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American Journal of Public Health; Apr 2007; 97, 4; ProQuest
pg. 634

Ethics in Public Health Research

Masters of Marketing: Bringing Private Sector Skills to Public Health Partnerships

Valerie A. Curtis, PhD, Nana Garbrah-Aidoo, MPH, Beth Scott, MSc

Skill in marketing is a scarce resource in public health, especially in developing countries. The Global Public–Private Partnership for Handwashing with Soap set out to tap the consumer marketing skills of industry for national handwashing programs.

Lessons learned from commercial marketers included how to (1) understand consumer motivation, (2) employ 1 single unifying idea, (3) plan for effective reach, and (4) ensure effectiveness before national launch. After the first marketing program, 71% of Ghanaian mothers knew the television ad and the reported rates of handwashing with soap increased.

Conditions for the expansion of such partnerships include a wider appreciation of what consumer marketing is, what it can do for public health, and the potential benefits to industry. Although there are practical and philosophical difficulties, there are many opportunities for such partnerships. (*Am J Public Health.* 2007;97:634–641. doi:10.2105/AJPH.2006.090589)

PUBLIC–PRIVATE PARTNERSHIPS (PPPs) have been one of the most visible new approaches for international public health over the last decade. There are now more than 75 health-related PPPs including, for example, the Roll Back Malaria Global Partnership, the Global Network on Household Water Treatment, and the International AIDS Vaccine Initiative. Although there has been much discussion in the literature about the ethics and governance of PPPs,[1–5] few articles have been published concerning the roles played by the partners.

Diverse though they are, all PPPs attempt to harness complementary contributions from the commercial and public sectors and use them toward a common goal. The public sector typically brings political legitimacy, institutional anchors, delivery infrastructure, access to resources and expertise, and a guiding vision to the partnership table. The private sector may bring resources through donations; free or subsidized drugs, vaccines, and products; or contribute expertise in product development, project management, or governance.[1,6] However, there remains a private sector capability that is rarely tapped in PPPs.

Companies thrive or fail by their ability to market their products and services. Marketing is the main route to creating shareholder value and is the core competence that gives an enterprise its competitive edge.[7] Developing, enhancing, and retaining marketing skill and intelligence is therefore one of the biggest budget items for any company, especially in the fast-moving consumer goods sector.[8] There are many ways in which this concentration of ability could be better exploited.

In this article, we explore the contribution that the marketing capability of the private sector can make to health partnerships. We extract the lessons that were learned by tapping into the marketing expertise of the private sector in the Global Public–Private Partnership for Handwashing with Soap, and from the program in Ghana, in particular. We show how this approach offers a practical and partially new route to programming behavior change. We also explore the advantages and difficulties of such partnerships and suggest ways in which lessons could be applied to existing and future PPPs that are aimed at improving public health.

WHY A PUBLIC–PRIVATE PARTNERSHIP FOR HANDWASHING?

The idea that handwashing with soap can prevent infection is very old.[9] However, it has only recently become clear that the promotion of handwashing with soap may be one of the most beneficial and feasible interventions available for the prevention of infection in developing countries. A recent review of the evidence suggests that handwashing with soap can prevent around 47% of diarrheal infections,[10] even in poor areas that have inadequate sanitation.[11] It may also substantially reduce the risk of respiratory infection.[12–14] Handwashing, therefore, is one of the few effective preventive interventions against the 2 biggest, and most neglected, child killers: diarrheal diseases and respiratory infections. According to the World Health Organization,[15] they cause almost 2 million deaths each per year. Rates of handwashing with soap around the world are low; typically only 5–15% of mothers wash their hands with soap after cleaning up a child or after using the toilet,[16] but these rates can be substantially improved if programs are

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built on a solid foundation of understanding handwashing practice and motivation.[17–19]

Soap companies have a long history of activity in the promotion of public health,[20] and today, soap multinationals support school health and community programs in many countries around the world.[19] A pioneering program in Central America showed that local and international soap companies were willing to work with the public sector to promote handwashing.[21] The idea of creating a global partnership was introduced at a meeting of the World Bank's Water and Sanitation Program in March 2000, and a concept paper was produced.[22]

