Social marketing:
An effective tool in the global response to HIV/AIDS

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Social marketing: an effective tool in the global response to HIV/AIDS

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At a glance

Social marketing has become increasingly popular among governments and donors as a way of addressing serious health issues in developing countries. While the concept has its roots in family planning, much of the attention has been due to the use of social marketing to respond to the HIV/AIDS epidemic.

In countries where the health infrastructure is both underdeveloped and underfunded, a social marketing approach makes the product available and affordable, utilising commercial marketing techniques, while linking it to a communications campaign geared to sustainable behaviour change.

In response to the HIV/AIDS epidemic, social marketing programmes have made condoms accessible, affordable and acceptable to low-income populations and high-risk groups in many of the world's developing countries. In several of these countries, this approach has been expanded to incorporate other essential health products and has become an important component of efforts to improve national health.

The effectiveness of such programmes in a variety of economic, political, and cultural environments has led to an active debate over what exactly constitutes social marketing and what the role of programmes should be vis à vis the public health system. The long-term sustainability of social marketing programmes and their effect on the existing commercial sector are issues of particular concern.

This document is intended to provide a clear understanding of social marketing, its key components and the role social marketing can and continues to play in preventing and slowing the spread of HIV/AIDS. It defines the rationale for social marketing, provides practical examples of its effectiveness and addresses many of the issues currently being raised by the donor community, including cost, competitiveness and sustainability. It concludes by advocating the continued support of social marketing programmes as an effective and cost-efficient tool in limiting the spread of HIV/AIDS.

Background

"Social marketing" is the adaptation of commercial marketing techniques to social goals. Using traditional commercial marketing techniques, social marketing makes needed products available and affordable to low-income people, while encouraging the adoption of healthier behaviour.

In many developing countries, public sector health systems are unable to ensure that products and services reach a large part of the population and in particular, those at the low end of the cash economy. Clinics are limited in number. Products are generic and infrequently supplied. In many

cases, there is no supporting literature, nor an adequately trained staff to explain the correct use of health products. This is especially true for HIV/AIDS, where staff need to have a thorough understanding of the means of transmission and its prevention. In many countries, cultural norms, geography, and low literacy levels compound the problems.

Outside the public health system, many essential health products can be purchased in commercial outlets. While the commercial sector is a significant distribution resource because it ensures that products are widely distributed and available, these products are usually affordable to only the richest one per cent of the population and are often sold with little or no promotion.

There exists, therefore, an unmet need for a regular supply of high-quality health products, which are both accessible and affordable to lower-income people. This need is compounded by a lack of information and education surrounding the products, their correct use, and in the case of condoms, the diseases against which they protect. Even where information, education and communication programmes (IEC) are being implemented, an inaccessible and infrequent source of supply often negates the impact of the messages disseminated by these campaigns.

The social marketing approach

The social marketing approach addresses both supply and demand issues. Programmes utilize the existing commercial infrastructure to make products available to low-income consumers when and where they are needed.

The products are attractively packaged and heavily promoted. They are also **sold** to the consumer. Selling the product might seem in contradiction with the aims of a programme aimed at improving the health of low-income populations. Market research has shown, however, that this is not the case. Products which are purchased are valued more highly by the consumer and are more likely to be used than those received for free[1]. In social marketing programmes, the price of the product is kept low enough to be affordable to low-income consumers but high enough to attach a value to the product. By selling the product, social marketing programmes can also defray some of the costs associated with distribution and promotion.

First, the product must be made widely available. This effort is complemented by a communications campaign which incorporates commercial marketing techniques to raise brand awareness, promote the product and encourage healthier behaviour as a result of purchase and correct use. Using this two-pronged approach, social marketing programmes have successfully addressed many of the issues of demand and supply.

In the case of condoms in particular, social marketing acts as a "normalizer" of the product. Until recently in many societies, condoms were a product used rarely, available only in pharmacies behind the counter and regarded as appropriate for use only with commercial sex workers. Now, thanks to social marketing programmes, in many countries condoms are sold in other types of shops, their brand name is known and accompanied by a recognizable logotype, and medical providers and others talk about them in the media and educate people about their benefits. The result is the destigmatization or "normalization" of condoms and their use in populations in general and especially amongst those at high risk of HIV infection. In this sense, social marketing programmes can help populations to overcome social and cultural resistance to practising effective HIV/AIDS prevention.

