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Pampers and UNICEF Part 1: The Marketing Campaign

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PAMPERS AND UNICEF

Part 1: The Marketing Campaign

On a bright July day in Manhattan, Nada Dugas and Yannis Artinos strode toward a fateful meeting. These two were in New York as the culmination of an experimental collaboration between two vast, but very different organizations: Procter & Gamble (P&G), the mammoth manufacturer of fast-moving consumer goods, and UNICEF, equally giant among inter-governmental organizations. The collaboration, which originated in an informal arrangement among friends, had grown into an elaborate marketing effort designed to help eliminate maternal and neonatal tetanus (MNT)¹, while at the same time build brand equity for both Pampers and UNICEF as standard-bearers for children's health and well-being around the world.

This project had emerged not out of a directive from top management, as is often the presumption of business thinkers, but from the middle of the organizations on both sides. Despite many setbacks and institutional barriers, the passion, dedication, and mutual respect among this relatively small cadre had produced a campaign that tested out in Europe as a persuasive brand platform, as well as a capable engine for attacking a deadly disease.

At the meeting in Manhattan, leaders on both sides would sign an agreement that made the partnership between P&G and UNICEF formal — and give the signal for a global rollout. At that point, Nada, as Head of External Relations in Europe and the Middle East, and Yannis, as Marketing Director for Western Europe, both at Pampers Babycare headquarters in Geneva, would partner with UNICEF to set in motion a funding mechanism of historic magnitude.

Maternal and Neonatal Tetanus (MNT)

Tetanus spores are a hardy form of bacteria that can live for a long time in many environments, but are usually found in soil, dust, and animal waste. When the spores enter the human body, usually through a wound, they attack the nervous system, resulting in spasms and, ultimately, death. Though the spores exist everywhere, tetanus infections are nearly unknown in the rich nations because generations of children have been immunized against it.

In the poorest and most remote areas of the globe, populations remain at risk for tetanus. A particularly frequent exposure situation is childbirth. In the developed world, women usually give birth in clean, often sterile, conditions, minimizing the risk of tetanus to the newborn. Since these mothers were normally vaccinated as children and given a booster in adulthood, they are usually immune. But in the poor nations, particularly in very remote areas, a woman may give birth in a dusty space, her attendant may not have access to clean water or soap, and the knife used to cut the umbilical cord may be dirty. Mothers' bodies are often torn during the birth, exposing them to tetanus infection, while the umbilical cord may even be sealed with dirt or dung thus presenting a threat to the infant as well.

¹ MNT refers to tetanus affecting mothers and their newborns. A regime of standard tetanus vaccine protects against the disease.

A newborn with tetanus usually appears healthy for several days after birth, only to abruptly stop nursing, become rigid, and develop convulsions. The deaths come suddenly and mysteriously, leaving those who watch helplessly to speculate about the cause of death, sometimes resulting in accusations of witchcraft or curses. The disease is fatal for about 70% of infants who contract it, and available public estimates indicate that approximately 30,000 mothers annually die of tetanus.²

Infant deaths frequently go unreported in the developing world, but those who die of this silent killer are even less likely to appear in community records. Thus, though the World Health Organization (WHO) estimated, at the time the Pampers/UNICEF partnership began, that someone was dying from MNT every four minutes, experts working in the field suspected that the real number might be higher.³

Despite its toll on human life globally, MNT is little known in the industrialized world. Its prevention ultimately depends on more widely available health care, routine immunizations, water and soap accessibility, and education—all expensive, long-term propositions. However, in the meantime, the tragedy of MNT death for both mother and child can be prevented by a vaccine given during pregnancy. If the mother can be vaccinated twice during gestation, she and her newborn, as well as any children she delivers for the next three years, will be protected. If she gets further vaccinations, the mother and her offspring are protected as follows:

- 3 doses protect for five years
- 4 doses protect for 10 years
- 5 doses protect for the remaining childbearing years.⁴

The vaccine has been available for 80 years and has minimal side effects. The serum itself is very inexpensive. However, the places where it is most needed are often at long distances from health care centers. Expectant mothers may not be able to come into clinics for pre-natal care—and if they do so, they may only come once.

The World Health Organization monitors progress toward MNT elimination through community based mortality surveys. Once WHO has verified that a country has achieved a rate of less than one case of neonatal tetanus per thousand births, it declares the country to have "eliminated" the disease. The disease can never be permanently "eradicated" because the spores live in soil. Therefore, the country needs to continue to provide routine immunization, as well as clean delivery services, even after WHO certification.⁵ By the time Pampers and UNICEF were considering their global agreement in 2008, there remained 47 nations in the world where MNT had not been officially eliminated (Appendix 1: Countries Still Needing MNT Certification in 2008). Some of these countries were large and populous. Several others were conflict areas or known to face serious challenges with government corruption.

² Source: 'WHO Maternal and Neonatal Tetanus Elimination by 2005: Strategies for Achieving and Maintaining Elimination'.