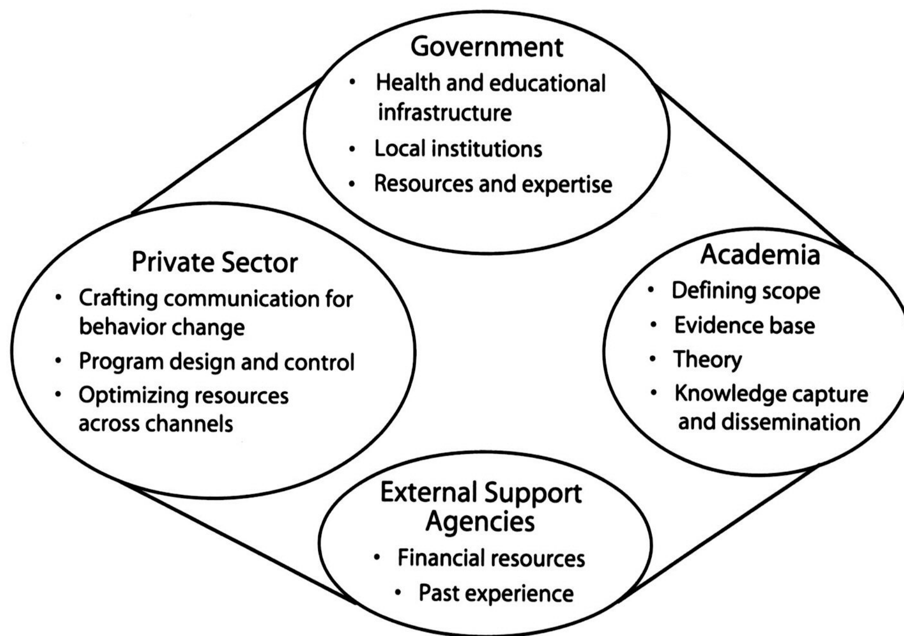

FIGURE 1—Roles of partners in the Global Public–Private Partnership for Handwashing With Soap.

PARTNERS AND THEIR CONTRIBUTIONS

Later in 2000, the 3 biggest soap manufacturers (Colgate-Palmolive [New York, NY], Unilever [London, England], and Procter and Gamble [Cincinnati, Ohio]) agreed to join an initiative that promised to save lives and sell more soap. The Water and Sanitation Program and the World Bank agreed to provide a secretariat; founding members included the US Agency for International Development, the Environmental Health Program, UNICEF, and the London School of Hygiene & Tropical Medicine. Many other international organizations have since joined (including the Centers for Disease Control and Prevention, the Academy for Educational Development and the Water Supply and Sanitation Collaborative Council).

At the first meeting in 2001, it was agreed that the objective of "Health in Your Hands"—the Global Public–Private Partnership for Handwashing With Soap—would be to set up large-scale national programs. They would be based on in-depth consumer research and use up-to-date consumer marketing approaches to elicit changes in behavior. The roles and responsibilities of the different partners took time to define but eventually emerged; they are summarized in Figure 1.

Opportunities to add handwashing activities to water and sanitation investment programs in Ghana, India, Peru, Senegal, Nepal, and Madagascar were identified through the partnership's networks, and local partnerships were set up as a result of missions to these countries. National handwash programs have launched in Ghana, Senegal, Peru, Madagascar, and Nepal; consumer research is being carried out in Tanzania, Vietnam, China, and Columbia; and other countries are poised to join the initiative. Consumer research and detailed program design were carried out in Kerala, India, but the initiative failed to meet with the state government's approval and was not rolled out. Each active country has appointed a handwash coordinator, usually housed in a government ministry, who serves as a leader in fostering the building of country partnerships, finding funds, commissioning and supervising research, and developing and overseeing program implementation.