Condom social marketing (CSM)

Condom social marketing (CSM) emerged as an effective tool in combatting the spread of HIV/AIDS in the mid-1980s. In 1996, social marketing programmes distributed more than 783 million condoms in over 50 countries and conducted targeted communications campaigns in countries as economically and culturally diverse as Malawi and Bolivia[2].

Many of these programmes operate in countries in economic, political, and social transition, such as Cambodia, Mozambique, and Zaïre. Their ability to operate effectively in a variety of different environments is a key strength of the social marketing approach. While the size and focus of programmes varies, certain elements of this approach are common to all social marketing programmes and they will be examined in greater detail.

Distribution and communications—
Two sides of the same coin

Distribution

Condoms are procured using donor funding, attractively packaged and sold through the existing commercial infrastructure. Social marketing programmes employ the same methodology for distribution as commercial companies. Competitive profit margins, coupled with intensive brand promotion, ensure that the product is made widely available in a variety of outlets. Condoms are thus made as available as cigarettes, soft drinks, and matches. As noted earlier, this greatly expands availability, contributes to the normalization of condoms, making them more culturally and economically acceptable to potential users. For example, the Social Marketing for Change (SOMARC)/Uganda programme sells its 'Protector' condoms through a commercial distributor, Twiga Chemical Industries, and supplements this with five sales persons devoted entirely to the programme. As of 1996, "Protector" condoms were the market leader in Uganda[3].

In addition to using the traditional wholesale and retail network, CSM programmes also focus on developing non-traditional outlets and informal distribution systems. This helps make condoms available when and where they are needed, particularly in high-risk situations and in environments where people feel comfortable purchasing them. Such outlets have included bars, brothels, gas stations, bus terminals, and beauty parlours. In addition, trained project sales staff provide the retailers with information about the product and the diseases against which it protects.

In Botswana, this process has been taken one step further. In 1995, the Botswana Social Marketing Programme (BSMP) developed the Tsa Banana project that created youth friendly outlets where condoms are sold. Recognised by the Tsa Banana logo, these are outlets geared towards providing condoms and advice to young people in a relaxed and non-judgmental environment[4].

Specific marketing techniques have been transferred from more developed economies to increase product recognition and sales among consumers. The use of umbrella logos—placing the same logo on a series of different products— is one example. Social marketing programmes in Indonesia, Kazakhstan and the Philippines have developed a general logo used on condoms, oral contraceptives and other products[5]. Consumers who begin to use and trust one product carrying the logo may be quicker to use the others carrying the same logotype.

Other innovative distribution systems have been used, including working with local NGOs and training community-based sales agents. In Haiti, the social marketing programme has recruited and trained outreach workers from its partner NGOs to act as wholesale distributors and retail sales agents. Utilizing these agents, the programme has been able to penetrate many rural areas and continue sales even during periods of economic disruption[6]. In Burkina Faso, the social marketing project, Project de Marketing Social des Condoms (PROMACO), has used traditional female story tellers to distribute condoms to women and foster family discussions of prudent health practices. Deep K. Tyagi* (DKT) do Brazil sells condoms through commercial distributors and also uses its own sales agents. These distribution efforts are then strengthened by collaboration with NGOs that promote condom use and sell condoms in overlapping geographical areas. With this combined approach, the programme has captured 15% of market share for condoms while achieving a high degree of sustainability[7].

The use of such alternative distribution systems is an essential part of many social marketing programmes. Through them, social marketing projects are able to target their distribution efforts and reach high-risk or otherwise marginalized populations.

** Deep K. Tyagi was a major promoter of family planning through mass communication in India where he served as the Assistant Commissioner of Family Planning in the 1960s.*

Communications for behavioural change

Making products available is just one part of the social marketing equation. Encouraging their use represents the other. A strong communications component is essential to the success of a social marketing programme.

