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Independent Review of Aid Effectiveness Secretariat  
GPO Box 887  
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Dear Review Panel,

I am pleased to present a submission for the consideration of the panel for the Independent Review of Aid Effectiveness. This submission is based on the author's personal views and does not represent those of the University of Sydney.

First, I commend the Australian Government for undertaking this review and for the contributions of the members of the panel and the AusAID secretariat. It is a timely task to examine the effectiveness and efficiency of the Australian aid program and make recommendations to improve its structure and delivery.

This submission will focus in particular on selected parts of the review's terms of reference, namely:

1. The structure of the program, noting in particular:
  - the appropriate sectoral focus of the program, taking into account Australia's area of comparative advantage and measured development effectiveness results
  - the relative costs and benefits of the different forms of aid, including the role of non-government organisations and the appropriate balance between multilateral and bilateral aid funding arrangements.

### Introduction

In 1965, a report was submitted to the Central Family Planning Board of the Government of India by Mr. K. T. Chandy, Director of the Indian Institute of Management, Calcutta. In presenting the report, Mr Chandy, perhaps rather modestly, suggested it may contain ways in which the existing marketing resources of the private sector could be marshalled to throw more weight behind the presently planned family planning drives. (Chandy, Balakrishman et al. 1965)

The report was based on the work of the Central Family Planning Board, which in 1963 had set up an Evaluation Committee to examine India's national family planning program and make suggestions for improvements. A subcommittee was organised and requested one of its members, Mr. Chandy, to call upon members of private industry in India to consider ways of extending the distribution of contraceptive services, especially the condom, through commercial channels.

The Indian initiative was a critical moment in developing country responses to the challenges of poverty. It was the first time since 1952, when the American psychologist, G. D. Wiebe, asked the question, "Why can't you sell brotherhood like you sell soap?" that a developing country government embraced the effectiveness that commercial marketing practices could bring to addressing social issues. This approach to poverty alleviation came to be known as social marketing.

This submission will show social marketing has become one of the most effective approaches to individual behaviour and social change in international development programs. The introduction of social marketing to international development has brought commercial marketing and communications theories and models into contact with those

of poverty reduction and community development, enlarging the size and scope of the toolbox for academics and practitioners alike.

### What is social marketing?

Some consider social marketing to be a crude application of the principles and practices of commercial marketing to achieve non-commercial goals. This is an oversimplification: social marketing involves changing seemingly intractable behaviours in composite environmental, economic, social, political, and technological circumstances with (more often than not) quite limited resources. If the basic objective of commercial marketers is to satisfy shareholders, the bottom line for social marketers is to meet society's demand for improved quality of life (Serrat 2010).

According to the UK's National Social Marketing Centre (French and Blair-Stevens 2006), social marketing helps practitioners, policymakers and researchers plan behaviour change interventions and policies. Combining ideas from commercial marketing and the social sciences, social marketing is a proven tool for influencing behaviour in a sustainable and cost-effective way. It helps to decide:

- Which people to work with;
- What behaviour to influence;
- How to go about it; and
- How to measure it.

The NSMC developed eight benchmark criteria for effective social marketing programs:

1. People orientation 'Customer in the round'

Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources.

2. Behaviour

Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals.

3. Theory

Is behavioural theory-based and informed. Drawing from an integrated theory framework.

4. Insight

Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'.

5. Exchange

Incorporates an 'exchange' analysis. Understanding what the person has to give to get the benefits proposed.

6. Competition

Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience.

7. Segmentation

Uses a developed segmentation approach to target audiences (not just targeting). Avoiding blanket approaches.

8. Methods Mix

Identifies an appropriate 'mix of methods' for delivery of the program.

### Why social marketing?

At a time when governments worldwide are striving to maximise the use of scarce public resources and promoting fundamental reform to health, education, economic and environmental systems, far less attention is being paid to perhaps the most important challenge any country faces when it seeks to improve the health and prosperity of its population: changing individual and community behaviour. Social marketing can change behaviour and improve communities and it does these things effectively.

