

Tanzig / Sohn

Dep. Dir. Int'l. Rel.
Date: 13 MAR 1984
Time: TV
CC:

COULD ADVERTISING TECHNOLOGIES
HELP PROMOTE

THE CHILD HEALTH REVOLUTION?

(Revised)

Some first thoughts

Brasilia, September 1983

- The thoughts expressed here represent the writer's own views.

- "CHR" has been used throughout as a shorthand for the Child Health Revolution, GOBI-FF and everything to do with them.

Gerson da Cunha

These notes are incomplete and only meant to provoke speculation on a larger role for advertising in CHR communications.

It is one of social marketing's key weapons. Could we be underestimating its power? How valid are anxieties about its cost?

These notes will argue that advertising must find a place alongside conventional information, PSC and educational methods, that NYHQs has a larger role to play in its use than it has so far assumed and that a project (along lines roughly sketched here) should start soon.

.....

Nobody contests the importance of Radio, TV and the Press in UNICEF work. But the recent arrival of CHR in our midst may require us to focus on our use of them the same searching light that yielded the logic of CHR itself. Such an examination would turn up at least two early truths:

1. Our use of the media has been largely journalistic, especially at, and by, Headquarters. This is an understandable donor-country effect. But in it lies a bias towards news, feature and analysis, towards the description and argument characteristic of journalism.

2. The other possible warp brought on by our current approach is the starring of blue chip media to influence decision-makers everywhere. This, for all the policy and resource-raising tasks so important to our goals.

But, by implication, CHR now places a special emphasis on:

1. Attitudinal and behavioural change, beyond informational/educational effects and

2. The influencing of community-level target groups, the deprived world at the heart of UNICEF's role everywhere.

It is clear why this must be so.

CHR = millions of decisions

For CHR to become a reality, millions upon millions of individual decisions must be taken at the family and community level -- each decision a departure from prevailing attitudes and practice. If this fails to happen reasonably quickly, CHR fails too. So when CHR receives top priority in our planning, two things must receive top priority in our communications:

All media that can massively reach targetted groups at community level (CHR is aimed at mass problems);

The need to effect quickly behavioural change decisions.

Hasn't UNICEF always used the mass media to these ends? Of course. But that use has never been handled in top priority style. Almost always has it been consigned to field level devices, where the requisite capabilities are not always to be found. Nor has it received, anywhere, the investments of money, structure and top-level attention given to "information."

The way we recruit, the job requirements and job descriptions of our information/PSC people tend to stress journalism and experience in inter-personal methods at community level. So we may be like a building firm that finds it needs architects, but only has engineers.

Don't the right journalistic methods and community-level education deliver the results we need? Yes, some results; indeed, some part of most results. But we may now need to go further.

Advertising as complement to information/education

Straightforward information/educational methods, by themselves, rarely effect lasting changes in behaviour. This, essentially for two reasons.

Firstly, they presume in their audiences some willingness, or at least no resistance, to being educated/informed. Now, the CHR sort of message would, typically, be resisted by target groups; resisted for cultural reasons, for psychological reasons because the messages are "dissonant" etc. Information/education that is resisted fails.

Secondly, such methods are inadequate against situations that represent stable adaptations to the environment -- and most CHR problems are -- that is, the wrong things happening for good reason. Housewives who don't boil water for the excellent reason that the local culture is based on scarce energy resources; a high birth rate due to high infant mortality, linked to local socio-economics which together place a premium on sons, etc.

Information/education directed against this kind of thing may be only partly useful, if it is not mentally rejected at once, that is. These situations also demand persuasive technologies, which are different from information or education. In essence, persuasion offers benefit through the action that is being recommended. That "pull" is made stronger than the resistances and handicaps inherent in the problem situation.

Advertising is a persuasive technology. It goes beyond changing what people know. It also moves them emotionally in intended directions. Advertising postulates that behaviour has the best chance of changing if an emotional predisposition is first

created in the prospect who is then given a rational spur and framework to act. It side-steps "rational" resistances to deal them a decisive blow; at the very least, it fights myth and prejudice on their own ground. It is the technology that sells cigarettes where no end of effort could inform, or educate people out of smoking. It uses personal and mass media.

"Down-to-earthiness"

Its methods must keep delivering in a ruthless market-place. So it is sturdily down-to-earth.

Advertising begins with the assumption that it must work in borrowed time, that its target group doesn't want to know; that, even if people can be interested in the message, it may not be understood; if understood, it may be forgotten; if remembered, it may not cause action; if it does, the practice may not be continued -- and, anyway, the message may be in the wrong media in the first place, addressing the wrong prospects! It is all very different from the starting points of journalism and education.

