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## Advocating for Social Marketing Programs to Local Stakeholders

**Social marketing is effective in increasing the use of health commodities by target populations, and in reaching national health goals.**

Social marketing as a public health intervention has existed for several decades and is familiar to donors and governments in many countries. In some cases, it may be necessary to advocate for the intervention when its benefits and potential health impact are not well understood by local stakeholders. This brief helps demonstrate the effectiveness of social marketing in increasing the use of health commodities by target populations, and in reaching national health goals. Although the brief focuses on USAID-supported family planning programs, many of the arguments used to advocate for the intervention are applicable to other health areas, including HIV/AIDS, malaria, nutrition, diarrhea prevention and treatment, and safe water.

## Product-based social marketing for health

### Social marketing defined

There are multiple definitions of social marketing in the academic and public health literature. The seminal publication, *Social Marketing: Influencing Behaviors for Good* describes it as “a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence the targeted audience’s behaviors for the benefit of the target audience and society” (Kotler and Lee 2008).

Social marketing is based on the use of the “marketing mix,” a commercial approach to developing and selling products and services, also referred to as the “4 Ps” (Box 1). The marketing mix helps make the right product available in the right place at the right price, with the goal of maximizing sales. In social marketing, the marketing mix is used to achieve behavior change, leading to improved public health outcomes rather than profits.

## Box 1. The 4 Ps

**Product:** An object, service, or concept marketed to an audience. In a family planning program, the product may be a commodity, service, or behavior.

**Price:** The cost that must be paid by the consumer to access the product or service, or to practice the behavior.

**Place:** The channel through which the product or service is available and accessed by a consumer. Examples include a health center, pharmacy, retail outlet, or community-based distribution agent.

**Promotion:** The means used to communicate the benefits. These may include interpersonal communication, advertising, public relations, social media, or advocacy.

Adapted from the Global Health eLearning Center (2016)

### Social marketing of health commodities

In developing countries, social marketing programs usually focus on distributing and promoting health products through the private sector, with the goal of increasing their use by target populations. Social marketing has been endorsed by USAID in the brief, *Social Marketing: Leveraging the Private Sector to Improve Contraceptive Access, Choice, and Use* (High Impact Practices in Family Planning 2013). The approach has been widely used in programs to increase the adoption of modern family planning methods. Some programs subsidize one or more elements of the mix to increase product availability and affordability, and invest in social and behavior change activities to motivate healthy behaviors. Some programs also include service delivery, policy and advocacy, partnerships, and capacity-building activities designed to build a supportive environment for social marketing implementation (see the figure on page 3).

Different types of international and country-based organizations, including USAID contractors, clinic-based NGOs, and social marketing organizations (SMOs) may be involved in social marketing implementation. “SMO” in this brief refers to a product-based contraceptive social marketing program funded by USAID through a contract or cooperative agreement.

### Benefits of social marketing programs

Since the 1980s, a large body of literature has documented the benefits and outcomes of social marketing programs, which include the following:

#### Increased access to essential products

The combined use of marketing theory, social and behavioral sciences, and targeted subsidies has helped increase access to health products by achieving considerable improvements in product availability, affordability, and equity in a wide range of countries.<sup>1, 2, 3, 4</sup> Social marketing programs have also succeeded in creating a market for health products that were previously not widely available in the private sector (Box 2).

## The marketing mix and enabling interventions



### Box 2. Creating a market for contraceptives in Colombia

Overcoming intense opposition from conservative groups, a social marketing program managed by the Colombian nonprofit Profamilia established thousands of contraceptive sales points in the 1970s. Over the years, contraceptives became widely available through commercial pharmacies.

Source: Bertrand, Santiso-Gálvez, and Ward (2015)

#### Quality-assured products

Social marketing programs typically use commodities procured from reputable suppliers, thereby ensuring quality and safety. Commodities donated by USAID must be approved by the US Food and Drug Administration and contraceptives supplied by other donors are increasingly expected to receive WHO certification, another stringent process. SMOs that procure their own commodities also tend to have strict quality control processes. By marketing these commodities at affordable prices, social marketing helps reduce the demand for sub-quality products in the marketplace. Some social marketing programs in other health areas have also successfully encouraged consumers to buy quality-assured medicines (Box 3).

