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The History of Social Marketing in Europe: The Story So Far

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Abstract

This article presents the ways in which social marketing has been used in Europe, the contribution it has made to tackling major health issues, and the challenges it has faced. The extent to which social marketing is used varies greatly across Europe, although the past decade has seen a rise in EU-wide funded Social Marketing Programs. Despite the inconsistent and rather sporadic use of social marketing in Europe, some of the European aid organizations continue to fund numerous social marketing programs in developing countries. The European social marketing community need to continue to work together to promote its value and gain continued political buy-in for the discipline.

Keywords

innovations, best practices, partnerships, best practices, international, audience

Although social marketing has been well established for several decades in other continents, such as North America, the advantages of employing social marketing techniques have only recently been adopted in many European countries since the noughties. This article highlights some of the countries in which social marketing is currently being used in Europe, what problems it is predominantly being used to address, and how it became established in certain European countries. It also examines how political trends, barriers, and funding patterns have influenced the development and use of social marketing in Europe.

Overview of Europe

Europe is one of the world's smaller continents, but it contains some of the world's most densely populated areas. The continent comprises of 47 different countries including some ministates such as Vatican City, Monaco, and Gibraltar. International conflicts in the past century have often erupted into war. A desire to learn from these past conflicts has led to greater European integration and the

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formation of the European Union (EU), a political entity that lies between a confederation and a federation. The EU originated in Western Europe but has been expanding eastward since the fall of the Soviet Union in 1991. The EU now comprises of 28 members (Gov.UK, 2016).

Today, the majority of people in Europe live in urban areas and many enjoy a high standard of living. However, although the standard of living is high, social and health issues remain, and the inequalities gap continues to grow, particularly between those countries in northern Europe and those to the south (The Economist, 2016).

Major Health and Social Issues Affecting Europe

European governments face a growing number of major health challenges, which are putting unprecedented pressures on public health systems (Chaytor & Staiger, 2012). Health-care systems throughout Europe are endeavoring to rise to the challenges that result from an aging population and the growth in chronic diseases. Chronic disease is the leading cause of mortality in Europe. Over one third of the European population above the age of 15 has a chronic disease, and two of the three people reaching retirement age will have at least two chronic conditions (Eurostat, 2016).

The prevalence of chronic diseases highlights the ongoing need for continued public health work. Past efforts have focused on the risk factors: tobacco use, alcohol abuse, sedentary habits, and inadequate diets. Although some positive behavior changes have been observed, the obesity rate has doubled since 1990 in many European countries, and smoking rates remain over 30% in certain countries (Organization for Economic Cooperation and Development, 2012).

Countries in Europe also face major social issues. More than 6 million jobs were lost from 2008 to 2013 in the EU, and poverty has increased. Fiscal consolidation has generally attempted to spare social protection from spending cuts, but the distribution of adjustment costs between the young and the old has been uneven, creating a generational divide (Darvas & Wolff, 2014).

Many countries are still struggling to recover from the 2008 to 2009 global recession and the resulting Eurozone debt crisis, leading to some European governments imposing unpopular austerity measures. The result has been further political instability and the rise of anti-EU or "Eurosceptic" political parties (these parties are often termed Eurosceptic because many have been fueled by worries that too much national sovereignty has been relinquished to Brussels [the EU headquarters]). The unexpected result from the United Kingdom's (UK) referendum in June 2016, with the majority of resident voting to leave the EU (dubbed "BREXIT"), highlights the current anti-EU feeling (BBC, 2016).

Finally, there is social concern and unrest in relation to the number of refugees and asylum seekers entering Europe. More than 1.8 million people entered the EU illegally between January and October 2015, with some 980,000 applying for asylum. These numbers include refugees from conflicts in Syria, Iraq, and Afghanistan and economic migrants from the Balkans, the Middle East, and Africa. The concentration of large-scale immigration through the Eastern Mediterranean and Western Balkans and into a concentrated number of destinations (principally Germany, Hungary, Italy, and Sweden) has caused tensions. Coupled with the November 13, 2015, Paris attacks which killed 130 people and the following attacks in Belgium, these tensions have resulted in major amendments to the free movement agreement (named the Schengen Agreement; BBC, 2016).

Overview of Social Marketing in Europe

Despite the publication of Kotler and Zaltman's (1971) landmark article in the early 1970s, social marketing was infrequently used in Europe until the early noughties. Since then, the use of social marketing has steadily increased, and organizations such as the European Social Marketing

Association (ESMA) have worked to help develop a community of social marketing practitioners. The ESMA now have over 1,000 practitioners as members from 27 European countries.

