

Social Marketing:

Leveraging the private sector to improve contraceptive access, choice, and use

April 13, 2017

Martyn Smith, FP2020, Facilitator

Martyn Smith serves as the Managing Director for Family Planning 2020. 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.



- Welcome and Introduction
- Presentations
- Q & A
- Closing

HIPs: Critical Role of HIPs in Achieving Country FP2020 Goals

- Knowledge and evidence one of four FP2020 pillars
- Working with countries to identify key strategic points to integrate high-impact practices
 - Commitments, costed-implementation plans, and action plans
- Establishing HIPs Advisor role to strengthen engagement with FP2020 country focal point structure (government, donor, and civil society focal points)

Social Marketing HIP Brief

HIP

FAMILY PLANNING
HIGH IMPACT
PRACTICES

Social Marketing: Leveraging the private sector to improve contraceptive access, choice, and use

What is the proven high-impact practice in family planning service delivery?
Support distribution of a wide range of contraceptive methods and promotion of healthy family planning behaviors through social marketing.

Background

Social marketing in family planning programs makes contraceptive products accessible and affordable through private-sector outlets, such as pharmacies and shops, while using commercial marketing techniques to achieve specific behavioral goals. Social marketers combine product, price, place (distribution), and promotion—often referred to as the “4P” or the “marketing mix”—to maximize use of specific

“Social marketing has models and concepts and ideas ready-made that we can apply to social problems.”
—Bill Novati (Social Marketing Pioneer)

Figure 1. Improving Market Segmentation Through Social Marketing



Social Marketing

Service Delivery HIP

HIP

FAMILY PLANNING
HIGH IMPACT
PRACTICES

Mercadeo Social:

Aprovechando las ventajas que ofrece el sector privado para mejorar el acceso, las opciones y el uso de métodos anticonceptivos.

¿Cuál es la práctica de alto impacto de probada eficacia en la prestación de servicios de planificación familiar?

Dispersar la distribución de una amplia gama de métodos anticonceptivos y la promoción de comportamientos saludables de planificación familiar a través del mercado social.

Antecedentes

El mercadeo social aplicado a la familia anterior y en el campo de los métodos de planificación familiar.

“El mercadeo social tiene modelos, conceptos e ideas ya hechos que se pueden aplicar a problemas sociales.”
—Bill Novati (Pionero del Mercadeo Social)

Mercadeo Social

PII en la prestación de servicios

Three Social Marketing Models

The NGO model is more likely to focus on achieving health impact and serving the poor because it does not need to secure a financial return and does not need to be concerned with program sustainability in the short run. Social marketing programs managed by NGOs have greater control over the full marketing mix as brands are often created and managed in-house rather than by a commercial manufacturer.

The NGO Model:

- Provides subsidies for all four elements of the marketing mix for a sustained period of time.
- Has the greatest impact on increasing access to and reducing unmet need for family planning among the most vulnerable populations.
- Operates usually with an NGO managing product registration and importation, pricing, distribution, and promotion.
- Works well in the following contexts: extreme poverty, weak distribution systems, poor public health systems, and low ability to pay for family planning.

The manufacturer's model is a partnership between product manufacturer or suppliers that control the product and brand and the donor that supports demand creation efforts to grow the overall market. In addition, these programs generally support the expansion of commercial distribution systems to expand the reach of commercial brands into those distant areas. Programs using the manufacturer's model often register the introduction of new brand commercial brands, or price reductions for existing brands, in exchange for market building support.

The Manufacturer's Model:

- Uses relatively small time limited subsidies for just one or two elements of the marketing mix (typically promotion and distribution) and usually relies on the commercial company to manage the product, branding, and price.
- Has the greatest impact on increasing family planning program sustainability and better targeting of donor funding.
- Negotiates with contraceptive method manufacturers to introduce newer priced and good-quality versions of their higher cost family planning products onto the market.
- Works well in the following contexts: countries where large segments of the population have the ability to pay for family planning and where free and subsidized products are often targeted to the poorest and most vulnerable population segments.

Hybrid models blend aspects of the NGO model and the manufacturer's model in order to better meet both sustainability and family planning access objectives. These hybrid models include, for example, NGO-based programs with high cost necessary or cross-subsidy activities and partnerships between nonprofits and for-profit organizations. Some NGOs also implement direct partnerships with contraceptive product manufacturers to market and distribute their products on a sustainable basis. Other examples of the hybrid model include fully commercial products, sustainable products, sustainable programs, or some combination of all three models.