³ In 2005, WHO estimates indicated that tetanus was responsible for at least 14% of infant deaths and 5% of maternal deaths globally. Source: 'WHO Maternal and Neonatal Tetanus Elimination by 2005: Strategies for Achieving and Maintaining Elimination'.

⁴ Note: Giving the TT vaccine during pregnancy is only one strategy. The broader target is vaccination of females of childbearing age. Roper, Vandelaer, and Gasse, 'Maternal and Neonatal Tetanus', *The Lancet*, Vol. 370, Issue 9603, pp. 1947-1959.

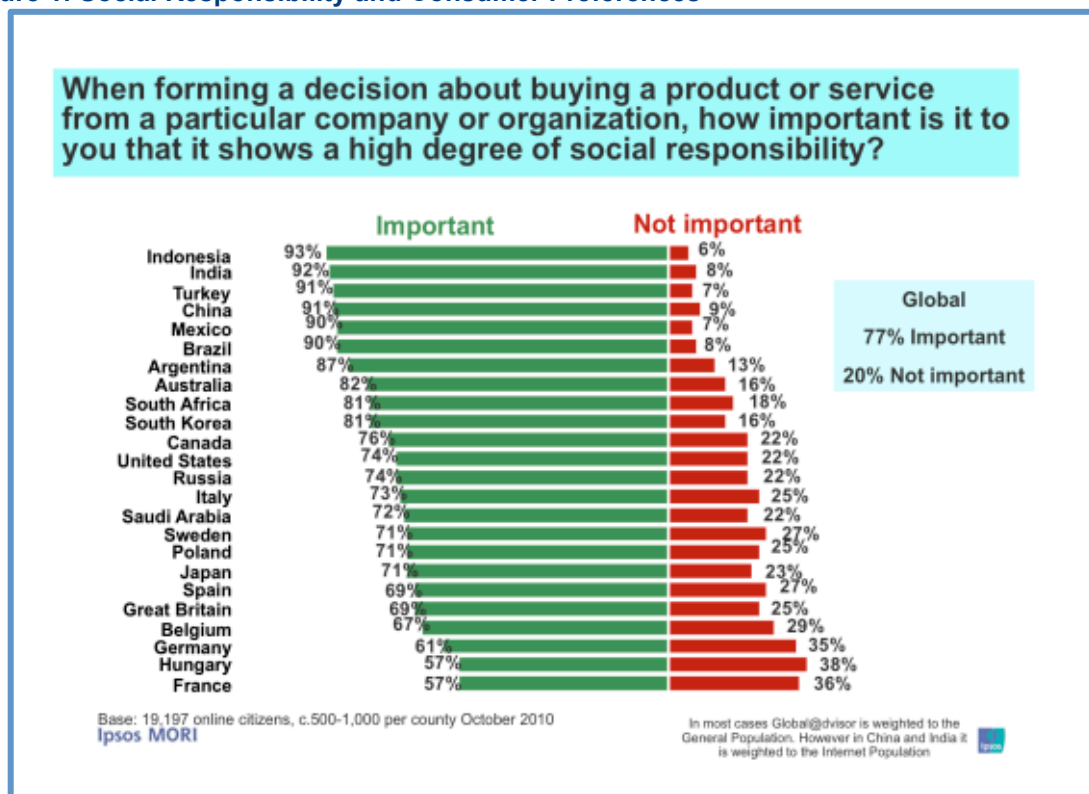
⁵ For complete detail on how the WHO validates MNT elimination, please refer to the WHO website at <http://www.who.int/en/>.

Because MNT had received little media attention, it did not have a high profile within the international community, including donors and governments, at the time the Pampers/UNICEF alliance began. Indeed, governments often did not consider MNT a high priority, particularly as compared to malaria and HIV, which dominated media headlines throughout the 2000's. The disease remained on UNICEF's Medium Term Strategy Plan, but for these and other reasons, MNT was on its way to becoming an orphan cause when P&G and UNICEF came together to work on it.

Corporate Strategy and Philanthropy

By the end of the twentieth century, the spread of sophisticated marketing and consumer products began to raise questions about the social obligations of the companies who sold these goods. Studies showed a propensity for buyers to premise product choice on indicators of social responsibility. While this attitude was pronounced in Western Europe and North America, it was even stronger in strategically important growth markets like India, China, and Brazil, forming a global average of nearly 80% reporting that social responsibility was important to buying choices, as shown in the figure below.

Figure 1: Social Responsibility and Consumer Preferences



Source: Ipsos Global @divisor, October 2010. (c)Ipsos Group

Importantly, consumers also told pollsters in the same survey, and in about the same proportions, that their countries' governments "should be more aggressive in regulating the activities of national and multinational companies."

