

# Literature Review: Branding and Marketing in the Development Sector

## Background

The goal of the Branding and Marketing 360 (BAM360) project is to understand whether and how the discipline of marketing can be applied most effectively to improve impact of global health and development products and services. To support this goal, the MGH team conducted a systematic search of the literature using a number of preselected, online research literature databases as well as well-known sources for grey literature. The overall purpose of the literature review was twofold: (1) to identify and summarize current branding and marketing efforts in the field of global health and development; and (2) to identify initiatives (both successful and unsuccessful) for potential case studies where implementers used marketing/branding to promote global health and development products and services, or behavior change.

The focus was on articles published in health, social science or business, discussing marketing and branding, or brands specific to the promotion of health, education, or economic outcomes. The search was designed to identify articles that reported on the development, delivery, or evaluation of brands and marketing efforts to assess critical success factors or failures.

Overall, there is a lack of evidence for “best practices” in marketing and branding in this sector. The literature shows that, where targeted marketing and branding strategies are employed, they are poorly documented, are often evaluated as part of a more complex and comprehensive intervention, and are typically considered to be part of a greater communication or education initiative rather than a standalone strategy. For example, many of the program evaluations found in this search focus on the effectiveness of marketing vehicles such as mass media, but do not explicitly discuss or evaluate the effectiveness of the marketing / branding efforts. Overall, there is very little literature on the factors that contribute to marketing / branding effectiveness in support of global health and development.

Despite the gaps in the literature, we did note best practices that track with the themes identified in the BAM360 Landscape Assessment and Evaluation Tool. Each of these findings is highlighted below along with an example from the literature. In the interest of brevity, we have highlighted just one example for each finding in order to provide a snapshot of what the best practices look like in the real world.

## Methods

A search of PubMed, Web of Science, and Google Scholar was conducted using the key terms, “health promotion”, “social marketing”, “health communication”, “health marketing”, “brand”, “campaign”, or “innovation”. Of the 318 articles identified from the initial search, the majority were excluded due to their failure to meet the inclusion criteria.

Exceptions were made for inclusion when the article was a systematic review or meta-analysis of the literature, or when it offered a more robust example of the use of marketing techniques. In addition, a number of articles from the grey literature as well as recommendations from experts were included to provide a more robust review of marketing practices in this sector.

A total of 54 articles were reviewed in full out of 318 articles screened. The final articles included in this review fell into three categories: program evaluations of campaigns in the development sector that included marketing / branding efforts; evidence from systematic reviews and meta-analyses; and key lessons and recommendations from grey literature (see Appendix D for full list of articles). Each category presents slightly different findings, with nuanced recommendations for how the field currently uses or should use marketing and branding to meet program objectives. A wide range of countries was represented in the literature, with the majority focusing on programs in sub-Saharan Africa.

**INCLUSION CRITERIA**

- Date range of 2010 - 2018
- Took place in World Bank low- to middle-income countries
- Sought to promote or change a health or development behavior
- Included products/services/ behaviors intended to create health/economic benefits

**COUNTRIES REPRESENTED IN THE LITERATURE**

- Pakistan
- India
- Bangladesh
- Vietnam
- Thailand
- Nigeria
- Cameroon
- South Africa
- Zambia
- Kenya
- Ethiopia
- Rwanda
- Senegal
- Uganda
- Mozambique
- Malawi
- Mexico
- Nicaragua
- USA

**ARTICLES SCREENED PER KEY TERMS SEARCH: 318**

**PROGRAM EVALUATIONS: 32**

**SYSTEMATIC REVIEWS/ META-ANALYSIS: 13**

**GREY LITERATURE: 9**

**TOTAL ARTICLES INCLUDED IN REVIEW: 54**

## Overall Findings

There is a large body of published literature in the development sector that evaluates interventions/programs that employ marketing/branding and communication strategies for the promotion of particular products, services or behaviors. While overall programs are relatively well chronicled, there is limited discussion of the actual marketing/branding approach used and the degree to which the approach was successful at meeting its stated goals. For example, programs that employed mass media campaigns include some information about the type of media used (e.g., tv, radio, social media) and the *reach* that was achieved (number of viewers, number of “likes”), but do not describe in any detail the audience insight that was used to develop the brand, the process through which the brand was launched or scaled, or how refinements were made over time.

Grey literature including opinion pieces and recommendations from experts provides outside-the-box thinking on marketing / branding in the development sector. In many cases, the literature suggests that more private sector approaches to marketing should be used to improve global health efforts. This body of literature also provides more robust discussion of the challenges we face as a field in improving our use of marketing and branding best practices.

