PNABK072
74929

FIELD NOTE

DEVELOPMENT OF A NEW ORS PRODUCT IDENTITY IN MEXICO

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Sponsored by the
Office of Health and Office of Education
Bureau for Science and Technology
United States Agency for International Development

Academy for Educational Development

University of Pennsylvania, Applied Communications Technology, Needham Porter Novelli, and PATH

A fundamental principle of social marketing is to keep the consumer in the center of the program--to maintain a continuous end-user focus in all communication efforts. Any program which aims to change the practices of a given group must do more than simply respond to what these clients "like." It must develop a broad consumer-driven strategy to achieve specific socially beneficial objectives. This requires consistency of messages and impressions so that all communication vehicles speak with the same "voice." The same strategic thinking that guides the creation of radio and television spots, for example, must also be applied to interpersonal communications, health worker training materials, product packaging, and many other forms of communication. All opportunities to reach the various target audiences and create a carefully determined effect must be considered.

This field note focuses on the communication potential inherent in one of the most important aspects of an oral rehydration therapy (ORT) program: the oral rehydration product itself. Presented here is the development of a new ORS product name and package design--a new product identity--for the Mexico diarrheal disease control program for children under five.

THE CHALLENGE

With one of the largest ORT programs in the world, Mexico produces and distributes ten million packets of ORS annually. Clearly, these packets are a major opportunity to communicate with mothers and health providers about the product and its use. The primary target audience is mothers who seek out and administer ORS to their children. A successful product must appeal to them, must be "user-friendly," and must be rewarding in its results. On the other hand, physicians must provide, recommend, instruct, support, and reinforce use of ORS. Therefore, physicians are a crucial secondary audience whose opinions can profoundly influence those of mothers. The product's appearance and "identity" must satisfy this group as well.

Much of Mexico's ORT program has concentrated on changing norms within the health system. In the early 1980s Mexico embarked on a national program for oral rehydration which focused on both service delivery and creation of consumer awareness and demand. The program included a heavy focus on training for physicians, medical students, and health workers. Seminars were conducted to update and motivate staff of all institutions in the health sector, and the government sponsored the first national course in planning and management of programs to control diarrheal disease. In 1985, A.I.D.'s PRITECH Project (Technologies for Primary Health Care), together with

assistance from the Pan American Health Organization (PAHO) and the HEALTHCOM Project, laid a strong foundation for ORS use among health practitioners through an extensive clinical training program at the Federico Gomez Children's Hospital in Mexico City. The program was conducted for professionals who would be responsible for managing oral rehydration units in state hospitals.[1] PAHO and the HEALTHCOM Project also created a training video to educate medical students about oral rehydration therapy.[2]

In 1987 it was appropriate to begin focusing intensively on demand generation and consumer use among the primary target audience--mothers and other caretakers of children under five. The project was a collaborative undertaking between public and private sector groups.

The Department of Health had devised a national distribution plan to assure the product was available both through the medical system (hospitals, clinics, and rural health facilities) and through government-owned grocery cooperatives (CONASUPO). The distribution arm of CONASUPO (known as DICONSA) agreed to list ORS in its catalogue and encourage stocking by individual coops. The product would be sold at a price that reciprocated the base cost of production and distribution. The CONASUPO system, which includes 16,000 outlets, has a particularly strong presence in rural areas. The overall plan therefore gave particular emphasis to high poverty/high diarrhea risk areas.

The product itself, and the consumer's image of and attitude toward the product and its use, would play a central role in the success of demand generation. However, an analysis of the existing ORS packet in 1987 raised several concerns:

- First, the product had a scientific name--Electrolitos Orales (oral electrolytes). This name was somewhat cumbersome and difficult for Mexican mothers to understand or remember. Program planners felt that mothers were unlikely to associate any clear benefit for themselves or their children with this product name.

- Second, the existing package design was "institutional" in orientation, the chief graphic elements being a variety of government seals/logos. The Electrolitos Orales package was unlikely to have real consumer appeal or to convey a consumer-oriented message.

