

USAID/Brazil—FY 2003–2008

**Social Marketing Assessment and
Behavior Change and Social Marketing Strategy Design**

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EXECUTIVE SUMMARY

In 1985, men with AIDS in Brazil outnumbered women 25 to 1. Today the ratio is approaching 1:1, with a trend that could have women outnumbering men in the near future. The AIDS epidemic in Brazil is spreading from the urban centers toward smaller communities in the interior and toward Brazil's 10 neighboring countries. Women are more susceptible to HIV infection, and certain heterosexual behaviors and cultural influences place them at increased risk.

Brazil's population is approaching 180 million persons, with great diversity in ethnicity, poverty, and wealth. São Paulo, Brazil's largest urban center, is larger than New York City. Prevention efforts in Brazil have been focused on the promotion of condom use, but yet the affordably priced condoms sponsored by USAID and others have been kept out of the overwhelmingly predominate São Paulo market by Johnson & Johnson.

The Coordenação Nacional de DST e AIDS (CN), or national coordination board for sexually transmitted infections and AIDS, a division of the Ministry of Health, partially funds AIDS prevention activities with about 200 of the 1,000 or so AIDS-related nongovernmental organizations in Brazil. These nongovernmental organizations represent committed and dedicated individuals who are concerned with the prevention of HIV and AIDS. Efforts have focused on niche populations and the free distribution and sale of condoms. CN has put forth a proposal to condom importers and manufacturers to lower the commercial price of condoms to not exceed US\$0.10 or R\$0.25 per unit. Tax relief and generic mass media communications have been promised in return for the private sector's participation in this effort.

Changes in sexual behavior practices are the desired outcomes in AIDS prevention programming, yet baseline research and project evaluations have rarely included behavioral indicators, principally because of a lack of resources. Mass media and the development of a behavior change (i.e., social) marketing strategy have also not been implemented before now due to a lack of funding. With greater funding proposed for AIDS prevention activities in the FY 2003–2008 period, a behavior change and social marketing strategy can be implemented and bring into play the powers of the commercial marketplace. These in turn can collaborate with the social sector to effectively utilize behavior theory and consumer psychology practices to effect changes such as greater condom use, or the promotion of abstinence, delayed onset of sexual initiation, and fidelity.

Behavior theories (i.e., Diffusion of Innovation Theory, Social Influence Model, and Social Network Theory) all point to the need for the involvement of key influencers from whom behavior can be modeled and a social norm can be established. This document proposes that USAID work collaboratively with CN to establish an entity in Brazil that can facilitate the development of a behavior change and social marketing framework that would use key influencers and facilitate smaller organizations to develop their own network of key influencers.

Due to many real or perceived restrictions, we often focus on manageable tasks rather than address a seemingly overwhelming problem. A problem can be addressed head on if one can identify its core. For HIV/AIDS, the core is sexual behavior. Using a private sector marketing strategy for modifying the social norm is the solution.

I. INTRODUCTION

Statement of Work

The consultant conducted a condom social marketing assessment and provided support to the HIV/AIDS strategy design for the USAID Mission in Brazil. The assessment and strategy design are internal documents for use by the Brazil Mission as it develops a strategic plan for the FY 2003–2008 period for subsequent USAID approval. The consultant carried out a detailed literature review in the United States, and a field assessment in Brazil with USAID/Brazil staff member Jaime Rojas, the AIDS senior technical advisor.

Objectives

The assessment had three objectives:

1. To assess the performance of the third intermediate result, “Sustainable Social Marketing of Condoms,” within the Mission’s third strategic objective for health;
2. To design a social marketing strategy for the Mission’s next five-year strategic plan (FY 2003–2008) based on lessons learned and results achieved within the existing third intermediate result; and
3. To propose broader use of social marketing techniques as a tool to promote behavior change, better health, and prevention of HIV and other sexually transmitted infections.

II. BACKGROUND

AIDS was first identified in Brazil in 1980. It was initially confined to the large urban centers of Rio de Janeiro and São Paulo, and has gradually spread from the southeast to the northeast and center west of the country. Brazil’s Ministry of Health reports that 59% of Brazil’s 5507 municipalities have registered at least one case of AIDS. An overview of AIDS in Brazil follows. It is presented here according to topic area rather than in chronological order.

The epidemic has migrated from the homosexual community to the heterosexual community. In 1985, men with AIDS outnumbered women 25 to 1. Today the ratio is approaching 1:1, with a trend that could have women outnumbering men in the near future. The trend is also showing a disproportionate growth in communities with fewer than 50,000 inhabitants. The southern region shows the highest increasing incidence of HIV infections. Brazil has the highest number of HIV infected individuals in Latin America, with an estimate of approximately 600,000 persons in 2000.

Brazil is the fifth most populous country in the world in an area slightly larger than the continental United States. Ten countries border Brazil and there is increasing concern in the region for cross-border transmission of HIV. Border areas are reported to have insufficient supplies of condoms and health care in general. Sex work and drug use are prevalent along the trucking routes and knowledge of HIV/AIDS appears to be low, as is condom use, according to a forthcoming report by Juan Diaz, the Population Council/Brazil country representative.

Transmission of HIV/AIDS is predominately through sexual behavior (75%) as opposed to blood contamination via injecting drug use or transfusion. Yet, according to the UNAIDS best practices document, *The Brazilian Response to HIV/AIDS*, injecting drug use remains a serious contributor to the spread of AIDS. The overwhelmingly preferred drug of choice is injectable cocaine. Intravenous drug use accounts for about 21% of AIDS cases (Bastos et al., in *Drugs: Education, Prevention and Policy* 1999;6(1):29–50). From the mid 1980s to the mid 1990s, Barcellos and Bastos (1996) reported that the port city of Santos in São Paulo State had the highest rates of AIDS in Brazil, with close to 50% of the total cases among injecting drug users.

According to Mark Guimarães, et al. in the *American Journal of Epidemiology* (1995, vol. 142) in their article, HIV Infection Among Female Partners of Seropositive Men in Brazil, “The strength of the association between anal sex and prevalent HIV infection in this population was of considerable magnitude, suggesting that it may be a major route of heterosexual transmission of HIV in Brazil.” The rate of anal sex practice was 31% during the period of the study, and in most cases, anal sex is practiced without the use of condoms (83%).

A survey of knowledge, attitudes, and practices by Sinal Pesquisa, funded by DKT do Brasil, and reported in November 2001, found that 70% of heterosexuals in the south, 50% in the north/northeast, and 35% in the center west practiced anal sex. Only 35% of those who self-identified as heterosexual reported always using condoms; 36% of those who engaged in anal sex did not use condoms; and 89% of bisexuals engaged in anal sex with women, whereas 64% of them engaged in receptive anal sex with other men as well.

