

AIDS: Designing a communication campaign for Mexico

Saskia Faulk prepared this case under the supervision of Professor Jean-Claude Usunier solely to provide material for class discussion. The authors do not intend to illustrate either effective or ineffective handling of a business situation. The authors may have disguised certain names and other identifying information to protect confidentiality.

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It was late when Pilar Quiñones returned to her office after a meeting with Dr Perez-Bustamante, Director of the Centro Nacional Para la Prevención y Control de VIH/SIDA (CENSIDA), the Mexican Health Ministry's official HIV/AIDS organization. *Muy difícil*, she thought, looking at the mass of paperwork on her desk. UNAIDS reports and campaigns, Pan American Health Organization charts, internal CENSIDA statistics, and scientific journal clippings occupied the space normally taken by glowing product reviews, color-coded consumer research reports, and shiny product samples.

Quiñones, Vice President of Mexico's largest advertising agency, had just agreed to design a national AIDS awareness campaign. At first, she had resisted the idea, arguing that the government should design its own AIDS programs because an advertising agency does not have the specialized knowledge that is needed. Dr Perez-Bustamante of CENSIDA eventually

persuaded her by saying that all governments that succeeded in their fight against AIDS have used advertising agencies.

As Quiñones worked on the project over the next few days, her interest deepened. She personally had never known anyone with AIDS, however she had heard of friends-of-friends who had it, and had read about several high-profile cases in the press. Mexico's AIDS infection rate among adults was relatively low at .3%, the same as Canada's and much less than neighboring Guatemala (1%), Belize (2%), and the USA (.6%).¹ HIV/AIDS cases were estimated at about 177,000, the 16th leading cause of death in Mexico and fourth leading cause of death among young men. The very poor, of which nine million are children living in absolute poverty, are unlikely to have access to anti-retroviral treatment for the disease.² Infection rates were not stabilizing and more worrying, the raw data on infections were probably under-representing reality, reflecting a mobile population, highly dissuasive stigma, corruption, and an inefficient health recording system.

Why was the vast majority of drug-related AIDS cases were in the north, close to the U.S. border? Why were women taking up more and more of the AIDS burden? Why were homosexuals again starting to practice unsafe sex? Quiñones jotted down a list of 'barriers' to communication that appeared to be quite significant in Mexico, presented in Table 1.

Table 1: Informal notes on barriers to HIV/AIDS social marketing in Mexico

<p>Literacy: we need a message that sounds powerful when said on radio/tv, looks powerful when represented in image form, and can be expressed simply</p>
<p>Language: campaign in Spanish and some major native languages, such as Mayan or Nahuatl? It appears that indigenous peoples not much affected by HIV... yet. Or is it not diagnosed/not reported? HIV/AIDS has tended to establish itself among the dispossessed, the poor, the marginalized in other countries</p>
<p>Religion (Catholic): the Pope has frequently condemned the use of condoms, and Mexican First Lady Marta Sahagun Fox was publicly attacked by bishops for exhorting Mexicans to use condoms (they stated that condom use was an invitation to depravity)</p>
<p>Demographic: massive undocumented flows of migrants (how to reach them?)</p> <ul style="list-style-type: none"> - from south to north, some in transit from Central America en route to the USA - Mexicans leaving for temporary, usually agricultural, work in the USA or manufacturing work on the northern border - Jobless/dispossessed farmers leaving the countryside to go to cities - migrants returning from the USA, usually to homes in rural areas
<p>Cultural: male value of <i>machismo</i> whereby men should be seen as invincible, not sick, not seeking help (<i>how can we break through that?</i>)</p>

Since stigma is such an important factor in AIDS prevention and treatment, what would be the best way to reduce it? Quiñones sat back in her leather and steel chair, pondering the realization that her campaign should create social norms for less risky behaviors and less stigma. Aren't all campaigns like that, though, to create a social norm for product adoption and evaluation behaviors, she mused, to get people to value a particular brand is not so different from getting people to value safer sex practices. So, what is the need here? The scientists and policy-makers at Centro Nacional Para la Prevención y Control de VIH/SIDA (CENSIDA) had simply said her mandate was to raise awareness and reduce infections. She would need to quantify those goals so as to measure the success of the campaign later on. She started making another list, influenced by her discussions with HIV/AIDS experts, to be discussed later with the strategy people and the creative people within the agency. The list of "needs" that should be satisfied by the country's HIV/AIDS program is represented in Table 2.

