#### **Social Marketing:** Using marketing principles and techniques to improve contraceptive access, choice, and use

#### January 20, 2022





#### Martyn Smith, FP2030 Moderator

Martyn Smith serves as the Managing Director for Family Planning 2030. He has extensive leadership experience in the family planning and reproductive health sectors, including social marketing, in both Africa and Asia across the last 10 years, with a further 10 years of international experience in both the private and NGO sectors across three continents. Martyn led and transformed Marie Stopes International organizations in India and Sierra Leone and has also worked with PSI in Namibia on bed net and condom social marketing programs.







# Today's Agenda

**Opening and Welcome** 

**Setting the Stage** 

**Social Marketing HIP Brief Overview** 

**Country Perspective: Nepal** 

**Questions & Answers** 

Closing

Martyn Smith, Moderator Clancy Broxton, USAID

Ram Ganesan, Abt Associates

Jiblal Pokharel, CRS Nepal

Martyn Smith, Moderator

Martyn Smith, Moderator







## **Before we Begin**



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# What are the High Impact Practices (HIPs)?

Evidence-based family planning practices Vetted by experts against specific criteria

Documented in an easy-to-use format





# **HIP Categories**

HIP briefs are grouped into three primary categories:

| Enabling Environment   | Service Delivery  | Social and Behavioral<br>Change  |  |  |
|--|---|--|--|--|
| Address systemic barriers that<br>affect an individual's ability to<br>access family planning<br>information & services. | Improve the availability,<br>accessibility, acceptability,<br>and quality of family<br>planning services. | Influence knowledge, beliefs,<br>behaviors, and social norms<br>associated with family planning. |  |  |
| Enhancements   |   |  |  |  |
| Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.             |   |  |  |  |





# **HIP Briefs**

HIP briefs define the *practice* and summarize evidence of *impact* and experiential learning from implementing.



#### **Social and Behavior Change**



#### **HIP Enhancements**







#### **Social Marketing:**

Using marketing principles and techniques to improve contraceptive access, choice, and use

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**Social Marketing:** Using marketing principles and HIGH IMPACT techniques to improve contraceptive access, choice, and use

#### **High Impact Practice**

Use marketing principles and techniques to shape the provision of contraceptive services and products to improve access, choice and use, for target populations.

#### Background

Social marketing seeks to leverage marketing concepts to influence behaviors that benefit individuals and communities for the greater social good.<sup>1</sup> It uses behavior change theory, market research, and consumer insight to inform the delivery of health information, products, and services that are attuned to client's needs, values, and preferences. To do so, social marketing defines its program objectives and utilizes the following four foundational elements of marketing (i.e., the 4 Ps: product, price, promotion, and place) to develop strategies to achieve them. There is growing recognition of the importance of policy in supporting the 4Ps. The 4Ps plus policy can be defined as follows<sup>2-3</sup>:

- Product: a good or service offered to a specific market segment or priority group.
- **Price:** clients' willingness or ability to pay, considering financial and opportunity costs and competition with other similar products.
- **Promotion:** communication and/or advertising about the product or service targeted to the market segment or priority group.
- **Place:** availability and distribution channels to reach the target market segment, linked to promotion channels.
- Policy: policy revision, adoption, and/or guidance to ensure a healthy market.

Social marketing success is ultimately about creating sustained behavior change, which goes beyond changing knowledge and attitudes around family planning. What distinguishes social marketing from other behavior change approaches is the notion of value exchange, or the idea that the target audience will adopt or select—a contraceptive method, product, or service—in exchange for perceived benefits. This notion is rooted in commercial marketing and is evidenced by the many daily consumer behavior decisions we make to purchase one product/service/brand over another due to perceived benefits such as efficacy, value for money, brand status, and improved health. Marketing offers a useful lens through which program designers can leverage the cost/benefit, risk/reward, and incentive/disincentive calculations made by consumers in everyday decision making as they design family planning strategies that create value in the mind of the client and reduce barriers to access.