Hybrid Models:

- Market and distribute the manufacturer's product with no price subsidy.
- Are managed by an NGO in partnership with a manufacturer.
- Work well in the following contexts: strong commercial presence and distribution but insufficient market potential for a manufacturer's model.

Socially Marketed Contraceptives to Maximize Using the NGO Model

In Myanmar condoms were initially available when PFI launched its Alpha brand of condoms, which means “trouble companion.” PFI developed a culturally sensitive brand name and packaging, subsidized the price to make it affordable, and invested in a large-scale behavior change campaign to promote the brand and overcome resistance and taboos against condoms. The project also identified a range of population groups that practice high-risk behaviors and developed a targeted campaign to reach them (LANGLD, 2005).

Improving Oral Contraceptive Use in India through the Manufacturer's Model

The goal of Haripati (Friends of the PFI) social marketing campaign in India did not promote a specific brand but aimed instead to increase oral contraceptive sales overall. Through a partnership with oral contraceptive manufacturers, the program used a combination of advertising, public relations, and peer-to-peer detailing to raise risk perceptions about oral contraception (Mekler et al., 2006).

What is the proven high-impact practice?

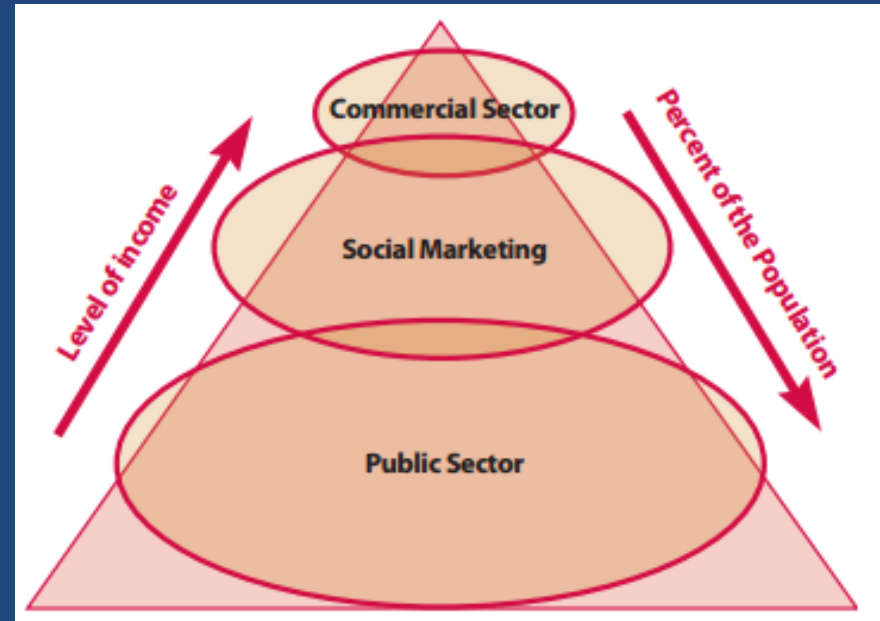
Support distribution of a wide range of contraceptive methods and promotion of healthy family planning behaviors through social marketing.

Background

Social marketing makes contraceptive products accessible and affordable through private-sector outlets, such as pharmacies and shops, while using commercial marketing techniques to achieve specific behavioral goals.

Importance

- Can be used to promote a wide range of methods
- Improve access by using large private-sector networks
- Reduce geographic and other disparities in FP
- Reach underserved young people



Impact

- Increases contraceptive use
 - At least three systematic reviews have found that SM has positive impact on clients' knowledge of and access to contraceptive methods and condom use
- Reaches youth effectively
 - Can be effective in changing attitudes and sexual behavior if SM program communicates through multiple channels, reaches large portion of young people, and makes contraceptives widely available
- Helps sustain family planning gains
 - Evidence of contraceptive use continuing to increase after social marketing program ends

Social Marketing Models

NGO Model

- More likely to focus on achieving health impact and serving the poor
- Greater control over full marketing mix
- Greatest impact on increasing access among most vulnerable populations