The program in Ghana is the most advanced. Entitled "Truly Clean Hands" (*Hororo Wonsa*), the national handwash initiative was launched in September 2003 with a mass-media campaign; district-level activities in health centers, schools, and community groups; and a traveling road show of events that provide direct community contact in rural areas. The program coordinator is based in the Community Water and Sanitation Agency, and contributing partners include the Ministries of Works and Housing, Health, Education, Women's and Children's Affairs, Local Government and Rural Development, and the Association of Ghana Industries. The World Bank, the Danish International Development Agency, and UNICEF financed and supported the initiative, and 3 soap companies (Unilever Ghana [Tema, Ghana], PZ-Cussons [Accra, Ghana], and Getrade [Accra, Ghana], a local manufacturer) provided expertise, access to their professional

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TABLE 1—Objectives, Methods, and Key Findings of Research International: Ghana, 2002

Objectives	Method	Findings
Handwash practice	Structured observations[23]	4% of mothers washed hands with soap after defecation
		2% of mothers washed hands with soap after cleaning child's bottom
Motivation, habit, barriers, insight	Behavior trials,[19] in-depth interviews and focus groups, laddering,[24] personification,[a] and life value ranking[b,19]	Motivation: disgust, fear of contamination; nurture, mothers will do anything for their child; social acceptance, wanting to be seen as clean
		Habit: "Nobody ever told us we should do this"
		Barriers: lack of sensory cues of contamination on hands; soap and water are almost universally available and do not constitute barriers
		Insight: hands are washed with water but not with soap
Channels of communication	Household survey	66% of mothers watch television weekly
		78% of children watch television weekly
		85% of mothers listen to radio weekly

[a]A method that involves describing what a person who used a particular soap or a particular practice might be like.
[b]A method that involves discussing things of value in a person's life and then asking him or her to rank the things of value in order of importance.

networks, and donations of soap for special events.

COMMERCIAL MARKETING SKILL IN HORORO WONSA

In Ghana, the soap company partners were asked to provide help with the design, development, and management of the program. The project team undertook the first task, which, as in any marketing program, was to understand the consumer. They designed a representative national survey using methods drawn from consumer and anthropological research. Table 1 outlines the objectives, the methods, and the main findings of the study, which was carried out by the Ghanaian office of Research International, a market research company. Lintas, one of Ghana's biggest advertising agencies, was contracted to develop the national campaign, and they used the survey results to develop a brief. From the study findings, a set of concepts was developed by the market research company and then tested in focus groups with target audiences. Storyboards for radio and television ads were drawn up, as were posters and logos, which were tested in several iterations. Unilever, Ghana, provided access to media planners who provided advice about how to achieve the biggest impact and value from broadcasting over different media channels.

The project team followed the industry process: they generated many ideas from the consumer research and then narrowed it down to those that had the potentially highest impact and feasibility, which led to the central idea that there is something invisible on hands and soap is needed to remove it. The idea was for mothers to *feel* that their hands were contaminated so they would have the desire to wash them. The handwash trigger was a powerful emotional disgust response and not a rational argument about germs and disease.

The television advertisement aimed at mothers depicted a woman leaving the toilet with a strange digitized red stain on her hands, which she transferred to the *fufu* (popular staple food) she was preparing, which her child then ate. This ad proved highly memorable with target audiences and beat commercial campaigns to win industry awards (the ad can be viewed at www.globalhandwashing.org). Radio ads (which also won awards) used the same single central theme, that there was something invisible on hands that families were eating. Health and germs were not mentioned. Similar ads targeted at school children also were developed.

An event management company was hired to carry out a traveling program of direct consumer contact events (based on a model used by local companies) targeted at schools and community groups in areas that received low media coverage. Through the public sector, every district in Ghana planned a launch event and activities in schools, health centers, and communities. Table 2 shows the number of activities that were carried out during the first program year. (Additional figures of campaign posters and campaign activities are available as a supplement to the online version of this article).

After a year of activities, an interim evaluation was conducted

TABLE 2—Media Used and Quanta of Activities in the First Year of the "Truly Clean Hands" Campaign: Ghana, 2003–2004

Medium	Activity
Mass media	2 television ads in 2 languages aired at peak viewing times 5 times per day, 5 times per week, for 6 months on 3 stations; 2 radio ads in 10 languages on 18 radio stations; 132 billboards in urban centers
Direct consumer contact	128 events reaching 11 500 mothers and 103 313 school children, teachers, and food vendors
District-level program	Launch events in all 10 regions and all 110 district centers of Ghana