- Finally, the package displayed written mixing instructions but no graphic representations which could be understood by the many nonliterate or low literate mothers in Mexico. To compound this problem, the package pictured a drinking glass approximately two-thirds full of liquid. This insignia is Mexico's symbol for any medication taken orally; however, it was potentially dangerous if mistaken for a mixing instruction (e.g., the amount of water to be mixed with ORS or the amount of solution to be administered daily to the child--both of which are one liter).

In response to these concerns, several public and private sector groups undertook a collaborative effort to create a new identity for the Mexican ORS product. The primary participants in this project included the Health Education Unit of the Mexican Department of Health, Fredrico Gomez Children's Hospital in Mexico City, the HEALTHCOM Project and its subcontractor Porter/Novelli, and later, McCann Erickson (a Mexican market research firm), Gallup/IMOP (Mexico), and Arouesty and Associates (a Mexican advertising and public relations firm). The fundamental purpose of the design effort was to create an effective ORS product identity consistent with the overall goals and strategy of Mexico's ORT program. The group focused upon three goals:

- to select a new ORS brand name
- to create a new ORS packet design
- to develop a set of graphic instructions for ORS mixing and administration that represents country norms for oral rehydration therapy.

The collaborating groups were committed to accomplishing these goals through a systematic program of consumer research.

GETTING STARTED

The team began with an investigation of consumer perceptions and concerns regarding the existing package and name. Several questions regarding Electrolitos Orales were added to the Spring 1987 National Gallup poll. As a service to the project, IMOP (Gallup/Mexico) agreed to add a number of questions on ORS to their Omnibus study free of charge. This multi-topic survey is conducted quarterly using a national probability study of 1,000 adults.

The findings were dramatic. Only 12 percent of the target audience had ever heard of the product; only 9 percent knew it was used for infant diarrhea. (Other respondents thought Electrolitos Orales was a car battery, something from outer space, and so forth). From these results, it was safe to conclude that a change in product identity would not present any major conflict with existing perceptions or significantly undermine current product equity.

The team moved forward and, through a competitive bidding process, selected two private sector Mexican firms to undertake the initial activities. McCann Erickson advertising agency of Mexico was hired to develop a new product name and package design. IMOP would conduct formative research to guide the development of these creative materials.

In order to ensure that these firms had a proper orientation and understanding of the assignment, the team developed a creative brief[3] and presented it to these important new members. The document covers five major topics: 1) the need for an ORS product; 2) the ORS product itself and its characteristics, 3) a brief demographic profile of the target audience; 4) an overview of all the products (homemade, commercial, and prescription) presently used to treat diarrhea by those in the target audience; and 5) the approach and procedures that would be taken throughout the product development process. The team also held a day-long briefing session for the firms, giving them an opportunity to ask questions and clarify their understanding of the issues and receive feedback from all of the participating organizations. This was the first of many collaborative meetings involving the entire team.

Following the initial briefing, the team launched into a research and development process. It consisted of five major phases:

Phase I:	Exploratory qualitative research with mothers;
Phase II:	Initial concept screening;
Phase III:	Quantitative test of the two best designs;
Phase IV:	Quantitative test of the winning design vs. the old package (consumers and physicians);
Phase V:	Comprehension test of mixing instructions and flyer.

The remainder of this field note discusses these stages in detail.

PHASE I: EXPLORATORY RESEARCH

Although considerable research regarding ORT and diarrheal disease had already been conducted in Mexico, none of the studies centered directly on the issue of package design and consumer perceptions/understanding. The first stage of consumer research was therefore exploratory in nature. It aimed to provide insights into the primary target audience's views on the product and packaging. Based on these findings, the team had planned to prepare a creative strategy statement to guide development of the new package and product name. The key objectives established for this exploratory phase of research were to:

- investigate awareness and attitudes regarding ORS among the target audience;
- explore, in depth, reactions toward the existing product name and package;
- gain insight into the benefits and barriers--emotional, cognitive, and physical--to use of an ORS product by the target audience;
- obtain any additional information or insights relevant to the design process.

Focus group discussions were selected as the appropriate methodology for this phase of research, given the need for rich responses and for opportunities to generate new ideas. The team conducted a total of eight focus groups at this stage: four in Mexico city and four in semi-rural areas. These included groups of both "inexperienced" mothers (with only one child) and "experienced" mothers. This was to determine how, if at all, approaches to health problems differed between the two groups.

