



## When Donor Support Ends: The Fate of Social Marketing Products and the Markets They Help Create

### BACKGROUND

An assessment of contraceptive social marketing interventions in four middle-income countries revealed that interventions implemented via the manufacturer’s model can contribute to a higher commercial-sector share of a method among lower- and middle-income women. Results demonstrate that this increased share may remain after donor support is withdrawn.

This study assesses experiences with implementing the manufacturer’s model in four middle-income countries where donor support was fully or partially withdrawn. The countries are

- Morocco
- Dominican Republic
- Peru
- Turkey

The United States Agency for International Development (USAID)-funded Social Marketing for Change (SOMARC) project developed and implemented this model. SOMARC partnered with commercial manufacturers to market and distribute oral contraceptives (OCs) and condoms priced at commercially profitable levels that were

affordable to lower- and middle-income consumers. SOMARC’s initial support was expected to lead to a sustainable supply of contraceptives that would remain reasonably priced for lower- and middle-income users after the donor’s exit. While it was anticipated that these partnerships would lead to the development of commercial markets large enough to encourage manufacturers to invest in advertising, promotion, detailing, and public relations beyond the project’s period, a minimum expectation was the increased commercial availability of contraceptives to lower- and middle-income consumers (Ravenholt 1998).

### EVALUATION

Fifteen rounds of data from Demographic and Health Surveys conducted in Morocco, the Dominican Republic, Peru, and Turkey between 1986 and 2003 were analyzed to determine changes in the commercial sector’s share of OCs and condoms before and after the withdrawal of donor support. Attention was paid to changes in lower- and middle-income groups. Wealth quintiles were used as a proxy for economic status. Retail sales data on OCs from 1994 to 2004 were available in Morocco and the Dominican Republic; they were examined

to determine sales volumes and prices of social marketing and other commercial brands.

### FINDINGS

In **Morocco** the commercial sector’s market share of OCs was increasing rapidly prior to the initiation of social marketing activities (which included advertising and promoting a lower-priced commercial OC brand), but the increase was concentrated among upper-income women. Following the introduction of social marketing, commercial-sector share began increasing among lower- and middle-income women. The commercial sector’s share of OCs among lower- and middle-income women continued to increase after partial withdrawal of donor support. Retail sales of both social marketing and commercial brands increased during the period when social marketing activities were implemented, as well as after donor support was partially withdrawn.

In the **Dominican Republic** social marketing influenced public-sector OC users to switch to commercial-sector sources. Retail sales of the social marketing brand fluctuated for a decade after graduation before declining (the United Nations Population Fund’s provision of

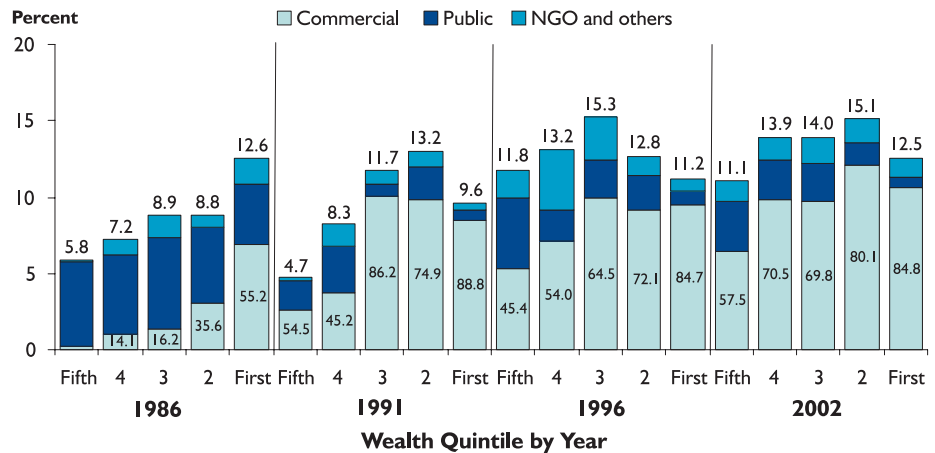


donated contraceptives to the public sector might have influenced these fluctuations). Sales of other commercial brands were steadier and increased slowly after donor support was withdrawn. The commercial sector's share of OCs increased among lower- and middle-income women while social marketing activities were conducted, but fluctuated following withdrawal of donor support.

In **Peru** prior to the implementation of social marketing, the commercial-sector share of condoms increased dramatically; the growth was greatest among higher-income women. When advertising and promotional activities were conducted, that trend continued. After the withdrawal of donor support, however, the commercial-sector share of condoms declined in all wealth quintiles. A change in government policy mandating the provision of free family planning might have affected the commercial sector share.

In **Turkey** data are only available for the period following withdrawal of donor support. By the time donor support was withdrawn, the commercial-market share of condoms among lower- and middle-income women was substantial. Following graduation there was a slight decline in this proportion, although more than half of lower- and middle-income women continued to obtain condoms from the commercial sector.

## Current pill use among women in union by wealth quintile, the Dominican Republic, 1986-2002



### POLICY IMPLICATIONS

Contraceptive social marketing interventions implemented via the manufacturer's model can contribute to a higher commercial-sector share of a method among lower- and middle-income women. Furthermore this increased share may remain at the same level after donor support is withdrawn. The ability of social marketing to effect such a change, however, is predicated on several conditions, including the absence of competition from other sources (such as the public sector), substantial acceptance and use of the method, commercial-sector involvement in contraceptive provision prior to the introduction of social marketing, and commercial partners' commitment to continue funding promotional activities after donor support is withdrawn.

### REFERENCE

**Ravenholt, B. 1998.**  
*From Deal to Delivery: Lessons Learnt from SOMARC about Building Partnerships with the Commercial Sector.* Washington, D.C.: The Futures Groups International.

### SOURCE

**Agha, S., Do, M., and Armand, F. December 2005.**  
*When Donor Support Ends: The Fate of Social Marketing Products and the Markets They Help Create.* Bethesda, MD: Private Sector Partnerships-One Project, Abt Associates Inc.

#### About PSP-One

The PSP-One project is USAID's flagship project, funded under Contract No. GPO-I-00-04-00007-00, to increase the private sector's provision of high-quality reproductive health and family planning (RH/FP) and other health products and services in developing countries. PSP-One is led by Abt Associates and implemented in collaboration with eight partners:

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