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that used a national sample skewed toward rural audiences which employed standard questions about exposure to and recall of the communications. The evaluation found that 71% of target mothers could describe the television ad, 82% had some recall of the *Hororo Wonsa* campaign, and 48% could sing the campaign song spontaneously. Reported handwashing rates from baseline to follow-up increased by 13% after using the toilet and by 41% before eating.[25]

LEARNING FROM THE PRIVATE SECTOR

Soap company marketers provided expertise during the development of the programs in Ghana and elsewhere. Table 3 presents some of the lessons learned from these collaborations. The first, and most fundamental, was that the consumer is central to marketing. Without an in-depth insight into the motivations, habits, and context of consumer behaviors, marketing is unlikely to change their practices.[26,27] However, getting these insights is not always easy. Consumers tend to respond to questioning with logical explanations for why they do what they do; for example, "I wash my hands to avoid getting sick." By using projective and other techniques derived from consumer research,[19,24,28] we were able to probe for deeper motivations, such as status, nurture, and disgust (Table 1). A standard public health approach might have assumed that health was the main reason for handwashing with soap and built a campaign around this. Professional marketers encouraged us to search for, and use, the deeper emotional triggers of behavior change.[29]

Another lesson learned was that it was not possible to target all segments of the audience equally. Rather than simply segment by demographic group,[27] the best hope of eliciting substantial behavior change was to target the majority of mothers who were already washing their hands with water at critical junctures but not using soap.

There is often pressure to launch a public health campaign with a particular deadline. The marketing members of the project team emphasized that all the materials should be tested, retested, and revised until results were satisfactory before an expensive campaign using multiple channels of communication is launched. The materials that were targeted at children did not arise from detailed research or undergo rigorous testing with children, and the interim evaluation found them to be less effective (data not shown).

Communication campaigns are designed by the project teams, and there is often pressure to compromise and to add many messages. The commercial marketing advisors insisted on the need for a single unifying idea that would be executed in the most powerful way we could find. This resulted in urging the creative agency, i.e., advertising agency, to take risks and to experiment with ideas that some partners had difficulty with. Marketers from soap companies were at the heart of this creative process; they played the role of expert client and ensured that the project team got the best work from the creative agency.

Commercial colleagues also cautioned the project team to be realistic about the costs of achieving high repeat contact rates through mass media. Public health campaigns have often relied on free, or discounted, broadcasts. However, public service work is now big business, and media companies are increasingly operating as private companies. In Ghana, and in other partnership countries, media companies were only willing to offer free slots late at night or during the day. Therefore, the services of professional media planners were used to work out schedules for broadcasting ads at peak viewing and listening times for our target audiences. With this schedule in hand, the project team was then able to negotiate discounts on normal commercial rates.

Many fast-moving consumer goods companies in developing countries employ event management agencies to carry out direct consumer contact programs. These are professionally staged local marketing events. The partnership drew from commercial experience with toothpaste and soap marketing in India and Ghana to develop a direct community contact program. Soap company executives believed that, although the cost per person reached through direct community contact was at least 10 times higher than that for high-intensity mass media, the closer level of interaction with consumers made the community contact programs worthwhile. (Research into the relative cost-effectiveness of different communication channels is one of the projects of the partnership, as is sustainability of behavior change and the effect on poorer segments of society.) The direct community contact approach did achieve substantial reach. However, it required careful monitoring to ensure that messages about soap and hygiene did not revert from the single unifying campaign idea to the default mode of standard health education and to blaming people for their dirtiness and supposed ignorance.

Soap marketers advised that engaging professional public relations companies would prove invaluable to getting public support; however, their advice was not followed. Counter arguments that the program would disproportionately benefit local industry went unheard. As the attacks continued, the handwash program became a political liability and was dropped by the government.[30]

In Ghana, support for the partnership from soap companies fluctuated as staff changed and market conditions shifted. Marketers were sometimes elusive or too busy to assist; however, when they did contribute, it was with energy, professionalism, and verve. When combined with a committed local partner and the expertise of the international team, the *Hororo Wonsa* campaign received visibility and recognition well above that of other public health activities in Ghana.

