



“One Size Doesn’t Fit All”

**Why Different Implementation
Models are Needed for Different
Social Marketing Health
Interventions**

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Hello my name is Steven Honeyman. My presentation today is called One Size Doesn't Fit All: Why different implementation models are needed for different social marketing health interventions

Presentation Purpose

- To illustrate how the international social marketing environment has changed – especially since the year 2000 – and how that has required changes to how social marketing programs have been designed and implemented.

(N.B. See PP Presentation #3 “Historical Highlights of Social Marketing 1969-2000”)

- It is concluded that different service delivery models are required for different settings and that SM organizations may need to be more adept and creative at designing and implementing various service delivery models simultaneously.



The purpose of this presentation is to illustrate how the international social marketing environment has changed especially over the last 7 or 8 years, and how those changes have required social marketing programs to design and implement differently. It is concluded at the end of the presentation that different service delivery models are required for different settings and that social marketing organizations need to be far more adept, adaptive, and creative at designing and implementing various service delivery models, in some cases simultaneously. For those of you who would like a history of social marketing, please refer to the attached reference PowerPoint presentation called Historical Highlights of Social Marketing 1969 - 2000.

Changes in International Health Social Marketing Environment – Post 2000 (1)



- More diversity in the application of SM methods (approaches and interventions)
- Higher expectation of multi-sector approaches
- More ambitious scale of programs
- Increased demand for expanded partnering
- Emergence of public-private partnerships as a mainstream government strategy
- Improved 'market segmentation' and 'consumer targeting'
- Greater focus on 'health impact'

I'd like to review some of the major changes in the international health social marketing environment since the year 2000. One of those changes is that there has been a much more diverse application of social marketing methods both in approaches and interventions. There's a much higher expectation of multi-sector approaches and the scale of programs has increased dramatically. Along with that there has been an increased demand for expanded partnering with governments, NGOs, and the private sector. Public-private partnerships indeed have become a major government strategy in many countries. There has been greater emphasis on market segmentation and consumer targeting to more effectively target resources, and the focus has really shifted to public health impact in the bottom line social marketing programs.

Changes in International Health Social Marketing Environment – Post 2000 (2)

- Wider participation and acceptance that the private sector has an important and needed role
- Much larger project funding amounts
- Greater demand for cost-recovery and 'sustainability'.
- More focus on local capacity-building
- Greater expectations and demand for accountability
- Improved metrics, research and M&E approaches
- Shorter project time frames and quicker donor 'phase-out' of projects and funding



In addition there's a much wider acceptance that the private sector has both an important and needed role in social marketing programs that has led to wider participation of the private sector. Project budgets of 5 or 10 million dollars in the past were considered large, whereas today, budgets of 30, 40, or 50 million dollars are not uncommon. There's a much greater demand for cost recovery and sustainable approaches including local capacity building of both individuals and institutions. There are greater expectations and demand for accountability that have led to improved metrics, research, and M&E approaches and tools. And finally, project timeframes have shortened in some cases and donor phased projects and funding has been done more quickly than has been in the past.

Implications for International Social Marketing Health Programs (1)

- Greater interest in finding “Total Market Approach” solutions for public, private and NGO sectors (See PP #2 “Total Market Approach – A Brief Overview”)
- Emerging realization that different approaches needed for each sector
- Much greater flexibility is required
- More creative project designs are needed
- Piece-meal solutions are undesirable
- Greater expectation of ‘sustainability’
- New types of partners and new partners needed



What are the implications for social marketing programs with these changes in the social marketing environment? Well for one there seems to be a much greater interest in finding total market approaches in which public, private, and NGO sectors are all part of the solution. For those of you with an interest in the TMA approach, please see the second PowerPoint reference presentation called Total Market Approach: A Brief Overview. In addition, there is an emerging realization that different approaches are needed for each of the public, private, and NGO sectors, and that much greater flexibility and creativity are needed in project design. Piecemeal solutions of only looking at one sector are clearly undesirable and there's a much greater expectation that sustainable approaches and ideas are embedded right in the project design that require both new types of partners and new partners themselves.

