

Social Marketing Technical Working Group (TWG) & Consultative Monitoring Group (CMG)

Minutes of the Meeting – 8 November 2006, Long Bay Hotel, Tortola, BVI

Chair: Dr. Hans Moerkerk, UNAIDS Special Advisor to the Executive Director

Present: See Annex 1 for full details of invitees and participants

Agenda: Morning – Technical Working Group

- Welcome and Introductions
- Evidence Based Social Marketing: Using PEER to Improve Condom Promotion
- Condom Sales Reports & Discussion on Expanding Condom Usage in the Region

Afternoon – Consultative Monitoring Group

- Update & Discussion on Country Programs: Haiti, Dominican Republic, E Caribbean
 - Co-financing of Social Marketing programs via PANCAP: Pros & Cons of the model
 - Research & Progress towards the Logframe
 - Summary & Next Steps
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1. Welcome & Introductions

Dr. Hans Moerkerk welcomed the participants to the morning session and emphasised the importance of this working session and Consultative Monitoring Group in the ongoing implementation of the CARISMA project. (Participant list attached).

2. Evidence Based Social Marketing: Using PEER & FoQus to Improve Condom Promotion

Dr. Neil Price presented an overview of the Peer Ethnographic Evaluation and Research (PEER) approach that the CARISMA project has used in Dominican Republic and Haiti to design and strengthen social marketing interventions, as well as to gain an in-depth understanding of the target groups of the intervention¹.

Ben Rolfe presented how the results of PEER research can be used in the development of brands, campaigns, and messages for commercial sex worker interventions in Haiti through PSI's FoQus on Concept Development process.

Discussion Areas:

- 2.1. Working with vulnerable groups:** PEER lends itself to establishing in-depth qualitative information about marginalised groups such as CSWs. However, to date PEER has done little research among vulnerable male populations, like male prostitutes, beach boys, or men who have sex with men (MSM). CARISMA may be able to cost-share PEER research with vulnerable male groups. If PSI/Caribbean receives funding for research, this may be a potential group for PEER research.
- 2.2. Building local capacity:** PEER works closely with host NGO staff and trains peer researchers to build capacity for future research.
- 2.3. Design of social marketing interventions:** the data collected during the PEER research has proved very useful in the development of slogans and narrative for behaviour change communications such as soap operas.
- 2.4. Need for in-depth analysis:** PEER relies on a professional social scientist to analyse the large amounts of data collected which helps to minimise any tendency of interviewees to exaggerate the truth in their interview responses.

¹ See <http://www.carisma-pancap.org/Monitoring> for full presentation. See also <http://www.peer-method.com> for more information on PEER

3. Condom Sales Reports & Discussion on Expanding Condom Usage in the Region

Commercial distributors from Durex, Trojan, No Glove, No Love and Ansell participated in the meeting at their own cost as part of their contribution to HIV and AIDS prevention in the region. This provided a very useful and unique forum for sales analysis and practical problem sharing with regard to the development of the total condom market. Elizabeth Gardiner presented the actual commercial and social marketing condom sales in 31 countries in the region since January 2004².

Discussion Areas:

- 3.1. **General trend for higher condom sales in the first quarter of each year:** this is likely due to factors such as carnival season, Christmas, and the tourist season which make Jan/Feb months when stores and individuals are buying more condoms.
- 3.2. **Building stronger working links between commercial distributors and social marketing interventions:** the social marketing sector is traditionally regarded as a competitor to commercial distributors. Collaboration between social marketers and commercial distributors in the English-speaking Caribbean has demonstrated that collaboration can be mutually beneficial. There is great room for growth in the total condom market, at benefit to both the commercial and social marketing sectors.
- 3.3. **Problems of leakage:** the group discussed the export of social marketing brands to other countries, particularly St. Maarten. PSI encouraged St. Maarten to send PSI a box of the “contraband” brands so that PSI can track their source and make an effort to stem the export.
- 3.4. **Problems of poor quality condoms:** the group discussed the problem of sub-standard condom brands entering into the market. Some participants mentioned the need to enforce regulations to import condoms meeting quality standards throughout the region while others thought consumer education and market forces would be a more effective means for limiting uptake of poor quality condoms.
- 3.5. **Regional Condom Policy:** PANCAP explained that it plans to develop a regional policy, which will address these issues.