Since 1997, Brazil has provided free antiretroviral therapy to people who meet the national medical guidelines for treatment. The government of Brazil has realized a savings of US\$422 million over the last three years from a reduction in the number of people with AIDS-related health problems seeking care at government-run health facilities. The Ministry of Health reports (AIDS Epidemic in Brazil, p. 42) that a survey in São Paulo revealed that fewer than 69% of patients had continued to adhere to the treatment. Due to the high costs of providing free antiretroviral therapy, only about 20% of Brazil’s AIDS budget goes toward prevention.

Knowledge or awareness of the effect of mass media has been evident in Brazil for more than a decade. In 1989, Vilmar E. Faria published a theory of the indirect effects of nationwide penetration of telecommunications on reproductive outcomes in Brazil in his article, Government policies and productive legislation: unexpected consequences and unusual effects. The title is a rough translation by the author of the Portuguese article, Políticas de governo e regulação da fecundidade: Consequências não antecipadas e efeitos perversos (*Revista de Ciência Hoje*, 62–103). This article generated a great deal of interest on the effects of television on Brazilian society. Subsequently, *telenovelas* have been credited with playing a substantial role in promoting ideological change toward reproductive behavior (Neeru Gupta, Sexual initiation and contraceptive use among adolescent women in northeast Brazil, *Stud Fam Plann.* 2000;31(3):228–238).

Media promotion for AIDS prevention has continued by the government of Brazil and by socially concerned and AIDS-aware commercial networks (Rede Globo, MTV, Rede TV, etc.).

Special events such as Carnival and World AIDS Day receive special attention via the media. Actors and other entertainers have given their time free of charge for these media presentations. AIDS awareness and sensitivity training workshops have also been presented for journalists and other writers, but without an apparent strategic process that would include periodic, message reinforcement. Media coverage overall (news, talk shows, etc.) seems to have decreased since the early 1990s, based on the observations by the consultant over the past 10 years.

Gay organizations in Rio de Janeiro, São Paulo, and Bahia were the first to respond to the AIDS epidemic and to point out that discrimination and prejudice were major obstacles to HIV prevention, and that the entire population needed to be informed about how to avoid infection. The attempt to avoid stigmatizing vulnerable populations and groups at greater risk for HIV has made it a challenge to directly address the highest risk behaviors, and often, messages have not had a clear focus, and behavioral impact has not been evaluated.

Social marketing of condoms was first funded by USAID/Brazil in 1992 through DKT do Brasil. DKT has pursued the problem of AIDS with what appears to be a strategy based on price and, to some degree, accessibility. USAID support to DKT has represented a large part of the agency's AIDS portfolio, yet it has represented only about 10% of the DKT budget. This is considered to be a huge leveraging of resources by USAID/Brazil. Most mass media coverage and product promotion by DKT has come from public relations activities at very little cost to DKT. Neither a national nor a regional campaign has been carried out by DKT due to a lack of funding. Nonetheless, the popular belief among USAID/Brazil and the Ministry of Health/CN officials is that the presence of DKT in the marketplace and its pricing strategy has had a positive ripple effect in Brazil by contributing to an overall decrease in the price of condoms and opening the door for new brands to enter the market. The government of Brazil has projected that approximately 600 million condoms were distributed in Brazil last year; 350 million via commercial networks.

In the mid 1990s, a Brazilian NGO, Sociedade Civil Bem Estar Familiar no Brazil (BEMFAM), the International Planned Parenthood affiliate in Brazil, entered the arena of condom social marketing with the main objective of cross-subsidizing its family planning clinic operations. As a result, its product, Prosex, was placed on the market at a slightly higher price than DKT's Prudence brand. Aiming to increase its condom social marketing initiatives, USAID/Brazil, with FY 2001 funding, also contracted with BEMFAM to expand existing social marketing operations in three southern Brazilian states, which show an increasing incidence of HIV. Located in Rio de Janeiro, BEMFAM received support for several activities, including social marketing, under the Mission's reproductive health program, which ended in FY 2000. Both BEMFAM's Prosex condom and the DKT Prudence brand continue to gradually increase their market share in most areas of Brazil except in São Paulo State, which has the largest population and the highest rate of HIV prevalence. This has been attributed to the lack of mass media coverage and promotion, and to occasional blockage by the powerful and influential Johnson & Johnson brand, Jontex. Jontex has the highest market share of condoms in Brazil and its product is the most expensive.

Coordenação Nacional de DST e AIDS (CN) has proposed that condom importers and local manufacturers expand the condom market. CN will promote generic condom use and work to reduce taxes (which is currently beyond its control) if condom sellers will market a product for

US\$0.10 or R\$0.25 per unit. In addition, it is expected that condom sellers will identify more nontraditional outlets, whereas CN will provide retailers with a symbol that can be placed in their window or on their door that would identify them as a vendor of the condom that CN sanctions and advertises. Retailers would have to sign an agreement to sell the product to consumers for not more than US\$0.10 or R\$0.25 per unit, rather than charge whatever the market will bear. A counterproposal to further reduce packaging costs by allowing individual unit sales and additional tax relief has been made by some condom sellers as a means of making the price affordable. Much work needs to be done on this issue before it can be realized. Issues regarding taxes, single unit sales, brand development, and frequency of media coverage have not yet been ironed out. The Ministry of Fazenda (domestic economy) and others must agree and facilitate some of the desired policy changes before the program can become functional.

III. USAID/BRAZIL APPROACH TO ASSISTANCE

USAID/Brazil oversees the implementation of four broad strategic objectives, one each for the environment, for energy, for at-risk youth and child labor, and for HIV/AIDS prevention and tuberculosis control. Projects within the objectives are being implemented over a five-year funding period, 1998 to 2002, with a total annual program fund of approximately \$15 million.

In FY 2001, Brazil was designated as an intensive-focus country by USAID/Washington, and the Mission's level of funding for HIV/AIDS prevention activities was raised to \$3.7 million, and funding levels are anticipated to rise over the next several years. In addition, the strategic objective for health (SO3) was recently amended to provide a framework for tuberculosis control activities with an allocation of \$2.6 million for FY 2001. In FY 2002, the allocations for HIV/AIDS and tuberculosis work are \$4.3 million, and \$3 million, respectively.