Indeed, it is the link between distribution and communications that makes social marketing such an effective intervention. Social marketing programmes borrow from many traditional commercial marketing techniques in developing their communications campaigns. On the basis of focus group and other market-based research, an appropriate condom brand is developed and supported through an intensive advertising and promotional campaign. Programmes use a variety of traditional and mass media to promote the brand, both among retailers and consumers. While much of this activity is focused on raising demand for the product, the need to communicate prevention messages is incorporated in brand promotion. The brand is inevitably associated with positive messages that emphasise the normalcy of using condoms and their importance for a happy and healthy life.

While the focus of condom social marketing programmes is often on the "products", many of the communications materials developed go beyond traditional brand promotion, aiming at specific segments of the population and addressing many of the issues surrounding HIV/AIDS. Targeted communications have focused on raising awareness among those groups deemed to be most at risk and promoting behaviour change.

In India, the social marketing programme operates an innovative project in Bombay's red light district.

The project works with the largest conglomeration of commercial sex workers in the world and educates both sex workers and their clients, motivating them to use condoms[8]. Population Services International (PSI)/India uses a variety of creative outlets and works with street magicians, film stars, taxi drivers, and bar tenders to reach sex workers and their clients. An impact study conducted three years after the launch of the project indicated 80% awareness of HIV/AIDS among the target group, and that condoms—previously associated only with family planning—are now clearly associated with AIDS and STD (sexually transmitted disease) prevention.

In South Africa, the Society for Family Health (SFH) has worked closely with adolescents, developing a wide range of materials on HIV/AIDS and reproductive health issues[9].

The project has used a variety of media to reach young people, including a radio call-in programme, television advertisements and a teenage booklet on Safe Sex, designed and illustrated by teens themselves. SFH has also designed and implemented a programme aimed at providing information and health education to many of the miners working in South Africa's gold and diamond mines. Respected community and religious leaders also are very important. South African Archbishop Desmond Tutu spoke on camera for a television series produced by SFH: "We in the church believe that sex should take place only within marriage. However, I want to urge all those who choose to have sex outside of marriage to take the right precautions and practice safer sex", he said.

In Viet Nam, DKT achieved high condom sales in a country struggling towards a free-market economy.

Through the use of marketing tools that were innovative in the Vietnamese context, the programme created two condom brands whose sales and distribution were widespread. Programme marketers made the two brands very visible in everyday life through such tools as: television and radio ads; print ads in magazines and newspapers; mobile advertising on public buses; distribution of thousands of promotional items, such as T-shirts, hats, clocks and keychains; and sponsorship of public events like bicycle races and bodybuilding contests.

• Women have increasingly become the focus of communication campaigns in many social marketing programmes. Efforts are underway to address the issues of embarrassment and the perceived stigma of condom use.

In Tanzania, a campaign to promote condom use among women has recently been developed[10]. The campaign entitled, *Talk to Him*, consists of a series of posters and supporting materials, which depict a variety of confident, empowered, young women promoting condoms as a necessary part of a healthy and loving relationship.

Many projects have developed communications materials, which deal with issues surrounding HIV/AIDS and promote behavioural change. Communications for CSM often contain a significant unbranded component.

• In Uganda, the social marketing programme has developed a talk show. In collaboration with a local radio station, SOMARC has developed a talk show designed to provide information on STDs and reproductive health in general. The show, hosted by a popular radio personality accompanied by a medical specialist, fields calls from interested listeners and responds to mail[11].

• In Côte d'Ivoire the social marketing project has developed a popular twelve-part television soap opera. The series, entitled *SIDA dans la Cité*, follows the life of a young man infected with HIV and the impact upon his family and community. Throughout the series, cultural and traditional prejudices regarding the disease are addressed. Viewers are also encouraged to write in with their views on the series and questions concerning HIV/AIDS.

In Cambodia, the CSM programme uses a wide variety of creative media to communicate prevention messages.

• Among these is one of the oldest traditional art forms of Cambodian culture—puppet shows. Based on a story written by a young Cambodian student, *Fish Story* is a modern drama about the impact of the AIDS epidemic. Other communications programmes include a popular radio soap-opera entitled *Sopheap and Her Family*, which is situated around a beauty parlour owner who discusses HIV/AIDS with her clients and promotes safer sex, an AIDS prevention video, *Suzi's Story*, and a teacher's guide entitled *When My Students Ask About AIDS*.