Systematic reviews and meta-analysis in this sector focused on a wide variety of health behaviors including smoking, HIV/STI prevention, sexual and reproductive health, cancer screening, tuberculosis, environmental/ vector control, etc. In general, the reviews concluded that there is still much work to be done to build the evidence base for marketing and branding in these arenas. In one meta-analysis, the authors noted that public health efforts seldom categorize themselves as having used marketing/branding techniques in their programming, and thus it is difficult to assess the impact of these practices, even when they are being used.

Despite weak discussion of the effectiveness of marketing / branding in the development sector, several key findings emerged within the literature that can be used to inform marketing and branding in the development sector. The examples below are linked to the “best practices” identified in the BAM360 Landscape Assessment and the BAM360 Evaluation Tool. Note that the summary of the findings is based on MGH interpretation of the program description and results, rather than the author’s direct report. The programs may have applied other best practices or may not have applied them as well as they could have. What we present below is therefore based on the limited information available in the literature.

### BEST PRACTICE: AUDIENCE UNDERSTANDING

**Description:** The audience is described not only in terms of demographics, but also behaviors and psychographics (attitudes and beliefs). The implementor notices things about the audience that they themselves do not articulate, or might not be aware of.

- Marketing strategies that use evidence-based theory to deepen their audience understanding are more successful than those that do not draw on an established framework for behavior change.

**EXAMPLE:** Firestone, R, et al. 2014. "Effectiveness of a Combination Prevention Strategy for HIV Risk Reduction with Men Who Have Sex with Men in Central America: A Mid-Term Evaluation." *BMC Public Health* 14, no. 1

**DESCRIPTION:** Evaluation of an HIV risk reduction program which used integrated BCC activities conducted by outreach workers. The program was based on the transtheoretical model of change<sup>1</sup> as well as Population Services International's PERForM framework. Outreach workers used the framework to identify the target individual's current stage in order to assess his or her readiness to practice a specific behavior. Activities were tailored accordingly, based on the individual target audience member.

**FINDINGS:** The estimated effect of the campaign on condom use with water-based lubricants (a main outcome of interest) more than doubled for men who had received both a behavioral intervention as well as referral to biomedical services. There was also evidence that exposure to the behavioral component was positively associated with increased HIV testing. The use of an evidence-based framework to inform the behavioral intervention was a critical success factor.

<sup>1</sup> Prochaska's transtheoretical model of change posits that health behavior change involves progress through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination. **Source:** Prochaska, J. O., & Velicer, W. F. (1997). The Transtheoretical Model of Health Behavior Change. *American Journal of Health Promotion*, 12(1), 38–48.

- Campaigns that deeply engage community members in message development and pre-testing are more successful in the long run. In addition, employing community members as part of the campaign fosters higher levels of "buy-in" to the overall message.

**EXAMPLE:** Harris, Julie R., et al. 2012. "Addressing Inequities in Access to Health Products through the Use of Social Marketing, Community Mobilization, and Local Entrepreneurs in Rural Western Kenya." *International Journal of Population Research*: 1–9.

**DESCRIPTION:** Evaluation of a multifaceted intervention in Nyanza Province, Kenya. Included 30 intervention and 30 control villages. In the first year, the program trained women's groups and conducted product launches to support various health products, and sold these products door-to-door. Launch events included posters, educational materials, samples, and loudspeaker announcements. Products were set up to demonstrate usage in schools, churches, health facilities, and other community-based locations. The study evaluated the additional benefit of door-to-door marketing and community mobilization compared to social marketing alone.

**FINDINGS:** Door-to-door marketing and community mobilization increased access to health products versus social marketing alone. In fact, over 80% of those who received an in-home visit purchased a health product. The authors attributed the positive results to: (1) high levels of community engagement, (2) implementation at multiple levels (district & provincial government, mass media, local chiefs, religious leaders, healthcare providers, school teachers, etc.), and (3) using local "faces" in program design and in the promotion of the health products.

- Implementers should use psycho-behavioral segmentation to understand and communicate with their target audience. Priority should be given to areas where the greatest impact can be made. Start with the “low-hanging fruit” and then refine and improve the strategy from there.

**CITATION:** Sgaier, S., Engl E., Kretschmer, S. *Time to Scale Psycho-Behavioral Segmentation in Global Development. Stanford Social Innovation Review. 2018..*

**DESCRIPTION:** Commentary on the benefits of psycho-behavioral segmentation as an improvement over standard demographic segmentation. The authors suggest that we should learn lessons from the private sector for how to segment people based on the reason behind their actions in order to better communicate with them. The authors note that programs can draw on existing literature rather than conducting expensive data collection. In addition, programs should prioritize population segments which are easily converted (i.e. “low hanging fruit”).