The current five-year strategic objective for HIV/AIDS prevention and tuberculosis control is "increased sustainable and effective programs to prevent sexual transmission of HIV among target groups and to control tuberculosis in target geographic areas." How this is achieved is to be measured by four intermediate results, of which the third pertains to social marketing:

1. *Strengthened institutional capacity to plan, implement and evaluate STD/HIV programs*, implemented by Management Sciences for Health. This component focuses on four state and six municipal health secretariats in Rio de Janeiro and São Paulo States, which have the highest number of HIV/AIDS cases, and in Bahia and Ceará, which have a large number of poor and vulnerable people. This intermediate result encompasses work with the National STD/AIDS program within the Ministry of Health, in Brasilia.
2. *Strengthened institutional capacity to provide integrated reproductive health and STD/HIV services in Bahia and Ceará*, implemented by Pathfinder International. Through this intermediate result, municipal and state public health units receive technical assistance and training to integrate sustainable STI/HIV health services into the larger overall reproductive health programs in these states. In FY 2002, Pathfinder is working with four Brazilian NGOs in HIV/AIDS prevention activities that target lower-income women, adolescents, drug users and sex workers.
3. *Sustainable social marketing of condoms*, implemented by Population Services International through the AIDSMARK project, and through a subcontractor in Brazil, DKT International, located in São Paulo, which markets male and female condoms in Rio de Janeiro, São Paulo, Bahia, and Ceará States. DKT also works with local NGOs in their HIV/AIDS prevention outreach activities.

4. *Sustainable and effective institutional capacity to diagnose, treat, control and monitor tuberculosis in target areas using DOTS*, implemented through a collaboration of several partners, including the Ministry of Health, the Pan American Health Organization, the Centers for Disease Control and Prevention, the TB Coalition for Technical Assistance, the Gorgas Institute, BEMFAM, and Management Sciences for Health. This two-year strategy focuses on improving the political commitment to directly observed therapy (DOTS), the World Health Organization's recommended strategy for tuberculosis control, and expanding DOTS coverage in Rio de Janeiro.

IV. SOCIAL MARKETING ASSESSMENT

The consultant has more than 30 years of experience in behavior change, social marketing, and communications; formal education in psychology, management, marketing, and the visual arts; and has taught university undergraduate marketing and graduate MBA global business principles. Using this experience, and through personal observations, the consultant has identified a partial list of stakeholders who can be important participants in a strategic social marketing effort to promote behavior change. Not all the stakeholders have yet played a role in Brazil's HIV/AIDS prevention efforts. Their importance in this effort is based on the influence they have over policy issues; their financial support, distribution networks, know-how, and experience; and their contributions and potential contributions to HIV/AIDS prevention efforts.

Key Stakeholders

Coordenação Nacional de DST e AIDS (CN)

CN is Brazil's national AIDS control program and it is of paramount importance that it be included in any HIV/AIDS prevention activities. It is critical therefore that all stakeholders understand the need for a fully funded strategic effort that would focus on behaviors rather than demographic groups. This may require product diversification for the purpose of discretely addressing sexual behaviors, and mass media promotions that would influence people to adopt new behaviors. The effort would promote condom use, a delay in the onset of first sex, fidelity, and a reduction in the number of partners, among others. CN can facilitate price controls for socially marketed products through its planned development of a loosely constructed manufacturer's model of social marketing. The manufacturer's model was first introduced by the Futures Group during the Social Marketing for Change (SOMARC) project, and is an attempt by the social sector to negotiate with commodity suppliers to lower the price of a product so that it is affordable, particularly for the working poor. In exchange, the manufacturers and suppliers receive advertising for their product. The model, however, has never been sustainable as far as the consultant is aware.

United States Agency for International Development

The U.S. government has made resources available for AIDS prevention through USAID/Brazil since 1987. The agency has worked with several partners in the fight against AIDS, including Population Services International, Family Health International, Population Council, Pathfinder International, Management Sciences for Health, Partners of the Americas, Associação Brasileira Interdisciplinar de AIDS (ABIA), Sociedade Civil Bem Estar Familiar no Brazil (BEMFAM),

Institute of Health and Social Development (ISDS), Associação Saúde da Família, Comunicação e Cultura, GAPA-Bahia, GAPA-Ceará, and Gestos Soropositividade, among others. USAID has also been working with Brazil's neighboring countries where USAID is present. Sex work, trucking operations, drug trafficking, and low-quality health services in border areas have led to a higher incidence of HIV/AIDS in those areas. USAID support has led to the expansion of the condom market and has sponsored products that have kept prices within reach of the working poor.

DKT do Brasil

DKT is the prime social marketing organization in Brazil on the basis of its market share and the respect it has earned from CN, the Ministry of Health, and USAID/Brazil. DKT is able to expand its efforts to whatever level is necessary, either directly or indirectly, via an as-yet-unnamed entity. DKT focuses on price and distribution, and with USAID support, it has been at the forefront of promoting positive changes in the condom industry in Brazil. DKT has offered a product at a price that has earned an ever greater market share, thereby forcing its competitors to lower their prices to maintain their own share of the market. Assuming that USAID wants condoms to remain affordable to the working poor in Brazil, DKT do Brasil represents the only organization in Brazil, other than CN, that has a mandate to do so. Efforts by DKT on behalf of USAID should focus on behavior change outcomes, and nontraditional distribution expansion via the likes of Aliança Luz and other organizations, with an emphasis on the development of promotions that feature positive role models in the entertainment and media industries. Low prices should continue to be a mainstay of the program, yet quality issues should be addressed publicly in order to strengthen the positive perception of DKT brands, which was shown to be lacking in a recent knowledge, attitudes, and practices survey commissioned by DKT.

Aliança Luz

This nongovernmental organization is based in Ceará and its activities are exclusive to that state. It has a small staff who work to influence mayors of municipalities and secretariats of health to strengthen family planning and programs for AIDS and sexually transmitted infections. Funding for activities comes from a partnership between the Japanese International Cooperation Agency and DKT do Brasil. The organization directly addresses the emerging trend in HIV/AIDS migration to smaller communities by opening nontraditional condom sales outlets at locations such as gasoline stations, snack shops, small pharmacies, etc. in rural areas around the state.. The trend of "interiorization" is nationwide, and Aliança Luz has experiences and skills that need to be expanded, particularly in the south.

Centro Corcini

This AIDS clinic and care facility is located in Campinas, Brazil. Its nationwide hotline, under contract with DKT, is underutilized given its tremendous potential to generate data. The hotline currently receives approximately 2,000 calls per month, and estimates place the volume at around 3,000 calls, with 30% of callers receiving busy signals. Several researchers have expressed an interest in using the clinic's network to investigate condom use behavior and other relevant issues. The hotline is a national "800" number for the purpose of addressing condom

failures and any other sexual behavior issue that callers might have. This mechanism might be useful in identifying the principle motivators for a person initiating condom use.

