

A Chat With a Founding Father: An Interview With Phil Harvey

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Interviewers: Sameer Deshpande (SD) and Lynne Doner Lotenberg (LDL).

SD: After a long and illustrious career, we wanted to mark the occasion of your retirement from social marketing by hearing your views on what you've accomplished and on social marketing in general.

PH: I'm delighted and ready to discuss one of my favorite topics.

Becoming a Social Marketer

SD: What was the first social marketing project you worked on? Did you think of it as social marketing or something else?

PH: First, we need to clarify one very basic point that is relevant to any question going forward. And that is the fundamental difference between the two kinds of social marketing. My life and career has been devoted almost entirely to the social marketing of contraceptives and occasionally other products, which has become a major way of doing business and providing products and services in developing countries. It is the provision and sale of socially useful products rather than ideas. Social marketing in the industrialized world is a completely different animal. The social marketing in the United States, and very notably in Australia and in Canada, consists of mass media dissemination of messages which aim to change behavior—most conspicuously smoking behavior, but in Australia a long list of things, from staying out in the sun too long, to driving when you're sleepy—that will make life better and safer for people if they heed that message. Social marketing in industrialized countries tends to be run almost exclusively by governments and paid for by governments.

The approaches are quite different. The parties involved are very different. The skills required, the interests, everything about those two approaches is quite different. I tried to bridge the gap between the two for a couple of years but did not succeed.

I was not directly involved with the earlier development and execution of the Nirodh project in India, though I was very familiar with it and was in India at the time. So I picked

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up the social marketing terminology way back in the late 1960s when Nirodh was getting underway.

Having said that, the first project that I worked on that was genuine social marketing was the very early project in Kenya. It was a social marketing project and indeed, we thought of it as that because the terminology had been well established in India by then.

SD: And you were promoting contraceptives in Kenya?

PH: Yes, the Kenya program was promoting the Kinga Condom, the only social marketing project to my knowledge that was carefully measured with a control area. In this project, we employed a control area that spoke a completely different language so there would be no media overlap. We found a considerable increase in the use of condoms in the test area, which was a very promising start for the social marketing movement.

LDL: Can you talk about who or what attracted you to social marketing?

PH: The first thing was the focus on birth control, which came to me dramatically and thoroughly in India, where I spent 5 years feeding kids. The population of India, particularly the young population, was growing very rapidly. It was clear to me that sending food from Iowa to feed kids in India was a stupid policy, and indeed, it was, particularly because it undermined the prices that Indian farmers could get for the food they produced. Family planning was clearly a more effective way for an outside organization or government to be useful in developing countries.

From there, assisted by the work of Peter King in partnership with the Indian Institute of Management in Calcutta, there was a great deal of very exciting intellectual work going on in India in the late 1960s—which led to the Nirodh program—but it was also the idea of using commercial techniques and commercial infrastructure to promote contraceptives, which could be done well beyond what you could do with the medical networks, hospitals, clinics, and doctors. So I came back to the U.S. convinced and zealous about the use of nonmedical techniques for promoting birth control. And the first thing that Tim Black and I did at the University of North Carolina was to run a series of condom ads in the U.S. as part of our graduate work at the University of North Carolina to demonstrate that commercial techniques could be useful for providing condoms, particularly to young people in the U.S. That turned into a business that has been quite successful.

But here was a logical way, suggested by Peter King and his colleagues in India, which Tim and I immediately glommed on to, that could make contraceptives widely available throughout developing countries and we were wildly enthusiastic about it from the start. It was not a slow evolutionary process. We were sold on it before we started.

The Evolution of Social Marketing

SD: We grapple with the idea of different types of social marketing in the journal. Would you even consider the industrialized version you described earlier as social marketing—the use of mass media to promote messages and influence behavior?