An innovative social marketing intervention in the United States uses a variety of modern media to reach sexually active teens. Developed by Project Action in Portland, Oregon, the intervention has developed a series of television advertisements as well as an hour-long show entitled *Sex, AIDS, and Videotape*, as part of an ongoing condom social marketing programme aimed at reducing the incidence of HIV and other sexually-transmitted infections (STIs) among young people[13]. The Project Action model is now being replicated in two other cities.

Many of the unbranded materials developed by condom social marketing programmes are used by governments and other organizations in ongoing information, education, and communications interventions. As with distribution and communications, the synergy between brand promotion and targeted or unbranded communications is an integral aspect of the social marketing approach. As stand-alone interventions, their effectiveness is limited, together they represent an effective tool for behaviour change.

Research and evaluation

A valuable element of a successful condom social marketing programme is a strong research and evaluation component. Research plays a significant role in the development of the brand, its positioning and promotion. It informs the development of AIDS prevention messages and identifies misconceptions and societal or cultural prejudices to both the use of condoms and behaviour change. As social marketing programmes mature, research plays an increasingly important role. Behavioural and attitudinal changes are monitored through knowledge, attitudes and practice (KAP) studies and other population based surveys. Their results allow the project to assess the effectiveness of existing behaviour change interventions and to influence the direction and content of future communications.

Research is also conducted into the effectiveness of distribution networks and consumer profiles. While sales figures play an important role in evaluating the success of social marketing programmes, distribution and consumer surveys allow projects to define who purchases condoms and where. Based on this information, projects can expand and/or alter distribution and promotion strategies to reflect the needs identified.

Measuring the success of social marketing programmes

As with other AIDS prevention projects, evaluation criteria for social marketing programmes are not yet well established or defined.

The situation is further complicated by the need for different or varied criteria as a project matures. Despite these difficulties, social marketing programmes have developed a number of criteria to measure their impact and effectiveness. The most important of these are sales, KAP studies, and other targeted research including distribution surveys and consumer profiles.

Sales

Programmes use sales as a base line against which to measure success. The adoption of this criteria presumes that when someone purchases a condom they will use it. In 1996, social marketing programmes worldwide sold over 783 million condoms. Many of these sales took place in countries that had little or no exposure to condoms prior to the establishment of CSM programmes. The sales table in Appendix A highlights growth in the number of CSM programmes being supported, and the rapid increase in the number of condoms sold by these projects over a five-year period. In many cases the programmes have doubled or tripled their sales during this period.

Distribution and consumer profile

Social marketing programmes also conduct research to assess whether condoms are available when and where consumers need them and whether AIDS prevention programmes are reaching their targeted consumers. Distribution surveys are undertaken regularly and provide the project with an accurate picture of where the product is available, both geographically and by outlet. Information gathered from consumer-based surveys allows the project to evaluate whether the targeted group is buying the product and to amend distribution, promotion and pricing strategies accordingly.

Communications and behavioural change

Evaluating the impact of social marketing programmes on the knowledge, attitudes and practice of consumers is extremely difficult. KAP changes may be attributed to a variety of factors and are often the result of the

combined impact of national and local prevention programmes as well as personal experience. The relative newness of many social marketing programmes also makes it difficult to evaluate their impact, as changes are often achieved over the period of several years. However, many social marketing programmes have carried out KAP and other population-based surveys to assess the impact of targeted interventions and the dissemination of key messages.

Key findings from an evaluation of Project Action in the United States revealed that the programme had effectively reached its target population and was associated with an increase in reported consistent use of condoms with new and casual partners, and a decrease in reported sexual activity among the target teen population during the implementation period.

In South Africa, an evaluation of a social marketing intervention targeted at gold miners in the Welkom area showed significant increases in awareness of the personal risk of contracting HIV/AIDS, reductions in the number of sexual partners, and increases in the prevalence of condom use with all partners during the intervention period[14].

A further study, carried out by the Zambia Social Marketing Project, evaluated sexual activity and condom use in Lusaka. The results of the study showed a strong association between a specific brand advertising message and condom use, regardless of educational level. This strongly suggests that condom use in Lusaka has increased substantially as a result of condom marketing, promotion, and distribution activities.