All focus groups were conducted among groups of eight to ten lower socioeconomic mothers of children under five years of age. A majority of these women were nonliterate. In Mexico City, Gallup's focus group facilities were used so that both the research professionals and members of the advertising agency could observe the

discussions. In the more rural settings, the research team was accompanied by representatives from the agency so that proper feedback could be given, although observation was less direct. The entire process--from research design, to implementation, to reporting the findings--took several months to complete.

Findings from the focus groups provided the team with a broad picture of mothers' responses to diarrheal disease and ORS as a specific treatment. The following points were directly pertinent to the design process.

- Among the interviewed mothers, diarrhea was chiefly perceived as a common, low-risk disease. However, there was also high awareness that diarrhea can lead to dehydration and death. This suggested that mothers might feel some ambiguity as well about the product. To clarify this, the tone of the package--the seriousness or casualness conveyed--would be an important dimension for creative consideration.

- Also, mothers recognized a variety of "stages" and types of diarrhea, but had no specific word to signal the type of diarrheal episode that would require the administration of ORS. Therefore, no existing "layman's" term for a type of diarrhea could be put on the package to identify more clearly when the product was to be used.

- Most mothers knew the term dehydration and understood many of its signs. When dehydration was suspected, mothers claimed that the child was taken for intravenous therapy. This suggested that the product could be positioned to prevent dehydration, since the concept was already known and considered dangerous.

- Mothers were aware of a variety of ORS-type products (such as Pediolyte) referring to them collectively as Suero Oral (Oral IV Solution). They were unclear, however, about many of the details of ORT procedures. Thus, it would be important for the package to be clear about exactly when and how the product fit into the ORT regimen.

- Importantly, mothers expressed strong feelings of guilt and hopelessness with regard to their children's illnesses. As these feelings could potentially lead to denial or aversion regarding ORS itself, it was determined that the tone of the new package should mitigate against this feeling rather than reinforce it.

- Mothers in the focus groups claimed that they would use whatever remedy was on hand when their children became ill. They complained that ORS was not always readily available and were clearly willing to purchase a product to treat diarrhea. This pointed to the eventual commercial viability of the ORS product and, therefore, the need to imbue the new package with commercial appeal and shelf impact.

- Mothers used a variety of home treatments for diarrhea. These fell into two basic groups: 1) traditional remedies such as teas, ricewater, juices, and herbs, and 2) medical remedies such as Kaopectate and antidiarrheals. In addition, there was the well known out-of-home treatment, intravenous therapy. Among this array of treatments, ORS did not appear to have a clear "positioning" in mothers' minds but seemed to fit best within the framework of home remedies. This suggested to the planning team that the new ORS package design might best take on a character closer to consumer goods or over-the-counter medications than to prescription or hospital products.

- Finally, and perhaps most importantly, mothers saw little difference between ORS and other forms of liquid. They did not recognize the superiority of ORS in treating diarrhea. This fact represented a creative challenge and clear direction in positioning the ORS product vis a vis traditional, (home mixed) solutions.

The team conducted a careful review of the research findings. While some findings pointed directly to a design decision (e.g., not to include any lay terms to distinguish types of diarrhea), other findings simply highlighted the consumers' perspectives. The team would have to make management decisions regarding "tone" and

"positioning" based upon mothers' responses and strategically consistent with the overall program. After careful review of the research, they prepared the following creative strategy statement.

Creative Strategy Statement
Mexico ORS Product Identity

Purpose: The purpose of the new package is to enhance consumer awareness, trial, and correct and continued use of the ORS product.

Target Audience: The primary target audience is lower socioeconomic mothers of children under five years of age from all areas of Mexico--urban, semi-urban, rural--many of whom are nonliterate.

Secondary Target Audience: Physicians and health workers as well as other influential groups--peers, informal authorities, extended family members, and so forth--will also be targeted.

Product Positioning: The product will be positioned as a superior form of home treatment for the prevention of dehydration--a safe, easy, and effective special fluid or serum to be used in the early stages of diarrhea for the prevention of dehydration.

