Good evening, I am both lucky and honoured to speak just after Craig. He’s recently written something rather important to me that I’d like to discuss with you, but first let me tell you a little bit about myself.
As you may have read from the conference materials, I am a retired medical doctor. I’m sure some of you may be wondering what a medical doctor is doing speaking at a social marketing conference!

Well I’m here because I became involved with social marketing through several reasons and coincidences. The first is HIV & AIDS. As you probably know it’s the largest health problem to have hit Zambia in recent times. As a doctor and as an AIDS activist, I have been very closely involved with the Zambian HIV epidemic since the 1980s.

Before I became a doctor ...
I was a radio presenter – and have been for 41 years. Today I have a monthly appearance on Public Radio International’s “The World.”

But more important to me is my 4 hour African music show every Sunday afternoon – the first hour of which we call TalkingAIDS. In this hour we discuss issues around HIV and AIDS in Zambia, sometimes openly tackling sensitive issues like men who have sex with men and how that impacts our epidemic. I’ve also written a regular newspaper column about HIV/AIDS. As part of this work I became involved with PSI’s Zambian affiliate Society for Family Health or SFH – or should I say SFH became involved with ME!

In 1993 I found myself frustrated and burnt out with my AIDS patients dying helplessly all around me, so I gave up medical practice to head Zambia’s national government owned Radio & TV service. I was fired within 3 months by the President of Zambia for airing PSI/SFH condom adverts 4 times a night on TV – including during news bulletins!

I went back to medical practice and soon met a young lady who visited my practice often to social market oral contraceptives for PSI/SFH. I fell in love with her work and later with her. I often used to ask her to get me a position in this vibrant organization she worked for! As fate (or the good Lord) would have it, she left the organization …
I married her and then a year and half ago I found myself offered the position of CEO for SFH and took the job ...
looking to save and improve lives of my fellow Zambians in a different way.

This is how I have found myself in this fascinating social marketing field! I thus have the luxury of being fairly new to the social marketing world and to be able to view gatherings such as these from an outsider’s perspective.

Now as someone new to the social marketing arena and looking to keep our health programs fresh and innovative, I’ve done my fair share of research around the subject!
(Video plays)

I told you I am just a simple doctor and broadcaster, so you can imagine my distress at seeing the lack of true understanding around our work.

It certainly causes me a great deal of anxiety to look onscreen and see that Twitter, Facebook and all of these very new tools have basically drowned out an entire forty year old discipline.

There is even a ‘new’ discipline called “social media marketing”! Indeed, are we so timid that we have allowed this new fad to swoop in and poach our name?
In an effort to lessen my anxiety around this a little, I naturally turned to the various social marketing listservs available for sharing information and ideas around the true social marketing topic.

Unfortunately, I was disheartened to see here that even the social marketers themselves don’t seem to have a grasp of the discipline – if they do it’s not the same.
Questions were constantly asked, “Where are the products,” “Aren’t behaviors the final outcome?” “Is this social marketing?” “Is that social marketing?!”

Just this past month Michael Rothschild disseminated a document authored by him, Nancy Lee and Bill Smith that laid out in clear terms what social marketing is and which can serve as a manifesto of sorts for us. I was thrilled to see this, as were many others, but we’re still far from being in agreement.

Even Philip Kotler responded, describing how a program laid out in the book *Freakonomics*, was a form of “truncated social marketing.”
'Truncated'? We continue to post modifiers before all things social marketing.

The confusion still remains; it continues to be a grey area. As an outsider of sorts, it’s frankly a bit dispiriting for me. How can we evolve together if we can’t agree on a definition of who or what it is that we are?

Perhaps the most striking jolt to my pride and conscience as a new social marketing practitioner in one of the poorest countries in Africa, is one that I’m sure all of you can relate to.
Here is one of the most influential economists of our day, Jeffrey Sachs; an all in all incredibly bright guy.

And as you can see here ...
quite popular!! Look at him just hanging out with Bono (how appropriate as we’re here in Ireland!)

But unfortunately it’s not all fun and games for Sachs.
Wow. Why does he say that? Could he be right?

