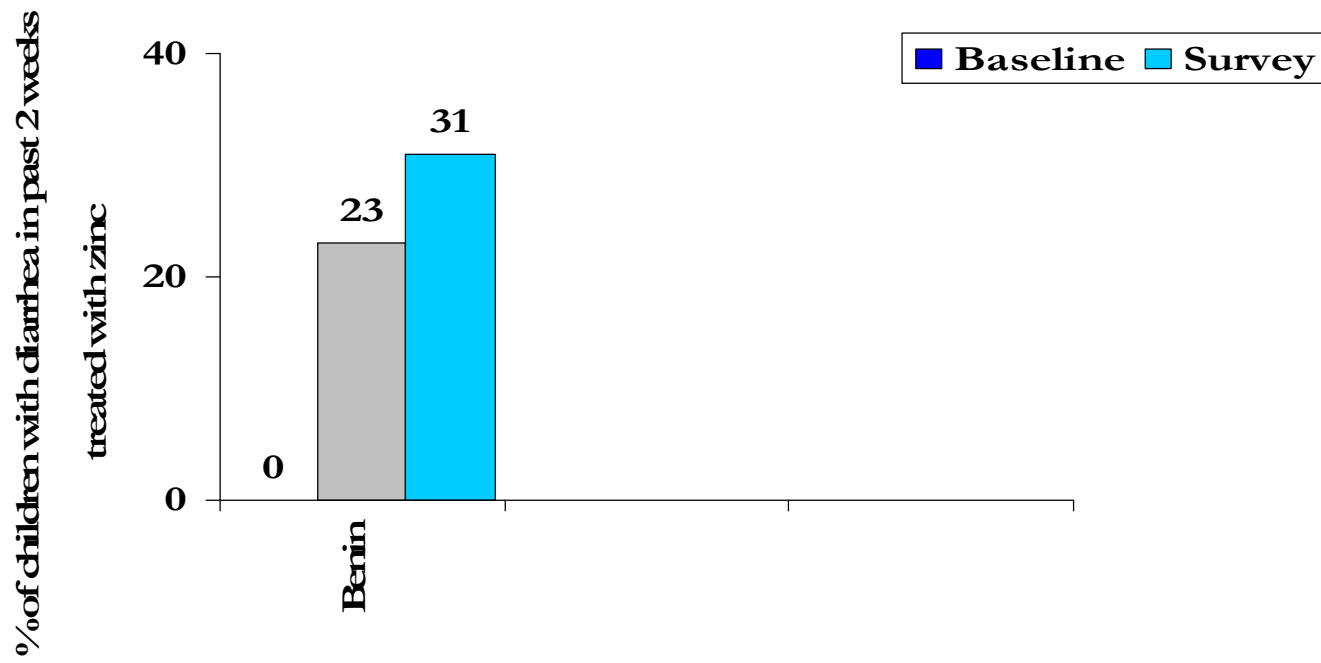
Goal: Caregivers and providers use pediatric zinc, along with ORS as the first-line treatment for uncomplicated diarrhea in under-five children.

- Build on a existing SM platform and brand to introduce a new innovation with greater health impact
- Funded product, packaging, promotion, distribution (commercial, public, CBD)
- Did not subsidize price



Treatment of Diarrhea Using Zinc

Zinc use increased from 0 to 31%, Orasel use from 23% - 31% over a 20 months



Commercial Partnership Models

A social marketing program implemented in partnership with one or more commercial manufacturers where the commercial partner retains control of branding, pricing and distribution.

- Product:** Selected from manufacturers portfolio
- Price:** Retail prices cover costs + profit margin and are set by partner
- Distribution:** Unsubsidized and controlled by manufacturers
- Promotion:** Manufacturer funds branded communication, donor market building. Campaigns may promote several brands at once
- Advantages:** Achieve public health goals while ensuring sustainable product supply and encouraging private sector investment Proven ability to graduate from donor support. Allows donor to focus on behavior change.
- Disadvantages:** Market building typically ends once donor support ends, ability to reach the poor