Communication Objectives: The new packet and name are to communicate that the product is...

- a suero oral product (identifying the product clearly);
- life giving for the child (conveying the key end benefit);
- for the prevention of dehydration (clearly positioning the product in the ORT treatment regimen);
- superior to home mixed solutions (encouraging selection over competing products);

- an effective product mothers can rely on (generating trust);

- for mothers who want their children to be healthy and strong (providing reinforcement).

Tone: The tone of the new name and package should be upbeat and positive, giving mothers a good feeling about the product and conveying a "for children" impression without being frivolous or inappropriate for an ORS product.

Desired Action: Mothers should remember, seek out, and use the ORS product correctly and have it in the house for future use. Physicians and health workers should recommend and give ample product samples to mothers, encouraging them to have the product on-hand to use at home if needed.

Other Considerations: The new packet and name should also enhance the potential commercial viability of the product by creating an easily identifiable and positive image for the brand, which is memorable and attention getting.

PHASE II: CONCEPT SCREENING

McCann Erickson advertising company used the agreed upon creative strategy to develop five alternative package prototypes and also suggested eleven different ORS brand names. Each design attempted to convey some end benefit suggesting a child's vitality. The designs used colors symbolizing growth and nature, such as green and blue, and associated symbols such as growing foliage or a water drop and/or by depicting a healthy, happy child. Some designs also gave additional reinforcement through graphic metaphors such as "in good hands"--generally a symbol of caring and protection.

To select the most viable package and name for further refinement and development, the team held six focus group discussions among the target audience in three disparate areas of Mexico (Mexico City, the semi-urban areas surrounding Mexico City, and in semi-rural areas near Guadalajara). The concept test findings clearly pinpointed Vida Suero (Serum of Life) as the preferred ORS product name. Mothers

found that it communicated most effectively the superiority and life-giving benefits of the product, and they also found it easier to pronounce and remember. (The name is easily identified with ORS, which Mexican mothers often refer to genérically as suero oral.) Mothers also rated it highest in other ways (such as sounding "modern") which had been targeted.

Two of the package designs, however, emerged as equally viable candidates. These were the "nurturing hands" and "tree of life" designs. They outperformed the others in meeting the basic communication objectives. However, the sensations evoked among mothers by the two designs were distinctly different. "Tree of life" emphasized the vitality of the child and evoked feelings of happiness, confidence, and vitality, as well as positive feelings about administering ORS. In comparison, "nuturing hands" emphasized the nuturing, caring, gentle qualities of the mother and engendered feelings of tenderness, security, and tranquility. Thus, both concepts were essentially "on strategy" but with a somewhat different focus. This "tie" situation led to a third and initially unplanned phase of research.

PHASE III: TREE OF LIFE VS. NUTURING HANDS

The purpose of this phase was to select and refine a "winning" package design. Specifically, the research sought to determine which of the new designs was preferred by mothers according to the following criteria:

- overall design appeal
- appropriate product image
- suitability for an ORS product
- other communication values.

First, both new package design concepts were refined based on the focus groups' findings. In addition, the product mock-ups now incorporated Vida Suero, the winning name. In refining the "tree of life" design, the artist maintained the vibrant, lively qualities inherent in the child's posture and the rich green tree, but rendered the artwork in a slightly less "cartoony" fashion, as mothers had suggested. The child's features were drawn slightly more realistically--dark crayon-like lines were replaced with a finer stroke and the lettering was made more straight, blocked, and crisp. In refining the "nuturing hands" design the artist maintained the serene light blue coloring, but outlined the child's facial features in black to create a more solid, less hollow look. (The team

found that the pale child's face with the background color of pastel blue showing behind the child's eyes and mouth had created a transparent, somewhat frail look. Although this evoked nurturing feelings among mothers, these feelings were tinged with melancholy--an off-strategy response.)

Up to this point the research tools used had all been qualitative--designed to elicit wide ranging and in-depth responses from a sample of the target audience. However, the two designs were next subjected to a quantitative test using personal interviews, to determine which one of the two designs was most "on strategy."