The use of social marketing was advocated in the European health policy framework "HEALTH 2020" (World Health Organization [WHO], 2012). The article stated that "Real health benefits can be attained at an affordable cost and within resource constraints if effective strategies are adopted . . . especially in the areas of information, social marketing and social media" (pp. 2–3) and "Tackling complex problems such as obesity, multimorbidity and neurodegenerative diseases is challenging. Drawing on knowledge from the social, behavioural and policy sciences is proving increasingly important, including social marketing, behavioural economics and neuroscience" (p. 6). The past decade has also seen a rise in EU-funded social marketing programs and projects, and a number of national social marketing centers have been established, namely, in the UK, Czech Republic, and Slovenia.

A number of academic intuitions have been established, such as the Bristol Leadership and Change Centre at the University of the West of England (formally the Bristol Social Marketing Centre, established in 2007) and the Institute of Social Marketing at the University of Stirling in the UK (established in 2005, before that was known as the Advertising Research Unit which was started in 1979). However, there are many more social marketing academics based in other departments including The School for Business and Economics at the National University Ireland Galway; The Centre for Consumer Science at the University of Gothenburg in Sweden; and the Department of Cognitive, Quantitative, and Social Sciences at the University of Modena and Reggio Emilia in Italy to name just a few.

The variety of departments where social marketing academics are based in Europe demonstrates that there are people exploring behavior change from a range of perspectives, including social marketing. This in turn reflects the interdisciplinary nature of behavior change and that academics working in social marketing have often come from complimentary disciplines, such as psychology, sociology, or economics.

In Europe, social marketing has predominantly been used to try and tackle the main public health issues. However, as the field has developed, the tools and techniques have also been used on road safety initiatives and environmental projects, such as EcoTeams that originated in the Netherlands in the 1990s, and have now been adopted by other European countries to reduce household waste and energy usage (The National Social Marketing Centre, 2011).

Despite the increased number of Europe-based social marketing centers, practitioners, and academics working within field, the use of social marketing is still sporadic and inconsistent across countries and is often driven by individuals or small groups of committed practitioners and academics. Four case studies from different countries are presented below to show the varying approaches and uptake of social marketing within Europe. They have been selected to illustrate how the use of social marketing varies across Europe.

Social Marketing in the Netherlands

Social marketing first started to be used in the Netherlands at a regional level in 2010 by the Municipal Health Service of Rotterdam. As with many other European cities, Rotterdam faces many behavioral challenges, in particular in their most deprived areas. With this concern, in 2011, Rotterdam became the first Dutch Municipality to be given the Healthy City title by the WHO. The WHO's "Healthy Cities approach" focuses on a range of issues including education, income, housing, and lifestyle, and to achieve this status, a city must be "*conscious of health and striving to improve it*" (as opposed to being a place that has achieved a particular health status).

Eager to look at new approaches to tackling their most prominent health and social issues, the Municipal Health Service sent members of their team to a social marketing conference in the UK.

Following on from this, additional training was given to 40 of the Municipal's employees on social marketing techniques, and subsequently such tools and techniques were used in programs aimed at the prevention of obesity, including promoting healthy diets and increasing the drinking of water.

After the successful use of social marketing at a regional level, social marketing methodology was adopted by the Dutch Ministry of Health as part of the national obesity program. The program was successful. For example, at the end of the "water campaign," the target audience was drinking on average 100-ml less sweet drinks per day (Blanchette, van de Gaar, Raat, French, & Jansen, 2016). Since then, social marketing has been used by other government departments such as the Dutch National Institute for Environment and Health. Universities are also becoming more interested in the topic area and have included it in the curriculum at Vrije Universiteit Amsterdam and the Hogeschool in Rotterdam.

Nowadays, social marketing draws the attention of many Dutch professionals, and hundreds of them are already trained from the local Municipal health services, as well as other public sector bodies, for example, fire services and local authorities.

Social Marketing in Slovenia

Until early 2000, the most common approach to behavior and social change in Slovenia was systemic and educational. Although there were plenty of campaigns aiming to foster individual behavior, they were rarely designed and implemented with the basic social marketing principles in mind, like scoping, segmenting, pretesting, and evaluating (Kamin, 2006). This lack of adoption could be related to Slovenia's political legacy of managing social change which was "expert drive," as opposed to "citizen driven" (Kamin, 2011).[1]

Despite the somewhat slow start to adopt social marketing principles, knowledge of social marketing is improving in Slovenia. In 2005, a full academic course on social marketing was developed at the University of Ljubljana's Faculty of Social Sciences and has been implemented every year since then (Fakulteta za družbene vede, 2015). The growing interest in social marketing is also evident in the number of experts from different fields who have attended or organized conferences, seminars, and workshops to learn about the potential of social marketing in relation to tackling social problems in their areas. The social problems include chemical safety (Kamin, 2006), youth political participation (Cunk & Reitalu, 2012), organ donation (Kamin, 2016), health promotion (Kamin, 2010), and alcohol-related problems (Kenny, 2015).