In addition to promoting behavior change, social marketing programs are also designed to expand the range of contraceptive options available and/or increase when, how, and from whom clients can obtain methods and services (for further information of related HIP briefs to increase access, see: <u>Community Health Workers</u>. <u>Drug Shops</u> and <u>Pharmacies</u>, <u>Social Tranchising</u> HIP briefs). Social marketing can serve as a bridge to developing a commercial market in a nascent context where family planning use is relatively low or where the public sector is the dominant source for family planning products and services. Social marketing programs can also work in harmony with

Social M





## **Today's Panelists**







Clancy Broxton USAID Ram Ganesan Abt Associates Jiblal Pokharel CRS Nepal





# **Clancy Broxton, USAID**

Clancy Broxton is the Private Sector Team Lead with the Office of Population and Reproductive Health at USAID/Washington. Ms. Broxton has more than twenty years leading, managing, and overseeing FP/RH and HIV investments in social marketing, social franchising, private sector health, and social and behavior change. She currently leads a team of professionals at USAID providing grant and technical management to the Frontier Health Markets, MOMENTUM Private Healthcare Delivery, and SHOPS Plus projects. In previous positions, Ms. Broxton worked at USAID's Office of HIV/AIDS, PSI, and Medecins Sans Frontieres.







## SOCIAL MARKETING: Context and Background



## Definition of Social Marketing

From <u>Social Marketing: Influencing Behaviors for Good</u> :"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 "marketing mix or the "4 Ps". :

- Product: a good or service offered to a specific market segment or priority group.
- **Price:** clients' willingness or ability to pay, considering financial and opportunity costs and competition with other similar products.
- **Promotion:** communication and/or advertising about the product or service targeted to the market segment or priority group.
- **Place:** availability and distribution channels to reach the target market segment, linked to promotion channels.

G.D. Wiebe, *Public Opinion Quarterly, 1951:* "Why can't you sell brotherhood and rational thinking like you can sell soap?"

In the 1960s, World Health Organization and World Bank sponsored marketing efforts to achieve social goals.



The objective of social marketing is to promote public health and its goal is improved health for a31

Source: Kotler & Zaltman (1971); Birkinshaw (1988)

In 1971, social marketing began as a formal discipline with the publication of "Social Marketing: An Approach to Social Change" in the Journal of Marketing

- Authors were marketing experts Philip Kotler and Gerald Zaltman
- Zolter and Kaltman stated that "Social Marketing is the application of principles and tools of marketing to achieve socially desirable goals..."

#### Social Marketing: An Approach to Planned Social Change

PHILIP KOTLER and GERALD ZALTMAN

Can marketing concepts and techniques be effectively applied to the promotion of social objectives such as brotherhood, safe driving, and family planning? The applicability of marketing concepts to such social problems is examined in this article. The authors show how social causes can be advanced more successfully through applying principles of marketing analysis, planning, and control to problems of social change.

Journal of Marketing, Vol. 35 (July, 1971), pp. 3-12. IN 1952, G. D. Wiebe raised the question "Why can't you sell brotherhood like you sell soap?"<sup>1</sup> This statement implies that sellers of commodities such as soap are generally effective, while "sellers" of social causes are generally ineffective. Wiebe examined four social campaigns to determine what conditions or characteristics accounted for their relative success or lack of success. He found that the more the conditions of the social campaign resembled those of a product campaign, the more successful the social campaign. However, because many social campaigns are conducted under quite un-market-like circumstances, Wiebe also noted clear limitations in the practice of social marketing.

A different view is implied in Joe McGinniss's best-selling book The Selling of the President 1968.<sup>2</sup> Its theme seems to be "You can sell a presidential candidate like you sell soap." Once Nixon gave the word: "We're going to build this whole campaign around television ... you fellows just tell me what you want me to do and I'll do it," the advertising men, public relations men, copywriters, makeup artist, photographers, and others joined together to create the image and the aura that would make this man America's favorite "brand."