The team conducted the interviews using a proto-monadic research design. That is, each package design was evaluated by a separate but demographically matched sample of mothers. However, to avoid a possible tie, each interview ended with a forced choice between the two package designs in terms of overall preference and several key communication dimensions. Approximately 250 personal interviews were conducted for each package design in each of three disparate locations for a total of 1,500 interviews.

This time the research findings were conclusive. "Tree of life" was liked best by 57 percent of mothers. In terms of overall design appeal, mothers said "tree of life" was:

- more attractive
- more attention getting
- generally a "better design."

"Tree of life" also ranked higher than "nurturing hands" with regard to product image and left a stronger impression of a high quality, good, effective, and safe product as well as one that is easy to use. In addition, mothers felt this design was more suitable for an ORS product--that they could clearly identify the product as a "suero oral." The two designs performed equally well in reinforcing mothers and in being products for "mothers who care." Lastly, in terms of communication values, the winning package was felt to be modern, not "cheap," and easy to use.

A single name and design concept had been identified at last. It was now time to move to the next phase.

PHASE IV: TREE OF LIFE VS. THE OLD PACKAGE

Although the developmental process had produced a clear winner, the team recognized that the style of the new design represented a significant departure from the

old format. A major change such as this required one final test to assure that the switch was indeed a significant improvement over the status quo.

The final stage of the research was a quantitative test of the new package design versus the old one. Again, the team used a proto-monadic research design. The sample included approximately 600 target group mothers selected from two areas in Mexico. Each monadic cell included 300 mothers. Personal interviews were also conducted with an additional sample of physicians this time.

Given the less medical, more commercial look of the new packet, the team developed two fairly stringent action standards. First, "tree of life" had to rank equal to or better than the old package in target audiences' perceptions of efficacy and safety. Second, the design had to perform in a clearly superior manner to the old product in terms of general appeal and consumer-oriented communication values.

Again the research findings were conclusive. As can be seen from the tables below, both action standards were met. Although perceptions reflecting efficacy (such as "gives confidence," "looks high quality," and "conveys effectiveness") were basically equal on the monadic ratings, "tree of life" was clearly superior among both mothers and physicians when the two designs were compared. The team could feel confident that the commercial style of the new package design did not detract from mothers' or physicians' confidence about the product's performance. Ratings for the two products are given in tables I and II.

Table I
Monadic Ratings

	Tree of Life (%)	Old Package (%)
General Appeal/Communication		
I like it very much	14	9
I like it a lot	70	47
Pleasing	94	75
Attractive	92	63
Attention getting	83	66
Unique	80	60
Communicates what the product will do	89	75
Security/Efficacy		
Gives confidence	89	94
Looks high quality	68	75
Conveys effectiveness	75	74
	N = 300	N = 300

Table II
Paired Comparison

	Tree of Life (%)	Old Package (%)
General appeal		
Preferred by mothers	75	25
Preferred by physicians	61	39
Security/Efficacy		
Safe	69	31
Effective	59	41
Better than home mix	66	34

N = 600

The research also showed clearly the hoped for superiority of "tree of life" in terms of general appeal and enhanced communication values. Even on the more stringent monadic profile, "tree of life" scored better on the "liking" scale and on those of "pleasing," "attractive," "attention getting," "unique," and "communicates what the product will do." In the overall paired comparison, "tree of life" was preferred by three out of four mothers and two out of three physicians.

This completed the "creative" identity of the new package. An appealing logo design which conveyed a desired end benefit, positioned the product clearly, gave it an appropriate "character," and made mothers feel good about using it had evolved. But this was not enough.

PHASE V: MIXING INSTRUCTIONS

As part of a strategy for encouraging mothers to have ORS on hand in the home, the product was planned to be dispensed three to a package, wrapped in clear plastic together with a colorful flyer. A secondary advantage of this design was to reduce the number of visits a mother would have to make to a physician or clinic, thereby reducing the "price" of ORS to the mother. Lastly, with more of the product in the home, Vida Suero could more effectively compete against the popular home remedies.