Well, Jeff. You actually got it right ... partially. If you define social marketing as the sale of necessary products to poor people ... it is misguided. Over the years, social marketing in the developing world has somehow become synonymous with this definition. And that is very different from social marketing as a whole.

I’ll take responsibility for this definition on behalf of my own organization, PSI. We were once a big proponent of defining social marketing as the marketing and sale of subsidized goods. This is because doing so worked quite well, and truly became huge through the sale of condoms ... which made sense. Selling mosquito nets, however, did not. And as we’re seeing in Zambia, selling HIV Counseling and Testing or Male Circumcision does not work either.

By not correcting this definition, we in the “developing” world — if I can call places like Zambia that—have created and contributed to the conflict Jeff Sachs outlines. You in the developed world, however, have contributed to the confusion and anxiety around the discipline as a whole. It’s time we found a way to come together. It’s come to the point where we must save it today. But how?
(Look, even Bono doesn’t know! ...)
I admire Craig Lefebvre, who I first met in 2007 when he visited our PSI platform in Zambia. I’ve read many of his papers, but this recent paper in particular stood out to me, and I’ve found it very useful when struggling with the anxiety, confusion and conflict I’ve seen in our field.

In brief, as Craig has written about it, the field of social marketing developed along two tracks.

In the developing world the majority of the financial support for social marketing programs initially came from aid organizations and donor governments who tied social marketing to more efficient distribution of socially beneficial products and services.

The first social marketing project came about in 1967 with Peter King’s condom project in India. King used marketing practices to sell condoms ...
under the “Nirodh” name that people could actually afford. It was the first attempt to use marketing practices to generate awareness, demand and use of contraceptive products and services in a market with, at the time, a very small private sector for family planning products.

My organization, PSI, was founded shortly after that, based on the same ideals, social marketing “Kinga” brand condoms in Kenya. We were instantly convinced of its effectiveness and have continued our work in a variety of contexts where it’s appropriate.
In Zambia for example we market the “Maximum” brand of condoms.
(oftentimes, as you can see, in very creative ways!)

In the developed world, the pioneering applications of social marketing were related to behaviors ...
such as reducing high blood pressure and cardiovascular disease and decreasing smoking.

Lefebvre points out that the presence of a more developed and vibrant private sector and marketplace in the developed world may have lessened the perceived need for social marketers to focus on products and services. They already had access to these, so the focus shifted to only behavior change.

And that split is our “original sin” ...
– the root of all our anxiety, confusion and conflict.

What does this divide look like in practice?
Look at these two women. On the surface, their lives are nothing alike:

Elizabeth here lives in a big city in the developed world. She only has one kid; she works nine hour shifts at the local fast food joint and her husband works even longer at a nearby factory. It’s what they have to do to afford their kid’s tuition and rent on their home. When Elizabeth comes home from a long day of work, she is generally too tired to pull together a meal. So she often takes back some burgers from work or she orders a pizza with her family.

Meanwhile Maryam lives in a rural town in East Africa with her husband and six children and another one on the way. Her family’s livelihood depends on raising livestock and much of her day and that of her children’s is spent taking care of the animals. During a typical day, Maryam remains busy from early morning to late at night, preparing meals, washing clothes, cleaning her home and caring for her family. One of Maryam’s main concerns is a lack of water in her village. While she knows she may need to boil water if she thinks it is dirty, she has to balance in her mind if that is the most economical use of the fuel she uses to make fire. She has no access to a water treatment product and therefore doesn’t consistently treat the water.

