Neha: I would like to welcome Craig Lefebvre. Craig is the Chief Technical Officer for PSI. Craig, thank you for taking part in this discussion.

Craig: Thank you it is my pleasure to be here.

Neha Question #1: My first question to you is what important lessons you have learned during your time in the field of social marketing?

Craig: I think that the most important lesson has been how to listen and learn from the audience rather than assume that I can learn everything from my previous experience, what I have learned in school, workshops and classes, and what I learn from data. For me, having the audience involved throughout the social marketing process is one of the keys to really being successful, and achieving the kind of insight we need to have to make our programs effective.

Neha Question #2: What do you consider to be the most difficult challenges for social marketing programs in the developing world today?

Craig: I think about four things. First of all about scale, how do we create behavior change programs that actually reach the numbers of people that we have to in order to be effective at reducing the burden of various diseases. I think about building distribution systems for products and services that extend far beyond what in many countries is possible right now, and in other countries really isn’t as well developed as we all might like it to be. Making opportunities for people to engage in healthy behaviors in their every day lives is something that we constantly need to be reminding ourselves of. That it is not so much that we as public health professionals focus on what our messages should be to audiences but really focus on their lives and what is relevant to them.

The second thing is the issue of sustainability, and moving that discussion beyond the bricks and mortar of having an organization in place at the end of a donor funding cycle, and having some type of local governance and staff in place. But to think about sustainability in terms of how do new ideas, new practices and new social norms not just get developed, but actually are maintained over the long run as well. Because if we don’t achieve sustainable behavior change with sustainable decreases in health status then all the bricks and mortar and all the good governance really goes for naught.

The third thing is the equity issue, reaching and serving the poorest of the poor. In the past couple of years we have been challenged quiet a bit with people who have looked at the issue of charging for instance, for malaria nets, and wondering if whether or not that is an appropriate strategy to be using to reach the poorest of the poor. I think that in that case we all agree that we need to use other types of pricing mechanisms and indeed redistribution in order to assure that everyone has access to nets. But going back to the issue of sustainability we need to be open to the question of how do we use pricing strategy, and other types of markets and approaches to build the sustainable changes into our health programs.
The fourth thing is looking at what are some of the new business models. That really relates to in a way this issue of do you distribute nets for free or do you charge for them? Do you subsidize the prices for them and for what audiences and under what circumstances, and for what products and services does this make sense? I am very interested in looking at how we can, in social marketing adopt, more of the practices that are being talked about in the base of the pyramid approaches. I am also very interested in how we can hook up with social entrepreneurship movements in many countries to help those social entrepreneurs to become more market driven, and more effective in what they are practicing. I think social franchising is an approach to doing services marketing for health. It is important area for us to do more research in, as well as more expansion of existing programs. Certainly with Bill Gates’ recent talk about creative capitalism at Davos, I think this notion of how new corporate philanthropy, and corporate social responsibility programs can be melded with our social marketing approaches, especially as we move into total market approaches, needs to be further explored. Our relationship with donors could be entering a new phase if we think about how to bring our donors along to understand that social marketing can actually be a positive force in people’s lives, and not simply one that, it seems many of them believe, is basically out to make a profit from the poor. Making markets work for the poor is an area that we need to focus on in the next few years as well.

Neha Question #3: Craig, in your opinion, what is the new wave of social marketing? What should practitioners and donors be prepared for in the years to come?

Craig: First is what I call “embracing the new rhythm.” I think understanding that social marketing is more than just promoting and distributing subsidized products and services, that at its core it is about behavior change and giving people opportunities and choices to choose behaviors that improve their lives. We need to focus on designed behaviors, products and services that are relevant to peoples’ lives. Rebalance the incentives and costs to try and sustain these new behaviors, these new products, and utilize these new services. Create more opportunities and greater access, to give them a choice, and finally to communicate the benefits of these choices, when they are most likely to hear it, remember it, and act on it.

The second thing is this notion of the total market approach which has been kicking around for a number of years now, and I think that it is about ready to go prime time. When you have someone like Bill Gates calling for a kinder capitalism, my question is can we began to understand the power of markets to offer the dignity of choice to not just a few, but also among the poorest and most vulnerable people in the world. I do not believe that social marketing should be exploitative, or has to be exploitative if we all participate: the government sector, civil society, social marketing organizations and the enlightened companies of the world, to share our success in our own work and also to work towards collective accomplishments to improve social welfare.

The third wave, and one I get very excited about is just the technological innovation and the rapid diffusion of mobile technology and mobile phones. We see mobile technologies already at work in many ways in democracy building around the world. Also smart mobs have certainly popularized many of those stories, and we are also seeing it taking hold in development. We see mobile banking, for example, allowing farmers access to markets, via mobile technologies, the use in clinical trials, and improving the supply chain for, ARTs. These are just some of the innovations that I am aware of right now, and I am sure that there are literally dozens of other innovations happening. My questions with mobile technology revolve around how do we use mobile phones to encourage and sustain behavior change, how can we use it to increase
compliance to various medical regiments that we are involved with. For instance as we scale up male circumcision programs, adherence to those follow-up protocols, and encouraging sustained behavior change continues to be important, how do we increase people’s ability to follow-up on referrals from counseling and testing clinics around the world. I am aware of another project I was looking at, how do we use video mobile phones to actually scale up dot treatment for tuberculosis, how do we use social networks to support change, via mobile technologies, and how we can improve people’s access to health information and health services by text messaging and other mobile technologies. These are just some of the questions that I hope that many of us in social marketing will be looking at in our work over the next few years.

**Neha:** Craig, on behalf of the PSP-One project I’d like to thank you for sharing your experiences and perspectives here with us today.

**Craig:** Thank you again for having me.