### BEST PRACTICE: RELEVANCY

**Description:** A relevant brand or message is one that meets the target audience’s wants, needs and aspirations.

- Relevancy of marketing messages is key. If the target audience does not recognize their own life or experience in the branding/marketing, then they are unlikely to connect with the overall message.

**EXAMPLE:** Hue, DT et al. “But I AM Normal: Safe? Driving in Vietnam.” *Journal of Social Marketing 5, no. 2 (April 13, 2015): 105–24.*

**DESCRIPTION:** Traffic and motorcycle/driving safety are issues of public health concern in Vietnam. The study conducted focus group discussions (FGDs) among different groups of drivers (fathers, mothers, youth, and workers) to understand social norms conducive to safe driving and implications for social marketing of public service campaigns. The main purpose of the FGDs was to understand the nuanced culture around driving in Vietnam.

**FINDINGS:** Within the FGDs, the researchers asked participants about their reaction to well-known government-run campaigns for safe driving. The campaigns used cool colors and cartoon-like characterizations, and depicted unrealistic road conditions that are intended to imply safety. However, the participants noted that the images were not relevant to their lived experiences as drivers in the congested streets of urban Vietnam, and therefore the campaigns were seen as irrelevant to the majority of focus group participants.

### BEST PRACTICE: HEART & MIND OPENING

**Description:** A campaign that is heart and mind opening is one that inspires the audience to both think and feel differently. There is an emotional response, and it gives the audience something to think about.

- Programs should inspire empathy through their messages and branding in order to engage their target audience in heart and mind opening behavior.

**EXAMPLE:** Jain, Aparna, et al. "Community-Based Interventions That Work to Reduce HIV Stigma and Discrimination: Results of an Evaluation Study in Thailand." *Journal of the International AIDS Society* 16 (November 2013): 18711.

**DESCRIPTION:** Evaluation of an innovative project in Thailand that paired HIV positive members with HIV negative partners in a "buddy" system in order to reduce stigma. Information and IEC campaigns were highly localized, with the "buddies" developing the materials for their specific communities.

**FINDINGS:** Results showed a combination of activities was required for reducing HIV-related stigma (multiple modes of information transmission and engagement). In addition, the program was strengthened by its focus on a heart and mind opening strategy of the buddy system.

### BEST PRACTICE: CONSISTENCY & CONTINUITY

**Description:** A consistent and continuous brand or marketing example is one in which visual cues and messages are repeated over time, such that they are likely to influence behavior.

- Behavior change based on marketing / branding of products or services requires a high level of exposure to key messages. Particularly in the case of mass media, which is difficult to target and measure, the majority of studies found that recognition of a particular message was greatly improved when the message was heard multiple times over a prolonged period of time. Conversely, programs with low reach will fail to achieve their desired behavior change.

**EXAMPLE:** Agha S, Beaudoin CE. 2012. *Assessing a thematic condom advertising campaign on condom use in urban Pakistan. Journal of Health Communications* 17: 601–23.

**DESCRIPTION/FINDINGS:** An assessment of a thematic condom advertising campaign found relatively low awareness of Trust brand condoms or advertising of family planning or reproductive health more generally. The authors suggest that the placement and reach of the advertising campaign was inadequate for producing the desired behavior change.

### BEST PRACTICE: USE OF APPROPRIATE MARKETING VEHICLES & CHANNELS

**Description:** Channel choices and media strategy should be appropriate for the intended audience. They should present the marketing idea to the user in a unique and relevant way.

- Advances in technology offer an exciting opportunity to change the way we "do" public health, including more rapid and easy engagement with the target audience, integration of real-time feedback, and refinement of strategy. However, public health implementers are often slow to take advantage of new technologies, which limits progress within the field.

**CITATION:** Lefebvre, Craig. "Integrating Cell Phones and Mobile Technologies into Public Health Practice: A Social Marketing Perspective." *Health Promotion Practice* 10, no. 4 (October 2009): 490–94.

**DESCRIPTION:** Commentary on the use of mobile technologies in public health and some suggestions for how a social marketing framework might be used to better harness this technology. One of the main examples for the use of mobile phones in public health programs has been in sexual/reproductive health. An added benefit of reaching users via cell phone is the discretion made possible by messaging about sensitive topics.