Population Council/Brazil

The research team at PopCouncil/Brazil is carrying out a situational analysis study on cross-border migration of HIV/AIDS in several parts of Brazil. The study is co-funded by USAID and the government of Brazil. The council has a great deal of institutional knowledge of the AIDS situation in Brazil, the sex worker community, and female condom use and efficacy. The local office in Campinas is also involved with the Horizons project, which is carrying out various studies in Brazil to strengthen nongovernmental organizations and care and support projects, and to assess gender equity issues. Recent completed studies on use of the female condom have not been released to the public. The local office may be overcommitted and understaffed, causing the delay in dissemination of information that would be useful in the programming efforts of many other organizations. Dissemination of research findings to other implementers needs to be expanded in a meaningful way. The Population Council has been examining the “Janeway,” a new female condom device/panty as a possible new contraceptive. Stimulating this initiative could result in a more attractive, lower-cost alternative to current female-controlled barrier methods.

BEMFAM (Sociedade Civil Bem Estar Familiar no Brazil)

This Rio de Janeiro–based family planning organization is a long-time recipient of USAID support. The Prosex condom, introduced by BEMFAM in the mid 1990s to generate funds to subsidize its family planning activities, is a repackaging of a local product from the manufacturer, INAL. BEMFAM has made a great investment in infrastructure (packaging and printing equipment) and is prepared for growth that may or may not be forthcoming. BEMFAM is in competition with DKT, which may lead to a diffusion of USAID resources directed at achieving sustainable social marketing operations in Brazil. Yet, BEMFAM has an important place in Brazil’s reproductive health community, and the condom market is big enough to support both organizations on a cost-recovery basis, but not much more. The social agenda of each organization and their low gross profit margins result in even lower net profits, once overheads are covered. Intensive impact-driven AIDS promotion marketing will always require external support given these low profit margins, and lack of internal cross-subsidy options, of both DKT and BEMFAM. If the Prosex line of products is to contribute significantly to BEMFAM programming, BEMFAM will have to expand, diversify its line of products, and maintain a commercial margin of profit.

Instituto Ethos (Companies for Social Responsibility)

The institute was created to help businesses understand and incorporate the concept of social responsibility in the day-to-day administration of their respective organizations. The practice of social responsibility is characterized by a permanent concern with the ethical quality of the relationships a business has with its workers, public collaborators, customers, suppliers, the environment, and communities where the businesses reside. Founded in 1998 by a group of entrepreneurs, Instituto Ethos now has hundreds of associated companies whose combined

revenue is approximately R\$250 billion, or 25% of Brazil's GDP. These companies employ approximately 1 million persons. This organization presents an opportunity for social marketers to access workplaces with behavioral impact messages and products.

Conselho Empresarial Nacional em VIH/SIDA (National HIV/AIDS Business Council)

The Ministry of Health in the government of Brazil has announced that this group consists of 24 large firms that run AIDS prevention activities to more than 4 million employees. It is an effort to decrease discrimination against those in the workplace who live with HIV/AIDS. It presents an interesting venue for a social marketing organization.

JSI/Brazil

JSI is the local representative for SSL Durex condoms and it has won several bids to supply condoms to the government of Brazil. JSI may become a player in the social marketing mix of providers in Brazil in the near future. Miguel Fontes, the JSI/Brazil director, plans an approach based on behavior change rather than price alone. However, it is unclear whether JSI has the resources or a strategic development plan to successfully accomplish this goal. Miguel Fontes is also the founder of Instituto Promundo, based in Rio de Janeiro, and has written a book in Portuguese on some new directions in social marketing, whereas his deputy, Cecilia Stodart, in Brasilia, has a background in health (i.e., behavior change) communications.

Local Condom Manufacturers and Importers

These organizations include INAL (the Olla brand and others), Blowtex (a major supplier of commodities to health posts via contract), Blasiegel (the Preserv brand), Life Med (the FunnyLove brand), Trade Center (Eros brand in the northeast), and Johnson & Johnson (Jontex brand). Jontex is the market leader and commands the highest prices of all brands in the market. Johnson & Johnson engages in extreme tactics to maintain its market share. For example, 300 cases of Prosex were returned to BEMFAM by a retailer when Jontex discovered that its market in São Paulo had been penetrated. Johnson & Johnson covered the retailer's expenses and assured their market share. Large retailers in São Paulo require vendors and suppliers to purchase shelf space to display their products in order to guarantee a minimum coverage of overhead. High sales volume and diversification of one's product line assures the supplier of good shelf space, lower rates, and noncompetitive product agreements with retailers. Social marketing organizations will have to break into the markets controlled by these competitors before their products are secure and sustainable. To do this, they have been told by the network of distributors that mass media advertising is required.

Quality Control Laboratories

At least three important laboratories are engaged in testing products for Brazilian consumption. They are Instituto Falcão Bauer and Laboratório Falcão Bauer (in São Paulo), and INT in Rio de Janeiro. Brazil has some of the most stringent testing requirements in the world for imported condoms. Each imported lot (a quantity of condoms produced at the factory from the same batch or formulation of raw material) of condoms must be tested before it can be released into the

market. Exceptions to this policy occur; for example, the government of Brazil imported condoms to ensure last-minute distribution during Carnival 2002. Although protectionist trade practices have been dismantled by legislation, the bureaucracy in Brazil still favors local producers in order to promote the local economy. Lot-by-lot testing assures that products are high quality and costly to importers, such as social marketing organizations. Local manufacturers make periodic checks at their factories instead of performing lot-by-lot testing, thereby reducing their cost to bring a product to market.

Market Research Organizations

Market research is necessary to understand trends in the market. Condom salesmen use the statistics generated to negotiate distribution, shelf space, and price from distributors. Some also perform behavioral analysis of the market and can help a sales organization design packaging and advertising, and to identify new places where a product might be sold. The Nielsen organization has the most influence in this area. Other organizations with important market niches include Sinal, Research International, CEPAC, CPM Research, Indicator, Alpha Leader, IBOPE, Gallup, and CBPA. Their services range from running focus groups to coordinating knowledge, attitudes, and practices surveys. Many are expensive and out of the reach of the budget of social marketing organizations. It might be effective to begin a partnership between one of the private sector research organizations and a social researcher to bring together the best that each has to offer.

Major Advertisers

The website <http://www.ibest.com.br/site/parceiros/listasoesp.jsp> lists 132 pages of advertisers in São Paulo alone. Local resources are available for all aspects of the behavior change marketing promotion and advertising component of the social marketing strategy. Brazilian consumer psychologists may need to be called upon to provide technical assistance on an as-needed, contract basis.

Consumer Psychologists

A consumer psychologist is one who analyzes consumer behavior patterns to determine the most effective way of presenting messages in a given context. The Brazilian Psychological Association, the American Psychological Association (APA), or both, and the APA Society for Consumer Psychology could be valuable partners in developing an analysis and approach to addressing sexual behavior patterns in Brazil, and the remedy for low condom usage. The Society for Consumer Psychology is concerned with fostering scientific research, development, and practice in the field, and is concerned with those aspects of individual and social psychology demonstrated by people as consumers of goods and services. It represents psychologists and other consumer researchers who work in the fields of profit and nonprofit marketing, advertising, communications, consumer behavior, and related areas.