Like many major multinational corporations (MNCs), Procter & Gamble addressed these attitudes through philanthropy, but they have also integrated pro-social efforts with strategic themes carefully woven into corporate programs. For instance, through the “Live, Learn, and Thrive” corporate philanthropic initiative, P&G channels products or resources into more than 100 programs across 60 countries with the goal of “improving life for children and youth around the world.” “Live, Learn, and Thrive” initiatives range from “life-saving vaccinations and safe water in Africa, to safe homes across Europe, to educational opportunities in Asia, to essential nutrition in North America, to early childhood development in Latin America.”⁶ Of the program, P&G comments that:

We believe companies can be a force for good in the world, and this is who we are as a global corporate citizen. Live, Learn and Thrive is woven into our philanthropy, cause marketing, product donations, disaster relief, and employee engagement. The cause is a reflection of our Purpose, and it embodies our goal of being closer to consumers from all walks of life and in touch with the needs of communities around the world.

“Live, Learn, and Thrive” initiatives are a source of considerable employee interest across P&G, with thousands of employees annually volunteering their time and donating their own money. Importantly, P&G top management is aware that such efforts are a significant source of employee pride and satisfaction, contributing to recruiting and retention of good people.

Again, this wisdom is consistent with global trends. In the same IPSOS survey cited above, 72% of global respondents answered “Important” to the question: “Thinking now about the organization that you work for, how important is it to you that your own employer is responsible to society and the environment?” Responses varied, with developing countries such as China (78%), Brazil (80%), and India (86%) showing some contrast to developed countries, such as Japan (63%), the France (61%), and the UK (59%). Nevertheless, across the board, employee expectations of social responsibility were high.

Community-responsible strategies have also served Procter & Gamble well in financial terms. Money managers consistently rank P&G at or near the top of the most respected firms in the world, a fact that lends them attractiveness as an investment.⁷ However, as with any for-profit entity, P&G must balance its desire to be socially positive with its equally pressing fiduciary responsibility to maintain and grow the investment of its shareholders. In fact, the Pampers/UNICEF campaign grew out of a commercial initiative intended to build the Pampers brand, rather than being a philanthropic program.

Branding Disposable Diapers

Disposable diapers, invented in the United States during the 1960s, are now a mature product category in Europe and North America. Two strong brands, Pampers and Huggies, have several sizes and styles of diaper, aimed at different developmental stages, and are accompanied on the shelf by complementary products such as baby wipes. Competition on

⁶ Source: P&G “Live, Learn, and Thrive” homepage, Accessed at:

http://www.pg.com/en_US/sustainability/social_responsibility/live_learn_thrive_overview.shtml.

⁷ Source: ‘The World’s Most Respected Companies’, MNS Money, 15 February, 2010. Accessed at:

<http://articles.moneycentral.msn.com/Investing/Extra/the-worlds-most-respected-companies.aspx?GT1=33002>.

product features is fierce, but, for consumers, disposable diapers have become a low interest category. Many select their product on the basis of price. In the developed nations, category sales are flat and, since birth rates are also declining in many of those countries, the struggle to gain market share has become more intense. Pampers leads the global market, at about a 33% share, with Huggies next at about 22%. In Western Europe, the difference is much bigger, with Pampers holding about 54% and Huggies only about 13%. However, in North America, where both brands originated, Huggies is the leading brand. So, though Pampers remains by far the leading brand globally and, at US\$9 billion in worldwide sales, is Procter & Gamble's largest brand, the need to build brand loyalty in order to maintain leadership is crucial.⁸

While keeping the lead on product attributes is important in this brand battle, as in any other, the imperative to build brand loyalty based on intangibles is also very strong. Product features can be easily and quickly copied and the category is subject to promotions that draw attention to price. To win the affection for Pampers as *an idea* is at least as important as having preferred features. Thus, following current "best practices" in branding, the P&G marketing teams seek to promote Pampers' core essence as a brand devoted to the well being of babies and mothers.

Many of Pampers' marketing tactics, therefore, are aimed at building a trusting relationship with the mothers and soon-to-be mothers of infants. For example, Pampers provides several key resources for new parents, including the online Pampers Parenting Network. This platform brings together baby and child health experts to write short articles on practical topics relevant to new parents. The Network then moderates follow-up questions and comments from parents through the Pampers Village website, which is available in more than 20 languages. Pampers also maintains a hospital program that brings nurses into hospitals to provide family care and health information. In rich countries, Pampers reaches nearly all new mothers with its direct mail program. In the developing world, Pampers has innovative reach programs, such as baby care vans, staffed with health care personnel, that visits mothers in their home neighborhood to weigh, measure, and examine the infants—and sell packs of Pampers at a discount.

Consistent with corporate strategy, a focus on the way that fast-moving consumer goods can positively affect the quality of life for consumers is in evidence. Thus, when Procter & Gamble marketing people say things like, "They already buy us. We want them to love us," they are referring not only to the objective of brand-building, but are also pointing in the direction of the organizational culture.

Birth of a Partnership

Andy Daly chuckled as the commercial clip finished. He could see why the sweet images of sleeping babies with "Silent Night" sung over them would have brought tears even to the eyes of hardened executives, as his counterpart at Saatchi & Saatchi, P&G's advertising agency, had claimed. There was no selling idea, no product demo, and not yet even a logo, but Andy could see the potential for this to be a great little commercial. The question was, for what?