These realities, delimit the "form" within which advertising creates its strategies. Used in CHR tasks, its target group would never be, for instance, "the general public," or "lower income women." This would be studied and segmented more closely, especially psychographically. The media plan would depend on who, and how many, are the groups to be addressed and how they are

prioritised. The message would be chosen after research and pre-testing conducted by mass media professionals. That message would be echoed in all media so they are mutually re-inforcing and create a campaign effect. The programme message would be directed repetitively at the target groups over a planned period because behavioural change is known to be associated with the right frequency of message exposure. The campaign would not be scattered, but focussed as to target group and geography; not run for a few weeks, or months and... suddenly over. All of this is underpinned by sophisticated marketing methods and communications evaluation, every phase of the process is handled by talented (and costly) professionals.

Above all, advertising is concerned with creating its effects at the lowest feasible cost. So it usually provides good value for money.

Harnessing a technology to a cause

This, then, is how advertising has succeeded against daunting odds. It has helped instant coffee to make inroads into real coffee markets in Brazil; insinuated Coca-Cola even into Yucatan ritual. Does India really need washing powders? Anyway, advertising has helped make it one of the world's most profitable powders market. But advertising technology has not been effectively used for what India does happen to need: higher adoption and practice rates for contraceptives in family planning.

That's the trouble. It is not used nearly as much as it could be in social marketing, where the stakes are immeasurably higher than in commerce and the chances of succeeding are, oddly enough, measurably better (in the end, local and national communities do band together behind important social causes, which tends not to happen for a new soft drink).

Where advertising does get used, its concepts are not always understood. Or its use is sporadic, its management poor and evaluation insufficient. How strangely the view of its efficacy changes with who is meant to be using it. Advertising is seen to be all-powerful when employed by others conflictually with our goals. Yet we consign it to lowly priorities when we must use it in our own key tasks. It is seen as deserving of a "Code" and substantial funding when its effects must be reversed, as in many breastfeeding programmes. But it is not considered a tool worthy of use to promote the breastfeeding practice!

Does it work? Who pays?

Does it, in fact, work in development programmes? Ample evidence indicates that it can work. Appendix 1 contains the description and evaluation of 15 programmes in health and nutrition education, using mass media, in low income countries. Not all the programmes use a conventional advertising approach. But those that do, show clear evidence of being able to effect changes in behaviour. Interestingly, these occurred most often when the campaign objective was specific (build latrines, change specific eating habits, use

less cooking oil etc) and was communicated systematically for a period of 8 months and more. Recent evidence is available in quantity from USAID, the Academy for Educational Development and the INCS in Boston.

Who will pay for it all? The use of advertising media and the professional skills that must produce the necessary materials is known to be high. The periods of time over which advertising effort must persist are often considerable. All this means, at least in principle, that enough money must be visible before programme planners feel able to consider using these technologies. But how much money, and whose money?

From the UNICEF point of view, often little more than seed money for prototype messages may be required. Much more importantly, the idea must be grasped that professional talents and skills, as well as media time and space can be donated -- if such resource mobilisation is made an integral part of the programme. This is true even in low income countries -- perhaps especially in them.

In Brazil's Breastfeeding Programme, some US\$37,000 of UNICEF money has been parlayed in this way into advertising value (materials, services and media time/space) worth US\$1 million. This, over a period of 10 months. The programme and media utilisation of this type is to last till July 1984. In other words, the right appeal to a national sense of responsibility can yield the resources that advertising seems to demand.

There would actually have been a high price to pay had the mass media and advertising not been used in the Programme. This has been the only direct route to our target mother, the only way to deliver a standard, un-distorted message with a known frequency. Radio covers between 60 and 80% of our target mothers in Brazil, TV between 50 and 60% of them.

How is advertising to be used by UNICEF?

Select an advertising agency

Advertising agencies are the real wielders of persuasional technology -- which, incidentally is applicable not just to the mass media but to all material, from TV commercials to flip-charts for nurses.

Agencies professionally plan and create communication packages for their clients. UNICEF would need to appoint one, as a first step. Sensible guidelines for agency prospecting and selection are no hard task to assemble.

But, in addition to such criteria, we would probably need an international advertising agency with a strong "developing world" presence, and experience in evolving international themes (more of this below). It would also need to be public spirited enough to donate some part of its service (we should not, on principle, operate as just another commercial client).

Advertising agency services must be available to us both in New York and in the field; ideally we should use the same agency network at both levels (see below).

The agency must be seen, and see itself, as our collaborator in the whole communications component of the programme, in the inter-personal as well as the mass media.

The Agency Brief

We would not get the best from the New York or field agency by slinging at them all the literature and experience we believe relevant to their task. We must do some homework ourselves, digesting the literature and relevant research into a document that people in communication specialisations can handle. The goals and objectives of the programme are a natural part of the document. Description of the problem, its prevalence and severity, who is affected, its causes etc must all be covered concisely. Our document should also set down the hypothesis on which the intervention design is based.