While such surveys represent an important contribution to the still nascent literature on the effectiveness of HIV/AIDS prevention programmes, it is clear that as social marketing projects mature and the nature of the epidemic changes, better criteria will need to be developed to measure the impact of CSM programmes and their effect on behaviour.

The challenges

Social marketing and role of the public health sector

The rapid growth of social marketing programmes has led to a natural donor-driven debate regarding their cost and long term sustainability. Concerns have been raised regarding the possible adverse impact of social marketing programmes on the commercial sector and their role vis à vis the public health sector. This section of the document addresses each of these concerns.

Social marketing programmes do not compete with the public health system. On the contrary, such programmes complement and support existing services. By making products available and affordable outside the health system, CSM programmes alleviate the pressure on existing services, allowing the health system to use scarce resources more effectively. Social marketing programmes also serve those consumers who are unable or unwilling to access condoms in a clinic setting. This is particularly true for adolescents and those who prefer the anonymity of a commercial transaction.

In addition, CSM programmes are developed in close collaboration with host country governments and reflect current priorities and needs. Communications campaigns are designed to support existing interventions, and many of the materials developed by social marketing programmes can be used in clinics, schools, and throughout the public health system.

Social marketing programmes do not operate in a vacuum; government support is a key component of a successful programme. Many governments have recognised the valuable role social marketing programmes can play in preventing the spread of HIV/AIDS, and have extended financial and political support to the activity. The Indian government subsidises both the socially marketed condom and its associated promotion costs. In South Africa, the government recently awarded the tender for a national AIDS prevention communications campaign to the Society for Family Health, which has operated a social marketing programme since 1992. Other governments, for example that of Romania, have asked that social marketing programmes be made a priority for interventions aimed at preventing HIV/AIDS.

While there are numerous examples of cooperation and support between CSM programmes and host governments, it should be noted that social marketing programmes also play an important role in countries where governments are dysfunctional or undergoing a period of economic and political transition. Social marketing projects in Haiti, Cambodia, Russia, and Rwanda have made condoms available and conducted effective communications campaigns when there has been an overwhelming need and a limited or non-existent public health infrastructure.

Social marketing: A threat to the commercial sector?

Social marketing programmes have often been accused of competing unfairly with the existing commercial sector.

By subsidizing high quality products, it is argued that such programmes sabotage the infant commercial sector. A recent report published by the AIDSCAP project, which evaluated social marketing programmes between 1991 and 1996, found the opposite to be true[16]. In many cases condom social marketing programmes have actually helped boost for-profit sales, by expanding the market and increasing product awareness. A good example of this effect has been shown by the CSM projects in Brazil.

DKT do Brazil revitalized the commercial condom market by intensively promoting its condom brand and challenging tariff barriers to imported condoms. In one year, the total number of condoms sold tripled. At least five new condom importers entered the Brazilian market.

While other factors have undoubtedly played a role in the worldwide expansion of the commercial condom market, the example of DKT do Brazil and the experience of other condom social marketing programmes suggest that CSM projects can have a positive impact on the commercial sector.

Cost and sustainability

With the increasing constraints on donor resources, a great deal of attention has been focussed on the long-term sustainability of AIDS prevention programmes and other health projects. Much of this debate has focused on the ability of these projects to attain financial self-sufficiency, i.e. to cover all operation costs from sales or another source of revenues over a period of time. A definition of sustainability based purely on financial-self-sufficiency, however, is both shortsighted and inherently flawed[17].

The purpose of such health projects is to provide essential services and materials to countries whose governments have neither the resources nor the infrastructure to deliver them. The beneficiaries of these projects are often among the poorest people in the world. While there is an increasing awareness of the need to develop institutional capacity and improve cost effectiveness, these projects will continue to require some level of subsidy, until such products and services can be made available and affordable to those who need them most, either by the government or existing commercial infrastructure.