These and other cases suggest that the art of selling cigarettes, soap, or steel may have some bearing on the art of selling social causes. People like McGinniss—and before him John K. Galbraith and Vance Packard—believe everything and anything can be sold by Madison Avenue, while people like Wiebe feel this is exaggerated. To the extent that Madison Avenue has this power, some persons would be heartened because of the many good causes in need of an effective social marketing technology, and others would despair over the spectre of mass manipulation.

Unfortunately there are few careful discussions of the power and limitations of social marketing. It is the authors' view that social marketing is a promising framework for planning and implementing social change. At the same time, it is poorly understood and often viewed suspiciously by many behavioral scientists. The application of commercial ideas and methods to promote social goals will be seen by many as another example of business's lack of taste and self-restraint. Yet the application of the logic of marketing to social goals is a natural development and on the whole a promising one. The idea will not disappear by ignoring it or ralling against it.

<sup>&</sup>lt;sup>1</sup>G. D. Wiebe, "Merchandising Commodities and Citizenship on Television," Public Opinion Quarterly, Vol. 15 (Winter, 1951-52), pp. 679-691, at p. 679.

<sup>&</sup>lt;sup>2</sup> Joe McGinniss, The Selling of the President 1968 (New York: Trident Press, 1969).

- 1985 book: <u>Social Marketing: A</u> <u>New Imperative for Public Health</u> by Richard K. Manoff
- Thorough overview from '80s point of view
- Used to justify expansion of health social marketing programs



In 1988, SM was introduced to the public health community during a WHO symposium



In 1994, the Social Marketing Quarterly academic journal was launched



International Donors began funding large-scale social marketing efforts in the 1990s:

- USAID funded the Social Marketing for Change (SOMARC) project from 1980-1998
- DFID started funding social marketing programs in 1991

In 2008, the first World Social Marketing Conference took place in England. Subsequent conferences held on a regular basis since that time.



# Social Marketing

- Commercial techniques →social good
- Behavior change + product
- Local or global SMOs
- Defined market segments
- Varying levels of subsidy
- Utilizes network of outlets
- Often linked with drug shops, pharmacies
- Position products to not compete with commercial or free products



#### The S-Curve

Low prevalence, slow growth (mCPR<15) Angola Benin DR Congo Guinea Mauritania

Mali

Niger

Nigeria South Sudan Somalia Period where rapid growth can occur (mCPR 15-54%)

Afghanistan Cambodia Burundi Ethiopia Burkina Faso Guatemala Côte d'Ivoire Haiti India Madagascar Jordan Ghana Liberia Pakistan Nepal Mozambique Philippines Rwanda Zambia Senegal Tanzania Timor-Leste Togo Uganda Yemen

High Prevalence, Growth slowing and leveling off (mCPR>54%)

Bangladesh Egypt Kenya Malawi Zimbabwe

# "S" Curve Analysis & Social Marketing

STAGE 1 - Building demand

- Social marketing is a key driver of increasing contraceptive use by tapping into latent demand
- Demand creation is effective, as is expanding availability/access

STAGE 2: Consolidating demand, expanding supply and financing

- Continued demand creation investments, increase in access points (public/private)
- Investments in social franchising/engagement of private providers, including incorporating free/subsidized commodities
- Importance of social marketing declines slightly over time

STAGE 3: Focus on affordability and sustainability

- Strengthen systems supporting institutionalized FP/RH delivery
- Fewer social marketing programs, some 'graduated'

# Settings where Social Marketing proved particularly useful

- Fragile Settings
- Need to integrate intensive demand creation with supply-side interventions
- Possible to leverage existing FMCG supply chain infrastructure to expand access quickly
- Possible to leverage other social marketing products (eg ORS, LLINs, etc) for a 'basket' of socially marketed products
- Useful practice for introducing new products into the method mix

#### Myths and Misconceptions re Social Marketing

Social marketing products are always subsidized

Social Marketing is primarily a supply-based intervention

Because social marketing requires subsidized commodities, the practice is not sustainable

Only social marketing NGOs - or SMOs - can implement this approach

USAID must always finance the product portion to implement social marketing

### References

Birkinshaw, Marie. 1988. Social Marketing for Health. World Health Organization.