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TABLE 3—Lessons Learned From Consumer Marketing in the "Truly Clean Hands" Campaign: Ghana, 2003–2004

Commercial Approach	Lessons Learned	Examples From Ghana Campaign
Consumer focus	A behavior change (or a marketing) program succeeds or fails through the quality of its understanding of the consumer	Practice: handwashing with soap was rare. Motivations: included disgust and nurture. Target segment: mothers washing hands with water but not soap.
	Use consumer research tools to explore motivations that may not be easy to articulate	Behavior trials followed by in-depth interviews gave good results but needed international support as the research company's experience with qualitative research techniques in Ghana was limited.
	Take a pragmatic (what works best?) approach	It was not assumed that better health would be a key motivating factor for consumers.
	Consumers, even the poorest, have choices and are actors in an exchange	Handwashing with soap was made to look very attractive. Consumers were treated with respect, not harangued with threats about health.
Segmentation of target audiences	Segment by demography and by current behavior	The campaign was targeted at those needing to change behavior and those that could be reached with a single idea. In Ghana, the target was the majority of mothers who used water, but not soap, to wash hands.
Testing	Launching an inadequately tested campaign can waste the whole investment	Despite pressure to launch by a specific date, the campaign did not begin until concepts, story boards, treatments, and so on, were fully tested and achieved satisfactory scores with samples of target audiences.
Campaign execution	Campaigns need a single unifying idea	Hands are not truly clean until washed with soap.
	Do not use multiple messages, because they dilute the impact of each other	The campaign stuck to the most important point: handwashing with soap after using the toilet and before eating. It did not overload communications with instructions on how to wash hands, for example.
	Campaigns need to carry an emotional punch	Ads used strong emotions that elicited shock in target audiences.
	Campaigns should stand out from the competition	Production values were at, or above, those of the industrial competition; the quality of work won national ad awards.
	Use "industrial strength" marketing	The aim was to have ads seen at least 6 times by 75% of the target audience in the first 3 months.
Marketing mix	Optimize spending across channels.	Partition media spending to get the highest possible strike rate. Professional media planners used national figures for media consumption by target audiences, supplementary information from consumer research, and critically, their industry experience.
	Do not rely on free airtime	Cause-related marketing is big business and little free airtime can be expected from private media companies. Any free slots will not be at peak viewing times.
Managing the process	The role of the marketer is key	Marketers hold the key to getting good work out of creative agencies, i.e., advertising agencies. Marketers are the client, they understand the consumer, write the creative brief, work on the creative team, and insist on getting the contents of the campaign right.
	Potential of professional event managers	The campaign copied industry's direct-consumer-contact local-marketing approach of a rolling program of events and fairs. This was targeted at areas with low mass-media coverage.
	It can be helpful to engage a professional public relations agency	Few public health campaigns employ professional public relations personnel, who could help with advocacy, partnership building, troubleshooting, and ongoing communication with stakeholders and the public.
	Tap the energy and drive of the market	Industry can bring enthusiasm, energy, urgency, creativity, professionalism, realism, and a focus on results if engaged and can see a financial benefit as a result.

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A NEW ROLE FOR INDUSTRY?

Successful companies make their living from understanding and influencing human behavior. They rely on their ability to influence consumers by understanding consumer's needs, desires, habits, and circumstances.[26,31] The handwash program in Ghana and in other country partnerships demonstrated how closely the task of the commercial companies paralleled that of the health promoter.[32]

The idea of using commercial marketing approaches in health promotion is not new; it is a basic tenet of social marketing (the application of marketing principles to social issues).[27,33–36] It has, however, been argued that social marketing is often more *social* than marketing and owes more to the fields of health education and promotion than to current marketing practices.[36] Because companies invest huge resources in their marketing activities, the cutting edge of praxis will probably always be found within industry, not in the public sector. Large soap companies evolve and hone processes that involve many types of marketing specialists who have to deliver measurable results in an intensely competitive environment. Their marketers will often have launched and relaunched many different categories of products and brands. Pay differentials between the public and private sector reflect this difference in skills and are even more pronounced in developing countries. Although the public sector in developed countries sometimes employs marketers, they are almost entirely absent from public health authorities in developing countries.