### BEST PRACTICE: MEASUREMENT OF OVERALL RESULTS

**Description:** Evaluations of marketing / branding should ask whether the program really produced the intended results on sales, behavior, or intermediate attitudes and beliefs.

- The field of behavior change in public health suffers from an inherent measurement challenge in drawing causal links between the campaign activities and the desired outcome. In addition, many programs are launched with distinct funding periods and short evaluation timelines, meaning that sustained behavior change over time is not typically assessed. Evaluators should be wary of conclusions that are drawn from limited-reach programs or evaluations that are conducted shortly after the end of a program.

**CITATION:** Aboud, F., Singla, D. *Challenges to changing health behaviours in developing countries: A critical overview*. 2012. *Social Science and Medicine*. 75(2012) 589-594.

**DESCRIPTION:** The study reviewed evidence from three categories of interventions (hand washing, use of safe water, and safe sex) in order to develop a set of guiding principles and best practices for implementing and measuring behavior change efforts in developing countries.

**FINDINGS:** Interventions whose main goal is to influence health behavior are inherently difficult to measure due to lack of causal inference, as well as the timeline for sustained behavior change. However, a few health fields such as HIV prevention and depression treatment have developed innovative "best practice" models for interventions through the use of randomized control trials and development of agreed-upon metrics for evaluation.

### BEST PRACTICE: ASSESSMENTS OF MARKETING QUALITY

**Description:** Evaluations of marketing quality should investigate whether the message was tested and if there was evidence of message effectiveness.

- Marketing/branding efforts should creatively use technology such as mobile phones to assess the needs of the target audience and to tailor and refine campaign messages.

**EXAMPLE:** Mbabazi, W. et al. 2015. "Innovations in Communication Technologies for Measles Supplemental Immunization Activities: Lessons from Kenya Measles Vaccination Campaign, November 2012." *Health Policy and Planning* 30, no. 5: 638–44.

**DESCRIPTION:** Evaluation of a measles supplementation campaign in Kenya which incorporated an innovative use of technology. Mobile phone platforms were used by home-visit health workers to relay real-time data on household perceptions, attitudes and concerns (e.g., likely reasons for measles vaccine refusals) in order to tailor and refine approaches to the campaign in real time. Mobile phones were also used to relay promotional messages about the campaign to members of the target audience.

**FINDINGS:** Although door-to-door canvassing isn't new for vaccination campaigns, the main innovation of this program was collecting data via mobile phone for the reasons for refusal. This enabled agility and a shift in messages to address barriers, resulting in a reduction in refusal related to fear and misconceptions.

### BEST PRACTICE: PEOPLE & CAPACITY

**Description:** Implementers and decision-makers should have experience and skills required for using brand and marketing best practices. Where this capacity is lacking, leaders should strive to train their teams on the importance of marketing / branding.

- Structural/governance issues are important and relevant considerations for effective programs, and yet they are infrequently discussed in the literature. For example, appropriate staffing and capacity-building of employees can make or break a program, and yet the literature lacks any meaningful discussion of how an organization invests in the selection and ongoing training of their team members and how that ultimately affects their efforts. A best practice for the field would be to document and share more successes and challenges related to these considerations.

**EXAMPLE:** Tebbets, Claire, and Dee Redwine. "Beyond the Clinic Walls: Empowering Young People through Youth Peer Provider Programmes in Ecuador and Nicaragua." *Reproductive Health Matters* 21, no. 41 (January 2013): 143–53.

**DESCRIPTION:** This study provides an overview of IPPF's Youth Peer Provider program in Ecuador and Nicaragua. The program uses peers to educate young people about contraceptive methods. Peers stock condoms and oral contraceptive pills. For other methods or more intensive counseling, youth are sent to licensed counselors. The report presents successes and challenges, as well as a qualitative assessment of program outcomes.

**FINDINGS:** Appropriate staffing is key to IPPF's program success. Coordinators must be committed to working with youth and peer educators must be carefully selected. Attrition is high when either level feels unsupported.

This is one of only a few studies that reported on the structural/governance issues that are part of their programming.

- Public health programs are typically designed and managed by people trained in biomedical and scientific disciplines such as medicine, epidemiology, and pharmaceuticals -- but who have not been trained in marketing/branding/communication techniques. Leaders should ensure that all members of their team understand the importance of branding and marketing in ensuring program success.