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## Ram Ganesan, Abt Associates

Ramakrishnan Ganesan is a Senior Private Health Sector Advisor with the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project led by Abt Associates. He has more than 20 years of experience implementing social marketing programs in family planning and other health areas. In SHOPS Plus and predecessor projects, he has strengthened the capacity of local social marketing organizations to enhance their impact and sustainability. He has also partnered with commercial manufacturers to increase voluntary use of family planning products. Prior to joining Abt Associates, he served as Marketing Director for Population Services International in India. Ganesan has an MBA and is based in Chennai, India.







# Social marketing: a high impact practice

Use marketing principles and techniques to shape the provision of contraceptive services and products to improve access, choice and use, for target populations



# Core marketing principles: the 4 Ps + Policy



**Product:** a good or service offered to the target population



**Price:** the costs incurred by the target population to access the product or service, and ensuring it is affordable to the target population



**Promotion:** communication and/or advertising about the product or service to the target population



**Place:** channels through which the product or service is accessible to the target population



**Policy:** Rules and guidelines governing access to, and provision of, the product or service to the target population

# Other key elements of social marketing

- Attuned to clients needs, aspirations, and preferences
- Aimed at sustained behavior change
- A bridge to developing a commercial market
- Government plays a critical role



# Used to address critical barriers

- Low demand for contraception
- Limited access to high-quality and affordable contraceptive products in the private sector
- Filling in gaps in public sector provision
- Lack of access to contraception among particular segments of the population
- Lack of a wide range of contraceptives in private sector outlets





| <ul> <li>Increases knowledge, access, and use</li> <li>4 systematic reviews found positive impact</li> </ul> | <ul> <li>Reaches priority populations effectively</li> <li>Evidence of reaching rural populations and youth</li> </ul> |
|--|--|
| Serves users of short-acting contraceptives  | Contributes to building a healthy market   |
| <ul> <li>Serves more than 70% of oral<br/>pill users, and 60% of condom<br/>users</li> </ul>                 | <ul> <li>Evidence of sustaining the<br/>increases in contraceptive use<br/>after donor funding ends</li> </ul>         |

# Theory of change

| Barriers  | High-Impact<br>Practice   | Service Delivery<br>Changes  | Benefits to<br>Clients  | Impact  |   |
|---|---|--|---|---|---|
| The market does<br>not include a<br><b>product or service</b><br>that meets<br>consumer's<br>preferences.                       | Use marketing<br>principles and<br>techniques to<br>shape the<br>provision of<br>contraceptive<br>services and<br>products to<br>improve<br>access, choice<br>and use for<br>target<br>populations. | <b>Product or service</b> is<br>available and appealing;<br>introduce new<br>brands or partner with/<br>improve perception of  | Increased access to<br>and demand for<br>contraceptive<br>products and services   | Increased and<br>sustained<br>voluntary use of<br>contraception   |   |
| The product or<br>service is not<br>accessible in a   |   | principles and<br>techniques to<br>shape the   | existing brands<br><b>Place</b> includes expanded<br>communications and<br>distribution channels to<br>support promotion and ensure | Tailored solutions to<br>meet the needs of<br>priority populations  | Reduction in<br>unintended<br>pregnancies |
| convenient <b>place.</b><br>The product or<br>service is not<br>available at a <b>price</b><br>consumers are<br>willing to pay. |   | ceptive     access       es and     Price according to clients'       ucts to     ability and willingness to pay;       rove     ensure that price is not an       , choice     obstacle       use for     Promotion to improve       get     Promotion to improve | Customer orientation<br>and convenience of<br>services  | Improved<br>efficiencies in<br>provision of<br>contraceptives<br>and family<br>planning<br>services                   |   |
| Potential clients<br>have limited<br>information or<br>misconceptions of<br>the product or<br>service.                          |   |  |   | Increased<br>sustainability by<br>harnessing the<br>power of markets<br>and<br>the resources of<br>the private sector |   |
| (promotion)   |   |  |   |   |   |