Manufacturers Model

- Partnership between product manufacturers or suppliers that control the product and brand and the donor that supports demand-creation efforts to grow overall market
- Support expansion of commercial distribution brands into distant areas
- Often includes negotiation of lower-priced commercial brands or price reductions

Hybrid Model

- Blends aspects of NGO and manufacturer's model to better meet sustainability and family planning objectives
- Works well in context where strong commercial presence and distribution but insufficient market potential for manufacturer's model

Key Considerations

- Match the social marketing model to program objectives and country context
- Ensure coordination among key players for effective market segmentation
- Conduct research to ensure appropriate social marketing program design and implementation
- Use the power of social marketing to introduce and scale up access to and use of new contraceptive products and brands
- Invest in behavior change communication
- Plan for sustainability at the beginning

Today's Panelists



**Alysha Beyer,
PSI Tanzania**



**True Overholt,
DKT International**



**Pierre Moon,
PSI**

True Overholt, DKT International

Mr. Overholt is a Senior Program Advisor at DKT International in Washington, DC. True spent two years with DKT Ghana directing donor-supported projects, where he worked on projects such as the No Yawa youth program. True advises DKT's country offices how to maximize health impact while achieving financial sustainability. His professional interests include social entrepreneurship and market-based solutions to poverty.





DKT International: Approach to Social Marketing

TRUE OVERHOLT
SENIOR PROGRAM ADVISOR
DKT INTERNATIONAL

Outline

1. Scope and Growth of Social Marketing
2. DKT: Cost-Recovery and Sustainability
3. DKT: Value of Branding



Educating youths on condoms on World AIDS Day in Dakar

Scope and Growth of Social Marketing



- Tremendous growth

Category	1995	2015
# of SM programs in world	54	83
# of CYPs delivered by SM	13.9 million	67.8 million

- Increased sophistication

- Not just condoms: clinical methods (IUDs, implants), OTCs, DMPA subQ, etc.

- Delivering results in challenging places



Selling oral contraceptives in Tanzania



DKT: Cost-Recovery and Sustainability



- DKT is unique in its cost-recovery; historically ~ 70%

	2015	2014
Sales Revenue (net discounts)	\$104.8 million	\$103.1 million
Total Expenses & Losses	\$159.3 million	\$148.2 million
Coverage Ratio (Sales Rev. / Exp.)	65.8%	69.5%

- **What are benefits of cost-recovery?** Donor efficiency, stability (esp. poor markets), self-funded expansion.
- **How does DKT achieve cost-recovery results?** Cross-subsidization, across DKT programs and in-country.

DKT: Value of Branding



- Higher price point brands enable cross-subsidization
- Identifiable brands enable mass-media advertising (umbrella brands)
- Brands appeal to emotion, not logic



PREMIERE CONDOMS FROM DKT
PHILIPPINES

Using Sex to Grow the Market for Contraception



Pierre Moon, Population Services International

Pierre Moon is the Director at PSI of USAID program Support for International Family Planning Organizations (SIFPO2). Prior to moving to DC in 2014, Pierre spent the previous decade delivering SRH programs in East & Southern Africa, including social marketing programs in Tanzania and Angola.





PSI's Approach to Social Marketing for Improved Contraceptive Access, Choice and Use

- Pierre Moon, Director @ PSI of USAID's *Support for International Family Planning Organizations (SIFPO2)*
- Alysha Beyer, Chief of Party, PSI Tanzania Social Marketing Program