⁸ Source: 'Pampers: Absorbing Market Share', *Goliath*, 10 May 05, Accessed at: http://goliath.ecnext.com/coms2/gi_0199-4191336/PAMPERS-Absorbing-market-share.html

Andy had enough room in a project budget to pay for some of the cost to produce the spot. He sometimes did things like that, in the spirit of letting creative ideas bubble up. So he called his colleague at Saatchi back and said, “OK, I’ll pay for half of it, but I don’t really know how we’re going to use this ad.”

The wheels kept turning in Andy’s head. As an Associate Marketing Director in charge of relationship marketing for Pampers in Western Europe, he had been tinkering with ideas for a Pampers Christmas campaign. The holidays were difficult for disposable diapers because the trade preferred to support high-margin, seasonal items like cakes and ornaments.

Andy and his team wanted to find something for the holidays that would make an emotional connection with the consumer, appeal to the trade, and not be focused on price or product attributes. And, as part of the on-going effort to turn Pampers into a “loved” brand, he wanted to go beyond product attributes, to talk about “healthy, happy babies,” not just “dry bottoms.”

“Silent Night” with sleeping babies somehow seemed to fit this agenda. Andy picked up the phone and called his friend, Luc Suykens, who “was usually quite helpful to me when I had these kinds of crazy ideas. We’d done a couple of things just as tests.” Luc, the Marketing Director of the Belgium office, listened while Andy laid out his thinking.

There had already been conversations among Luc’s team about testing a charity-partnered campaign in Western Europe. As Andy explained his germinating idea about “Silent Night,” Luc suggested contacting a former colleague now working at UNICEF. “You know,” said Luc, “This could be a perfect link with UNICEF. We could do something with their Christmas cards. Luc’s former colleague had, in fact, worked on Pampers for four years before moving to UNICEF and he had always thought a connection between Pampers and the United Nations advocate for children would be a brilliant strategic move. So, Luc was put immediately in touch with the Belgian National Committee for UNICEF.

The Launch in Belgium

Andy, Luc, and their colleagues realized that Belgium could serve as a test to see whether the trade believed in the campaign. They moved quickly to get a campaign ready in time for Christmas. In only a few months, an elaborate promotion for the fourth quarter of 2004 was built around the sleeping baby commercial, the UNICEF Christmas card campaign, children’s vaccinations, and Pampers. Though the television copy communicated “a good night’s sleep,” the campaign also intended to illustrate that parents, Pampers, and UNICEF could work together to help babies all over the world sleep in peace.

This Pampers “Silent Night Initiative” was rather complex, from a consumer perspective. When buying the Pampers Jumbo package, consumers received three UNICEF Christmas cards. For each of these purchases, Pampers promised to donate the cost of eight polio vaccines to UNICEF. Separately, however, Pampers also included UNICEF solicitation materials in its direct mail materials during the promotion, thus creating a mechanism through which new parents could donate to support child vaccination against diphtheria, tetanus, and polio.

The promotion ran only from November 15 to December 20, 2004 and was supported by only one major store chain. But the effort drew a great deal of media attention. Afterward, Nielsen results showed that Pampers volume share for December 2004 had indexed 103 versus year ago. For Pampers to get such an increase, as well as media exposure, in a season that is traditionally slow was a good result, especially given the limited time, constrained retail scope, and small cost. For UNICEF, the proceeds from the vaccination donation drive funded the immunization of 200,000 children against polio, a much larger response than was typical for campaigns conducted without a corporate partner.

The next year, Christmas 2005, the Belgian team simplified the campaign and expanded the promotion to the national level. This time, no Christmas cards were involved and the promotion was still limited to the Jumbo pack. But, in the messaging, a Pampers/UNICEF partnership promised to, “vaccinate one child with the purchase of one pack.” UNICEF was again allowed to insert donation solicitations into Pampers’ direct mail.

This time, the national trade responded with strong support both in-store and out-of-store. Retailers sent mailings to customers that included Pampers’ promotion materials. A Pampers/UNICEF Christmas tree, with premiums and posters, appeared in many places the diapers were sold. This was a remarkable level of trade support for disposable diapers during the Christmas season.

Again, Pampers’ volume share indexed 103 versus year ago in the Nielsen figures. This performance was an increase over the 3% rise achieved by the partnership’s first effort and was particularly impressive because, as market leader in Belgium, Pampers’ share was already at a high base level. UNICEF’s donations were again very good.

“So we thought, OK, well there’s an idea here,” remembers Andy, “let’s try and expand it.”

Going Strategic

Yannis Artinos, the Marketing Director for Western Europe, was also friends with Andy and Luc, as well as Luc’s contact at UNICEF. Yannis was impressed with the results of the 2004 and 2005 Silent Night campaigns in Belgium. Both the Pampers and UNICEF teams, however, wanted to work toward a more strategic approach to the campaign to find a way to build the synergy between both brands.