Table 2: Possible needs identified for HIV/AIDS infections reduction campaign

Simply to re-open public dialogue about HIV/AIDS: a study in Peru (with some cultural similarities to Mexico) found that teachers and parents needed help to bring sexual issues out into the open. Doctors say that many rural Mexicans have never heard of the disease, partly because it is so difficult to openly talk about sex.
Reduce stigma There is anecdotal evidence that stigma is so strong in rural Mexican contexts that people refuse to be tested, and do not even tell their spouses if they suspect they have the disease for fear of reprisals by neighbors on their entire family.
Get Tested Pregnant women who visit clinics are tested for the disease, and there is some mandatory, but illegal testing in the private sector. Many young people believe that HIV/AIDS only happens to prostitutes, sexually promiscuous people, and homosexuals.
Behavior Change Communication (BCC): use condoms: Condom use is low, UNAIDS pinpointed condom use at about 59% in a sample of Mexican men in 2001.

Quiñones wondered whether to segment the campaign geographically to reflect the large cultural differences between the northern states, the central cities, and the south. On the other hand, it would be important to mirror the large differences in the urban and rural attitudes and access to testing, information, and treatment. There were also specific groups common to different geographic areas, such as gay men. The affluent gay communities had often been profiled by the ad agency in the past, as a favored target market for travel and luxury goods. She opened a new page on her laptop to list the ever-growing questions posed by this HIV/AIDS campaign, one of the major ones being "who are we trying to reach?" Targets are identified in Table 3.

Table 3: Potential target audiences identified in informal study

<p>Residents of the big cities? (e.g. Mexico City 28% of reported HIV/AIDS cases in 2001, other big cities smaller but still significant share)</p>
<p>Rural populations? Disease is spreading much faster in rural areas than in cities³, yet there is less awareness, testing, and information about the disease, and more stigma related to it. In rural areas, women comprise 21.3% of those with HIV/AIDS, while in cities the percentage is closer to 14%.⁴ Rural populations may require a more conservative format.</p>
<p>Age segments? Street children used for prostitution and pornography, numbers estimated at 2 million by the government.⁵ Most danger for street children from sexual exploitation is in areas close to the US border. About 90% of them are addicted to glue and solvents, also a low literacy level according to Casa Alianza, street children's charity.</p>
<p>Gender segments? Women comprised one sixth of AIDS cases, whereas in the 1980's, they comprised one twentieth. In some southern states (with high concentrations of indigenous peoples), heterosexual transmission is the predominant mode, implying that women are increasingly victims of the disease.⁶</p>
<p>Migrants in transit from neighboring countries with high rates of the disease. An estimated 30% of HIV/AIDS cases are temporary migrant workers returning home from the USA with the disease.⁷</p>
<p>Intravenous drug users make up a relatively small portion of HIV/AIDS cases. If targeted, geographic factors to be accounted for: vast majority in states bordering the U.S.</p>

Her assistant knocked at the door with his results of searching for ideas in other campaigns from around the world. He tabulated his preliminary findings in Table 4.