This argument applies equally to condom social marketing programmes. In order to reach low-income populations, the price of a condom must be affordable. One indicator of affordability is that the cost of one year's

supply of condoms should equal not more than one per cent of gross national product (GNP). When the price goes above this figure the consumer profile changes to that of middle and upper income groups. The negative correlation between condom sales and price was identified in a 1994 study, in which the authors examined the relationship between condom price as a percentage of per capita GNP and per capita condom sales in 24 countries[18]. The study concluded that in order for an AIDS prevention or family planning programme to be effective, condom prices must be at or below the one per cent indicator.

In some countries where per capita GNP is comparatively high, social marketing programmes have been working towards achieving financial sufficiency through high volume sales or other mechanisms. Examples of such countries include Turkey and Costa Rica. The approximate annual per capita GNP level at which this is thought to be viable over time is US$2,500. The move toward financial self-sufficiency, must be weighed, however, against making the product affordable and the need to reach certain groups perceived to be most at risk, such as commercial sex workers and intravenous drug users.

In many countries at the epicentre of the AIDS epidemic, the annual per capita GNP is below US$ 1,000. In these countries, poverty, low levels of literacy and an under-funded public health system underline the need for the continued support of condom social marketing programmes. While these programmes are aware of the need to improve the cost effectiveness of the intervention, this need is balanced against that of making condoms affordable and available when and where they are needed.

While acknowledging the importance of the correlation between condom sales and price, social marketing programmes are among the most cost-effective of health interventions. Social marketing programmes recover a large percentage of operating costs and make programmes as cost efficient as possible through various mechanisms, including high sales volume, efficient management of programme resources, product diversification, and cross subsidization. Even with highly subsidized products, a proportion of the distribution cost is met by the consumer and not the donor or the public health system. Sales revenues are reinvested in the programme and aid in the development of long-term institutional and management capacity. For instance, the Social Marketing Company of Bangladesh is partially financing the purchase of a new building through sales revenues, which will significantly reduce the long-term operational costs of the project.

The responses

Social marketing has been shown to be an effective and cost-efficient approach in addressing the health needs of low-income populations throughout the world. Condom social marketing programmes have made condoms accessible, affordable and acceptable in many of the world's poorest countries. Innovative communications campaigns have disseminated prevention and behaviour change messages to thousands of individuals and their communities.

As awareness of HIV/AIDS has risen, such programmes face a variety of challenges in continuing to limit the spread of the disease. Among the most important of these is the need to move beyond awareness and to achieve sustained behaviour change. Established programmes reflect increasing levels of AIDS awareness and can now concentrate on developing effective and targeted communications to tackle barriers to healthier behaviours. Efforts are being concentrated on highly vulnerable groups, women, adolescents and, increasingly, policy makers within host countries. In many countries, the latter represent a group whose views are respected within the community and their support is crucial.

Increasing cost-effectiveness and diversity

The programmatic challenges posed by the changing nature of the epidemic, are complicated further by the decline in overall funding for health programmes. Social marketing programmes have responded to this challenge by improving cost effectiveness, diversifying products and donors, and recovering an increasing percentage of costs. Such initiatives, while an integral part of any successful social marketing programme, are not an alternative to donor funding. In order to continue reaching low-income populations, social marketing programmes will continue to need donor support.

The role of UNAIDS

UNAIDS encourages governments to support AIDS prevention social marketing initiatives within their countries.

This may include advocating the inclusion of social marketing in national health plans, the allocation of resources from multilateral donors and bilateral donors to social marketing programmes, and the facilitation of a positive legislative environment for social marketing initiatives. UNAIDS can also educate bilateral and multilateral donors, including its co-sponsoring agencies, on the need for and merits of social marketing for AIDS prevention, and can encourage them to support social marketing programmes directly or through national governments. In countries where social marketing programmes are being launched, UNAIDS can take an active role as fundraiser. Finally, the UNAIDS network of country programme advisors offers an excellent means of disseminating best practices and lessons learned in social marketing.

Social marketing programmes in over 50 countries have made condoms available, affordable and acceptable to those who need them most. The continued support of condom social marketing programmes is crucial to slowing the spread of HIV/AIDS and preventing new infections.

Notes

1 Maureen A. Lewis, "Do Contraceptive Prices Affect Demand?", *Studies in Family Planning,* May/June 1986, Vol 17, No 3, pp. 126–135; and Meekers, Dominique, *The Implications of Free and Commercial Distribution for Condom Use: Evidence from Cameroon,* PSI Research Division Working Paper No. 9 (Washington DC: 1997).