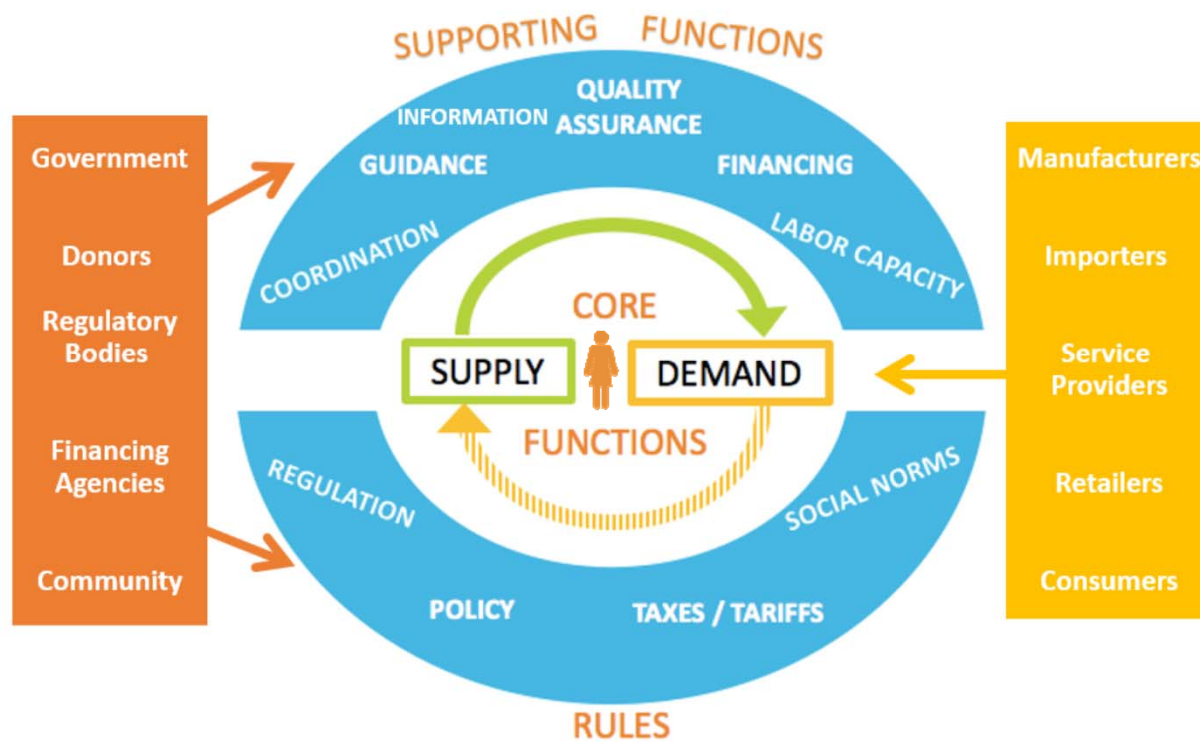
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PSI and social marketing: What's the story?



1. PSI works in more than 60 countries, empowering consumers across all sectors, public, private and not-for-profit.
2. Social marketing has evolved.
3. We attempt to answer this question: *Where are the **market shortcomings** that prohibit consumers from accessing the health services and products they need and want?*
4. *Total Market Approaches*
5. This approach can grow the health market.

The consumer and the market



PSI's evolution from products to services



- In 2017, PSI provides comprehensive family planning services in 32 countries.
 - **These services are typically integrated with other health services** such as HIV testing & counseling, cervical cancer or STI screening and treatment.
- **Back in 2008...** PSI *distributed* LARCs in only 10 countries, with services actually *provided* in only 5 countries

PSI's social marketing impact: 2012 to 2016

No two women are exactly the same

What works for another woman might not work for you. There is a method that will suit you and your lifestyle. Visit ProFam to get more information on the various child spacing methods available for you.

Loop
Pils
Implant
Depo

PSI
PROFAM

From 2012 through 2016:

- PSI provided more than **100 million CYPs globally**
- Averted approximately **176,000,000 DALYs**

In 2016:

- 4.2 million unintended pregnancies averted
- Over 10,000 maternal deaths averted.
- 18.6 million CYPs delivered

Alysha Beyer, PSI - Tanzania

Alysha Beyer is a public health / private markets specialist with over 15 years of experience in Africa and Asia. She is currently the Chief of Party of PSI's Tanzania Social Marketing Program. She was formerly the Deputy Director of AHME, the African Health Markets for Equity Partnership at Marie Stopes International. Alysha's experience in Health Market Systems includes total market approaches/ market shaping to social marketing, social enterprise development, health financing, and social franchising for health.