Within Procter & Gamble, the campaign was a “commercial innovation.” This term is one that P&G uses to distinguish promotional ideas from “product innovations.” Product innovations improve the performance of the diaper itself and, though such changes usually produce strong business results, they are also very expensive. The campaign with UNICEF promised to deliver results that were at least comparable to those that normally came from a product improvement. It is important to bear in mind that this campaign, though it was certainly consistent with P&G’s corporate philosophy in philanthropic terms, was not born as a charitable effort from the Pampers point of view, but was pursued as a commercial innovation.

A strategy meeting was arranged between teams from each organization. Each group enthusiastically agreed that Pampers and UNICEF brands were very close in their conceptual brand focus—the well-being of children, especially babies—and that their primary target audience, mothers of small children, also was the same. Both teams wanted to stay focused on Christmas because it is a time of year when mothers are likely to feel moved to give, because the trade lacked interest in diapers during the last quarter of the year, and because the UNICEF Christmas cards were so strongly identified with the holiday season. But they wanted to find a concept that would be clearer, simpler, and more compelling—and would play to the two brands' core essence, not just be a seasonal promotion.

After discussing several concepts, the team decided to hold focus groups in the United Kingdom, an important market for both brands, to solicit feedback from young mothers about various donation concepts to benefit children: “Will it be money, so Pampers donates X millions of dollars to UNICEF?” remembers Yannis, “Would it be Pampers helps put food on the plate of children? Will it be education, water? So we tested all kinds of routes.”

The feedback, though sobering, provided important guidance that still underpins many decisions: consumers met most proposals with skepticism. In particular, a straight donation to UNICEF was viewed suspiciously, “Does it end up in somebody's pocket or does it really help?” Temporary or “drop-in-the-bucket” measures, such as food or water donations, also did not motivate buyers. Remembering the UK focus groups, Yannis recounted:

And I still remember the day they were sitting behind the mirror in focus groups and were talking to the hardest people that you could ever imagine in terms of conversion to Pampers. These were private label loyalists. Mothers that would think of nothing else to buy on diapers, but private label. They were all second time mothers, meaning they have gone through their first child. Their conviction was, “All diapers are pretty much the same. I've been through this process, I know my baby's not as fragile as people want me to think and I know nothing really is going to happen to it if I use a private label. So I hear your marketing, blah, blah, blah, but at the end of the day I think it's pretty much OK to use a private label and save twenty-five percent in the process.”

But then the concept of a single vaccine donation with each pack purchased was presented. “When we showed that concept,” Yannis recalls, “there was silence in the room, silence. And they said, ‘Now this is something. It's the first time I've seen something that is worthwhile for me to switch and pay something extra. Because without giving anything that is out of my way, without sacrificing anything, I am just buying a pack of diapers which anyway I need to buy, I will save the life of a baby. . . .’ That was how the campaign started.”

Identifying a vaccine that could be supported with a single purchase was the next step. The team did not want anything that would be complicated or would rouse the suspicions that consumers had expressed about misuse of donations. So the straightforward exchange of “one pack equals one vaccine” was essential. “It's not ‘buy a month's worth of diapers and we'll give X amount of vaccines,’ it's not about ‘collect the receipts and we'll donate X amount of money.’ The reason for it is because it's immediate, it's simple, it's consumer logic, it's memorable, and you don't have to do anything else to have an impact. It's just buying a pack of diapers. You

don't have to collect, you don't have to send anything, nothing, you just buy a pack of diapers," insists Yannis.

In order to maintain Pampers' margins on a per-unit basis, the vaccine could not cost more than ten cents in US dollars. So, the Pampers team asked UNICEF to present a list of vaccines that could be purchased for that amount. When the list was consulted, UNICEF and Pampers agreed that maternal and neonatal tetanus was not only affordable under these simple terms—at that time, only five USD cents—it was also strategically consistent. The infection attacked babies of the age to wear diapers and both the risk and its solution were intricately bound up in the relationship between mother and child. For a campaign aimed at mothers of babies, asking them to choose Pampers in order to protect other mothers *and* their babies, this vaccine was perfect.

However, the five-cent cost purchased only the vaccine itself, and UNICEF cautioned that the cost for even this single item often ran higher. The syringe and other sterile equipment were not included, nor were the staff costs, transportation expenses, and other significant elements that must come together to actually get the mother vaccinated.

Figure 2: Breakdown of Cost to Deliver One Tetanus Toxoid (TT) Vaccine⁹

Expenditure Category	USD Cents
Vaccines & injection supplies	0.18
Planning & training	0.08
Advocacy & social mobilization	0.08
Health workers' stipends	0.06
Transport	0.12
Supervision, monitoring	0.04
Clean delivery promotion	0.03
NT surveillance	0.01
Total unit cost to deliver	\$0.60

The Pampers team wanted to keep the simple, compelling “1 pack = 1 vaccine” message and they were also keen to accommodate the expressed concerns of their consumers by carefully restricting what funds could be used to buy. So, the two organizations agreed that the promise to purchase “one vaccine” would mean that the funds would go only to buy serum and not to any other form of support.