2 World Bank Policy Research Report, Appendix I: *Socially Marketed Condom Sales in Developing Countries, 1991–1996, Confronting AIDS: Public Priorities in a Global Epidemic,* Oxford University Press (Oxford: 1997).

3 Alan Handyside, *Evaluation of the Social Marketing for Change Project (SOMARC III),* POPTECH Report No. 95-053-039 prepared for USAID, Bureau of Global Programs.

4 John Harris, Dominique Meekers and Guy Stallworthy, *Changing Adolescents' Belief About Protective Sexual Behavior: The Botswana Ta Banana Program,* PSI Research Division Working Paper No. 3 (Washington DC: 1997); and Ghyasuddin Ahmed, Dominique Meekers, and M. Tinah Molathegi, *Understanding Constraints to Adolescent Condom Procurement: The Case of Urban Botswana,* PSI Research Division Working Paper No. 12 (Washington DC: 1997).

5 Alan Handyside *et al.*

6 Margaret J. Dadian, "Casting a Wider Net: Improving Access to Condoms", *AIDScaption* (July, 1996); Mark Fineman, "AIDS Fight Casualty of Haiti Coup", *The Los Angeles Times* (November 30, 1994); and AIDSCAP, *Making Prevention Work: Global Lessons Learned from the AIDS Control and Prevention (AIDSCAP) Project 1991-1997,* (1997), pp. 30–39.

7 Carlos Ferreros, Technical Advisor, SM Programme, DKT do Brasil.

8 PSI Profiles, *Commercial Sex Workers on Front Lines of Bombay AIDS Battle,* (PSI Washington: February 1996).

9 PSI Profiles, *Social Marketing for AIDS Prevention in Post-Apartheid South Africa* (PSI Washington DC: April 1994).

10 AIDSCAP, *Making Prevention Work: Global Lessons Learned from the AIDS Control and Prevention (AIDSCAP) Project 1991-1997,* (1997).

11 The Futures Group International Inc., *SOMARC Highlights* (Washington DC: August 1995).

12 Catherine Morand, "SIDA dans la cité: une série TV passionne les Ivoiriens" *Jeune Afrique: le temps du monde* (May 10, 1995).

13 PSI Profiles, *Bringing the Technology Home: Oregon's Teens Learn AIDS Prevention Lessons from Africa* (PSI Washington: March 1993).

14 Dominique Meekers, *Going Underground and Going After Women: Combating Sexual Risk Behavior among Gold Miners in South Africa,* PSI Research Division Working Paper No. 13 (Washington DC: 1997).

15 Sohail Agha, *Sexual Activity and Condom Use in Lusaka, Zambia,* PSI Research Division Working Paper (Washington DC: 1997).

16 *AIDSCAP,* 1997.

17 Philip D. Harvey, "In Poor Countries, 'Self-Sufficiency' Can Be Dangerous to Your Health", *Studies in Family Planning* (Washington DC:January/February 1991).

18 Philip D. Harvey, "The Impact of Condom Prices on Sales in Social Marketing Programs" *Studies in Family Planning* (Washington DC: January/February 1994).