At the 2012 European Social Marketing conference in Lisbon, 60 people attended. This increased to 110 for the 2014 conference and 198 for the 2016 conference in Espoo, Finland. The attendees have also changed in profile. In Lisbon, 80% of the attendees were from academic intuitions. However, for the 2014 conference, there was a near even split of one-third academic, one-third practice/private, and another third coming from nongovernmental organization (NGOs) or government agencies. This spilt of attendees was continued in 2016 (J. French, personal e-mail, August 1, 2017).

There are other examples that indicate a readiness to promote a social marketing approach to social change. In 2008, the national program "mobilizing community for more responsible attitude to alcohol" (abbreviated to MOSA) was developed, as an interdisciplinary and cross sector alliance for managing alcohol related problems in Slovenia (http://www.infomosa.si). The program received finance from the Slovenian Ministry of Health. MOSA is set up to systematically collect evidence on all actors and their activities in the area of alcohol-related problems in Slovenia, to evaluate these activities, share relevant research and publications, encourage cooperation across organizations, and apply critical social marketing for monitoring and exposing problematic practice of the alcohol industry in Slovenia (Nacionalni inštitut za javno zdravje, 2015).

Slovene youth organization NoExcuse (http://www.noexcuse.si) has also adopted a social marketing approach to behavior change in their 2010 organizational strategy. Since then, they have organized

(in cooperation with The Faculty of Social Sciences, University of Ljubljana) capacity building workshops for young activists in which a social marketing approach to planning, implementing, and evaluating interventions for solving health-related issues and improving sustainable life choices among young people is explained and promoted.

Against this backdrop, to meet the increased demand for information and training around social marketing, the Slovene Social Marketing Association was established in 2015 (https://szsm.wordpress.com). The mission of the Association is to build capacity around the principles of social marketing, evaluate behavior change programs against the UK's National Social Marketing Centre's benchmark criteria, monitor good practice, and to develop and promote social marketing concepts in Slovene language.

Social Marketing in Germany

In Germany, although some of the principles of social marketing have been used since the late 1980s in the public health field, the lack of identifiable social marketing programs suggests that the discipline is still underutilized. When the term "social marketing" is used in Germany, it is often in relation to social media marketing or social advertisement. In other cases, it refers to marketing efforts related to hospitals or fund-raising efforts conducted by charitable organizations (Loss, Lang, Ultsch, Eichhorn, & Nagel, 2006; Loss & Nagel, 2010).

If Andreasen's 6-point social marketing criteria (2002) was used to access programs in Germany, very few would be considered social marketing. For example, in a review of alcohol misuse prevention campaigns in German-speaking countries (Germany, Austria, and Switzerland), the authors found out that only 1 of the 31 campaigns analyzed fulfilled all six of the criteria (Wettstein, Suggs, & Lellig, 2012).

Despite this, there are programs that have used some of the core social marketing principles, although often different terminology has been used to describe the techniques (Pott, 2009).

The "Don't give AIDS a chance" program was one of the first programs that used some of the principles of social marketing in Germany. It started in 1987, and in addition to giving general information to the population as a whole, it tailored the information for specific high-risk groups. The goals were to build up knowledge about AIDS and HIV in the population, to reduce the discrimination of people diagnosed with the disease, and to increase protective motivations and behaviors (Lehmann, 2015; Töppich, Christiansen, & Müller, 2001; Winkelmann, Mueller, & von Rüden, 2015). Although the program, run by the Federal Centre for Health Education, focused mainly on promotional work (and failed to consider all elements of the marketing mix), it contained several elements that can be considered social marketing:

- All the materials distributed and events held were developed based on theoretical considerations.
- The program was constantly evaluated using predefined indicators, including knowledge about risks, nonrisks and protective measures, attitudes toward people diagnosed with AIDS/ HIV, willingness to use protective measures, and actual condom use.
- The target audience was segmented and different events/campaign activities developed for the different segments.
- Right from the beginning, other stakeholders, such as the German AIDS Federation (German: Deutsche AIDS-Hilfe), were involve in the programs development and implementation. The Federal Centre for Health Education also collaborated with other institutions and non-governmental organisations, including the Federal Ministry of Health, the WHO, and with teachers and physicians. Additionally, the program involved public -private partnerships with health insurance companies.