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OCPs in Tanzania

Market Analysis

Segmentation

5 A's (Activities)

Outcomes/ Challenges



OCPs in Tanzania

Market Analysis

Segmentation

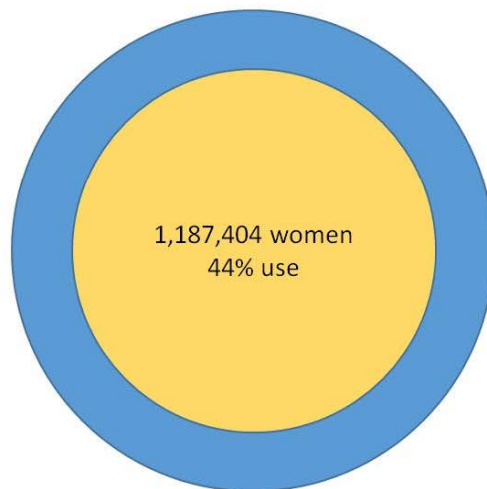
5 A's (Activities)

Outcomes/ Challenges

Use/Need

Rural

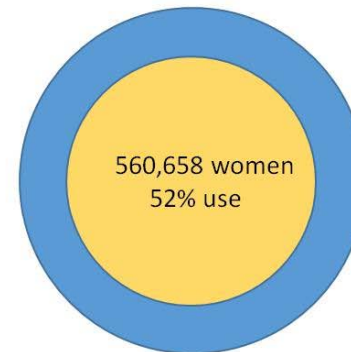
4.69 million currently married women, 15-49
25.2% modern CPR married women



2.7 million married women need

Urban

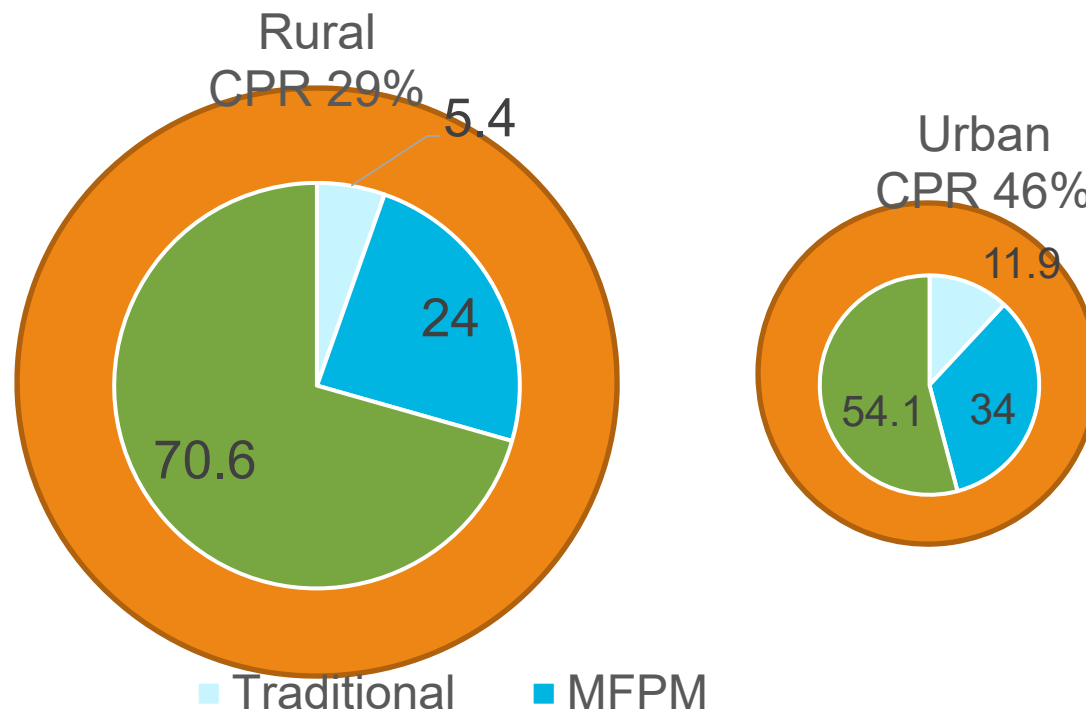
1.65 million currently married women, 15-49
34.1% modern CPR married women