Table 4: Non-inclusive survey of communications ideas implemented in other countries

Country/organisation	Communications idea
UNAIDS 2002-03	‘Live and let live’ reducing AIDS-related stigma (mass media)
UNAIDS 2001-02	‘I care... do you?’ targeting men (mass media)
Several African countries	‘A,B,C: Abstain, Be faithful, Condomise’ simple reminder (billboard)
Several African countries	‘Graze close to home’ and cattle image: non-offensive allegory (billboard)
USA, France	Youth identification in ‘slice of life’ shots: public service announcements encouraging testing, condom use (television)
USA	Magic Johnson, ex-basketball player (spokesperson, events, press, public service announcements) Patti Labelle, singer: signature campaign ‘Live long, sugar’ (spokesperson, events, songs, public service announcements targeted at male homosexuals)
Brazil	Ronaldo, football player (spokesperson, events, press, public service announcements)
Many countries	‘Myth breakers’ mosaic of faces or photos, can you tell which one has AIDS? (Billboard, public service announcements)
South Africa	‘Soul City’, award-winning ‘soap opera’ type edutainment series based on television episodes, supported by radio shows, press discussions of issues, and high quality booklets. ⁸
Brazil	Condom use promotion: condoms emblazoned with football team emblems

Quiñones was impressed by the range of social marketing strategies implemented in other countries, and particularly by the work in the area of international organizations and advocacy groups. The World Health Organization (WHO) provided a good example of this. Using a historical perspective in the publication ‘Mobilizing for healthy behavior’, for instance, there was a comprehensive social marketing model named C.A.U.S.E. This model was inspired by the anti-apartheid movement in South Africa, the fight for civil rights in the USA, and the

struggle for independence in India. The central idea is to roll out as many elements of C.A.U.S.E. as possible, including:

- Celebrity (such as Princess Diana against landmines)
- Activity (such as pacifist rallies and demonstrations)
- Unexpected event/story (such as the media reports on contaminated blood)
- Symbol (such as a flag, ribbon, or logo)
- Event (such as World Aids Day)⁹

From her experience with product launches and media campaigns, Quiñones knew that more research was needed. There was no need to reinvent the wheel, much effective work has already been done in other Latin American countries. For example, the output of groundbreaking activist communicators 'Calandria' in Peru included many ideas in media planning and products for social marketing of health and development programs (see www.accionensida.org.pe)

The information she needed in order to design the campaign was of three types:

1. Profiles of targeted segments of the population. The advertising agency had many such profiles, however none that looked at sexual behavior and attitudes. Quiñones would need a clear view of who these targeted audiences are, what they believe about HIV/AIDS, and what are the themes that resonate with them that would help get the message across.
2. Literature review of AIDS-related behavioral change intervention research. There have been many critical analyses of AIDS behavioral change programs. Ideally, each time such a program is carried out, the results are monitored, results that could be useful to Quiñones in designing her campaign. Because much of this work is conducted by non-profit organizations and charities, it is easily accessible and will not bite too much out of the budget. A good resource to begin with is www.comminit.com (The Communication Initiative).
3. The final type of information that would be helpful in designing the campaign is a survey of current and past campaigns from around the world... *why reinvent the wheel?* Surely Quiñones and her creative team could find some inspiring ideas,

particularly ones that have proved their effectiveness in other settings. See Table 4 for her findings.

Quiñones was aware that an isolated program would get few results. It would be imperative to partner with a highly visible organization or company. She made a short list and handed it to her assistant to solicit ideas from other executives for cause-related marketing efforts--see Table 5.