### **Box 3. Fighting fraudulent malaria drugs in Benin**

In 2014, the President’s Malaria Initiative and USAID supported a one-year social marketing campaign to reduce the presence of fake antimalarial treatments in Benin. The Benin Association for Social Marketing implemented the campaign, using mass media, interpersonal communication, mobile video units, and a call-in center. The campaign helped people distinguish between real and fraudulent medicines and encouraged the reporting of fraudulent or stolen medicines to the authorities. Evidence suggests that it also encouraged medicine sellers to stop stocking these medicines.

Source: Manavizadeh (2015)

#### **Increased method choice**

Social marketing programs have helped increase the use of certain methods in the private sector, complementing government and donor investments in the public health sector. Many programs have linked product marketing to the development and promotion of affordable family planning services, leading to a wider choice of methods, including long-acting and reversible contraception.<sup>5</sup>

#### **Evidence of improved health outcomes**

Increasing access to affordable commodities by key populations through social marketing programs has been linked to improved behaviors and health outcomes.<sup>6</sup> Examples in family planning include increased adoption of modern methods<sup>7,8,9</sup> and reduced incidence of unplanned pregnancies.<sup>10</sup> Social marketing products can also be designed for use by health providers to improve medical behaviors, such as the treatment of sexually transmitted infections.<sup>11</sup> Many programs also emulate the pharmaceutical industry practice of deploying medical representatives who ensure that providers and pharmacists know how to use and prescribe health products.

#### **Cost-effective country platforms**

Many social marketing programs are implemented through country “platforms” that market multiple brands of health products through a single operation. These programs may be channeled through affiliates of international SMOs, or local nonprofits whose activities include a social marketing program. Country platforms are able to leverage investments in national distribution networks and technical staff, such as marketers, researchers, or social and behavior change specialists, to support multiple products.

#### **Multiple leveraging opportunities**

Social marketing programs are effective at increasing the availability of contraceptives and other health products through commercial outlets, helping meet the needs of women and couples who prefer to use private supply sources. These programs also engage providers who may not otherwise have much involvement in public health initiatives, such as private doctors and midwives. By using pharmaceutical and service delivery networks, social marketing programs also leverage non-state financing for infrastructure, supply chains, human resources, and information systems.

## Potential for financial sustainability

In the right context, local SMOs may be able to earn income from brands targeted at higher-income consumer segments that can be used to subsidize lower-priced brands. When their brands and programs graduate from donor support, some SMOs may be able to evolve into a social enterprise that reinvests part of its profits in social programs (Box 4).

### Box 4. Social enterprise in Sri Lanka

Some affiliates of the International Planned Parenthood Federation have reached high levels of self-sufficiency through a social enterprise model that generates income while sustaining health achievements. The Family Planning Association of Sri Lanka sells quality products at market rates through commercial outlets and service providers, while delivering them to clients at no cost through its own clinics and outreach services. Income from social marketing covers over 80 percent of the association's overhead and provides half of the country's couple years of protection.

Source: International Planned Parenthood Federation (2016)

### Flexible approach

The marketing mix can produce different combinations of product features, prices, distribution channels, and communication strategies. Thus, social marketing makes it possible to design highly targeted interventions that meet the needs of specific populations. For example, marketing contraceptives to poor, rural communities often involves low-priced brands sold through community distributors. Some SMOs market different products in the same category, often condoms, to reach a larger number of consumer segments.<sup>12</sup> Different contraceptive methods can also be distributed and promoted together to increase choice at a given delivery point. When commercial brands of contraceptives are available in the local market, social marketing can focus on expanded distribution of those brands and communication strategies designed to recruit new users.

