

Interview with Françoise Armand, Director of Social Marketing and
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Conducted by Neha Suchak, Director of Communications, PSP-One Project/
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Neha Question #1: *Françoise, my first question to you is: what important lessons you have learned during your time in the field of social marketing?*

Françoise: I came to social marketing with a background in consumer goods marketing like many of my colleagues in this field. My experience in working with product distributors overseas was of interest to PSI, a social marketing organization with a large network of projects around the world. The projects I worked on were mostly NGO-based and focused on marketing subsidized health products in the developing world. Later on I became involved in projects based on the manufacturer's model, an approach that involves partnering with commercial manufacturers to market commercially viable yet affordable products. This range of experience has given me an appreciation for a variety of models which I feel all have a legitimate place in this field.

One of the main lessons I have learned over the years is that the main objective of social marketing is not just to sell products or services but to sell them to the people who need them the most, something that often requires extensive behavior change techniques. This is what makes social marketing far more complicated than commercial marketing.

The intensifying focus on behavior change has had a lot of impact on the way social marketing programs look today, particularly the amount of investment going to research and behavior change communication. It is also something that transcends models. For example, whether a program is implemented by a donor funded social marketing organization or a commercial partnership, it still needs to deliver impact at the behavioral level. Ultimately, selling products through an NGO or a commercial partner is pointless if it does not result in measurable behavior change in a targeted population. I think that the social marketing community as a whole has made great strides in developing better, more targeted approaches. In the past 5-10 years, I have observed improvements in research and communication, community-based approaches, that allow us to have a more refined understanding of our client base, and more targeted strategies to reach them. One of the tools that we have developed at Abt is called "client-centered segmentation research" which aims first to identify the things that bind different groups with common behaviors, and then identify effective strategies to reach priority target groups. And this is just one of the new techniques that have been developed to refine the way we implement social marketing programs.

Neha Question #2: *What do you consider to be the most difficult challenge(s) for social marketing programs in the developing world today? What strategies would you recommend?*

Françoise: I think that one of the biggest challenges that the SM community is facing is to remain relevant in the face of a rapidly changing world. The challenges are becoming more complex as we tackle more difficult behavioral and social issues, and as we target people who are more isolated from mainstream distribution and communication networks. It can be very difficult to use commercial approaches that were designed for mainstream groups to address the needs of marginalized or isolated groups.

At the same time, we have done such a good job at growing demand for health products and services, creating viable markets and a growing willingness to pay for quality or value added, that the commercial sector is increasingly stepping in where there used to be only subsidized social marketing programs. Some of the things we set out to do a decade or two ago (destigmatize condoms, popularize contraceptive methods, increase the use of rehydration therapy) have actually been achieved in many countries. In places like Peru or Bangladesh, where condoms and contraceptive pills used to be marketed almost exclusively by social marketing organizations or given away by public clinics, we now have a growing interest from private importers and distributors in tapping into viable markets for these products.

Also, where 20 years ago there wasn't much of a manufacturing base or where multinational or generic companies would not venture because it was too high a business risk, the supply-side is expanding particularly for low-price health products. This can be both an opportunity and a challenge. For example, we need to figure out how to work with generic Southern-based manufacturers that have a very similar model to social marketing (low margin, high volume) but may not yet have the marketing capacity that we expect. Working with new generations of manufacturers inevitably requires us to address things like registration issues, quality control and finding reliable local distribution partners.

For those donor-funded organizations with large market shares, the challenge is to remain relevant in the face of growing competition from the commercial sector. Donor-funded social marketing should always go beyond what a commercial company would do, particularly in terms of reaching vulnerable groups. So the best social marketing programs should encourage commercial suppliers to capture a growing share of the market while focusing donor resources on underserved consumers. Some organizations however find themselves somewhat dependent on social marketing programs for income generation. They need the revenue to ensure their financial sustainability, even as donors expect them to reach out to underserved and needy populations. Some of the family planning associations that Abt works with are facing this dilemma and there is no simple answer. We usually recommend a clear division between for-profit and social marketing activities because they require very different strategies.

Neha Question #3: *Françoise, in your opinion, what is the new wave of social marketing? What should practitioners and donors be prepared for in the years to come?*

Françoise: I think the next wave may take several forms: one will be an adaptation of social marketing that takes advantage of commercial approaches to poverty reduction. For example, the bottom of the pyramid approach which leverages the commercial sector's willingness to serve the poor and hard to reach is something we need to tap into. As practitioners, we need to keep up with the constant demand for discovery and innovation. We cannot be content with existing models, we have to find new ones, go the "last mile". So I see the next wave as producing new approaches that tackle with increasingly high degrees of difficulty.

Another wave is the need to involve services and the inclusion of health providers in social marketing approaches. We have been very good about creating and marketing products to the masses, and then increasingly to smaller, more targeted populations. Yet few social marketing organizations are truly efficient at improving quality of care, even as they social-market health services. I think there are very notable exceptions, for example PSI's TB program in Myanmar, or MSI's provider networks. But there is still a lot to be done and we cannot recreate the wheel in doing so. Service-based social marketing programs must be implemented by cooperating with others, particularly the vast cohort of private health providers (midwives, doctors) that

constitute a target audience in themselves. We at Abt have worked for some time on involving private health providers in public health initiatives and I think that there are implications for social marketing programs in the lessons that we have learned.

The final wave that I see in the near future is the “disaggregation” of social marketing. I think our donors and funders are increasingly aware that they can choose those aspects of social marketing that are most appropriate to specific contexts and public health goals, for example, increasing demand for contraceptives without necessarily marketing a dedicated product, or tapping into a company’s existing distribution network to market a new health product. Not every situation calls for a new brand, a subsidized product, a dedicated distribution channel or a full scale campaign. For us (practitioners) the goal is to be adaptive and prepared to use only certain aspects of social marketing mix where a “one size fits all” model would be extremely expensive and not necessarily justified. One strategy that I think can help is to systematically incorporate partnerships into program design and move away from the “do it all yourself” approach. What we should really focus on in order to stay relevant and offer good value for a donor’s investment is developing effective strategies to change behaviors among specific populations, whatever form of marketing mix that might imply.

Neha: Francoise, on behalf of the PSP-One project I’d like to thank you for sharing your experiences and perspectives here with us today.

Francoise: It was a pleasure.