**CITATION:** *Sugg, C. Coming of age: communication's role in powering global health. Policy Brief #18. BBC Media Action. 2018.*

**DESCRIPTION:** BBC Media Lab paper on the importance of communication in health and behavior change campaigns. Starts with three case studies in which communication was key (both for its negative impact as well as its ability to turn epidemics around) - looking at Ebola in West Africa, and HIV and Polio globally. The study highlights the following challenges:

1. Public health programs are designed and managed by people trained in biomedical scientific disciplines and not in marketing/communications
2. Real and lasting change takes a long time and is highly complex
3. The public health community sees a major gap in the evidence for communication/SBCC efforts, but we are often measuring the "wrong" thing.

### ADDITIONAL FINDINGS FROM SYSTEMATIC REVIEWS

Much of the findings in systematic reviews and meta-analysis did not correspond with the BAM360 Evaluation Tool. However, there are still several results that merit discussion which are highlighted below.

- Systematic reviews suggest that there has been very little innovation in marketing / branding principles within the development sector in the past decade. Instead, organizations are refining and improving on the implementation of principles that have been in place for many years, such as the need for formative research, the use of theory, audience segmentation, message targeting, channel selection, etc. This suggests that public health practitioners are getting better at using marketing techniques, but are not necessarily pushing the field to a higher level.

**CITATION:** *Noar, S. A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go from Here? Journal of Health Communication. International Perspectives. Vol 11, 2006.*

**DESCRIPTION:** Systematic review of literature on mass media campaigns for health from 1996-2006.

**FINDINGS:** Mass media campaign success varies based on the type of behavior (e.g., seatbelts, oral health, alcohol campaigns). There were greater effects found for campaigns that adopt new behaviors rather than those that encouraged stopping behaviors. The authors found very little innovation in the literature that they reviewed, but they did see improvements in use of known marketing principles.

- A systematic review found that marketing / branding in mass media for behavior change was more successful for one-off behaviors (e.g., vaccinations for children, lead-testing of houses) versus sustained behavior change for habitual behaviors (e.g., antismoking or increased exercise). Program implementors should consider evidence from previous program successes to design the marketing interventions that are most likely to produce the desired behavior.

**CITATION:** Wakefield *et al.* Use of mass media campaigns to change health behavior. *Lancet*. 2010; 376(9748): 1261–127.

**DESCRIPTION:** Review of mass media campaigns in the context of various health-risk behaviors (e.g., use of tobacco, alcohol, and other drugs, heart disease risk factors, sex-related behaviors, road safety, cancer screening and prevention, child survival, and organ or blood donation).

**FINDINGS:** Mass media is most effective for one-off or episodic behaviors (e.g., vaccines) rather than habitual behaviors (e.g., smoking). An implication of this finding is that implementers should carefully review the growing evidence base for marketing vehicles to inform decision-making within their own programs.

- There is a significant publication bias in the literature. Very few studies are published that show little or no effect. The result of this bias is that we only see the results of programs that are deemed to be “successful” without learning anything from campaigns / interventions that failed or met significant challenges. When this bias happens systematically for a particular approach (e.g., the effect of mass media), the publishing of only favorable results may overstate the effectiveness of that strategy. Implementers should strive to document and share both successes and failures so that the field can learn from mistakes.

**CITATION:** Evans, WD. *et al.* Systematic review of health branding: growth of a promising practice. *TBM* 2015;5 :24–36.

**DESCRIPTION:** The authors systematically reviewed the literature on health brands, reported on branded health messages and campaigns worldwide, and examined specific branding strategies in multiple subject areas. 69 articles met the final inclusion criteria, 32 of which are new since the 2008 review by the same author.

**FINDINGS:** The authors noted that well-funded programs such as anti-tobacco or prevention of HIV/STIs dominated the literature. The studies included varying levels of information about their branding efforts. 77% of the studies provided information on their scientific theory; 83% provided some information on key elements of the brand; nearly all studies included information on the marketing channel used; the majority of studies used audience segmentation to increase brand uptake (56%) followed by message tailoring (25%). The authors suggested that studies should explicitly include information on their marketing / branding strategy and should additionally include successful and unsuccessful approaches.

## Conclusions

Despite significant gaps in the evidence base, the literature review yielded several examples of best practices in marketing and branding in the development sector. The articles cited can be used to inform program decision-making around the use and evaluation of marketing techniques.

As a field, there is a need to expand our understanding of what makes a good brand, how to best use marketing to influence behaviors, and how to translate our experiences into lessons that can be used by others working in this space to improve their own efforts.

Please refer to Appendix D for a full list of articles reviewed. ■

## Appendix D: References for Branding and Marketing in Development Sector Literature Review

- Aboud, F., Singla, D. (2012) Challenges to changing health behaviours in developing countries: A critical overview . 2012. *Social Science and Medicine*. 75. pp 589-94.
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