As social marketers, the programs tailored to each of these two women look a little different ...
In Elizabeth’s case she has the means to change her behavior. She has access to things like cooking shows and recipe books, but what she needs is the education and information about how to provide healthy meals for her family and why. As social marketers, we focus on changing her behavior. We work to increase her perceived ability to provide these meals and strengthen her motivation to do so and keep her family healthy. We may devise a clever advertising campaign on local radio and in print to help her with this. Focusing above all, on her perceived ability and motivation.
In Maryam’s case we are still focusing on changing her behavior, but we must go one step further. Maryam knows how to treat her water by boiling it but she’s hesitant to do it consistently because of the price of fuel for her fire. We could provide her with the opportunity and access to the tools she needs—such as a chlorine based water treatment product like this one—in a way that she can access it, whether that be through a market or distributed for free. We’d also couple this with behavior change communication and education around why and how water should always be treated to keep her family safe from diarrheal disease and other water-borne illnesses.
Though on the surface the approaches to these women may look very different with a starting focus on different marketing Ps, in reality they are more alike than anything. When it comes down to it, it’s a matter of understanding the basic requirements of what is needed regardless of where they live. We need to start talking about our approaches in ways that emphasize the similarities rather than the differences.

Nevertheless we shouldn’t discount these differences. Though we must work to reframe how we talk about them for people like Jeff Sachs, we must also pay special attention to our own differences and work to use them as opportunities to learn and blend for the best outcome.

When I look at Elizabeth and how we approach her, I see an example of 1P marketing. Now we’re all familiar with the P’s, and we may or may not be a fan of them, but according to Monday’s Big Debate we’re committed to them for at least one more decade! This 1P of promotion ...
is of course important to get the issue aired. It serves as a starting point but the problem arises when we focus so much on that 1P of promotion that we neglect to even consider the others.

On the other hand in the developing world many more of us are already doing the full 4Ps of marketing, but challenges remain.
We have the product but we sometimes struggle with the price – should it be free or subsidized? As I’ve mentioned, we’ve been accused – and accurately so sometimes — of being too sales oriented, and this may be our fatal flaw. Luckily we’ve learned from this and have worked to identify a pricing that’s appropriate in every local context, even if that price is zero ...
like this free malaria net distribution in Uganda.

Now it’s time to redeem ourselves. Social marketers here in the developed world must be conscious of products and work to develop and incorporate them into a comprehensive social marketing approach where appropriate. And, we in Zambia and other parts of the developing world must better position ourselves.
We must not let the products define us, like this condom, but rather define ourselves by our successful social marketing communications. In the end, the results should be amplified and complemented by giving all people the chance to feel the opportunity, the motivation and the ability to live a healthier life.
Today, the onus is on us as social marketers to do better for both Maryam and Elizabeth by resolving the anxiety, confusion and conflicts we share about what is “true” social marketing. We need to focus more on what our customers need and want from us.

Now how are we going to do this? I have a few suggestions:

First, take a look around the room – this conference is overwhelmingly filled with social marketers from the “developed” world. Yet did you know that social marketing in the developing world receives in excess of one billion dollars per year for more than 80 countries around the world? Why don’t we bring more people from developing countries, people like me!, under the social marketing tent?
Maybe we can even hold the next World Social Marketing Conference in Zambia...
Secondly ... use products! I gather that Bill Smith made this plea at the last World Social Marketing Conference, and he’s right. It’s started to have an effect, but we still have a long way to go. The best way to do this is by writing about the work that those of us in the developing world are doing in this area. As Craig points out, social marketing in the developing world, though bigger, is rarely written about in textbooks or journals. They should have examples not just from the United States and the United Kingdom, but also from places like Uganda and Uruguay and Somaliland and Malawi.

Finally, we in developing countries have a lot to learn from you. We need you to help us.

The burden of disease around the world is changing ...
Today 90% of the world’s people who die prematurely from noncommunicable diseases live in developing countries.

You have this expertise and have successfully done these fantastic campaigns. Though we shouldn’t lose sight of the fact that 90% of those who die of communicable diseases live in developing countries, noncommunicable diseases are an important focus for us in developing nations and we need to learn from you.

So let’s return to our original question.
“Social marketing in the developed and developing worlds: time for (ex)change?” My answer is an emphatic …
YES!

Yes it is time for both change and exchange! It’s time to come together to change the way we define and practice social marketing across the poverty divide, it’s time to exchange views and experiences, it’s time to work to improve social marketing together ...
as one.
In Swahili they say “Pole Pole Ndiyo Mwendo” which translates into something like “Slowly slowly is how we’ll get there.” Thank you!! Or as we say in my language: ZIKOMO!