The design of ORS mixing instructions, which were printed on the back of the package and also in greater detail on the accompanying flyer, was a separate process worked on over several months. The purpose of this phase of research was to ensure that the instructions met desired action standards:

- demonstration of mothers' ability to correctly mix the ORS product;
- communication of full oral rehydration therapy procedures.

The mixing instructions needed to be graphic and understandable even to a nonliterate mother. The instructions on the package needed to convey proper ORS administration; the flyer would expand upon other aspects of oral rehydration therapy such as proper feeding.

Although the basic ORS packaged product is similar throughout the world, different steps in the mixing and administration of ORS and other aspects of oral rehydration therapy need to be emphasized in different environments. Common issues include identification of a local container which measures a liter of water; whether "boiled" or "clean" water will be recommended; whether hand washing will be suggested,

whether harmful local practices need to be discouraged, and so forth. Technical input and review of these instructions is important so that they represent country norms, and careful pretesting with mothers is crucial so that they are understood and simple to follow.

In Mexico, national ORT norms formed the basis of the illustrated instructions. A graphic designer skilled in producing materials for nonliterate artists was hired to develop three alternative sets of mixing instructions as well as a prototype for the flyer on complete ORT. The artist then went to the field with the research team to test the prototypes with mothers.

IMOP helped administer a questionnaire to evaluate the mixing instructions and the informational flyer with the target group. A total of 60 in-home interviews were conducted among lower socioeconomic mothers of children under five years of age. Respondents performed a functional mixing test using one of the alternative sets of instructions (20 respondents for each prototype). Exact procedures were observed and recorded, followed by direct questioning. The team verified actual amounts of water used to mix the ORS.

The respondents then evaluated the instructional flyer, one vignette at a time. They were asked to describe what was taking place in the different pictures. They also answered questions about the flyer as a whole, both in terms of actual content and conceptual format.

The artist then made refinements in the drawings and the instructions based upon this research.

The "winning" mixing instructions as well as the instructional flyer were subsequently reviewed by an expert panel of physicians and health practitioners to ensure compliance with ORT norms. The committee included representatives from several departments of the Ministry of Health, from the Federico Gomez Hospital, UNICEF, and other concerned organizations. The participants made minor refinements in the instructions, primarily to emphasize hand washing.

The final panels in the mixing instructions illustrated the following steps:

1. Wash your hands.
2. Add contents of the envelope to one liter of clean water; stir completely.
3. Give to the child with a teaspoon all he/she will accept during the illness.
4. Continue feeding as usual.
5. Throw the solution away after 24 hours.

Each of these five steps was represented pictorially and with a concise caption. The illustration of step 2 shows a bowl with a one-liter line drawn clearly on it. Research showed that mothers knew what one liter was but had different ways of measuring it. The illustration of step 4. shows a child breastfeeding in order to counter resistance among some mothers to breastfeed a child with diarrhea.

Most of the respondents understood the problem/solution sequence illustrated in the flyer on ORT. They understood the concept of dehydration and the necessity of seeing a physician. They understood the message to continue feeding. They also understood that it was good to keep the product "on hand" at home. Not all respondents understood all of the signs of dehydration illustrated in the flyer.

The technical committee recommended that a separate guide book be developed for physicians and health workers that would highlight the new package design and mixing instructions and include country norms for oral rehydration therapy. Recognizing the importance of enfranchising the medical community, the Ministry has written guides for both physicians and health practitioners incorporating the new package and flyer.

PROMOTION AMONG THE PRIMARY AUDIENCE

Creating a product which is appealing and understandable to consumers is only the first step in promoting its proper use. The next step is a comprehensive communication strategy to bring the product to users' attention and motivate them to try it, and try it repeatedly. The team proposed a series of print and broadcast materials to bring Vida Suero to the public's attention.

Point of purchase materials, including free-standing dispenser packs and the instructional fliers, were made available wherever the product was sold (in grocery coops) and given away (in health centers). A photo novella for mothers dramatized the importance of preventing diarrheal dehydration. Advertisements for Vida Suero were printed on lottery tickets, and posters and print inserts for the local press were produced. The government considered a new postage stamp featuring the ORS package. Broadcast materials included both radio and television promotions. In addition, the Ministry of Health approved production of a short film for rural theatres. All of these materials were part of a marketing plan which focused on larger clinics and grocery stores, and eventually on private sector vendors.