PH: Well, I don't think you can take the term away. Alan Andreasen and others have labeled it as such and both of these approaches, as different as they are, fit the definition. They use private sector resources to change behavior in socially desirable ways. I'm perfectly happy to let the term be used to cover both kinds of activities, but we need to be very careful to distinguish between them.

SD: Do you think social marketing has evolved since you first started your work at UNC?

PH: Not a great deal. The basic approach was invented in the late 1960s and one of the interesting aspects of this is that the basic model of product social marketing is relatively simple and

straightforward and works extremely well. But because those of us who have promoted these programs for 40 years can't really say there is anything revolutionary or new about it, we've had donors come and go because donors always want a new approach. They don't want to do the same thing they were doing 5 or 10 years ago. This approach is consistent. The design of a social marketing project in Ghana, today, which we're in the process of doing, is not that much different from Kenya in 1972, in terms of its basic structure.

There are changes in the product mix that are very important. That has been a change over time. Originally, the program design was for over-the-counter (OTC) products—condoms and pills—and social marketers did have to change approaches and tactics as longer term clinical methods were added to the product line. And remarkably easily, in my opinion, social marketers began to market intrauterine devices (IUDs) to medical networks, doctors, and midwives, and subsequently implants, and most recently, medical abortion—which of course is quite adaptable to the social marketing approach—where Misoprostol and Mifepristone are available and that's become a major addition to the armamentarium of contraceptive social marketers. So there has been a change from the broadening of the product line from condoms and pills to all types of birth control and abortifacients and that has been an important change. But the central design of the program hasn't changed very much.

SD: Despite 40–50 years of constant work by social marketing professionals, why have other fields, like behavioral economics with books like *Nudge* by Richard Thaler and Cass Sunstein or Dan Ariely's *Predictably Irrational*, become popular to the point where you see presidents or prime ministers taking on advisers from these fields, although their principles are not very different from social marketing? Why don't you see that prominence of social marketing in public policy while you see a strong uptake of something like behavioral economics?

PH: That's a fair question. The kinds of behavior change suggested by *Nudge* and that sort of work is somewhat sophisticated and it's only relatively recently that we have learned that when you give people the option of opting out instead of opting in, more people will simply go with the flow. Inertia is a strong element in human behavior.

I ran a social marketing experiment in the U.S. some years ago demonstrating the effects of direct-mail techniques to high school males. Doug Kirby very kindly got the budget to analyze the results of this campaign, which I thought were very positive and promising. I thought if we could show the use of direct-mail techniques to get high school guys to use condoms at first intercourse and subsequently, that all of the U.S. institutions that had a lot more money than we did would jump all over it, take it from there, and do it. But we published the results and everybody yawned. Nobody seems to think that it's a particularly relevant technique in the United States and I don't know why.

LDL: One of the things we wrestle with in the United States is people calling things social marketing that are clearly not social marketing. To elaborate, many communication campaigns target everyone and attempt to raise awareness. Or they just employ social media. So even if you use a more behavioral-focused definition of social marketing, there is no marketing there. It's education or propaganda. There's no effort to change anyone's behavior.

PH: I haven't encountered much of it, but probably because I don't pay much attention to activities that don't look like social marketing to me. Referring to social media, it gets semantically confusing, because marketing with social media is called social marketing, and you can see why. But of course, it's totally irrelevant to what we're talking about here. The social media part you need to put down as semantic confusion in the marketplace. As to your example, Lynne, that's just wrong. If there's no effort to change behavior, it ain't social marketing and I completely agree with you. I haven't run into it much, and I'd probably just shrug if I did.

Product Social Marketing

SD: How is product social marketing different from other behavior change techniques?

PH: It involves the sale of a product. The standard program design doesn't explicitly change their behavior, which is one reason I think it succeeds as well as it does. It just says, "here is a product. It is convenient. It is attractively packaged. It can change your life. And it costs only two cents." This has resulted in an enormous amount of behavior change. The behavior change is simply buying and using a product, which is much simpler than convincing someone to do something with an argument. When you say how it compares to other efforts to change behavior, I think that's the essence of it. Very important behavior changes are in school, for example, and getting people into school and getting parents to keep their kids in school. Those approaches are completely different and require a completely different set of skills and investments and they are much more difficult.