Key Issues

The situations presented here have both positive and negative influences on the implementation of a comprehensive social marketing strategy for AIDS prevention.

Policy

U.S. policy and commitment to address abstinence, fidelity, and delayed sexual debut is not readily embraced by Brazil's national AIDS plan nor by CN. The government has said that it wishes to develop the social marketing condom that is sanctioned by the Ministry of Health, but it does not yet have the authority to offer the benefits that would attract importers or local manufacturers to participate in the effort. Placing condoms on the essential medicines (i.e., commodities) list, which is maintained by the Ministry of Health, has been talked about for the past 10 years, but it remains an unresolved issue.

Resource Availability

The existing network of nongovernmental and private voluntary organizations involved in HIV/AIDS prevention is not able to address the communications needed to implement a comprehensive behavior change and social marketing strategy. The social sector partners do not currently use consumer psychologists, nor do they maintain a network of contacts within the media and cinema production companies, even though sufficient resources exist within the greater private sector community in Brazil from which they could be recruited.

Private Sector Involvement

The private sector has a lot to offer AIDS prevention efforts in Brazil. Large networks of socially aware enterprises exist that have already expressed some interest in addressing AIDS. Approximately 4 to 5 million employees are represented through these businesses. Additional involvement can come through media organizations, actors' guilds, and other outlets. This has been done on a limited basis in the past. The private sector should also include resources not typically used in the social sector or in international development programs, such as consumer psychologists, to research and analyze consumer behavior.

Geographic Distribution

Although social marketing efforts are nationwide in scope, AIDS prevention messages are concentrated in areas funded directly by USAID to DKT do Brasil and BEMFAM. São Paulo is grossly neglected in this sense due to market forces beyond the current control of either social marketing organization. The higher budget for social marketing activities may open the São Paulo market, which is the largest and most important in the country. It also represents one of the most highly infected areas of Brazil. No area of AIDS prevention programming should receive less funding than it currently receives, however, the southern and border areas need special attention because they have their own set of problems.

Focus

The social marketing efforts in Brazil are driven by market demands for sustainability, and they are for the most part, generalized with the social marketing organizations that subcontract with a population-specific nongovernmental organizations to achieve niche market penetration. By definition, these niche activities have little effect because they reach a relatively small segment of the national population. Involvement by nongovernmental organizations in social marketing does not seem to be part of a strategic design. A comprehensive behavior change and social marketing strategy as outlined in this document can change this phenomenon by facilitating the focus on behavior change at every level of involvement by these organizations.

As with many things, there are exceptions. The DKT hotline, operated by Centro Corcini, operates throughout the country and shows promise in making contributions to knowledge, attitudes, and practices on condom use, and sexual issues. And Aliança Luz, a nongovernmental organization based in Ceará, satisfies the need for opening nontraditional condom distribution points in the smaller communities, following the trend of the epidemic. Aliança Luz currently operates only in one northeastern state.

Conclusions

Consensus is needed among stakeholders to examine issues that are important to the Brazilian and U.S. governments. USAID/Brazil can assist. CN, along with the activist community of nongovernmental organizations, are committed to promoting condom use as the primary means of combating AIDS. It is unlikely they will participate in promoting messages that do not involve condom use as an option or requirement. Frequently during interviews for this assignment, the consultant heard that the Catholic Church continues to damage AIDS prevention efforts through its campaign to discredit condoms. Bishop Jayme Chemello, President of the National Conference of Bishops in Brazil, noted in his March 2002 interview in *Veja* magazine, “condoms stimulate youth to have sex before they are ready.” He went on to say that condoms should never be used. However, in some places around the world, the Church has said, “Use condoms to prevent death, not to prevent life.” A fully participatory implementation workshop by major stakeholders will be necessary after documents are prepared that will provide Brazil with a context for implementing behavior change.

Diverse and ideologically founded AIDS prevention activities have a place in this context. The need is for a technically competent behavior change marketing specialist or consumer psychologist to facilitate the development of an effective behavior change message for each party in Brazil. Such a person could be a local or international advertiser, a personal services contractor, or foreign service officer who would develop performance-based contracts or subcontracts with local implementers in counsel with relevant stakeholders. The technology and the science are available if the social sector can adapt successes from the private sector commercial market.

The social marketing organizations in Brazil are not presently equipped with personnel or institutional knowledge to manage the demands of a long-term strategic marketing and communications campaign. Local social marketing organizations are sales and distribution

organizations and, although they can contract additional personnel to handle the effort, it could negatively effect their efforts for long-term sustainability. A behavior change marketing operation separate from the social marketing organizations could provide technical assistance to all behavior change and social marketing activities, and could reach well beyond product sales objectives and facilitate the transference of new skills to the community of nongovernmental organizations.

The goal of the behavior change and marketing strategy is to affect behavior at the social and cultural levels. Individual behavior changes will be patterned after what individuals perceive to be the norm. These things happen season by season in the fashion world, and they can happen as fast and with greater permanence, with strategic message reinforcement protocols in AIDS prevention programming.

V. BEHAVIOR CHANGE AND SOCIAL MARKETING

A guide is needed for all levels of HIV/AIDS programming and strategic planning. If a known guideline was followed, the results might be more consistent on a global scale. The social behavior change theories that form the foundation for the strategic approach addressed in this document are as follows:

- Diffusion of Innovation Theory (Rogers, 1983). People are more likely to adopt new behaviors based on a favorable response to an idea presented by people who have respect or influence in society. Behaviors that place a person at risk for HIV transmission can change when enough key opinion leaders adopt and endorse a protective set of behaviors. The desired behaviors ripple through the community with a domino effect to establish the “norm.”
- Social Influence Model (Howard, 1990). This is an educational model based on the theory that young people engage in certain behaviors because of societal influences, and specifically from their peers. Peers are slightly older individuals who are looked up to by younger ones. They can be school leaders, church group leaders, gang leaders, or community sports icons.
- Social Network Theory. This theory posits that it is critical to understand one’s broader social network and particularly those who serve as reference people, and who sanction behavior. Social norms are best addressed at the level of social networks. “Bridge populations” were addressed using this theoretical framework in Thailand (Morris, 1997).
- Theory of Gender and Power. This theory helps guide the development of interventions for women in heterosexual relationships and considers how a woman’s commitment to a relationship and lack of power can influence her risk reduction choices (DiClemente, 1995).