Implications for International Social Marketing Health Programs (2)

- Need for new types of technical expertise
- Better understanding that different consumers or market segments are better served using different approaches for each
- More experimentation in free versus subsidized versus for-profit product delivery
- Major investment in metrics, research and M&E approaches to measure new service delivery models



In addition to new types of partners, new types of technical expertise are needed to assess programs. In addition, we need to much more aggressively embrace the idea that different consumers and market segments are much better served used different approaches for each segment. While intuitive, we rarely see this in practice. Much great experimentation should be occurring in free versus subsidized versus for-profit product and service delivery, and combinations of those delivery mechanisms. And finally, a major investment in metrics research and M&E is needed to improve the way we measure our programs and show how their impact.

A Case Study: Re-designing Nepal's Social Marketing Platform

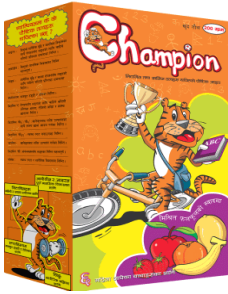
- Implemented by Population Services International - 2002-08
- Required 'complete re-think' of how social marketing programs are designed
- Departure from standard 'Product Social Marketing' service delivery of the past
- Four different service delivery project designs
- Required new organizational structures, systems and processes



I'd now like to turn our attention to a case study, the Nepal Social Marketing Program being implemented by PSI over the last 6 years. The program has taken a new approach and has really departed from a product social marketing style of programming that PSI has been known for. What we see in Nepal is in fact four different service delivery project designs that require different organizational thinking, structures, systems, and processes.

A Case Study: Service Delivery Design #1 “Product Social Marketing”

Product Social Marketing with Donor Subsidy Project Model



- **Program:** *Social Marketing of Fortified Complementary Food*
Sector: *Primarily private sector*
- Availability of high quality low-cost fortified complementary food products was almost negligible in the commercial market. Most products were out of reach of low income families.
- Introduction of high quality low-cost fortified complementary food was possible only through sustained donor subsidy.
- The Child Health Division of the Nepal Government and PSI developed and launched a subsidized, branded food product called 'Champion' through a nationwide social marketing project with joint funding from the World Food Program (WFP) and Micronutrient Initiative (MI).
- The product was targeted at low-income families and made commercially available across the country. The product was promoted using mass media (demand creation) and through trade schemes (supply) to generate purchase and use.

The first service delivery design is product social marketing. The program is the social marketing of fortified complimentary food being done primarily through the private sector. The availability of low cost fortified complementary food is nonexistent in the commercial marketplace in Nepal. The products that are available are priced far out of reach of the average family. It was decided that a low cost fortified food was needed and that would be done through sustained donor subsidy. The child health division of the Nepal government and PSI co-developed a branded food product called Champion with joint funding from the WFP and the Micro Nutrient Initiative. The product is targeted at low income families and is made available through the private sector throughout the country. The product is promoted using mass media and trade schemes to the trade.

A Case Study: Service Delivery Design #2 “Graduated Product Social Marketing”

‘Graduated’ Product Social Marketing Project Model

- **Program:** *Safe Water Systems*
Sector: *Primarily private sector*
- A significant number of Nepalese do not have access to safe drinking water leading to increased morbidity and mortality related to diarrhea – a leading cause of death.
- The Child Health Division of the Nepal Government and PSI developed and launched ‘WaterGuard’ – a chlorine-based safe water system to treat household drinking water targeted to low-income families.
- The program was initially supported by USAID and PSI to cover market research, production, commodities and advertising costs. Due to lack of sustained donor funding, a product pricing strategy was developed to maximize cost recovery while adhering to the willingness to pay of the target consumer segment.
- The revenues collected from the sale of this product are placed in a revolving fund that now funds all project activities to ensure the health impact and financial sustainability of the initiative.



The second service delivery design is called graduated product social marketing. The program is safe water systems to improve access to safe drinking water, a gain being done primarily through the private sector. Many Nepalese do not have access to safe drinking water. The Child Health Division at PSI launched WaterGuard, a CDC-developed chlorine based, safe water project. USAID and PSI initially funded the program, but donor funding then phased out. A product pricing strategy was developed to maximize cost recovery while keeping the price of the product within the range of the target consumers. The program now runs entirely on the revenues generated by the product.

