

Marketing strategies in Latin America in this Pandemic

Marisa Medero*

Director - Founder Infoque

Abstract

The study sought to assess the impact of customer care delivery on customer satisfaction in retail banks. The specific objectives of this study are to examine 1. The impact of customer care delivery the quality of service, effectiveness, complaint handling and interpersonal relationship on customer satisfaction. 2. Examine the mediating role of interpersonal relationships between quality of service, effectiveness, complaint handling and customer satisfaction. The study uses quantitative approach with total of 395 questionnaires was collected from retail bank personnel. The result was analyzed using Structural Equation Modeling. The results of the study indicate that customer care delivery factors significantly impact customer satisfaction. Also, has an impact on Tanzania retail banking sector. In contrast, complaint handling does not impact customer satisfaction for Tanzania retail banks and interpersonal relationship does not have mediating effect on complaint handling and customer satisfaction. However, this study focuses on Tanzania retail banks but the study offers wide knowledge to banking professionals globally so as to improve and widen the scope of quality of customer services delivery for purpose of satisfying customer needs and demands in banking sector.

Keywords: Retail banking • Customer Relationship Management • Customer Services Delivery • Satisfaction

Strategies

When we ask ourselves why we did not achieve the expected goals in the marketing strategies that we propose for the Latin American market, are we carrying out a complete analysis of the situation?

I have been Marketing Manager for many years in IVD corporations and I have noticed that marketing strategies developed at headquarters are often not suitable to implement in the Latin American market.

Why does this happen? In many cases, there are subsidiaries that have local marketing managers.

I believe that when putting together marketing plans from subsidiaries like the US, EU or Asian countries do not take into account certain particularities that are foreign to the realities of these markets. For example In Argentina, although the currency is the Argentine peso, people think in dollars and save in dollars.

But the unstable situation is due to the systematic devaluation of its currency in recent years, coexisting with an annual inflation level of approximately 40% much lower than Argentina.

Another reality is experienced in Brazil, that its economy is governed by the Brazilian peso (Real R\$) and people are not mindful of the dollar at savings time.

On the other hand, when looking at the health system between Argentina and Brazil, we also find big differences despite being neighboring countries.

Argentinian Healthcare system - General information

- Universal coverage.
- Free access for all citizens
- Financed by taxes through periodic budgets

*Address for Correspondence: Marisa Medero, Director and Founder Infoque; Tel: 5491144169158, E-mail: mmedero@infoque.com.ar

Copyright: © 2021 Medero M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received 11 July 2020; Accepted 09 March 2021; Published 16 March 2021

- Managed and controlled by the Government
- Public provision (mostly) of healthcare.
- Doctors are salaried or paid capita.

Public subsystem

- 1,271 hospitals with hospitalization and 6,456 hospitals without hospitalization
- 40/45% population

Private subsystem

- More than 70 prepaid medicine companies in Buenos Aires
- Less than 10% of the population is affiliated with prepaid medicine
- Its development began in 1962 (AMSA)

Social security subsystem

- 50% of the affiliated population (includes PAMI, provincial OS, security personnel)

The health system is segmented into three subsectors: the Public, the Social Work and the Private sectors, which coexist simultaneously. The last two are closely related to each other, given the high degree of contracting of health services that the institutions responsible for the management of social security (social works) do with private providers of health services of different types and sizes.

24 provincial public systems coexist, about 300 National Social Works, 24 Provincial Social Works, several dozen prepaid medicine systems, private health insurance and a large number of mutuals, in addition to the National Institute of Social Services for Retirees and Pensioners (PAMI).

It is estimated that between 40/45% of the population is served by the public system and 50% by social works.

The Ministry of Public Health offers programs for the treatment of HIV, HPV, Tuberculosis, vaccination and assisted fertilization totally free to its population, among others.

Argentina stands out in the region for the quality of its health care. Many foreigners from neighboring countries approach the Argentine territory to be treated in public hospitals. Many foreigners also come to the country to carry out their professional residency.