Table 5: Potential partners for the HIV/AIDS campaign

Potential partner	Quick summary of top advantages/disadvantages
Mexican film industry	Less reach over certain target audiences than television, possibly more impact on public relations; many possible spokespeople, although costly.
Family Health International http://www.fhi.org	As one of the primary female reproductive health providers, it is well entrenched at local/community levels around the country.
Casa Alianza www.casa-alianza.org	Prize-winning charity working with street children in Mexico and three other countries. Their ‘Luna Project’ focuses on HIV and AIDS. May be useful in sub-campaign targeted at street children and may give more credibility than a program run by the Ministry of Health.
U.S. Agency for International Development http://www.usaid.gov	USAID is a highly visible, credible, and financially powerful organization, It is the largest donor on HIV and AIDS to Mexico, well-known for social marketing of condoms. However, with Mexicans having such high levels of ‘national pride’ it would be better to keep the project as local as possible.
Radio stations	A multitude of radio stations, already well segmented in terms of audiences, listened to as background noise all day by many Mexicans. May lack the attention-getting power for a long message, however may be effective for ‘edutainment’ formats.
MTV	MTV has a well-established track record in AIDS activism
Mexican passions	Football (everyone but mainly males), bullfighting (mainly older males) and <i>telenovelas</i> , soap-operas or social dramas (mainly females of all ages, and some gay men). A spokesperson may be found from one of these areas, or sporting events may be used to educate the ‘captive audience’.

In order to understand the best ways to reach the targeted audiences, Quiñones drew up a list of possible media and supporting vehicles to carry the message, and a quick note about the kind of information needed.

1. Mass media: readership of newspaper, magazines and frequency of exposure
2. Internet: access to the internet, frequency of use
 - Ezines, weblogs, chat rooms, subscription material: type and frequency of use
 - Email: access to and frequency of use
 - Internet games: e.g. HIV/AIDS game by activists at www.SuperShagLand.com
3. Television
 - Advertising spots/public service announcements
 - Edutainment show on the lines of Soul City (see Table 4)
 - Insertion of AIDS issues into *telenovelas* (social dramas), comedies, or talk shows
4. Radio
 - Advertising spots/public service announcements
 - Programming including music/talk/interviews/*radionovela* (social dramas)
5. Mobile and fixed line phones
 - New hotline for young people
 - SMS and even MMS (short and media messages) to phone users, perhaps as a game
6. Minibus stickers: minibus being the most common means of transport
7. Leaflets, possibly to support television, radio, and internet efforts
8. Logo t-shirts, caps, pens, condoms, etc.
9. Youth mobilization program: festivals, street theatre, street football, popular song, video

For an idea of the type of vehicle Quiñones might decide to use as one part of her campaign, go to the site of *Media For Development International* (MFDI) to watch a free 48-minute Ugandan AIDS prevention film using Real Player: <http://www.mfdi.org>.

¹ UNAIDS (2002) Epidemiological fact sheets *Global HIV/AIDS and STD Surveillance*, UNAIDS and WHO, undated, 2002. Retrieved July 30, 2003 from <http://www.unaids.org>.

² Bautista, Sergio Antonio, et al. (2003) '*Costing of HIV/AIDS treatment in Mexico*', Partners for Health Reform Plus, March, 2003. Retrieved July 30, 2002 from <http://www.synergyaids.com>

³ American Foundation for AIDS Research (2002) '*Global Initiatives Mexico*' American Foundation for AIDS Research Special Reports, undated, 2002. Retrieved July 30 from <http://www.amfar.org>

⁴ Cevallos, Diego (2002) 'Rural women with AIDS', *Inter Press Service*, AEGIS. Retrieved July 30, 2003 from <http://www.aegis.com>

⁵ Mexico Child Link (2003) '*Mexico street children statistics*', Mexico Child Link (undated, 2003). Retrieved July 20, 2003 from <http://www.mexico-child-link.org>

⁶ '*Country profile HIV/AIDS: Mexico*' US Agency for International Development, June, 2003. Retrieved July 30, 2003 from <http://www.usaid.gov>

⁷ American Foundation for AIDS Research (2002) '*Global Initiatives Mexico*', American Foundation for AIDS Research Special Reports, undated, 2002. Retrieved July 30 from <http://www.amfar.org>

⁸ Usdin, S. (2001) 'Soul City', *Urban Health and Development Bulletin*, Medical Research Council of South Africa, Vol. 3, No.2, June, 2000.

⁹ World Health Organization (2002) '*Infectious diseases report 2002*', World Health Organization, 2002. Retrieved June 30, 2003 from <http://www.who.int>.