A Case Study: Service Delivery Design #3 “Free Distribution Social Marketing” (1)

Free Distribution Social Marketing Project Model

- **Program:** *Social Marketing of Malaria Prevention and Control in Nepal*
Sector: *Public, NGO and private sectors*
- Malaria outbreaks result in several hundred thousand visits to public and private sector clinics across the country each year. Nepalese do not have access to affordable treated mosquito nets.
- The Nepal Government's Epidemiology and Disease Control Division and PSI partnered to strengthen malaria prevention and control efforts in malaria epidemic-prone districts with funding from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).
- Key program outputs included increased use of long-lasting insecticide-treated mosquito nets (LLINs). Free (84%) and subsidized (16%) private sector distribution is being undertaken.
- A national NGO umbrella network of 250 community-based organizations (CBOs) in coordination with the public sector distributes the LLIN's only to targeted households (door-to-door) in high-risk communities. The CBOs include religious groups; sports clubs and associations; youth groups; and schools/school networks.



Service delivery design number 3 is called free distribution social marketing. The program is a social marketing of malaria prevention and control and its being undertaken in the public, NGO, and private sectors simultaneously. Some might argue that this isn't in fact the total market approach, and in some respects they are right. What's interesting about this service delivery design is that the vast majority of products are given away for free. The Nepal government's epidemiology and disease control division with support from the Global Fund has partnered with an umbrella network of 250 community-based organizations. These organizations work with the public sector and go door to door delivering long lasting insecticide-treated mosquito nets and behavior change communications. The vast majority of products, 84%, are given away entirely for free, while another 16% of LLINs are subsidized and distributed through the private sector.

A Case Study: Service Delivery Design #3 “Free Distribution Social Marketing” (2)

Free Distribution Social Marketing Project Model

- **Program:** Social Marketing of Malaria Prevention and Control in Nepal
Sector: Public, NGO and private sectors
- Distribution is supported by a comprehensive mix of behavior change communication materials and activities that includes regional mass media, a soap-opera edutainment serial, radio ads, and print materials. These activities promote improved health-seeking behavior and increased use of ‘Supanet’ branded LLINs.
- Additional program activities include private sector provider training, the development of a national public-sector malaria MIS system and behavioral research related to malaria prevention and treatment.



Behavior Change communication activities include targeted regional television and radio as well as the distribution of printed materials. The goal of these activities is to improve health-seeking behavior and increase the use of LLINs. Other program activities include private sector provider training for referral into the public health system, the development of a National Public Sector Malaria MIS system, and behavioral research.

A Case Study: Service Delivery Design #4 “Total Market Approach” (1)

Total Market Approach Social Marketing Project Model

- **Program** : Social Marketing Plus for Diarrheal Disease Control: Point-of-Use Water Disinfection and Zinc Treatment Project (POUZN)
Sector: Public, NGO and private sectors
- Diarrhea related to children under five accounts for more than 15,000* preventable deaths per year. Parents do not have access to newly-proven, pediatric zinc treatment for childhood diarrhea.
- The Child Health Division of the Nepal Government, USAID, Abt Associates and PSI have created a partnership under the POUZN (Point-of-Use Water Disinfection and Zinc Treatment) mechanism to introduce pediatric zinc treatment as a part of the national child health program. A broad coalition of stakeholders was created that includes the Nepal Government (central, district and community levels); NGOs (national and international); private sector opinion leaders, associations and corporations (manufacturers, distributors, wholesalers and retailers); UN agencies and the medical community.
- The partnership developed a public-private approach for the national pediatric zinc program to ensure coordination in the public and private sectors. This included the simultaneous launch of the program in both public and private sectors coordinated by the same agency (Abt/PSI).



*Orientation Manual for Treatment of Diarrhea by the use of Zinc and ORS/ORT (2006), Child Health Division

Service delivery design number four is called the Total Market approach. The program is the social marketing of zinc treatment for diarrheal disease control for under fives. It is being implemented in the public, private and NGO sectors at the same time. Diarrhea for under fives accounts for more than 15,000 preventable deaths a year and until recently zinc treatment was largely unavailable. The Child Health division, with support from USAID and technical assistance from Abt and PSI have created a partnership under the POUZN mechanism. A large coalition of stakeholders was then formed with the Nepal government in the lead, followed by NGOs, private sector opinion leaders, corporations, associations, UN agencies and the medical community. The partnership developed a public private approach to this public health issue that included the simultaneous launch of the program within the public and private sectors coordinated by the same agency.