### Effectiveness of social marketing

According to Population Services International (PSI), one of the world's leading practitioners of social marketing approaches, in 2009 PSI averted 15.1 million DALYs (Disability Adjusted Life Years). One DALY is equal to one year of life lost to illness or death. PSI did this by preventing 300,000 HIV infections, 243,000 deaths from malaria, 19,000 deaths from diarrhoea and 6.8 million unintended pregnancies annually. This impact was achieved by efforts in each health area to prevent new cases of disease from occurring and from preventing death due to disease. (PSI, 2011)

### Key findings from selected case studies

The following summaries are taken from the articles attached as appendices to this submission.

Perhaps one of the best known examples of social marketing is Mechai Viravaidya, Thailand's "Condom King", an ex-senator and founder of the Population and Community Development Association, a leading public health NGO in Thailand. Mechai's efforts to increase use of condoms in the country are estimated to have slashed the AIDS infection rate from 140,000 cases per year in 1991 to about 20,000 by 2003. To increase usage among the young adult segment, his imagination knew no bounds as he sought to make condoms fun, accessible, and the norm. He sponsored condom balloon blowing contests in high schools; he influenced McDonald's to hand them out (a program he referred to as "Take this with your Big Mac"); he promoted a "Cops and Rubbers" program with policemen handing out condoms to youth; and at his popular urban Condoms and Cabbage Restaurants. (Lee and Kotler 2009)

According to the UNFPA, at least 200 million women worldwide want to use safe and effective family planning methods. As a result of the social marketing Green Star Program launched by PSI in 1991, she was eventually successful in convincing her husband that she should visit a neighborhood health clinic, one with a Green Star on the sign. She had heard this sign meant they offered quality family planning services. She returned home with an effective method for birth spacing and told others about it – an important and credible social influence because many couples in Pakistan were poorly informed about family planning (PSI, 2000).

DKT, a leading condom social marketing organisation, has invested considerable resource to determine the effectiveness of social marketing programs (Harvey 2008). According to them, in 2005 social marketing programs served the contraceptive needs of 36.7 million couples in 73 countries and provided hundreds of millions of condoms for HIV/AIDS prevention. This contribution means that social marketing programs accounted for about six percentage points of the contraceptive prevalence in the developing world (excluding China), and roughly 20 percent of the birth spacing methods used by couples in developing countries. The following are examples of the impact of their 2005 programs:



- In Bangladesh, social marketing provided 4.2 million couple-years of protection (CYPs), equivalent to 15 points of contraceptive prevalence;
- In India, six independent social marketing programs provided slightly fewer than 10 million CYPs, serving 4.5 percent of India's 216 million eligible couples;
- In Ethiopia, social marketing provided more than half of the country's contraceptive services in 2005, serving 1.5 million couples; and
- In Latin America, 21 programs provided supplies to several million customers at prices that represent a transition from subsidised sales to full commercial market access.

### Conclusion

The social marketing system described in 1964 by Mr Chandy and his colleagues at Calcutta's Indian Institute of Management, has proved for more than 45 years to be a viable and important model for delivering effective poverty reduction programs. As Lee and Kotler stated, "For some, marketing seems an unlikely weapon in the fight against poverty. But, at its source, poverty is often determined by individual behavioural choices, and social marketers are masters at influencing positive behaviours, ones that benefit society as well as the individual." (Lee and Kotler 2009)

Thank you for considering this submission, I wish you every success with the review.

Regards

Nicholas Goodwin

### Appendices & References

Chandy, K. T., T. R. Balakrishman, et al. (1965). "Proposals for Family Planning Promotion: A Marketing Plan." Studies in Family Planning **1**(6): 7-12.

French, J. and C. Blair-Stevens (2006). "Social marketing: National Benchmark Criteria." National Social Marketing Centre.

Harvey, P. D. (2008). "Social Marketing: No Longer a Sideshow." Studies in Family Planning **39**(1): 69-72.

Lee, N. and P. Kotler (2009). "Ending Poverty: "What's Social Marketing Got to Do With It?"" Social Marketing Quarterly **15**(4): 134-140.

Serrat, O. (2010). "The Future of Social Marketing." Knowledge Solutions **73**.