4. Update & Discussion on Country Programs – Haiti, DR, English-speaking Caribbean

PSI/Haiti: Phase 1 of the programme is now near completion (Jan 2007). This has included the TRaC, MAP and PEER³ research studies on condom perceptions, use and availability, as well as 900 peer education sessions with in-school youth using an 11-module programme, and cross-border collaboration to improve programming for migrant workers in Dominican Republic and Haiti. Beginning in Feb 2007 Phase 2 will be based on the research findings from Phase 1 and will focus on building the total condom market as well as carrying out appropriately targeted BCC. Haiti has room for growth in the total condom market, including the commercial market⁴.

- 4.1. **PSI/DR:** Pante sales agents working for 6 local partner NGOs have increased sales significantly over the past year. The MAP survey found that 72% of CSWs have direct access to Pante condoms within 100 metres of their work site, and the TRaC survey revealed 87.7% of CSWs used a condom at last sex with a new partner and 80.9% used a condom during their last sex with a regular client. PSI/DR is launching a new Pante

² See full Presentation at <http://www.carisma-pancap.org/Monitoring/>

³ See <http://www.carisma-pancap.org/Research/> for an explanation of these studies.

⁴ See <http://www.carisma-pancap.org/Activities/> (English version) and <http://www.carisma-pancap.org/fr/Activities/> (French version) for more details

brand image and introducing Pante lubricant. The *Bateyes* Programme conducted extensive baseline research in the first quarter of 2006. The programme has trained 111 NGO sales agents and signed partnership agreements with 6 local partner NGOs. PSI/DR and its partners have developed Pante posters, stickers and other materials, and are making the final edits on the “Amor de Batey” soap opera. With co-funding from PANCAP, KfW and UNICEF, PSI/DR’s website for 10-14 year olds and their parents, www.sejevi.org, is one of three finalists in a national website competition, with the tagline, “Sex is Not A Game”⁵.

- 4.2. PSI/Caribbean:** PSI has supported 3,497 BCC activities reaching 43,000 number of vulnerable MSM, men who have multiple partners, CSW, Uniformed Populations, at risk youths, and others across the English speaking Caribbean. The *Got It? Get It* campaign includes a wide range of campaign and media materials, as well as the forthcoming www.gotitgetit.net website. In 2006, PSI has opened 1,200 condom sales outlets and trained 944 retailers in social marketing sales in Eastern Caribbean countries. Challenges have included the extensive transport time and cost to the 12 countries in the programme and a lack of funding for activities in 2007⁶.

5. Co-financing of Social Marketing programs via PANCAP: Pros & Cons of the model

Discussion Areas:

- 5.1. Not all donors present:** Unfortunately many donors who had confirmed participation were not present for this part of the meeting. The donors present were KfW, DFID and PANCAP.
- 5.2. A need for greater attention to prevention:** existing funds are only sufficient for 2008 (with other projects only funded through 2007), and social marketing is a priority prevention activity that needs more funding beyond that time. PANCAP is empathetic with this situation and the ongoing working group is addressing these issues. The group appreciated PANCAP’s commitment and agreed that PANCAP needs a more formalized system to discuss prevention activities and funding.
- 5.3. Decision making within the Regional Co-ordinating Mechanism (RCM):** the membership of the RCM – that includes 8 countries – made the funding allocations for the Global Fund proposal. The group requested that PANCAP explain the process for informing the RCM and the rationale and reasoning for decisions such as allocation of Global Fund resources to social marketing programmes.

PANCAP clarification: The Draft Request for Continued Funding was prepared by the Office of the Principal Recipient following submissions by Sub-recipients and presented to the RCM at its 6th Meeting held in Trinidad and Tobago on 20-22 April 2006. The RCM provided certain policy directions on the thrust of the Request for Continued Funding and appointed a Sub-Committee to oversee the revision of the proposal. The revised proposal was further reviewed during a teleconference with the Chair of the RCM and the final document submitted thereafter.

6. Research & Progress towards the CARISMA Logframe:

Dr. Neil Price presented an overview of the baseline research and monitoring instruments – TraC, PEER and MAP. All baseline indicators will be collected by end 2006 at both the regional and country level⁷.

⁵ See <http://www.carisma-pancap.org/Activities> (English version) and <http://www.carisma-pancap.org/esp/Activities> (Spanish version) for more details.

⁶ See <http://www.carisma-pancap.org/Activities> for more details

⁷ See <http://www.carisma-pancap.org/Monitoring> for full presentation

7. Recommendations

This section summarises the key recommendations that came out of the Technical Working Group and Consultative Monitoring Group, and forms the main outputs for action in 2007.