A Case Study: Service Delivery Design #4 “Total Market Approach” (2)





Total Market Approach Social Marketing Project Model

- **Program** : *Social Marketing Plus for Diarrheal Disease Control: Point-of-Use Water Disinfection and Zinc Treatment Project (POUZN)*
Sector: *Public, NGO and private sectors*
- The program supported the public sector in the procurement and launch of pediatric zinc in government hospitals and health posts. The zinc tablets were distributed for free. In Phase 1, nearly 3,000 public sector health providers were trained by national NGOs in the dispensing and use of pediatric zinc supplements.
- The program supported the private sector by facilitating the introduction of several quality zinc products made in Nepal. Technical assistance and marketing support have assisted commercial pharmaceutical manufacturers in developing and launching these new high-quality zinc products.
- The program supported private sector pharmacists and pharmacy staff through national NGO-led training and follow-up. Zinc tablets (along with ORS) were sold through these private sector pharmacies using the existing commercial sector distribution system at a for-profit price.
- The program was designed to engage the private sector (commercial and non-governmental organizations) to promote behavior change and product usage through health product marketing and communications.







The program supported the public sector in the procurement and launch of pediatric zinc in the government system. Zinc tablets are given away for free. Nearly 3,000 public sector health employees were trained by national NGOs. The program also supported the private sector by facilitating the introduction of several new high quality zinc products made in Nepal. Technical assistance and marketing support assisted the pharmaceutical manufacturers in bringing new products to market. The program also supported the private sector by training pharmacists and pharmacy staff through national NGOs. Zinc tablets are sold through the private sector at low cost. The program was designed to engage the private sector, to promote behavior change with users and to promote product use through health communications.

Model Comparisons (1)

| MODEL | DEFINING FEATURE | COST RECOVERY | FINANCIAL SUSTAINABILITY | HEALTH IMPACT |
|---|---|---|---|---|
| Product Social Marketing (Subsidized)  | Private sector driven distribution | Yes, some | Yes, a little | Yes, but subsidy needed over long period |
| 'Graduated' Product Social Marketing  | Potentially self-sustaining | Yes, but could be priced out of the reach of the poor | Yes, more | Yes, but could reduce over time |
| Free Distribution Social Marketing  | No cost to consumer | No | No | Yes, but arguably less |
| Total Market Approach  | Addresses public, NGO and private sector needs simultaneously | Yes or No | Yes or no depending on the project design | Yes, but exceptional coordination and political/donor commitment needed |

The next two slides show a comparison of different service delivery designs over a number of areas. On the first page, we see what the defining feature is of each service delivery design. What is the potential for cost recovery, the potential for financial sustainability and the likely health impact of each design?

Model Comparisons (2)

| MODEL | RELATIVE COST | BRAND OWNERSHIP | PRIMARY IMPLEMENTING AGENCY |
|---|---------------|--------------------------|---|
| Product Social Marketing (Subsidized)  | High | Government or SMO | Usually NGO sector |
| Graduated Product Social Marketing  | High then low | Government or SMO | Usually NGO sector |
| Free Distribution Social Marketing  | Medium | Government or SMO or N/A | Any of the public, NGO or private sectors |
| Total Market Approach  | Highest | Private sector | Any of the public private or NGO sectors |

On the second page of the comparison we look at what is the relevant cost of the design how is brand ownership handled under each design and who is likely to be the primary implementing agency. What is noticeable across the entire comparison is that tradeoffs have to be made in the selection of a design. Therefore, it is important to analyze each project's specific context before the project design is selected.

Choosing a Service Delivery Model

| MODEL | KEY CONDITIONS |
|--|---|
| Product Social Marketing (Subsidized) | <ul style="list-style-type: none"> •When products are needed to ensure sustained behavior change •When a subsidy will increase product use •When product marketing will achieve the greatest public health impact •When sufficient market distribution systems exist |
| 'Graduated' Product Social Marketing | <ul style="list-style-type: none"> •When a market is sufficiently developed that subsidy is not needed •When only short-term funding is available or donor subsidy is removed •When health impact goals can be traded-off for sustainability goals •When there is sufficient confidence in competitive private actors |
| Free Distribution Social Marketing | <ul style="list-style-type: none"> •When free distribution best meets public health goals •When target 'behavers' can not afford any payments •When sufficient infrastructure and capacity exists for distribution •When sufficient controls exist to prevent 'leakage' |
| Total Market Approach | <ul style="list-style-type: none"> •When L-T comprehensive solutions are sought and funding available •When governments and donors support approach •When different solutions are needed and supported for the government, NGO and private sectors •When sufficient capacity exists for an 'all sectors' program |

How then does one choose the service delivery design? Seen below are some of the conditions relevant to each of the service designs discussed previously. This list is merely a suggestion, but with a careful analysis of the conditions in each context, an appropriate service delivery design can be selected.