Annex

Socially marketed condom sales in developing countries, 1991–1997

COUNTRY	YEAR PROGRAMME LAUNCHED	SOCIALLY MARKETED CONDOM SALES (THOUSANDS)						
		1991	1992	1993	1994	1995	1996	1997
Albania	1996						57	617
Bangladesh	1975	82,676	117,360	138,248	150,994	161,538	150,999	140,000
Benin	1989	634	881	1,348	1,685	2,663	2,506	3,082
Bolivia	1988	377	543	684	632	1,338	2,534	4,860
Botswana	1993			1,016	1,283	2,233	1,625	2,300
Brazil	1991	406	3,084	6,758	11,568	18,272	26,886	33,600
Burkina Faso	1991	2,795	2,252	3,176	5,171	6,583	7,570	9,530
Burundi	1990	165	1,255	1,142	559	1,273	755	967
Cambodia	1994				99	5,032	9,516	10,496
Cameroon	1989	3,194	5,111	5,756	7,205	7,563	9,254	11,905
Central African Rep.	1991	310	673	1,381	1,892	2,392	2,000	1,547
Chad	1996						779	3,218
China	1996						11,778	
Colombia	1974	6,548	7,015	5,976	6,227	5,310	6,390	
Congo, DR	1988	18,302	7,140	2,385	3,150	8,572	1,766	1,699
Congo, Rep. of	1996						215	205
Costa Rica	1993	2,937	3,800	4,289	5,749	5,808		184
Côte d'Ivoire	1990	1,828	6,375	5,857	8,929	10,807	12,371	16,363
Dominican Rep.	1986	869	1,584	1,810	1,242	758	1,700	
Ecuador	1986	214	828	244		694	1,494	
Egypt	1979	14,668	12,379	1,092	14,095	10,353		
El Salvador	1976	1,769	2,243	2,172	1,512	1,585	1,585	
Ethiopia	1990	3,782	7,076	11,788	17,293	19,833	20,662	28,088
Ghana	1986	3,748	3,996	4,289	4,386	3,411	4,665	
Guatemala	1983	1,600	2,250	2,464	3,072	2,902	1,993	
Guinea	1991	132	2,519	1,988	1,398	2,777	3,179	3,403
Guinea-Bissau	1996						495	679
Haiti	1990		1,784	3,979	3,727	5,047	4,426	7,970
Honduras	1981	600	724	921	734	890	698	
India I	1968	293,240	239,430	248,170	111,508	134,054	196,410	
India II	1988	28,449	25,963	28,824	21,179	34,844	41,380	55,894
India III	1988	5,510	8,768	8,878	10,830	3,362	15,821	
India IV	1992			747	2,727	6,150	7,984	
Indonesia I	var. dates	5,929	2,728	2,979	676	5,996	3,536	
Indonesia II	1996						1,453	
Jamaica	1974	1,918	2,167	2,056	1,595	2,168	1,325	
Kenya	1989	498	558	1,769	4,792	6,009	4,762	7,852
Lesotho	1996				82	210	28	

COUNTRY	YEAR PROGRAMME LAUNCHED	SOCIALLY MARKETED CONDOM SALES (THOUSANDS)						
		1991	1992	1993	1994	1995	1996	1997
Madagascar	1996				992		1,051	
Malawi	1994					4,643	5,817	5,749
Malaysia	1991		1,258	3,640	5,653	7,152	8,583	
Mali	1992			959	1,873	3,051	3,053	
Morocco	1989		2,107	2,145	2,326	2,497	1,958	
Mozambique	1995					2,103	4,086	10,412
Myanmar	1996						368	1,766
Nepal	1976	4,585	4,676	5,688	7,203	8,146	6,710	
Niger	1994					1,126	236	
Nigeria I	1988–90	1,876	7,051	23,614	45,243	55,654	34,185	36,966
Nigeria II	mid 80s		3,012					
Pakistan	1986	73,585	34,049	99,025	48,340	58,759	88,543	102,867
Peru	1984				1,368	4,294	4,336	
Philippines I	1990	1,266	2,962	5,576	7,836	9,016	11,832	
Philippines II	1992				1,611	1,584		
Russian Federation	1996						2,212	1,064
Rwanda	1993			1,063	563	1,039	2,859	2,428
Senegal	1996						1,511	
South Africa	1992		104	480	1,359	1,541	1,021	2,642
Sri Lanka	1973	6,769	6,490	7,366	7,590	7,852		
Tanzania	1993				9,754	10,791	11,927	11,123
Togo	1992				2,272	4,403	2,979	3,666
Turkey	1991	2,398	5,877	6,326	7,743	9,694	10,500	
Uganda	1991		1,318	1,812	4,082	5,980	9,951	
Uzbekistan	1996						9	
Venezuela	1992				243	425		117
Vietnam	1993			3,559	7,202	20,148	30,745	
Zambia	1992		435	4,709	6,601	6,273	7,440	6,666
Zimbabwe	1996	1,182	1,272	1,062	863	601	769	1,914

Source: Information from PSI and DKT sales report