Creating the Advertising Proposal

This would happen in New York and be the result of a dialogue between the agency and ourselves (see below). One could not expect the right answer to come up, fully-fashioned and glittering, at the first try that the agency gives the problem. There may

well be more than one presentation and discussion session between UNICEF and the agency. To reduce a complex process to its bare bones, the agency would be expected to run agreed target group and message design research, present the basic communications approach (the theme and media ideas), prototypal materials to exemplify the concepts, along with an estimate of cost.

This would almost certainly involve travel to the field by the agency and close field association, anyway.

The process would need professional supervision from the UNICEF end, rather as our own editors/writers and film-makers supervise consultants and bought services.

After approvals in New York (the field would certainly be consulted), the agreed approach would go out for adaptation before use. The adaptation would not be in theme and content, but in local colour, idiom etc. The aptness of the basic approach at the field point would already have been taken into account, and tested, at the creative stage earlier.

The Role of New York Headquarters

New York City is the capital of world advertising. It has the greatest profusion of advertising skills and talent in the world.

New York Headquarters also happens to be the ideologue of the Child Health Revolution. It would be a pity if this richness, and Headquarters' unique combination of locational, resource and directive advantages were not to be used fully.

Headquarters could do this in two ways. It could take the lead in selecting a New York advertising agency to collaborate in the development of CHR themes. It could evolve with this agency what are known in commercial advertising as "international themes".

These represent a method used by transnational organisations to use communications worldwide that benefit from both sophisticated central technologies and local adaptation to local requirement. This is also highly cost-effective.

What happens, in essence, is that the organisation gathers round a particular brand the best minds it can muster. They are asked to evolve a brand positioning and theme that will be valid across specified frontiers and cultures. These are created and used, after local adaptation, wherever the brand is marketed.

After initial scepticism, even universal denunciation in the corporate networks, the strategy was gradually shown to be highly successful. After all, the same brand, delivering the same consumer benefits, was being marketed everywhere to meet the same consumer needs. The success rate depended not on how homogenous/

heterogenous were the advertising environments used, but on the quality of the central thinking and the local modification. The world was shown not to be as "different" and variegated as we had thought. Nor is it, now. With CHR, we are tackling everywhere the same child killers and the same solutional concepts. That is, the same "product" range is being marketed everywhere to deal with the same human predicament.

The world's most efficient and successful commercial marketing organisations are using international themes. Why not UNICEF? After all, brand marketing can be shown, at base, to be selling concepts around products -- cleanliness and hygiene along with soap, oral care around toothpaste, weaning foods only after selling the weaning concept.

There are differences between that and CHR, of course. But they may not be great enough for us to reject the idea outright. The CHR concepts, the Joint WHO/UNICEF Strategies are centrally defined and meant for universal field application. Some centralised leadership in media response is at least as logical.

A possible "pilot"

We may have much to gain from setting up a project on pilot scale. Let us suppose the problem were the premature termination of breastfeeding.

I have some acquaintance with this problem field in India, Thailand and Brazil. Three very different countries; but the problem and its causes make the communications task so similar, a single basic approach in all three is justified. Appendix 2 sets it out telegraphically -- to illustrate the concept.

The same may well be possible in promoting ORT with mothers and health professionals. Even if it is not to be a single universal theme, regionalisation of approach may be feasible.

The advertising agency would be required to produce a fully argued rationale, with evidence, alongside the recommended approach and materials.

This sort of central support would mean that those in the field launching communications in this or that CHR programme would start not at Square One but, say, at Square Four; running programmes would be provided the opportunity to re-examine their premises in the light of fresh, top quality thinking; those not yet started, might be moved to kick-off.

Above all, imagine the savings from not having to re-invent the bicycle in a hundred countries!



CF Item Barcode Sign

Page 1
Date 10-Aug-2007
Time 1:41:24 PM

Login Name Upasana Young



CF-RAI-USAA-PD-GEN-2007-000052

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000052**

External ID

Title

Could advertising technologies help promote the child health revolution? Some first thoughts by Gerson da Cunha

Date Created / From Date
01-Sep-1983

Date Registered
10-Aug-2007 at 1:39 PM

Date Closed / To Date

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-09367 (In Container)**

F12: Status Certain? **No**

Item Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **Upasana Young since 10-Aug-2007 at 1:39 PM**

F13: Record Copy? **No**

Document Details **Record has no document attached.**

Contained Records

Container **CF/RA/BX/PA/CM/1986/T007: PSC Files - Programme Support Comm**

Date Published Fd3: Doc Type - Format Da1:Date First Published Priority

Record Type **A01 PD-GEN ITEM**

Print Name of Person Submit Image

Signature of Person Submit

Number of images without cover

SAROJA DOUGLAS

Saraj- Douglas

16