BUILDING CONSENSUS AMONG THE SECONDARY AUDIENCE

The team also took two important steps to ensure the acceptance of Vida Suero by the various institutions and organizations involved with ORT in Mexico. Without the support of the professional community, promotions to consumers--who are strongly influenced by their physicians--might be completely in vain.

First, the team held a two-day seminar in which all of the partners participated, including the Secretary of Health. Those who attended ranged from UNICEF, to Care, to a variety of institutions and organizations involved with ORT in Mexico. Members of the team provided a retrospective of various pieces of research on ORS/ORT to the seminar group, leading up to a final step-by-step presentation of the development of the new product identity. The team also presented a plan for introducing the new ORS packet. The presentation and the plan were both met with enthusiasm. This process of building consensus and commitment on the part of all the important collaborating groups was essential to the success of the eventual product launch.

Later that year a national press conference was held during which the Secretary of Health introduced the new product to Mexico. Arouesty and Associates handled the public relations including press kits, media incentives, and setting. Sixty representatives from the press including the three national television stations and the English-speaking news service attended. The Department of Health introduced the product in the context of its carefully determined position within the national ORT program strategy. Other promotional materials which would be launched to support the product, such as the flyer, booklets, and a TV spot were highlighted for the press during the conference. It was hoped that Vida Suero would have a long and successful life!

REFLECTIONS

A number of practical lessons emerged from the experience of creating and launching this new product. Some of these have to do with the process of bringing together public and private sector interests in meeting a common goal. Some of them have to do with the difficulties of combining creative and medical "messages."

Private/Public Collaboration

- Levels of expertise will vary among Department of Health counterparts. Every effort should be made to acknowledge this, and, so far as possible, turn this to an advantage. Every step in a process

should be fully explained to all partners beforehand. Consensus must always be achieved, especially among project management. A unified expectation regarding "process" will eliminate hurt feelings and avoid potential derailment of the project.

- If, as in the case here, private sector advertising and/or market research firms are contracted, it is important that the Department of Health counterparts understand the operational and fee structures of the respective agencies. Very often, with an eye towards economy, the temptation may arise to take back portions of a project (printing, final art work, data processing, etc.) if an analogous function or facility exists within the DOH structure. Unless agreement is reached regarding such matters at project onset, this will surely cause delays, if not breach of contract.

- Private sector agencies should be fully briefed on goals of the project as well as the project's management structure. Social marketing is often a new concept to the private sector. But once they understand how much commercial marketing has to offer the public sector, they can be converted to allies as opposed to adversaries.

- Working with outside resources may be interpreted as a slight to the capabilities of the Department of Health. Professional pride can be maintained if those involved understand that their role is a management one and this takes special expertise.

Creative and Technical "Messages"

- Child survival messages must be acceptable both to mother and physicians. Products must also be satisfactory to both of these groups. When creating a product such as a new ORS package, it is important to test prototypes with mothers for comprehension and acceptability, and with technical experts for correctness and acceptability.

- Direct observation of consumers using prototype materials in a field setting is an ideal protocol for materials development.

- Use of an artist on-site to listen to consumers' responses and make adjustments is invaluable in the design process.

- A "disaster check" should be conducted after all refinements have been made in a set of written or graphic instructions for consumers. This, of course, is a luxury that even few commercial consumer products can undertake. However, it would have been desirable to repeat the observations conducted here on the prototype mixing instructions with a final product. Due to time and financial constraints this "disaster check" was not conducted on the finished envelope.

NOTES

1. For further information, see Lopez de Montero, Martha. Final Report: Clinical Training Project for Administration of Oral Rehydration Therapy, Program of Prevention and Control of Diarrheal Diseases (PRECED). Academy for Educational Development. 1987.

2. Miriam: El uso Exitoso de la Terapia de Rehidratación Oral is a 23-minute training video produced by Pan American Health Organization and the Academy for Educational Development, 1987.

3. Available from the HEALTHCOM Project.