An interesting counterpoint are vaccination programs, where the effort to persuade people to do something different only extends to getting them to bring their kids to a place to get vaccinated. And once the vaccination has been given, nobody has to change any behavior at all. The only behavior required was the first step. So that's something that has been enormously useful and lifesaving in terms of social programs around the world. But it's completely different in that only the first step requires anyone to do anything different from what they did before.

LDL: Do you think that the product social marketing that you've done throughout your career has potential new applications in the developing world? Are there other places you see product social marketing going or being of value?

PH: The social marketing of contraceptives is applicable and relevant everywhere. Indeed, it could be perfectly successful in the U.S. or other industrialized countries were it not for the relatively high cost of media, which is one of the reasons it hasn't caught on in the industrialized world. That said, we product social marketers have failed to find any kinds of products other than contraceptives that seem to adapt well to this approach.

There has been some minor success with the social marketing of oral rehydration salts (ORS), which is a natural for this approach. But frankly, it's never caught on in a big way. And there have been attempts at the social marketing of micronutrients, sanitary pads, and in one case, viper boots. None of them amounted to much. For some reason, packaged and usually subsidized contraceptives have been appropriate for this approach, but we haven't found any other products that can take advantage of this approach with scalable volume.

Relevant to that is the possibility of adding a product to the other kind of social marketing. I've long felt that antismoking campaigns could be more effective if they were linked to Chantix or nicotine gum or an antismoking product, but no one has ever shown the slightest interest in that either.

So the social marketing of contraceptives is relevant and applicable everywhere, working extremely well now in at least half the developing world and probably more, but we haven't yet come up with any other line of products that have succeeded to the same degree.

SD: What is the challenge for expanding product lines? Is it the application? The principle itself? Enthusiasm of the stakeholders?

PH: I don't know. We may have some more work to do here. Every time the subject of ORS comes up, it just seems very odd to me that it hasn't caught on. But maybe we haven't worked it hard enough. It's a product that's ideally suited to social marketing. It's an OTC product, or it should be—there are still some countries that control it. It's sugar and salt, for God's sake. It's sold in many of the same places as oral contraceptives, which are part of the product line in virtually

every program. Salesmen could call on the same places and advertise the product. It also tends to be a very good revenue generator. Now, I may have insufficiently credited Bangladesh in this respect, because I believe the Bangladesh ORS program run by the Social Marketing Company is pretty successful, and one of the reasons they consider it to be successful is that it's a pretty good revenue generator for them. This is one case where we may have to keep trying at it and working harder, but so far it hasn't had nearly the impact of contraceptive programs.

LDL: I keep thinking about the controversy from a few years ago about malaria nets and giving them away. I'm wondering if you have ever encountered that—pressure to just give away contraceptives—and how you would respond to that? Why do you think social marketing is a better approach?

PH: When it comes to giveaways, condoms are usually the items at hand because there are no prescription requirements and they can't do any harm. But for all the giveaway programs that have been going on for all the years they've still been insignificant relative to the sales volume of contraceptives. Here are a few problems with giveaways:

- You have no control over the system when there is no money changing hands. You can't create any discipline in the system so you can't really know what happens to the stuff you sell.
- If people don't pay something for it, you have no idea whether they use it or not.
- If it's free, everyone knows it's cheap, shoddy, and probably from the government.
- You can't harness the private sector. The magic of contraceptive social marketing is that you can activate 200,000 retailers selling your product. That's a huge distribution chain. In almost every country where a successful social marketing product is operating, there are tens of thousands and often many tens of thousands of retailers carrying the product, putting it on the shelves, making it convenient. When you're giving it away, you lose all that. I just don't think there's any comparison.