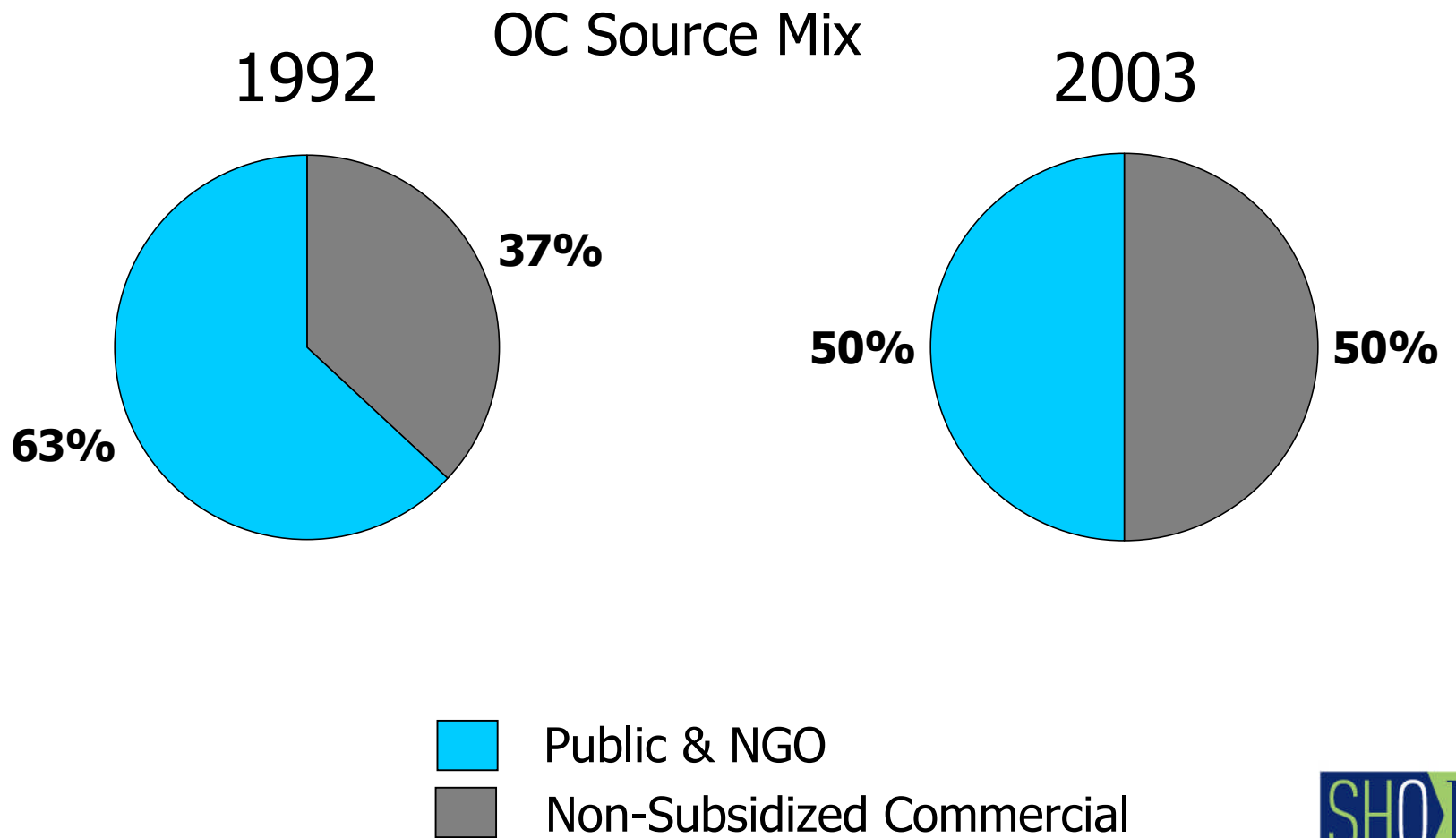
Kinat Al Hilal Partnership Morocco “Pill of the Moon”

- Commercial OC partnership launched (1993)
 - MOH, USAID, Federation of Pharmacists, Wyeth, Schering
 - Goal: Shift away from public sector & increase OC use, particularly among the poor
 - Wyeth and Schering
 - > Price brands reduced to 30% lower than nearest commercial product
 - USAID
 - > “Umbrella” advertising campaign (restrictions)
 - > Kinant Al Hilal logo
 - > Manage marketing
- **Graduation (2003)**