The above program has evolved and is still ongoing, although now it focuses on broader sexual health issues, for example, other sexually transmitted infections, as opposed to focusing solely on HIV.

Social marketing elements can also be found in many of the newer interventions of the Federal Centre for Health Education addressing many different health behaviors: smoking, youth alcohol consumption, and organ donation. Again, while some elements of this prevention work may qualify as social marketing, there is no explicit tradition in practice to date. Outside the health area, there are almost no signs for the use of social marketing in Germany.

Social Marketing in the UK and the Effects of Political Trends

The UK arguably remains the country where social marketing has been most successfully established and widely used in Europe. The discipline has been named in various government strategy papers and has been used extensively at both a national and regional level to address a whole host of health and environmental issues. The National Social Marketing Centre, originally established by England's Department of Health in 2006, has been at the center of this development and over the past 10 years has trained more than 5,000 people across the UK and has helped to establish a credible evidence base (Department of Health England, 2008).

Despite the progress made in the UK, social marketing has been affected by budget cuts in government spending and also political changes. Initially promoted under a Labour government, social marketing fell out of favor somewhat when there was a change of political leadership in 2010.

A few weeks after the new government came into power, a "marketing and advertising" freeze was announced, affecting all national government departments, as well as a large number of public bodies (Cabinet Office, 2010). Although the freeze really focused on nonessential advertising and communications, due to social marketing's name, there was a lot of confusion and funding was affected. The freeze came at a time when a new line of thinking around behavior change was coming into popularity. Like the US administration at the time, the Prime Minister appointed in 2010, David Cameron, was a strong advocate for the use of behavioral economics (promoted by the book *Nudge*). This then became the popular tool for achieving behavior change.

Since the marketing and advertising freeze has been lifted, social marketing has started to be used again more frequently by public sector bodies across the UK. For example, it has been included in Public Health England's national lifestyle change strategy for 2014–2017 (Public Health England, 2015) and in the Department of Transports road safety program (Department of Transport, 2015). However, it can be argued that the use of social marketing in the UK and interest in the disciplines has not fully recovered from the political changes. While the National Social Marketing Centre continues to train people and to develop, implement, and evaluation behaviour change programs, over the past few years, this work has become increasingly international as a result of the UK political changes reducing the number of British projects. The Centre now predominantly delivers contracts for large international aid organizations including United States Agency for International Development (USAID), the UK's Department for International Development (DFID), Médecins Sans Frontières (also known as Doctors Without Borders), and Stichting Nederlandse Vrijwilligers (SNV)—Netherlands Development Organisation.

Barriers to the Use of Social Marketing in Europe

In addition to the barriers highlighted by the UK case study, there are a number of additional factors, which are likely to have affected the usage and uptake of social marketing across Europe.

- *Marketing skepticism:* In 2006, when Professor Alan Andreasen visited the UK's National Social Marketing Centre, he explained how those working in the social marketing field in the

United States sometimes had to overcome the fear policy makers had about social marketing. That fear was in relation to the "social" part of the name (*Is it marketing for socialists?*). In Europe, it is the opposite, with marketing being seen by some as a negative discipline, which manipulates people (Walsh, 1991) making policy makers wary of the discipline.

- *Language barriers:* Another potential barrier to the adoption of social marketing across Europe is a language one. English is not the first language for most European countries, and while individuals have previously contacted organizations such as the UK's National Social Marketing Centre for permission to translate some of their resources into different languages, this has mostly been down to motivated individuals.
- *Competition from other disciplines:* As seen in the UK example, over the past decade, behavior economics has become popular as the fashionable crossbreed of psychology and economics in the UK and in other European countries (Harford, 2014). Behavioral economists seemingly offer appealingly simple and cost-effective ways to change individual's behavior, whereas social marketing often seems more time and resource intensive. When the UK's National Social Marketing Centre asked one of their government clients, for whom they had run a lot of training courses, why they had not done any social marketing when they had given such a positive review of the training, the client answered, "It just seemed so longwinded what you are offering, having to follow the planning process. The behavioral economics team came in and just gave us some quick alternatives so we went with them."
- *Lack of randomized control trial (RCT) evidence:* Although most social marketing projects are evaluated, the quality of the research data and evaluation methods used is questioned. With increasing pressure to show value for money, policy makers often focus too closely to the evidence-based medicine "hierarchy" of evidence by generally only drawing on RCT evidence (Greenhalgh, 2014). The consequent inability to claim effectiveness and the misguided views of policy makers that "no evidence of effectiveness equals evidence of no effect" has affected the funding of future social marketing projects. This issue is compounded by other "competitors" (such as behavioral economics), having RCT evidence.