1.0 million married women need

Sources: DHS 2010, Census 2012

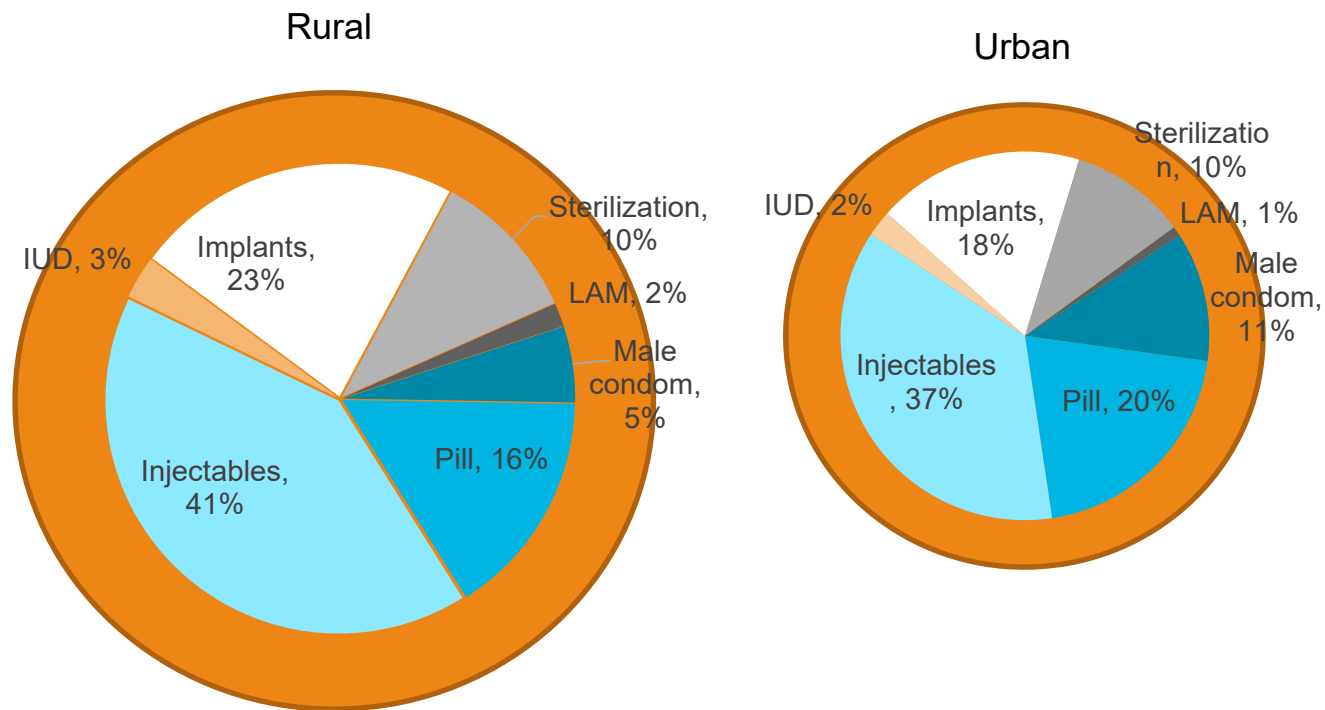
Use of modern and traditional FP methods