The innovation of this PPP model is not so much in its use of commercial state-of-the-art marketing processes for behavior change but in its ability to deliver to programs the human resources that provide these high-level skills.

However, we found that the collaborations had limits and that there were particular difficulties in working with the private sector. Good marketers are highly prized within industry and the first priority for their deployment is usually commercial. Although many were individually committed, they needed high-level approval to give time to public health activities. To get partnership activities into company workplans required a long process of advocacy and of making the business case for collaboration, especially because PPP activities could not be branded. Private sector partners were also often impatient about the time it took to mobilize the public sector. Special efforts had to be made to keep the local soap companies on board; the soap companies's few staff members could not spare time to attend all of the PPP's many planning and consensus-building meetings.

Many public sector colleagues were initially skeptical about the contribution that marketing could make to public health and expressed the view that marketing was just about selling products. However, through the PPP process, they saw how closely allied health promotion is to the task of selling products or creating brand preference, and they often became enthusiastic converts.

There were, however, areas within the Ghana program where marketing was not effective. Commercial marketers did not have much experience working with ministries and local governments and were unable to add substantially to the district-level program, except for the concept of a single unifying idea. Surprisingly, the marketers lacked theoretical constructs and evidence-based practice; in fact, they benefited from the theory development and scientific approach to evaluation demonstrated by their partners in public health and academia.

Despite the difficulties during the lifetime of this partnership, the soap companies have increased their investment in promoting handwashing with soap both in their own branded campaigns and in unbranded partner initiatives. They have done this not only because it allows them to demonstrate social commitment but also, and more importantly for the sustainability of the activities, because they see increasing the use of soap as a real business opportunity.

SIGNIFICANCE BEYOND SOAP?

Industrial marketers made substantial contributions to the design of a successful health communication campaign in Ghana, and they continue to do so in the other countries that participate in the Partnership for Handwashing with Soap. But does this approach have significance beyond the obvious win–win of promoting soap and handwashing? If so, what are the conditions required to make such partnerships prosper?

In order to obtain the participation of commercial marketers in public health programs, companies must see a benefit. Top marketers are a scarce resource that will not be employed for public health programs unless companies can foresee a return for their shareholders. In the case of the Global Public–Private Partnership for Handwashing With Soap, lending marketers to help design publicly funded promotional campaigns made business sense, because soap companies could then extend the use of their existing soap brands into handwashing and sell more soap. But the benefits to industry go beyond selling more soap or having their names associated with a responsible health practice. Marketers who spend time with the poor in developing countries gain insight into the lives of the consumers at the bottom of the pyramid, the ones who may have total spending power that is greater than those at the top and where there is still potential for market growth.[30] Further, development aid for public health is a growth sector that has significant influence in government circles. Companies that get involved in PPP projects can gain contacts and influence. For all of these reasons, it is possible to argue that sustaining contributions of expertise to public health programs is in the commercial interest of private companies.

Some partnerships have more obvious mutual benefits and are therefore more likely to be

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sustainable. For example, the food industry might be in a position to offer marketing expertise to healthy eating campaigns, and sportswear companies could assist with the promotion of healthy lifestyles. Another route to such partnerships is collaboration funded through (often limited) corporate social giving budgets. For example, the Coca-Cola Foundation is providing marketing expertise to HIV prevention programs run by the Joint United Nations Programme on HIV/AIDS in Africa.

Another condition for successful partnerships is that potential partners recognize what marketing has to offer. It is not widely understood that marketing as a discipline has evolved. Although it used to have a narrow focus on products and consumers, marketing now can be thought of as a process for delivering healthier and happier lives.[31] Marketing has an added advantage: it dignifies the consumer by placing her or him at the center of the exchange.[30] It does not treat the consumer as a beneficiary, nor does it harangue or seem to blame poor people for their ignorance, a practice that is all too obvious in many health education efforts in developing countries.[37]

If public health professionals do not see the potential offered by commercial marketing, the converse also applies: marketing professionals in industry often do not see the contribution that they might make to public health. In our experience, when businesses have wanted to become involved in health issues, they have deferred to health promotion professionals and did not recognize, or offer, their own capabilities. Unless both sides realize what they might achieve by working together, few such partnerships will be formed or reach maturity.