SD: Are governments in the developing world happy with product social marketing?

PH: Governments don't care too much about contraceptive social marketing. Even the Indian government—which is the only government I know that is continuing to operate a contraceptive social marketing program—I don't think they care about it all that much. It isn't a major priority, and it probably shouldn't be, because there are six or eight private players doing the job in India and they are much better at it and much more comfortable with it. I don't think I've ever seen a government, with the possible exception of Jamaica, that's actually enthusiastic about it. Other governments just say “you go do that.” The priority for governments are health centers.

Professional History

SD: You created two major organizations . . .

PH: Tim Black and I created PSI originally. About 20 years ago, we turned it over to Dick Frank and I subsequently created DKT and Tim subsequently created Marie Stopes International (MSI), so it's slightly confusing. But PSI did something that I would have if I had still been running it. They've worked hard to socially market other stuff. Indeed, if PSI hadn't been working quite so hard on insecticide-treated bed nets, clean water products, and a number of other products that I think are generally useful to people and their health, I would say we [as a field] haven't really tried. But they've done a lot to try to bring this approach to other product lines and unfortunately it just hasn't worked very well.

SD: How would you rate the success or failure of these organizations?

PH: Very high, in terms of success. The way people measure success includes money, of course, and PSI has been a huge success in terms of fund-raising. I don't know how many hundreds of millions of dollars they take in now, but it's several. And DKT is also financially successful.

But measuring the thing that counts, impact, which we measure in couple-years of protection (CYPs), all three organizations, DKT, PSI, and MSI are generating well in excess of 20 million CYPs every year, which means that the three of them together are providing protection to somewhere between 60 and 70 million couples, which has a major impact on worldwide contraceptive prevalence rate and fertility.

LDL: Given that, what is your most prominent achievement?

PH: The most important contribution that I have made is to demonstrate that the approach formulated by the India Institute of Management in the 1960s is applicable to private players. We started in Kenya and went on to Sri Lanka and Bangladesh and there was a good deal of truth to the feeling that we had in Bangladesh, and U.S. Agency for International Development (USAID) had in Bangladesh, which was if you could make it work there, you could make it work anywhere. And we did. And it does.

SD: Would you consider Bangladesh to be your most successful story?

PH: Yes. That's our most notable, dramatic success in this whole history. The approach was questioned and challenged over and over again by donors. It was very controversial in USAID, for example, and they were almost surprised when it worked out as well as it did. So that's probably the most dramatic success in the history of contraceptive social marketing.

SD: What is your most prominent failure?

PH: Our most prominent failure is the failure to find more useful product lines that can be sold and promoted this way. It would be awfully nice if there were half as many infants benefiting from ORS as there are families benefiting from contraceptives.

LDL: What have been your major joys working in social marketing?

PH: There are two or three attributes to these programs that make them fun to run. One is their measurability. It's satisfying, pleasurable, and enjoyable to get a program started and see the results and know that the results are being examined, supported, and enthusiastically received by other people both within your organization and without. You can work on these programs and go home at night—after you get done berating yourself over all the problems they inevitably have—satisfied that you've accomplished something useful and it's been measured and you can see, feel, and get your hands around those results.

Another aspect is that advertising is fun. Advertising campaigns, you get to witness pitches made by the ad agencies. It's creative. A good ad campaign is attention-getting, sometimes even a little humorous—though in my experience humor doesn't work terribly well. The process is enjoyable and creative. It has elements of things that people like.

At the same time, while you're operating what is essentially a business selling a product, you have the satisfaction of knowing that you're being useful. All of those things contribute to the joy of the process.

LDL: Outside of the field, you've been something of a controversial figure. Can you talk about how that's interacted with social marketing?