“...let’s choose to unite the powers of markets with the authority of universal ideals. Let us choose to reconcile the creative forces of private entrepreneurship with the needs of the disadvantaged and the requirements of the future generations...” Kofi Anan

Each professional discipline naturally thinks of its respective planning process as the one best suited to achieve results in its line of business. The business of health promotion is assumed by local health posts, by municipal and state departments of health, by national ministers of health, and by global health promotion and social development institutions. If we translate the jargon of any discipline's strategic planning process to everyday language, we would most likely arrive at the same set of activities, such as those that follow, with additional wording specific to the current effort added in italics:

- Investigate to clearly understand the current situation—*listen, observe, analyze, and identify key behavioral influencers and relevant stakeholders.*
- Plan to intervene to put things more in line with one's objectives, *in consultation with stakeholders.*
- Take action to effect change—*organize and implement the strategy, and maintain a common focus in all activities.*
- Review what was done to identify best practices or lessons learned *using behavior and biological indicators in the evaluation process.*
- Apply the newly acquired knowledge and repeat the process or proclaim that what has been done is a benchmark that all others should aspire to, and try to maintain a successful level of performance.

New leaders find it difficult to change a process that was put in place by their predecessors. Corporate or institutional culture, and administrative heritage are some of the labels assigned to this phenomenon, which has been documented in a number of management texts. For change to occur in an organization, commitment has to come from the top and must be supported all the way through the organization (regardless of its status as a public, private, or social organization), whatever the process of change is called.

A new approach is needed to make a difference in HIV/AIDS prevention programming.

What process of change seems to work everywhere in the world? "...the creative forces of private entrepreneurship..." and "the powers of markets with the authority of universal ideals..." are phrases that bring to mind the processes that have convinced people around the globe to purchase Coca Cola, trendy fashions (torn jeans), Tabasco sauce, and many other products. Marketing is a strategic planning process or model that is rarely explored to its fullest potential, especially when it comes to not-for-profit ideals.

Social marketing is nothing more than using private sector commercial marketing practices on behalf of a social cause. It is optimally free of deceit and immoral practices that are often associated with overzealous salespersons and advertisers. It is, like marketing, a motivating system of presentations that stimulates the adoption of new a behavior. If social marketing is done well, it can lead to a behavior change without involving cognitive processes. Typical social marketing practices include things such as:

- Labeling, packaging, and branding a product or service for easy identification;
- Determining a price that corresponds to a low-income consumer's willingness to pay;
- Promoting, advocating, and taking ownership of the cause or the social benefit or the personal health improvement mandate; and

- Selecting the most appropriate population group and deciding where and how to expose them to the cause, or to the desired behavior.

The steps above are standard. With its motivating principles founded in the commercial marketplace, the marketing strategic planning process includes a deeper analysis to include many more factors that might either positively or negatively influence a group of people to adopt a desired behavior. When the third and fourth points above are carried out strategically and with great forethought, they will carry much greater weight and influence than the simple act of passing out condoms during spring break or Carnival. For example, a famous actor who smokes a particular cigar in a popular movie could conceivably start a national trend. The trend dies when it is no longer periodically reinforced. Some people feel that marketing practices are manipulative, given that marketers cognitively and subliminally manipulate emotions in order to stimulate consumers to adopt new behaviors. Subliminal presentations often have stronger suggestive powers than direct messages. Brazil has experienced this process on behalf of the social sector previously, in telenovelas, for example.

Many social sector organizations perform only a partial role in the marketing strategic process because they assume that donors, or Ministry of Health or national AIDS program officers have performed a detailed planning exercise. These “partial role” organizations refer to themselves as social marketing organizations when it would be more accurate if they called themselves social sales organizations, social advertising organizations, or social communications/education organizations.

It is past time to show reliable and verifiable results in the struggle against AIDS. Condom sales may be an appropriate indicator for social sales organizations, whereas knowledge and attitude indicators may suffice for social communications programs. However, a fully implemented strategic marketing intervention on a national or regional/trade bloc scale can be evaluated using biological and behavioral indicators (e.g., a decline in the incidence of HIV and other sexually transmitted infections, delayed sexual initiation, a reduction in the number of sexual partners, and strict condom usage).

Saturating the market with condoms doesn't let us know if they are being used in the situations when they are most needed. There are two ways to proceed. We have to learn why condoms aren't used each and every time a sexual risk behavior occurs, or we have to popularize condom use so that nonuse is seen as irresponsible, uncaring, and unacceptable behavior. Based on the consultant's observations, male condom use is generally associated with wanton behavior, distrust, a lack of intimacy, and a perception that the sex act is abusive rather than personal and loving.

How do popular products become so widely acceptable and consumed? When they are “in” or “cool,” and when we believe our friends and acquaintances see us obtain and use “popular” products. *Everyone is doing it...* Even the argument that sensitivity is lost with condom use will disappear when the usage behavior is accepted as desirable and normal (i.e., popular). There are bountiful examples of this in all of society. Besides, many contemporary fashions are far from comfortable.

A product becomes popular when a product has a strategic placement in a message, concept, or in telenovelas, cinematic presentations, magazine articles, paperback novels, comic books, news programs, and other venues, and when it is used by an admired actor or story character, a respected politician, a sports figure, or a media personality. This needs to happen along with a mass media advertising campaign with public relations and promotion activities. A behavior becomes popular through a coordinated and planned subliminal and cognitive presentation by influential members of communities and by society at large.

Recommendations

1. Given the scope of what needs to be done to promote behavior change in Brazil, I propose that an implementer be assigned to facilitate participation by USAID funded nongovernmental and private voluntary organizations in HIV/AIDS prevention efforts by promoting behavior change via social marketing practices. In the past, efforts have been scattered over many implementers, each with its own separate agenda, and which have diffused the energies of the USAID funded activities. The focus should be on sexual behavior change with evaluation indicators that reflect the focus. Although project documents claim that behavior change is at the core of what they are about, it has not been a part of their strategic process, and rarely has behavior change been evaluated using baseline and follow-up studies. The facilitator's responsibilities could include sponsoring workshops to help standardize the strategic planning process. Everyone believes that planning protocols are in place, yet the epidemic continues, and the institutional culture of most government bureaucracies and nongovernmental and private voluntary organizations continues with well-meaning but ineffective or incomplete strategies.
2. Using commercial marketing tactics, I propose that this behavior change marketing facilitator bring all stakeholders together to guide them through the process of strategic involvement. Stakeholders must believe they had a part in strategy development before they can believe or own the effort, which is necessary to elicit their full support. This process can help identify which nongovernmental organizations are able to address which components of the behavior change marketing strategy, if this is not already known. Performance contracts could follow once there is consensus on the important aspects of the initiative. Behavioral baseline studies should commence as soon as possible, and efforts should be monitored closely and collaboratively with the stakeholders.
3. Enhance the information gathered in monitoring and evaluation protocols by adopting behavioral and biological indicators such as:
 - Exposure to a sexually transmitted infection in the past six months;
 - Condom use in most recent anal sexual encounter;
 - Condom use in most recent vaginal sexual encounter;
 - Nonuse of condoms in the most recent four sexual encounters;
 - Proximity to an affordable condom vendor;
 - Number of casual partners in the past three or six months;
 - Frequency of exposure to icon/key influencer support for safe sexual practices; or
 - Condom use during a high with drugs or alcohol.