Importantly, when the campaign began, Procter & Gamble was only *helping* UNICEF in a larger fight against maternal and neonatal tetanus. Other donors, most notably the Global Alliance for Vaccines and Immunization (GAVI), were supporting the vaccination program to a greater extent and in a less restrictive way. Indeed, at that time, the projected P&G contribution, though substantial, was only about 10% of the total funds being made available by a combination of UNICEF national committees, GAVI, and other donors. Further, WHO was steadily ticking

⁹ These figures are based on average costs reported to UNICEF by participating countries as of 2009. Actual costs for individual countries and even districts within a country may differ due to factors including distance, navigability of terrain, and labor costs.

nations who had successfully eliminated MNT off their list. Therefore, a combined force of big donors, including P&G, looked likely to eventually win the battle.

With Pampers' considerable advertising clout, the "orphan disease" would get more public exposure than ever before. With this extra media boost, UNICEF seemed likely to sustain the effort against MNT through to worldwide elimination. The Pampers partnership also opened the door to other mechanisms for securing additional donations, including partnership with parenting magazines, as well as baby shows where parents could donate money to UNICEF. On an ongoing basis, Pampers also hoped to persuade trade partners and retailers to support the campaign.

Though they were not themselves a financial contributor to the marketing campaign, it was expected that UNICEF's own brand would also be built by the multiple exposures. UNICEF does not spend money on the kinds of efforts that normally support brand building, though they protect their reputation carefully. UNICEF recognizes that the same issues of awareness, trust, and loyalty that affect consumer product purchase also influence charitable donations. However, like many not-for-profit organizations, spending a great deal of money and developing skills on brand building has not been a focal practice at UNICEF. Indeed, UNICEF staff members hoped that the Pampers team, with their special expertise in marketing and consumer affairs, might even help them learn more about persuading audiences.

All in all, the plan seemed to promise the proverbial "win-win." So, the "1 pack = 1 vaccine" MNT campaign was dropped into the UK, as well as the Netherlands, Ireland, and, again, Belgium, for the Christmas season of 2006. This time, the donation was based on the specially marked packs of Pampers Baby-Dry, Active Fit, New Baby, and Easy Up, rather than just the Jumbo pack.

Trade uptake was enthusiastic. Retailers throughout the area included materials in their mailings and mentions in their advertising. Media coverage was exceptional. Breaking apart the results by nation is difficult. However, the UK Pampers volume share in October/November/December (OND) 2006 indexed 103 versus July/August/September (JAS) 2006 in the Nielsen reports. The volume share was even with the previous year, but the OND 2006 image perception in the UK improved across all the key brand attributes measured by TNS, as compared to the previous period, suggesting excellent potential from a brand image perspective. All these results were particularly compelling for the UK, which is a notoriously competitive market for disposable diapers. In the Netherlands, December 2006 volume share indexed an impressive 104 versus Nielsen's year ago reports. The donations coming into UNICEF as a result of the marketing campaign were substantial, but the mailing of solicitations did not work as well this time, so that effort was no longer considered a core aspect of the campaign going forward.

The Western Europe Rollout

The successful experiences in three European countries spurred the Pampers team to work toward a campaign that would cover sixteen Western European countries in the Christmas season of 2007. The idea posed some organizational challenges as UNICEF operates through relatively independent National Committees across Europe, each of which had to be brought

into the plan through separate negotiations. National Committees in different countries may employ a variety of locally appropriate fund-raising approaches, but the Pampers package and campaign claim had to remain the same across all sixteen European countries involved in the plan. Nada Dugas spent huge amounts of time with the UNICEF Corporate Partnership team hammering out sixteen different agreements.

For Western Europe, the campaign was expanded across all Pampers diapers and Kandoo wipes. Support for the campaign was also carried by other Procter & Gamble brands, such as Ariel and Fairy. Though the other brands did not independently advertise the campaign, their packaging said “support Pampers for UNICEF” and made a “1 pack = 1 vaccine” promise, with donations to go toward MNT.

Before the campaign broke, but with advertising and other support materials already produced and in place, UNICEF approached Nada Dugas to make her aware that vaccine costs had increased. UNICEF had agreed to the Pampers donation of five cents per pack very reluctantly as it barely covered the cost of a dose of vaccine. A year later, the vaccine cost had risen from five cents to almost eight. Thus, the “1 pack = 1 vaccine” claim could no longer be supported without at least a 40% increase in P&G’s donation to UNICEF. The P&G team was able to get permission to increase the donation from each package to seven USD cents from five, but the request raised concerns about the stability of the outlay for the vaccine.