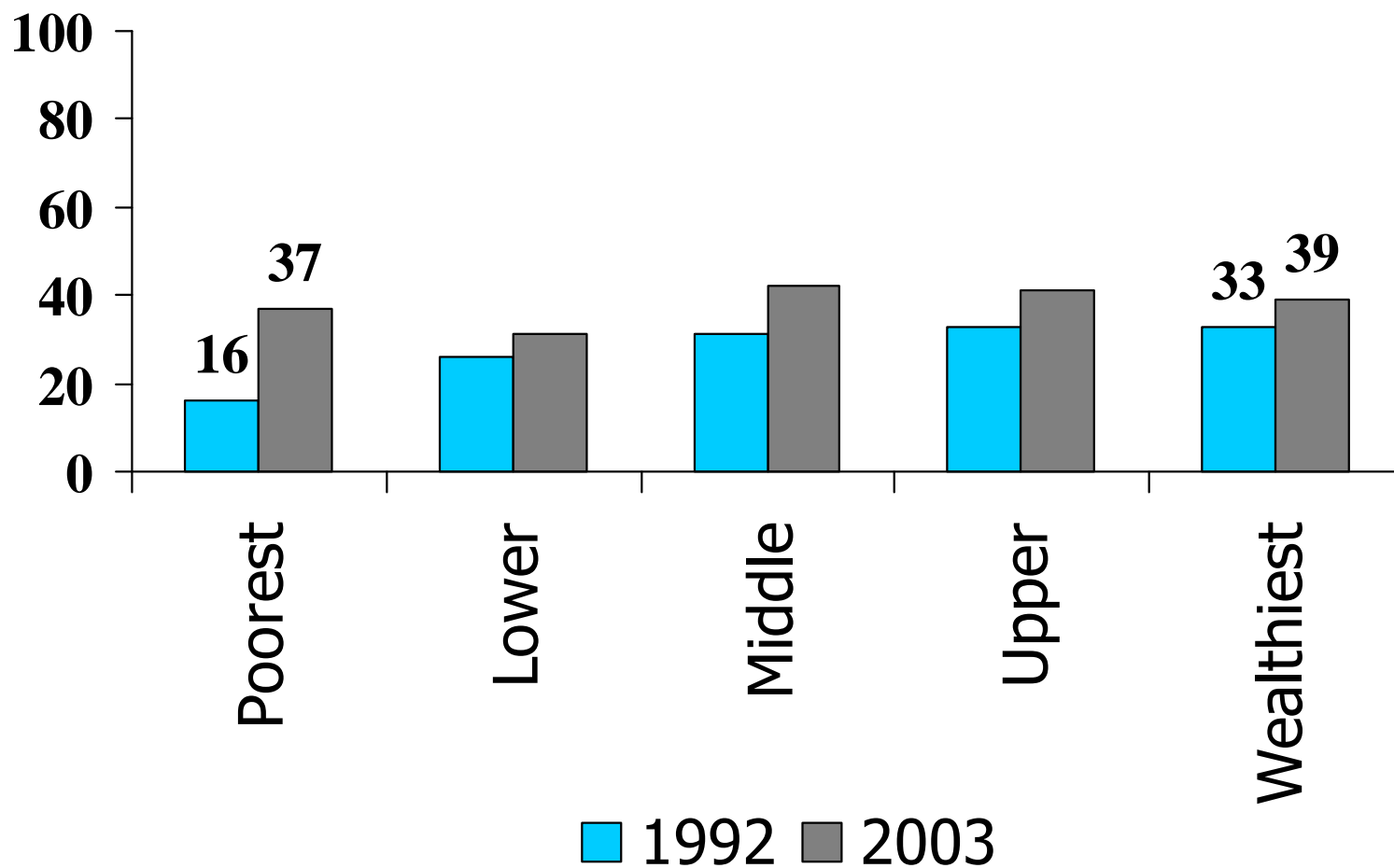
Commercial Share of OC Use Increased





OC Use Grew & Became More Equitable

% of MWRA Who Use OCs



Which Model Makes the most sense?

Questions to Ask Yourself?

- Where are people already going for their health services? Is there an ability and willingness to pay?
- Is there an existing commercial market for the product?
- Viable Commercial Partners, international, local manufacturers (or importers) able and willing to partner?
- Who is your target audience?
- Is there a safety net for the poor?
- What resources do you have available? For how long?
- What is your “exit” strategy

Thank you