4. Because these indicators are intended to evaluate the effectiveness of behavior change marketing efforts, social marketing organizations could continue to use sales and distribution statistics as indicators of their effectiveness. DKT do Brasil claims that it cannot survey people in the same locations where its condoms are sold because its distributors won't say where the condoms are sold. Distributors offer this response because they fear competition from the importer.
5. Promote quality as the main feature of condom social marketing and use a key influencer to modify the social norm to favor condom use.

Future Directions

Messages can be conveyed through marketing activities that will delay the onset of sexual initiation, and promote condom use, fidelity, personal responsibility, and respect for others. The marketing process includes initial and ongoing sensitivity training for writers, editors, producers, directors, and executives in television, radio, newspapers, and magazines. Cultural icons and public figures of all sorts should be encouraged to join the network of key influencers who support the behavior change message. Those who work in the telenovela industry could be encouraged to produce programs that feature the desired behaviors being exhibited by a favored star. A new concept for a telenovela or a reality show could be produced in collaboration with committed and concerned persons in the media industry, such as those who work on the American and European cable television programs "Sex in the City" or "Queer as Folk," and which feature sexual issues as their primary focus. The main thrust is to keep the message alive through the key influencers in society and to present the message through well recognized behavior change models or theories.

This approach to behavior change and social marketing addresses the needs of many audiences. Conservative and liberal agendas can both be addressed without infringing on the other point of view. Differences of opinion are often matters of nuance rather than disagreement with an entire issue. Once there is agreement on the broad strokes, the details can be worked out. Key influencers must be identified through research rather than by anecdote or political pressure. Also, rarely can social norms be changed in a few years via small groups. It may be important for other reasons to keep small groups funded, but large-scale impact must have a large-scale input. In all project activities it is best to remember that education does not necessarily mean influence, knowledge does not often translate into behavior change, and low prices and easy access do not necessarily make one a committed condom user.

The behavior change marketing approach will probably take off once USAID has people to coordinate the activities. The first step entails significant research to identify relevant motivators for vulnerable populations at increased risk, and national key influencers. Consumer psychologists, advertisers, and social sector behaviorists should collaborate early on to work out the details of the ensuing campaign and to prepare culturally relevant background materials. USAID and CN could sponsor a workshop for writers, journalists, and identified key influencers to elicit support for the principles of the behavior change marketing model.

Each nongovernmental organization would receive guidance to develop its own implementation plan for nurturing the key influencers for their primary audience. National key influencers would be identified by CN and the USAID coordinator. The establishment of a new social norm will be the objective of each nongovernmental organization and the national-level effort. One organization might have fidelity as its desired social norm, whereas another might have strict condom use as its desired norm. The national effort would focus on a mass media advertising campaign with reinforced messages presented with subtlety via telenovelas and the cinema, whereas other presentations might focus on product quality and accessibility. Other workshops could be designed to facilitate nongovernmental organization relationships with global donors for the purpose of promoting long-term, sustainable programs.

The São Paulo market is an important venue for AIDS prevention through condom social marketing, and Jontex virtually controls the market. Eventually, Johnson & Johnson's disinterest in selling a product that is accessible to the working poor for the purpose of preventing AIDS will influence investors and board members at its international headquarters. International goodwill will require that they take action and either participate in the social marketing effort by CN by placing a low-cost product on the shelves or they will be forced to allow their product to compete head to head with the Prosex (BEMFAM) and Prudence (DKT) brands, and perhaps others. It could prove interesting if either Prosex or Prudence manufacturers initiated a partnership with Johnson & Johnson to preserve the Jontex brand while still meeting the social requirements of the government.

Thus far, we haven't come close to fully analyzing the situation and determining many of the possible angles of attacking the problem. If the strategy in this document is followed, it will lead to more complete planning and greater success in local AIDS prevention programming, especially those related to social marketing and behavior change. Too often a budget is established to pursue an objective before determining what needs to be done to accomplish the objective. This is true for public, private, and social sector endeavors. The private sector can retreat from a market when failure is imminent and seek easier (i.e., more profitable) targets. The social sector can focus on niches and never curtail the advance of the problem of HIV/AIDS on society. The public sector is ultimately responsible and it cannot retreat. While politics play a role in everything that is done, dogma and rhetoric present challenges that have to be taken into account. Many ways exist of addressing important issues and all of them deserve consideration.

Possible New Intermediate Result

A new third intermediate result could be to seek an expanded social marketing effort through behavior change and social marketing communications with these measurements:

- 3.1 Better exposure to key influencers with HIV/AIDS prevention messages;
- 3.2 Lower prevalence of sexually transmitted infections in focus areas;
- 3.3 Better condom use in anal and vaginal sexual encounters;
- 3.4 A better proximity to affordable condom retailers; and
- 3.5 A better perception that condoms sold through social marketing efforts are high quality and suitable for all sexual activity.

Implementation Options

1. Continue the current condom social marketing activities with BEMFAM and DKT with more funding to expand operations and strengthen their chances for financial sustainability. Work with CN to promote condom use via mass media in São Paulo with special consideration given to social marketing brands. This may break open the São Paulo market and improve the sustainability efforts by both condom social marketing organizations. Encourage an expansion of their distribution networks in nontraditional outlets via the Aliança Luz model in Ceará, to areas in the south that have higher infection rates. Use Centro Corcini and its hotline to expand the knowledge of sexual behaviors nationwide. Introduce a condom that will be especially effective in anal sex practices. Overall, strengthen the perception that the social marketing brands are high quality.
2. Collaborate with CN. Facilitate in whatever way possible its efforts to create a nationwide reduction in the cost of condoms and to promote their greater availability. Assist by funding mass media advertising and encourage the policy changes that are necessary to reduce import taxes on manufacturers of condoms and their raw materials. Continue activities with those organizations that can demonstrate behavioral impact. This is the least costly option.
3. Develop the behavior change and social marketing strategy that is the thrust of this document. This will benefit all nongovernmental organizations involved with AIDS prevention and will encourage the reduction of risk through multiple behavior change options. Collaborate with CN to enhance programming through current, effective AIDS prevention partners. Work with private sector and social scientists to develop an effective behavior change strategy, take advantage of key influencers throughout society, and establish a set of social norms that will reduce the population's risk of exposure to HIV/AIDS. Put in place a facilitator who can focus on behavior change, and who can network with and develop the support of key influencers through workshops and seminars, and who can enhance everyone's participation in the effort to institute a new societal norm. This option is somewhat more costly than option one, but potentially the most effective option available.