The Western European market embraced the concept enthusiastically. Some retailers elaborated on the campaign in important ways: several adopted a specific country and aimed toward helping to eliminate the disease there; Tesco matched the number of vaccines donated from the purchase of a package in the UK. Share of display across the region grew, with double-digit growth reported in several places, including France and Germany. Celebrities across Europe endorsed the campaign, including Laeticia Hallyday (model and wife of one of France’s most beloved singers, Johnny Hallyday) and actress Salma Hayek.

Celebrity involvement, however, had become a sticking point for the partnership. UNICEF has a short list of celebrities who work as unpaid “ambassadors” to help raise awareness of children’s needs in the media, while the use of paid celebrities was a key part of Procter & Gamble’s toolkit. UNICEF was concerned about the occasional confusion when an unpaid celebrity from UNICEF and a paid celebrity from Pampers appeared on behalf of the campaign. In addition, there was some concern internally that the celebrity focus was unseemly, perhaps too commercial for UNICEF.

The celebrity involvement also caused friction on the ground in vaccine recipient countries. The Pampers team liked to bring celebrities, as well as key executives and members of the press, to the places where the vaccines were being administered, in order to showcase the effects of their work to the public while drumming up continued internal support for the campaign. UNICEF field offices sometimes grumbled that these press junkets were an unwelcome distraction, while P&G emphasized they were a crucial aspect of driving media attention towards a previously little-known disease. UNICEF field offices are very busy with program implementation, often in very difficult circumstances, and they must balance multiple partnerships, some of which are sensitive and time-consuming.

The Global Agreement

By the end of the 2007 campaign, both Pampers and UNICEF felt prepared to enter into an effort with a longer term and a larger scope. Each partner committed to the other that they would work together to eliminate MNT globally by 2012. The message would continue as a “1 pack = 1 vaccine” promise to consumers, because the Pampers team believed strongly this simple, compelling proposition was at the heart of the campaign’s success. The funding would still focus exclusively on the serum, in order to ensure literal accountability to the language in the consumer promise. The new three-year formal partnership would bring in all UNICEF National Committees and country offices, set a limit on field visits, and set the allowed cost for the vaccine serum to 7 US cents. Under this agreement, the partners would roll the effort out globally, including important Pampers markets such as Japan and the United States.

UNICEF had long ago committed to the elimination of MNT, but at the time of this agreement, the prospects of success seemed increasingly elusive. Since the first conversations with P&G, key UNICEF donors had failed to renew program funding, facing cuts to their own budgets or preferring to target diseases that caused more deaths in children. Increased security concerns in several countries slowed or halted the progress of MNT elimination programs in these areas. At least three countries where MNT had been thought to have been eliminated failed WHO certification, making the list of places yet to conquer the disease longer than previously hoped. A shift in world thinking on the proper way to approach public health issues affecting children had made it harder and harder to raise money for a specific disease—or even to garner support among top management at UNICEF. Global focus on the diseases enumerated in the Millennium Development Goals had drawn funds and focus away from MNT, which was not listed. (See Appendix 2: Foreword: Pampers and UNICEF Report.) Thus, the partnership’s avowed commitment to stay with MNT as a cause until WHO could declare it “eliminated”—and to set a target date of 2012—was an important signal to the global community.

Going global with the marketing campaign would be hugely complicated, of course. Each P&G region had its own retailers, each with their own agendas. In fact, in the United States, Wal-Mart even had its own charity. Pampers, though it was sold in 100 countries around the world, was not the market leader everywhere and so might not be able to pull trade support as strongly as it had in Europe. It was also uncertain whether the campaign would work in every culture: for starters, it would clearly need to be adapted to Ramadan, instead of Christmas, in the CEEMEA (Central Eastern Europe Middle East and Africa) region of Procter & Gamble. And every single country involved in the campaign, no matter how small, had an individual UNICEF office that would want its own contract, have its own legal requirements, and would need its diaper sales counted separately.

Within both organizations, there were skeptics. At UNICEF, many thought that entering into a partnership with a multinational corporation was an act of self-corruption. Others there just thought that UNICEF was not getting enough money for all the mileage Pampers was getting on the campaign. On the P&G side, there were the usual arguments about whether cause-related marketing was a legitimate undertaking at all. Still others argued that innovation spending

should be at the product level, not on the brand side. Throughout Pampers' multi-billion dollar history, advertising had presented the diapers prominently—the Pampers/UNICEF promotion barely featured the product. Others at P&G merely worried that the company's biggest brand was tying its future so closely to an external organization. Finally, some close to the executional challenges felt that the agreement had simply not been properly vetted nor the logistics sufficiently addressed.

Nevertheless, the Pampers team was optimistic. The campaign had shown power to move the trade, persuade consumers, and build brand equity. The joint undertaking with UNICEF was clearly in line with the larger brand concept that P&G now espoused for all brands: Pampers had evolved from promising dry bottoms to standing for healthy, happy babies around the world—and had profited from this expansion in its branding scope. The people involved with the campaign—which had expanded from three guys in Belgium and Switzerland to a diverse team across all of Western Europe—were passionate about conquering the disease. With the increased attention to MNT through Pampers' worldwide advertising, they hoped to raise awareness enough to influence other large donors, as well as get millions of young parents to open their hearts and purses. The cause had become popular within P&G and appointment to the Pampers brand was, as a result, a highly sought after prize.