European Funding of Aid Programs Which Use Social Marketing

Despite the inconsistent and rather sporadic use of social marketing in Europe, some of the European aid organizations such as the Department for International Development (DFID) in the UK, the Kreditanstalt für Wiederaufbau (KfW) Development Bank in Germany, and the Swedish International Development Corporation Agency (SIDA), fund numerous social marketing programs in developing countries.

Social Marketing Development Aid Funding: Germany

In 1993, the German Federal Ministry of Economic Cooperation and Development and the Kreditanstalt für Wiederaufbau Development Bank started supporting social marketing programs in developing countries. While it started mostly as the social marketing of contraceptives, at the turn of the millennium attention shifted to include other topic areas, and by 2010, the organizations supported a range of social marketing projects in 28 developing countries (Rudner, 2010).

Social Marketing Development Aid Funding: UK

The UK's DFID funds a large number of social marketing programs, commissioned out to international nonprofit organizations. DFID's experience with social marketing programs dates back to 1989 and a social marketing program in India managed by the organization, Marie Stopes.

By 2002, it was reported that DFID supported at least 26 social marketing projects with a total value of over £150M and an annual expenditure in excess of £50M (DFID, 2003b). Many of the projects focused on HIV and AIDS prevention. For example, an internal review document written in 2003 showed that, at that time, Futures Group was managing the following projects:

- China: Social marketing of condoms (Budget: £1,66M);
- Kenya: HIV/AIDS prevention and care (£19.96M) and midwives project (£0.2M);
- Pakistan: Private sector population project (£9.47M) and Harm reduction with HIV/AIDS prevention (£0.9M); and
- Nigeria: Nigeria health sector reform project (£1.04M; DFID, 2003a).

DFID's contribution to the development of social marketing strategies has also been significant. Through program design and tendering processes, DFID has placed emphasis on moving social marketing programs beyond retail selling and into more collaborative efforts to better target the poor and vulnerable and to appreciate that social marketing programs need to pay more attention to the social- and behavioral-change environments within which they work (DFID, 2003b).

Social Marketing Development Aid Funding: Sweden

The Swedish International Development Corporation Agency (SIDA) is a government organization, working under the Swedish Foreign Ministry. The organization administers approximately half of Sweden's budget for development aid. As with DFID, SIDA also focuses a lot of HIV projects, as well as maternal and child health services. They also have environment and climate change as a thematic priority. Similar to DFID, SIDA has commissioned a number of social marketing programs to international nonprofit organizations. For example, from 2012 to 2015, they contributed 65M SEK (Swedish Krona) to a social marketing project in Southern Africa. The project aimed to contribute to a 50% reduction in HIV incidence in Southern Africa by 2015. To do this, the project aimed to establish a financially sustainable condom social marketing model operating on a regional scale (SIDA, 2015).

Conclusions

Although social marketing has been gaining recognition within Europe and a European-specific evidence-base has been established, it still remains underused. As with many disciplines, social marketing's success (and also downfall) has been political, with social marketing often coming into favor with one government, only to be replaced by another discipline when a new government has been elected. Despite these setbacks, the value of social marketing is starting to be recognized once more and adopted by more and more professionals, in particular in tackling stubborn public health issues. Organizations such as the ESMA have been established, as well as country specific bodies, to help support the development and usage of the discipline.

Along with continuing to build a robust evidence-base, the discipline has to position itself against the "competition" and be clearly able to answer the questions: *How does social marketing differ, for example, to behavioral economics?* And, *what added value does social marketing bring, compared to other disciplines?* Unless we can answer these questions concisely, and in a way that clearly communicates the benefit for the person we are "selling" social marketing to, offering them both longer term impact, while also showing some quick wins, it will be hard to compete with the other disciplines.

Finally, it is unclear why some of the European aid organizations favor social marketing, when it is not always widely practiced in Europe. It is also unclear if the funding for social marketing programs in developing countries will continue to grow or even continue at all. However, having a strengthened evidence-base, as well as being about to quickly articulate the benefits for using social marketing over

other behaviour change disciplines, should strengthen its use, both in Europe and through European-funded aid programs.

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Note

1. Slovenia was formerly part of the communist controlled state of Yugoslavia.

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