Strategy Design—A Private Sector Approach

If you were a global commercial enterprise trying to enter a new market, you might elect to plan your strategy using the following guideline. It is presented here with a social slant and founded on the behavior theory mentioned previously.

1. Observe and document those things that currently exist within the following “environments”:
 - Demographics and economics of the populace. Understand every aspect of the population and include rates of infection; who is currently infected; and migration of infections between age groups, economic groups, lifestyle groups, and especially bridge populations and religious groups.
 - Political attitudes, knowledge, practices, and legal obstacles (media restrictions, essential commodities, medicines, taxation, etc). Can any of these be positively influenced? How? Do

tax structures interfere with carrying out the intervention? Is the political leadership sympathetic to the health crisis? Are any key influencers in this group willing to stand up and speak out for condom use as was done in Uganda? What would it take to make all systems complementary (Ministry of Health, Ministry of Finance/Economy/Fazenda, Ministry of Foreign Trade/Affairs)?

- Physical, geographical, and technological constraints that could affect delivery of the product or message. Will the diversity of the country affect the approach or behavior change message or is it difficult to travel from one area to another? What is the current flow of goods and services? Are other situations made difficult due to these environmental issues?
- Culture, religion, ethnic traditions, and languages. Is the area of one major belief system or many? How do they interact? Are they all active? Which one? What is their desire for society? Have they come together for any issue? If so, what, why, when, and how? What positive role can they play? What behavior patterns facilitate transmission?

2. Identify those in the society who can positively or negatively influence the outcome of your efforts.

- Who are the key individuals or the things in society that influence the behaviors and attitudes of your targeted populations? Who are these key influencers and what motivates them to act? Are they aware of their influential role? Have they refused to participate or have they been asked? Do they, or will they collaborate with others?
- Who are the middlemen at all levels of operations, including product and message distributors? Who are the state and municipal leaders, educators, parents, ministers, traditional leaders, and anyone else you must go through to connect with targeted segments of the population? How are they influenced? Individually and collectively? Do they or have they ever collaborated successfully?
- Who are the suppliers of commodities, and what are the supplies you need to fulfill your mission? What are their motives, objectives, and concerns? How do they operate? Who are their leaders? How are they influenced?
- Is there competition for product, service, time, energy, interest, and attention of targets? What currently exists within the society or marketplace that distracts one from listening to messages, learning new things, and adapting desired behaviors?

3. Focus or target your efforts. Identify what you want to accomplish (i.e., behavior change) and then identify what subsets of the population will maximize your efforts (based on risk factors; see below) and leverage the inputs. You want to influence everyone to reduce their risk and to be responsible in their actions toward others while concentrating efforts (i.e., focusing) on the highest risk behavior patterns. Reducing one's risk can include many approaches from abstinence, to monogamy, to strict condom usage. Not all risks are equal. The following information was taken from the World Bank document, *Confronting AIDS*.

- ... the average chance that an infected male will sexually transmit HIV to an uninfected female partner by unprotected vaginal sex is estimated at between 1 and 2 per 1,000 exposures (in industrialized countries). The risk of transmission from an infected female to an uninfected male partner through unprotected vaginal sex is one-third to one-half as great (Haverkos and Battjes 1992). Anal sex carries the highest risk, especially for the receptive partner—between 5 and 30 per 1,000 exposures for the receptive partner.
- Risk may be highest soon after infection. Studies of homosexual men suggest that an individual faces a 10 to 30 percent chance of becoming infected during a single act of unprotected receptive anal intercourse if his partner is at the early, acute stage of the infection (Jacquez and others 1994).

4. Determine the correct products or services to accomplish your objective, specifically with the subsets of the population (segmented by behaviors rather than demographics) that you have identified and are focusing on. For example, fund the development of a condom brand that is appropriate for use in anal sex practices; sponsor workshops for teaching and sensitizing TV writers and other journalists; and network with producers, directors, and other power brokers in the media industry.

5. Determine what the working poor are willing to pay for condoms to maximize affordability and cost recovery. Perform a willingness-to-pay survey, as was reported by Foreit and Foreit (Population Council/Frontiers and The Futures Group/DC).

6. Identify where to situate your product and service so that you obtain the coverage necessary to remain relevant to the targeted cultural patterns and behaviors, and build a sustainable distribution network.

7. Promote and advertise. Keep the message in front of your target and use key influencers when and where possible. Maintain an active profile—keep positive and let the negative consequences of failing to adopt the desired behaviors be known as a matter of fact. Arrange to have support materials available when and where they are needed in the language or format needed to maximize understanding and correct behavior patterns. Assure the public that the desired behaviors are the new social norm by creatively placing your product or desired behavior in public view through key influencers via telenovelas, cinema, print material, and other forms of media.

8. Plan for sustainability. Prepare a budget for all marketing activities and compare it with available budget resources allowed either by the national political process or the global donor community. Once the difference is established, use the same strategic process to resolve the problem of underfunding, if it exists. Submitting proposals to charitable foundations and international donor organizations can be a first option for obtaining necessary funding to implement your program. Downsizing your efforts will contaminate the entire strategic approach and should be avoided. Alternative approaches to accomplishing your objectives should be considered before you eliminate them. In *The Mind of the Strategist*, Kenichi Ohmae tells us that we need to pay more attention to the customer than to profitability, and that once customers are satisfied, profits will follow (thus, the classic definition of sustainability).

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Social Marketing Institute.
www.StevenMobley.com
Consultant's web site.

ANNEX 2 PERSONS CONTACTED AND INTERVIEWED

BEMFAM

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Others

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Maria Eugênia Fernandez, Family Health Association
Marco Martinez, Commercial Director, Blowtex condom manufacturer, martinez@blowtex.com.br
Cristina Pimenta, Former Rio de Janeiro representative for FHI/AIDSCAP
Sandra Aparecida Sozio, AC Nielsen Company Account Manager, Sandra.sozio@acnielsen.com

ANNEX 3
RELATIVE RISK TABLE

<i>Mode of transmission</i>	<i>Infections per 100 exposures</i>
Male-to-female, unprotected vaginal sex	0.1–0.2
Female-to-male, unprotected vaginal sex ^b	0.033–0.1
Male-to-male, unprotected anal sex	0.5–3.0
Needle stick	0.3
Mother-to-child transmission	13–48
Exposure to contaminated blood products	90–100

a. In the absence of cofactors, such as other STDs and variations in infectiousness over the incubation period.

b. Calculated as 1/3 to 1/2 times the rate for male to female.

Sources: Dabis and others 1993; DeGruttola and others 1989; Dunn and others 1992; European Study Group 1992; Haverkos and Battjes 1992; Mastro and de Vincenzi 1996; Padian, Shiboski, and Jewell 1991; Tokars and others 1993.

From the World Bank document, *Confronting AIDS*.

**ANNEX 4
FLOWCHART**