PH: Most issues are related to Adam & Eve, which is a wonderful little company and I'm very proud of it. The question that I am sometimes asked is "has your association with a sex product company ever interfered with your work in PSI or DKT?" And to that I'm happy to

say very little. Most of the international family planning community, including the international donor community, tends to be pretty liberal about sex, and generally speaking either don't care or they are admiring. People from USAID, for example, tell me that I have really demonstrated something important with that company. Occasionally, we've had some bad publicity. Once in the Philippines and once in Sudan when someone got something in the paper that said, "pornographer is bringing bad things to our country." But it's been quite rare and, to the best of my knowledge, has not cost us any important donor support.

SD: Did it [ownership of Adam & Eve] help you?

PH: Financially, it has immensely helped DKT. As a result of my share of Adam & Eve's earnings, we've been able to be very flexible and to start new projects. The classic way in the past for a nongovernmental organization would be to go to a donor and design a program or respond to a request for proposal and if successful, end up running a program that might not look like the kind that you would want to run. Because of my contributions from Adam & Eve's earnings, we've been able to start programs in these countries and get them going and then take them to donors saying "Hey, we've got this thing going and it's going pretty well. Can you help us out?" Which is a very different way of doing business, and vastly superior in my view. Because by then, you're running a program that's been designed in a way that you know you can make work.

So there's been some interaction, occasionally negative, sometimes positive, but financially very positive. Otherwise, not a lot of overlap.

Social Marketing, Today and Tomorrow

SD: Why are we still focused on funding agencies? Why hasn't the social marketing field gone on to self-sustaining models?

PH: We have. This is another contribution of DKT, which is unique in this case. Three of DKT's programs are now profitable. They send money back to DKT's Washington, DC, office every year to help subsidize other programs. That's a very lovely thing to see. To put this another way, during our last audit in 2012, 80% of program costs are now paid out of revenue from sales. That gives you a different kind of organization. You still need donor support in Sub-Saharan Africa and other places, but the donor support becomes supplementary support. Your core programs can run on their own momentum with a little help from headquarters. But one of the marvelous attributes of the social marketing structure is that genuine financial self-sufficiency is possible and we have demonstrated that clearly.

SD: Considering various kinds of appeals that one could use to promote a social product (e.g., fear, vanity, rationality, or informational) for contraceptive social marketing, which appeals do you think are the most effective?

PH: Basic self-interest, which is required for the successful advertising of anything. More often than you would think, it's simply a product attribute. When you have two or three parties saying this is the best oral contraceptive you can buy, we're past the time, in most markets, where we need to tell people—and thank goodness we're past this point, because this represents a major achievement—that it's possible to space pregnancies or limit births. People now know that, which is wonderful. My point is that successful advertising frequently focuses primarily on the attributes of the product. I noted in several places that one of the early Durex ads, for example, simply said that Durex is electronically tested, made from the best possible inspected latex in our modern factories; they can count on it and have secure feelings about it because it's made as well as such products can be made. If you have two or three different

advertisers all saying that same thing, you get a pretty well-educated marketplace without intending to educate anybody. I have found that, with condoms particularly, everyone knows how they work. We still put diagrams about how to put it on your penis inside packages, but I think everybody knows.

We may be too obsessed with fear versus humor. One thing that certainly doesn't work is that "if you buy this product, it will make the rest of the world better off." That one is slightly beginning to work for organic foods in the U.S., but I think people most often buy organic foods because they think they taste better, even though they apparently don't. Once you get away from appealing to people's self-interest you are wasting your money. Fear does not seem to have worked well with HIV/AIDS, and I suspect that fear is not a good approach generally.

Information is valuable for products that are difficult to understand or that people want to know more about; some of the early Rolls Royce ads, for example, which David Ogilvy writes about in his brilliant book, *Confessions of an Advertising Man*, which I still think is the best book on advertising that exists. In the book, he said if people are interested and thinking of buying a Rolls Royce, they'll read a whole page of fine print. And I think that's true for certain kinds of products. And certainly for pills, IUDs, and implants, women want information and it should be provided. I would put product attribute and information at the top of the list and downplay some of these other fancier sounding themes.