### A key component of the total market

A total market approach is a lens or process that supports sustainable and equitable access to health products and services for all segments of a population. The approach considers the total demand and how it can be met by all free, subsidized, and commercial delivery channels. In some countries, local SMOs and clinic-based organizations with social marketing programs are often key actors in the total market for contraceptive methods because they typically serve vulnerable and low-income population groups.<sup>13</sup> In addition, local SMOs have become important partners with the ministry of health after graduating from donor support (Box 5).

## Box 5. South Africa: Introducing a new condom brand for the National Department of Health

PSI/South Africa is the main NGO partner of the South African government, tasked with delivering free condoms to non-clinical outlets. In late 2015, the National Department of Health contracted PSI to develop and introduce a new condom in replacement of its *Choice* brand. Using advanced market research and its own social marketing planning tool (DELTA), PSI developed *Max*, a condom line available in different scents. PSI then worked with local agencies on an aggressive communication strategy that combined brand promotion with a condom awareness and education campaign.

Source: Yasmin Madan of PSI, email message, November 22, 2016.

In sum, social marketing as an intervention helps achieve family planning targets outlined in a country's national health strategic plan and national reproductive health plan. Successful social marketing programs contribute to improved newborn, child, and maternal health outcomes, which in turn may help achieve the Sustainable Development Goals.

*For more information about social marketing, refer to the references section below, or **Phases of Social Marketing**, available as a companion document to this brief.*

## Notes

1. Between 1985 and 2005, couples purchasing modern contraceptives from SMOs increased by 825%, from 4 million to 37 million (Harvey 2008).
2. In 2015, 87 social marketing initiatives delivered over 67 million couple years of protection in 59 countries (DKT International 2015).
3. A 2010 review by the UK Department for International Development concluded that “Engagement with the private sector via social marketing and franchising can increase access to contraceptives to women who need them” (Mulligan et al. 2010).
4. In Nepal, the presence of SMOs increased the availability/accessibility for oral contraceptives (Shrestha, Kane, and Hamal 1990).
5. In four pilot countries, PSI's use of social marketing, social franchising, and the total market approach provided evidence that “complementing private sector family planning activities with public sector IUD capacity-building interventions can lead to increased provision of IUDs” (White and Corker 2016).
6. Social marketing can influence health behaviors and health outcomes in global health (Firestone et al. 2016).
7. Over a seven-year period (2008–2014), total couple years of protection delivered by Marie Stopes International increased 54-fold, from 71,606 to 3,829,193 (Munroe, Hayes, and Taft 2015).

8. Agha (2002) conducted a study of four social marketing interventions targeting adolescents in sub-Saharan Africa.
9. A 36-month study of the 100% Jeune youth social marketing program in Cameroon revealed a significant increase in use of a condom during sexual intercourse with a regular partner or a casual partner, as well as a steady decline in reported sexually transmitted infections (20% in 2000 to 11% in 2003) (Plautz and Meekers 2007).
10. In Rakai, Uganda, an area with high levels of unwanted pregnancy, using social marketing to promote and sell contraceptives was found to significantly increase contraceptive use and decrease pregnancy rates (Lutalo et al. 2010).
11. The social marketing of a pre-packed treatment for men with urethral discharge (*Clear Seven*) in Uganda resulted in significant results for cure rate (84% versus 47%) and condom use during treatment (36% versus 18%) (Jacobs et al. 2003).
12. By subsidizing products, SMOs can reach different segments, including the poor, without putting revenue generation at a great risk. For example, in the Philippines, low prices of the *Trust* condom brand are secured through premium brands *Frenzy* and *Premiere* (Harvey 2008).
13. Using a total market approach in Tanzania, PSI was able to reach customers with a wide selection of effective methods. In 2014, PSI and partners distributed over 85 percent of condoms and helped more than 50,000 women access long-acting and reversible contraception. (Field-Nguer et al. 2015).

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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Marie Stopes International, Population Services International, Praekelt.org, and William Davidson Institute at the University of Michigan.



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