Conclusions: (1)

- National and international social marketing is rapidly changing as a discipline. Markets generally mature and change over time as a result of political, economic and social factors or as new players enter the marketplace. New approaches, interventions and strategies are evolving to meet those changes.
- Approaches that view the entire social issue and desired outcomes from a broad perspective that includes the public, private and NGO sectors are best placed to design and implement successful interventions (E.G. TMA). This means a departure from the past of 'one model fits all situations' and organizational proprietary approaches and a move more towards a total market view implemented by many actors.
- Each sector is likely to require a completely different type of intervention designed specifically for that sector. All sector interventions should ideally be designed and funded simultaneously as part of a comprehensive approach. This will require the cooperation and commitment of forward-thinking governments and donors.
- Solutions will require sustained financial, technical and implementation commitments. This implies that project life-cycles (and donor commitment) need to broaden and lengthen to 5-10 years or longer.
- There is a need for context specific approaches (type of intervention, project/sector design, sector specific evaluation, market segmentation and needs, consumer targeting, product versus non-product solutions, agreed behaviors and supporting demand and supply where needed, agreed desired outcomes, improved monitoring and evaluation approaches and tools, etc.)



In conclusion, social marketing is rapidly changing. New approaches, interventions and strategies need to evolve to meet those challenges. Approaches that view the entire social issue from a broad perspective are more likely to be successful, and that includes the total market approach. This means a departure from the past of organizational and proprietary approaches. Each sector, public, NGO and private is likely to require a completely different intervention design. All sectors should be designed and funded simultaneously as part of a comprehensive approach. This will require cooperation, commitment and forward thinking. Solutions will require sustained financial, technical and implementation commitments, and that includes longer project life cycles. There is a need for better context analyses to design appropriate interventions.

Conclusions: (2)

- Any actor can play the lead role in any sector. It should not be automatically assumed that governments are best to lead the solution in the government sector, NGOs in the NGO sector and corporations in the private sector. The 'best solution' entity should be defined by what is needed in each sector and which entities are available to provide that solution (competence and value for money) at any given time. That means that corporations could be the lead agency for the government sector, governments could be the lead agency for the NGO sector and NGOs could be the lead agency in the private sector. In addition, a single agency could be the lead entity for all three sectors.
- Single sector approaches should be adopted only within the context of an 'all sectors' approach. Phased solutions should be part of a broader and longer term strategic plan.
- Improved specialized assessment tools, research tools and comparative analysis tools need to be developed.
- When social, economic or political conditions change, consumers generally become more sophisticated and more discerning and therefore strategies for reaching those consumers must also evolve.
- Agencies engaging in social marketing programs (governments, donors, NGOs, SMOs and the private sector) need to broaden and lengthen their perspectives in order to conceptualize, design and implement highly effective and efficient social marketing programs in the future. Those failing to do so, like in all rational markets, will eventually fall by the wayside replaced by those willing to supply the demands of the marketplace.



Any entity can play the lead role in any sector. The entity to be selected in any or all sectors should be defined by what is needed in that sector and what entities are available to provide that solution based on competency and value for money at any given time. Single sector approaches should be adopted only within an all-sectors approach and phase solutions should be part of a broader strategic plan. Specialized assessment, research, and comparative analyses tools need to be developed. I believe this to be the greatest opportunity for social marketing over the next five to ten years. When conditions change, consumers change and our strategies must change to meet those new needs. Finally agencies engaging in social marketing need to broaden and lengthen our perspectives to conceptualize, design and implement effective and efficient programs. Those failing to do so, like in all rational markets, will eventually fall by the wayside replaced by those willing to supply the demands of the marketplace.

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- Please also refer to the two PP presentations attached to this presentation for further reference on the historical highlights of social marketing and on the Total Market Approach.

Please note the following references. Please also note that two additional presentations attached to this presentation for your reference. The first is called *Historical Highlights of Social Marketing 1966-2000*, and the second is called *A Total Market Approach: A Brief Overview*.

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