# More information in the brief



FAMILY PLANNING Social Marketing: Using marketing principles and techniques to improve contraceptive access, choice, and use

#### High Impact Practice

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Service Delivery HIP

ocial Marketing

Social Marketing

Go to

https://www.fphighimpactpractices. org/briefs/social-marketing/

Find tools and resources,
 implementation tips, priority
 research questions, and indicators
 to track implementation

# Jiblal Pokharel, CRS Nepal

Jiblal Pokharel serves as the Managing Director of Nepal CRS Company. Nepal CRS Company is the social marketing company in Nepal and has established itself as a key driver in the growth of Nepal's private sector family planning and maternal child health industry through its innovative social marketing initiatives and extensive distribution network. CRS contributes approximately 38% to the overall national FP achievements on reversible methods (NDHS 2016). Jiblal has an extensive experience in the private sector in Nepal along with USAID funded project management and program implementation. He has served as the Deputy Chief of Party (2015-2017) and Chief of Party (2017-2021) for USAID funded cooperative agreement for Healthy homes project in Nepal.







#### **The Nepal context**





- Total population: 29 Mn
  - Terrai (blue): densely populated, 53% of total population, main areas for commercial activity
  - Mountains (brown): Sparsely populated, very challenging to access
- GNI per capita: \$1,190 (Atlas method)
- FP context:
  - mCPR increased from 3% in 1976 to 43% in 2016
  - Private sector share (mainly SMO/SFO) increased from 21% IN 1996 to 30% IN 2016
     34



- Started as a project in 1978, transitioned and institutionalized as a not-for-profit company in 1983
- CRS shareholders: Ministry of Health (Family Health Division), Social Organizations, professional bodies and private sector firms (12 share holders)
- Socially markets 12 products, manages a non-clinical network, and conducts a range of SBC activities
- Continuously evolving to Nepal's needs, and the donor and market context

#### **Our family planning products**





#### **Our Other products**











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Multi-brand strategy helps meet preferences of different market segments; increases cost recovery



#### Sunaulo Gulaf

- Priced at Rs.30 per cycle.
- Higher market share in rural than urban
- Use is highest among the two lowest wealth quintiles



#### **Nilocon White**

- Priced at Rs 50 per cycle
- Market share in urban twice that of in rural
- Use is highest among upper two wealth quintiles.



#### **Our distribution strategies**





#### **Our promotion and SBC activities**





Product TVC



Women Group Meetings



Street Dramas





Infotainment Games



School Orientation Programs



Outlet branding

#### Key achievements



user age 15-49

58% use CRS OCP45% use CRS Condoms25% use CRS Sangini (DMPA)

Cost recovery rate overall =56%





#### Looking ahead



#### **Evolving context**

- Increased education, income, and exposure → higher aspirations and willingness to pay
- Reducing donor funding → move towards financial self reliance
- Underserved segments remain focused geographic and demographic sub-segments

#### **CRS** Response

- Transitioned to a two-unit structure
  - For-profit: Financially self-reliant marketing of health products
  - Not-for-profit: Implement donor-funded, targeted social marketing and SBC interventions (e.g. adolescent SRH, province 7)
- Transitioning from cost-leadership marketing strategy to value leadership marketing strategy
  - Customer engagement App
  - Online order and store pick up systems
  - Value added brands

### **Questions & Answers**







### **Before we close**



#### Presentation and Recording available here: https://www.fphighimpactpractices.org /webinar-social-marketing/





# For more information, please visit:



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# THANK YOU