LDL: We've talked throughout the conversation about areas where social marketing has not been used successfully. Looking ahead at the social problems of the next 5, 10, 25 years, where do you think social marketing could play the largest role in addressing those issues?

PH: That's a tough question. We haven't seen social marketing put to work widely on issues such as education. That's an area that, in theory, the nonproduct social marketing ought to have applicability in convincing various parties involved to get kids to school and keep them there. Those principles of using mass media and other forms of communication should have uses. It's not an area that I know, but education is certainly at the top of the list of challenges over the next 10 years.

Social marketing will continue to be relevant in continuing to promote birth control, both contraceptives and medical abortion. That's not going to change. People are going to want to space and limit their fertility and indeed the market for contraceptives will continue to grow as more and more people choose methods that are suitable to them.

So there's no reason to think that the importance of what we're doing is going to diminish in any way. But the challenges of promoting education and of reducing incidence of obesity and smoking, where there has probably been some success as a result of social marketing efforts, we need to do a lot more work and experimentation to see how these approaches can be effectively applied—and now I'm talking about both kinds of social marketing. Happily, the problems facing the world in the next 10 or 20 years are more sharply focused and more handleable than they have been in previous decades, and that's very good news.

SD: Is the world a better place today?

PH: I just checked some 1980s data on a few measures. Infant mortality was 110 in the least developed countries then, and today it is 44, which is a huge difference. Total fertility rate was over 4.4 in 1980 and today, and this is in all developing countries, it is 2.6. Life expectancy today in developing countries is 69, which is up 15 or 20 years from when I started. Fifty-four percent of married couples are using modern methods of birth control, a phenomenally high figure compared to where we were when I started. So yes.

SD: Has social marketing played a role in improving these indicators?

PH: We always like to think so. I think social marketing has speeded up some of this improvement at the very least. When this subject comes up, I'm always reminded that Brazil never had a family planning program. Nobody did anything. And Brazil has the highest contraceptive prevalence in the world and a low fertility rate. So whether we had a lot to do with this or a little, I'm not sure, but I think we did help to speed it up at the very least.

Final Thoughts

SD: In your book *Let Every Child Be Wanted*, what would you say is your core message?

PH: How to reach people with the contraceptive message and the family planning message outside of the health service delivery networks. Here's how to reach people with an important message and product that does not depend on the doctors and clinics and hospitals.

LDL: Let's say DKT has a new client that knows nothing about social marketing and they have one week to learn the basics. What resources would you suggest to them?

PH: If they are interested in the social marketing of contraceptives in developing countries, I would recommend my own book. If they're interested in an overview of the concept and they're interested in the view from the industrialized world, I would recommend Alan's book and a few issues of your journal, particularly the case histories.¹ There are case studies of both kinds of social marketing. The social marketing of contraceptives has contributed a large number of articles analyzing the cases and the programs in Kenya, Sri Lanka, Bangladesh, etc. I think one could do pretty well that way.

SD: What are your retirement plans?

PH: They're not plans any longer. I have not been officially in charge of DKT since the first of the year. I'm working on a book. I've got some projects associated with the DKT Liberty Project, which is involved with civil liberties issues in the U.S., and some other issues overseas including one project we're working on with Golden Rice, a vitamin A–fortified rice produced in the Philippines which various troglodytes are trying to trash in spite of the fact that it appears to be an excellent product that would save the eyesight of millions of children. I must admit I kind of like the battle over things like this. Golden Rice is genetically modified of course. It naturally has a number of enemies just for that reason. And these irrational superstitions about things like genetically modified organisms are things I love to battle with. And Golden Rice is a particularly good one, because it could be a real life saver. So those kinds of projects, and hopefully a few more books.

LDL: This has been wonderful. Thank you for your time and for all you've done for social marketing over the years.

Note

1. Andresen, Alan (1995), *Marketing Social Change*, Jossey-Bass.