Sources: married women, DHS 2010, Census 2012

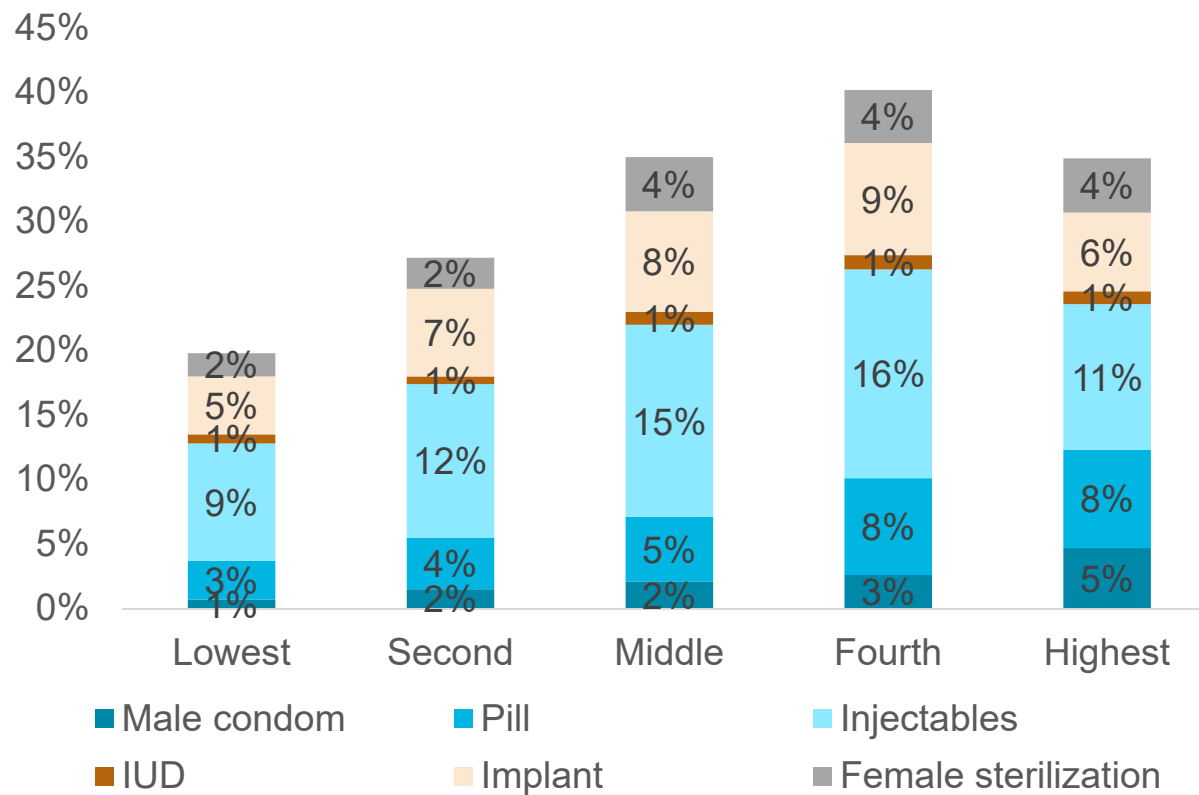
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Use by method mix



Sources: Married women, DHS 2010, Census 2012

Use by wealth quintile



Sources: DHS 2010, Census 2012

page 32



Key findings

High Unmet need, particularly in Rural Areas

Shift to LAPMs, but still 65% STMs (80% STMs for Adolescents)

Higher CPR by wealthy, urban woman, including traditional



OCPs in Tanzania

Market Analysis

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Urban Najma



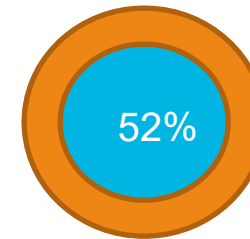
- Married, 21 years old.
- She has been pregnant (60% by age of 20).
- She's often trying to prevent pregnancy (46% any method).
- She has tried STMs and has discontinued (because of side effects, availability or husband disapproval).
- Her peers have encouraged her to use a traditional method (19.7% Dar, 14.5% Kili).
- She's educated (15% can't read a sentence). High smart phone use.

PLACE: She uses the private sector more than her rural counterpart (particularly Pharmacies and ADDOs) for pills. She believes that FP is always available in her community (85%).

PRODUCT: She believes more than her rural counterpart that an IUD is not appropriate for her (71% believe not appropriate). Prefers not to use the public sector. Values confidentiality more than older women.

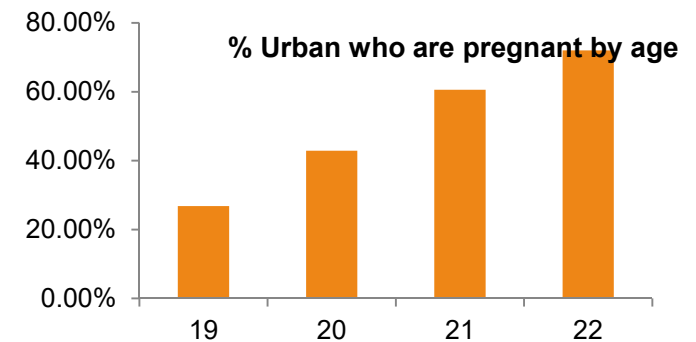
PRICE: She has a cell phone and can afford talk time. She can afford more than an OC for \$.25 month or an injectable for Approx \$2/ quarter.

PROMOTION: She knows about family planning and believes that it is safe (69% and a good choice 68.6%.) Her husband knows (89%) and she considers it normal to talk to him (81%).



Use: 560,000

Need: 1,000,000



Najma knows what she wants and she wants to plan her family. But she's discontinuing STMs and often using traditional methods. By the age of 21, she needs methods that *she believes* are right for her. Because she has some education, she can get information in many different ways.