So, together, Pampers and UNICEF had zeroed in on making UNICEF's longstanding goal of MNT elimination a reality – through the unlikely mechanism of selling disposable diapers. The agreement was waiting to be signed. And Yannis and Nada were on their way across New York.

Case questions:

1. What are the benefits to Pampers of going global with this campaign?
2. Articulate the risks of this agreement. Do these partners need an exit strategy?
3. What basic logistical questions need to be asked at this point?
4. Is this campaign portable across cultures? Why or why not?
5. Who is the donor in this campaign?

Appendix 1: Countries Still Needing MNT Certification in 2008¹⁰

1. Afghanistan
2. Angola
3. Bangladesh
4. Benin
5. Burkina Faso
6. Burundi
7. Cambodia
8. Cameroon
9. Central African Republic
10. Chad
11. China
12. Comoros
13. Congo
14. Congo DR
15. Equatorial Guinea
16. Ethiopia
17. Gabon
18. Ghana
19. Guinea
20. Guinea Bissau
21. Haiti
22. India
23. Indonesia
24. Iraq
25. Ivory Coast
26. Kenya
27. Laos PDR
28. Liberia
29. Madagascar
30. Mali
31. Mauritania
32. Mozambique
33. Myanmar
34. Niger
35. Nigeria
36. Pakistan
37. PNG
38. Philippines
39. Senegal
40. Sierra Leone
41. Somalia
42. Sudan
43. Tanzania
44. Timor Leste
45. Turkey
46. Uganda
47. Yemen

¹⁰ Source: UNICEF MNT Team, New York, NY.

Appendix 2: Foreword: Pampers and UNICEF Report 2008¹¹



Foreword

Foreword Dr Francois Gasse, UNICEF Senior Health Specialist,
Maternal and Newborn Tetanus

**If you knew how to save the life of a child,
what could stop you?**

At present newborn tetanus is responsible for the death of one child every three minutes.¹ I believe this is a tragedy and that no one need die of maternal and newborn tetanus today, especially when they can be so easily and cost effectively prevented and could even be eliminated by 2012. My mission, and that of UNICEF and its partners, is to protect all the world's mothers and babies from pain and suffering of maternal and newborn tetanus.

The tetanus toxoid vaccine is not new, it was developed in 1926. In some ways it is a tale of two worlds. In the industrialised world, most mothers give birth in a medical facility and babies are routinely immunised both in their first year of life and through booster vaccinations periodically. Tetanus is a disease we perceive to be a rare risk and only as a result of cuts and scrapes because we are well immunised. However, for people in many less industrialised countries, tetanus is a dangerous killer.

Until 1989 the threat of maternal and newborn tetanus to mothers and children in the less industrialised world was not perceived to be a priority. Whilst immunisation drives of the 1970s and 80s protected the world's children against a flurry of diseases, newborn tetanus, an easily preventable, yet killer disease, was forgotten.

Over the past 18 years we have taken huge steps to help address our past mistakes. Around 800,000 neonatal tetanus deaths were estimated to occur in the mid 1980s.² But even today, about 140,000 newborns³ die annually from newborn tetanus, and up to 30,000 mothers from maternal tetanus.¹ Almost all these deaths occur in just 47 countries.⁴

Maternal and newborn tetanus strike when women deliver their babies in unsanitary conditions. They are often called 'end of the road diseases' as they are most prevalent where poverty, lack of education and poor living conditions exist.

Since the development of maternal and newborn tetanus elimination strategies in 1999, UNICEF has worked with the World Health Organisation (WHO) and the United Nations Population Fund (UNPFA) to help countries to immunise women at high risk of tetanus, educate them in hygiene and about safe birthing practices and save lives by effectively eliminating maternal and newborn tetanus in the countries where the diseases continues to thrive. Between 1999 and early 2008, more than 80 million women have been immunised with at least two doses of tetanus toxoid and 11 countries (and 13 Indian states) have achieved the incredible goal of elimination.⁴ Since 1999, the partnership has grown. We are now making great strides towards our elimination goal through our work with global partners. For example, the Pampers UNICEF 1 Pack = 1 Vaccine initiative has helped raise over 50 million vaccines for UNICEF to date.⁵ This is an astounding achievement.

In the past people have claimed it would be possible to eliminate maternal and newborn tetanus but not until now have I felt it is a real inevitability. We still need approximately 386 million vaccines⁶ but I believe that if we keep working together we can make a real difference to the lives of many and achieve elimination of this killer disease in newborns and mothers around the world.

Dr Francois Gasse



¹¹ Source: 'Participate, Vaccinate, Eliminate: Together Against Maternal and Neonatal Tetanus: *A Tale of Two Worlds*', Pampers-UNICEF Report, 2008.