A further brake on the development of such collaborations is a matter of principle: public health practitioners are suspicious of the motives of commercial companies. Clearly, it would not be desirable to collaborate with an industry that is associated with activities or products that may damage health, local environments, or economies. The ethics of PPPs have been debated at length,[1–4] and we will not revisit the arguments here. In the case of the Global Public–Private Partnership for Handwashing With Soap, we see an overriding ethical issue. If soap companies stand to benefit from handwash campaigns in developing countries because more soap is sold, then it is indefensible for them not to contribute. We argue that industry should be increasing their efforts to promote safe hygiene, both on their own and in such partnerships.

A final condition for the expansion of PPPs is that they deliver sustainable results cost-effectively. Although the Ghana interim results are encouraging, the Global Public–Private Partnership for Handwashing With Soap is continuing to monitor programs in several countries and will measure their impact and costs. Partners are also working on joint research to enhance the theoretical basis of behavior change programs and to optimize their delivery.

Almost every public health problem of developing countries requires some form of behavior change. Industry is a source of skill in eliciting behavior change through marketing. Individuals who work in public health could do more to tap that source. For example, instead of asking for donations from industry, public health program leaders might ask for the expertise of marketers, for the loan of staff for short- or medium-term assignments to health programs, or for marketing classes (as Unilever has recently provided for health staff in Vietnam and Kenya). Health promoters should consider inviting industry to the partnership table wherever a commonality of interest can be identified, and they should target industry to contribute their skills toward building healthier behaviors and populations. This, in the end, is good public health and good business. ■

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This article was accepted June 7, 2006.

Contributors

V. Curtis originated and oversaw technical aspects of the Ghana project and other public–private partnership projects. She wrote the first draft of the article and carried out the revisions. N. Garbrah-Aidoo managed the work of the partnership program in Ghana and contributed to the article. B. Scott provided technical advice regarding the work in Ghana, carried out the data analysis, and contributed to the article.

Acknowledgments

The work of the Global Public–Private Partnership for Handwashing with Soap is supported by the Netherlands Water Partnership of the World Bank. The public–private partnership work of the Hygiene Centre, London School of Hygiene and Tropical Medicine, is supported by the Water and Sanitation Programme, the World Bank, and Unilever. The Ghana public–private partnership program is supported by the Government of Ghana, the World Bank, PZ-Cussons, GeTrade, and Unilever.

The authors are grateful to Gill Walt, Robert Aunger, Anne Weir, Sandy Cairncross, Lene Jensen, and to 3 anonymous reviewers for their comments on earlier drafts of this article; to Yuri Jain, Ebow Spio, Diana Grina, Camille Saade, Tim Long, and Kent Buse for sharing their extensive knowledge; to Param Iyer, Jennifer Sara, Jason Cardosi, Merri Weinger, Steven Luby, and the Global Public–Private Partnership for Handwashing With Soap team for leadership, inspiration, insight, and support.

Note. The authors received support from Unilever PLC toward the work described in this article. Although this could be construed as a competing interest, the authors' goal is to persuade companies that they can contribute more to public health.

Human Participant Protection

The Ghana government gave approval for the Global Public–Private Partnership for Handwashing With Soap program and its evaluation. No institutional review board protocol approval was needed for this study.

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Beyond Effectiveness: Evaluating the Public Health Impact of the WISEWOMAN Program

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Interventions that are effective are often improperly or only partially implemented when put into practice. When intervention programs are evaluated, feasibility of implementation and effectiveness need to be examined. Reach, effectiveness, adoption, implementation, and maintenance make up the RE-AIM framework used to assess such programs. To examine the usefulness of this metric, we addressed 2 key research questions. Is it feasible to operationalize the RE-AIM framework using women's health program data? How does the determination of a successful program differ if the criterion is (1) effectiveness alone, (2) reach and effectiveness, or (3) the 5 dimensions of the RE-AIM framework? Findings indicate that it is feasible to operationalize the RE-AIM concepts and that RE-AIM may provide a richer measure of contextual factors for program success compared with other evaluation approaches. (*Am J Public Health.* 2007;97:641–647. doi:10.2105/AJPH.2005.072264)

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