Rural Fatuma



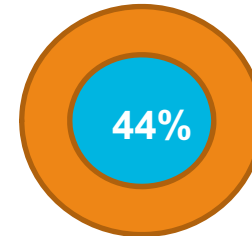
- Fatuma is only nineteen years old with limited education.
- She is married.
- She's been pregnant (52% by age of 19, 72% by 20).
- She's not using any form of contraception (Modern- 25%, Traditional - 5.4%)

PLACE: She believes that MFPM is always available in her community (84%). She goes to the public clinic for her other health care needs, but fears stigma and rejection when going to public or private.

PRODUCT: Unlike her urban counterpart, she believes that the IUD is right for her (62%). Injectable is her preferred method because it is short term and can easily be 'hidden.'

PRICE: She is very price sensitive for MFPM. She is used to buying Ocs for approximately \$.25

PROMOTION: She knows about family planning, but fears that it will make her infertile. She may have access to a cell phone shared in the home, but access to information is limited, and she relies on her peer network. Her husband knows (87%) and she considers it normal to talk to him (85%)



Use: 1,019,000

Need: 2,700,000

Rates of pregnancy by age 15 among rural girls is **6 times higher** than urban girls

Early marriage associated with poverty and illiteracy

Behavior: By the age of 19, after she has had her first child, she needs post partum family planning counseling and informed choice. Unlike her urban counterpart, she needs to be convinced to use any family planning.



OCPs in Tanzania

Market Analysis

Segmentation

5 A's (Activities)

Outcomes/ Challenges

LARCs



Franchise

- 179 Private Providers

Outreach (public/ private)

- 20 Mobile Teams



In 2016: 126,000 IUDs and 100,000 Implants
43% of all PSI generated CYPs in Tanzania
**Increase in implants from 1.8% to 6.7%
(2010-2015)**

Developing a Marketing Plan: Flexi P

Product	Repositioning the brand/ bring in a new product
Price	Increasing Price for Flexi P, cost efficiencies for Social Marketing, Managing P&L
Place	Medical detailing, focus on secondary sales
Promotion	Limited (focus on trade)



Developing a Marketing Plan

Assured Quality
Affordability
Availability
Awareness
Appropriate Design

Product	Repositioning the brand/ bring in a new product
Price	Increasing Price for Flexi P, cost efficiencies for SMing, Managing P&L
Place	Medical detailing, focus on secondary sales
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Outcomes from HIP Paper

Through social marketing efforts, **contraceptive use** is increasing

- Increase in DHS 2010 to 2015
- PSI CYPs approximately 38% of all TZ CYPs
- Increase in Implants from 1.8% to 6.7% (7.6% of method mis to 20.9%)

Use

Social marketing programs are **reaching youth**

- Early days, but some promising innovations.

Equity

Social marketing programs help to **sustain family planning goals**

- PSI capacity building a local SMing entity tasked with increasing the cost recovery of Flexi P
- Shift in source to Private sector
- Improved understanding by GOT of total market approach

Sustainability

Tanzania FP Market Landscaping: Market Barriers analysis: Priority actions identified include:

		MANUFACTURERS	IMPORTERS/ DISTRIBUTORS	WHOLESALEERS	PROVIDERS	CONSUMERS
DEMAND & SUPPLY	SUPPLY AND DEMAND		1. PSI and other SMOs impeding more stable market/ commercial importers 2. MSD not serving the public sector adequately		3. Low Value Proposition of FP Benefits, discontinuation	
SUPPORT & RULES	QUALITY ASSURANCE				5. Lack of Provider Training, Counseling & support	
	INFORMATION COORDINATION					
	LABOR CAPACITY					
	FINANCING					

Thank you
Asante



Social Marketing:

Leveraging the private sector to improve
contraceptive access, choice, and use

Q & A

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Recording and presentation available
at:

[https://www.fphighimpactpractices.org/content/
high-impact-practices-family-planning-webinars](https://www.fphighimpactpractices.org/content/high-impact-practices-family-planning-webinars)

&

[https://channel.webinar.com/channel/9650846
07443925509](https://channel.webinar.com/channel/965084607443925509)



For more information, please visit:

www.fphighimpactpractices.org

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www.familyplanning2020.org

THANK YOU

