Social Marketing of Contraceptives: Towards an optimum performance model

Nayyer Samad, Research Student
Business School, University of East London
London, United Kingdom
Email: N.Samad@uel.ac.uk

Introduction

- Social marketing is an integral component of family health programmes in developing countries.
- Until recently two different SM models have been used for product based programmes.
- The *NGO* model focuses on poor population. Sustainability is the key policy goal of *manufacturer's* model.
- Both models have their strengths and weaknesses. They also tend to compete in markets where applied simultaneously.

The Existing Models

Manufacturer's model based programmes:

- are conducted with one or more commercial partners
- products are provided by commercial partner
- marketed through commercial channels
- jointly managed by SMO and commercial partner

NGO model is applied by NGOs to:

- market their own brands, designed to meet the need of specific target group
- marketing mix is designed to reach the maximum number of users in this group
- Products are heavily subsidised therefore dependent on donors funding

What's wrong with existing models

1. Manufacturer's model has been criticised for supporting commercial partners interested in profits only. The NGO model is criticised for not having any exit strategy.

2. Both models although designed to operate in different segments tend to compete when applied simultaneously by different SMOs.

3. These models are often used to achieve implementing organisation's objective rather than programme objectives.

The 3rd Generation Model

1. The 3rd Generation model assesses the potential of private sector and aims to develop interventions for the entire market.

2. Although the new model seems to be popular among major donors agencies like USAID, DFID and KfW, it is not capable of replacing the earlier models as implementing organisations still rely on manufacturer's or NGO model for implementation.

3. This is because the 3rd Generation model is inherently a planning model suitable for designing a national programme. It can not substitute existing models as it fails to define market strategies for different segments.

Literature Review

- Results from 30 years of contraceptive social marketing programmes indicate that interventions based on NGO model are significantly more successful in low income countries than those based on manufacturer's model (Hovig 2001).
- The manufacturer's model do contribute to a higher share among lower and middle income women ... after donor support is withdrawn (Ahga et al, 2005).
- A manufacturer based approach is more sustainable option if long-term funding is unlikely (Armand 2003).
- To maximize effectiveness the programmes must be designed using a model that is most suitable to the local context (Meekers & Rahaim 2005)

The Graduated Model

1. The Graduated model envisages deployment of resources / develop strategies on the basis of market characteristics.

2. The total relevant market is divided into four broad segments or levels. Level 4 representing the least developed segment characterised by low contraceptive prevalence, low income, undeveloped private sector and poor commercial infrastructure.

3. This segment would require support in all components of marketing mix: development of a brand / procurement, price subsidy, promotion and distribution.

4. The support on each component may be reduced gradually and even withdrawn as we move towards segment level 1 which represents a reasonably developed commercial sector with high willingness and ability to pay the commercial price.

The Graduated Model

Segments	**Marketing mix components requiring donors support**	**PSP**
Level 1	Promotion	High
Level 2	Promotion + Price subsidy or Distribution	Moderate
Level 3	Promotion + Price subsidy + Distribution	Low
Level 4	Promotion + Price subsidy + Distribution + Product development / procurement	Very low

The Graduated Model - Advantages

- Graduated model will deal with all segments of the market
- The programme(s) can be developed involving private sector, where necessary, after careful assessment of each segment.
- It will facilitate the national government and donor agencies on where and how much to invest, and what to expect.
- It will also end the application of model preferred by implementing agencies which in some cases have been ineffective.

Conclusion

1. The existing SM models have been effective in creating health impact but only in specific segments.
2. The 3rd Generation model although focuses on the entire market but only provides broad guidelines. The implementing agencies still need existing models for interventions.
3. The *Graduated* model divides the relevant market into four segments after careful assessment and then offers segment specific strategies for interventions.
4. Further work is required to define market characteristics for effective segmentation and elaboration of marketing strategies including the involvement of private sector.
5. Finally, the model has to be tested before any meaningful conclusion can be drawn.

References

Agha, S., Do, M. and Armand, F. (2005). 'When Donor Support Ends: The Fate of Social Marketing Products and the Markets They Help Create'. Private Sector Partnership-One Project. Abt Associates Inc. Bethesda, Maryland.

Armand, F. (2003). 'Social Marketing Models for Product-Based Reproductive Health Programs: A Comparative Analysis'. USAID/Commercial Market Strategies Project. Washington DC.

Hovig, D. (2001). 'The Conflict between Profits and Public Health: A comparison of Contraceptive Social Marketing Models'. PSI Research Division. Working Paper No. 43. Washington, DC

Meekers, D. and Rahaim, S. (2005). 'The importance of socio-economic context for social marketing models for improving reproductive health: Evidence from 555 years of programme experience'. BMC Public Health. 5 (10), [Online] Available at: http://www.biomedcentral.com/1471-2458/5/10 (Accessed: 10 December 2006).