- 7.1. Usefulness of PEER as a research approach:** The PEER approach has proved to be a useful research tool that has benefited programmes reaching vulnerable groups. The approach is a best practice that should be incorporated in other programmes within PANCAP and elsewhere.
- 7.2. More research needed on vulnerable male groups** including beach boys, men who have sex with men, and male prostitutes with whom little research has been conducted. PANCAP should seek funding for such baseline studies which may be able to be co-funded by CARISMA and PSI/Eastern Caribbean.
- 7.3. Increase collaboration between commercial condom distributors and social marketing organisations:** Social marketing organizations and commercial condom distributors and manufacturers are strongly encouraged to build on this forum and to further develop working links, communication channels and collaboration in growing the condom market.
- 7.4. Develop a Regional Policy on Condoms:** PANCAP should continue to develop the policy and ensure that the policy includes quality standards of condoms and means to ensure and enforce condom quality. The policy should also endorse tax free status for the import and sales of free, social marketing and commercial condoms.
- 7.5. Sustain funding for Prevention:** PANCAP and the donor community should give priority to finding ways to sustain the funding of social marketing and other prevention efforts, Prevention interventions must not suffer from re-allocation of funding for purely care and treatment interventions but instead be integrated into care and treatment to ensure that the goal of Universal Access is met.
- 7.6. Strengthen the role of the CMG:** Donors, partners and PANCAP are encouraged to participate fully in the CMG as an existing forum for discussing harmonisation of prevention interventions.
- 7.7. Increase transparency of the PANCAP RCM:** PANCAP should identify ways for partners to be better able to input and share information with the RCM with regard to establishing priorities for HIV and AIDS prevention. The CMG could provide such a forum.

Annex 1: Confirmed Invitees & Participant Details

							Participation	
Title & Full Name			Position	Organisation	Country	e-mail Address	am	pm
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Ms.	Lana	Chin	Director, Business Affairs	No Glove, No Love	Jamaica	lanachin@noglovenolove.com	✓	✓
Ms.	Vandana	Chinnakotala	Knowledge Management Specialist	CARISMA	USA	vchinnakotala@emergingmarketsgroup.com	✓	✓
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Mr.	Ben	Rolfe	PEER Consultant	Options Consultancy	UK	b.rolfe@options.co.uk	✓	✓

Technical Working Group & Consultative Monitoring Group

8 November 2006 – British Virgin Islands (BVI)



							Participation	
Title & Full Name			Position	Organisation	Country	e-mail Address	am	pm
Ms.	Vania	Vega-Ojopi	Project Manager	KfW	Germany	vania.vega-ojopi@kfw.de	✓	✓
Ms.	Monique	Weiss	Conseillere Technique VIH/SIDA	PSI/Haiti	Haiti	mweiss@psihaiti.org	✓	✓
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Ms.	Roxane	Touissaint		Ministry of Health	BVI	c/o: rmcananey@gov.vg	✓	✓
Ms.	Sophia	Massiah		Ministry of Health	BVI		✓	✓
Ms.	Jane	Armstrong	Head of Regional Unit	DFID	Barbados	je-armstrong@dfid.gov.uk		✓
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Ms.	Penny	Hare	Caribbean Health Programs	CIDA	Canada	Penny_Hare@ACDI-CIDA.gc.ca		✓
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Dr.	Donald	Simeon	Director of Research	Caribbean Health Research Council (CHRC)	Trinidad & Tobago	dtsimeon@tsst.net.tt		

Other Invited Organisations:

- ▶ Global Fund for AIDS, TB and Malaria (GFATM)
- ▶ Pan-American Health Organisation (PAHO)
- ▶ National AIDS Committee, Belize
- ▶ Dominica Planned Parenthood Association
- ▶ Asociacion Dominicana Pro-Bienestar de la Familia Inc (PROFAMILIA)
- ▶ Movimiento Socio Cultural de Trabajadores Haitianos y Asociacion Mutual de los Trabajadores de los Bateyes Inc (MOSCTHA-AMUTRABA)
- ▶ Family Health International (FHI) Guyana
- ▶ Ministry of Health, Guyana
- ▶ National AIDS Programme, Guyana
- ▶ Ministry of Health, Haiti
- ▶ United Nations Family Planning Association (UNFPA) Haiti
- ▶ US Agency for International Development (USAID) Jamaica
- ▶ Caribbean Epidemiology Centre (CAREC)
- ▶ The Caribbean Regional Network of People Living with HIV/AIDS (CRN+)
- ▶ National AIDS Co-ordinating Committee (NACC), Trinidad & Tobago