Health and tender information: <https://sisa.msai.gov.ar/sisa/#sisahhttps://comprar.gob.ar/>

Brazilian Healthcare system - General information

Brazil has an attractive market due to the volume of its middle class and a high degree of technological development in its institutions. The private sector owns Laboratories that are listed in the biggest five in the world.

The Brazilian market of IVD offers interesting opportunities for growth due to the increase in healthcare. Particular opportunities are present in the cities of Sao Paulo, Rio de Janeiro, Belo Horizonte, Porto Alegre, Brasilia, Salvador, Recife, Fortaleza and Curitiba.

The Brazilian public sector prides itself on having one of the world's largest health care systems. In addition to this, there is a large and significant private sector which is seeing large increases in investment, use and prices.

The management of chronic diseases has an effect on the nature of demand and directly affects the overall costs of healthcare, that are increasing rapidly and overcoming domestic inflation. Increasingly more costs will have to be controlled to maintain the viability of the private sector. Adaptation of integrated networks and the strengthening of public reimbursement system represent important areas of improvement (Brazil's mixed public and private hospital system, Ana Maria Malik).

The system is experiencing inconsistencies and critical problems. Some particular details are obviously problematic: I) the severe under-funding of the public system gives as a result regional inequalities, arbitrary rationing in facilities and a perception of lower quality; II) the incentives for profitability and quality are weak; III) the inherent tension between decentralization and the cost of providing effective assistance remains an obstacle.

Facilities that provide more complex services are still concentrated in the South and southeast, there are still significant differences in regional spending per capita of the SUS (The Unified Health System).

The sources of income of the laboratories come mainly from health plans, unions, insurers and charities and to a lesser extent from the patient on an individual basis.

Laboratories that work with the SUS require handling high volumes of samples to have an acceptable profitability of the business, due to the fact that it has been more than 10 years since it was updated, despite the inflation suffered in recent decades.

There are approximately 7,806 hospitals and 41,000 ambulatory care centers in Brazil, of which about 70% are operated by the public system. The best academic hospitals (which tend to serve the population with fewer resources) and frontline private hospitals are well equipped in general, depending on the municipality where they lie.

The vast majority of health services are somewhere in between, but in Brazil's main urban areas the population has access to modern equipment and tools for diagnosis and treatment.

All the big IVD companies and many innovators have been established in Brazil. They share the market with local manufacturers. The market is dominated by a few international companies, but there are local alternatives that make reagents and instruments as well.

Health and tender information: https://bll.org.br/?gclid=CjwKCAjwldHsBRAoEiwAd0JybRsErkZ7fNDVj3rgCWxJm_62o15k5BePLRCZEplci9-WrUnN6_11ghoCAakQAvD_BwEhttps://www.comprasgovernamentais.gov.br/index.php/2013-10-27-00-11-8

Other things to keep in mind

Do we consider that we are promoting the products in the appropriate channels? We do not have secure that all products in our portfolio are correctly segmented

Is it correct to promote platforms (instruments) and parameters (kits) to a single target of customers? Should we not have to differentiate the public that will consume for each product?

We know and feel comfortable interacting with lab professionals, but we know what role physicians play in the success of our marketing strategy, and the patient?

Do we have a structure to reach that segment? The IVD market is ready to get out of its comfort zone and advance in others market segments that until now have not been covered in depth for different reasons.

Products that are highly sold in some markets do not sell as much in others, regardless of the cost of the product, which is a very important factor in markets such as Latin America. Why is this happening?

The local implementation of market penetration strategies includes Scientifics local protocols with the participation of local professionals in them. How do compliance rules affect when we want to do a scientific protocol locally?

The representatives or distributors in Latin America of their products, in some cases it would not be suitable, for example they do not have a professional post-sales team or a marketing department. On the other hand, they cannot implement the marketing plan with their current sales structure.

Companies that want to introduce their products in Latin America in many cases they do not have a protocol to select the right distributor.

They would have to fulfill some of the following items:

1. To have Importer licenses
2. To comply with the sanitary rules for registration, storage and commercialization of products.
3. To position the brand according to the guidelines of the Company.
4. To promote the product in the appropriate segments (Physician, Laboratory, POC, etc.)
5. To develop sales management
6. To quote the product in the private sector and in public tenders To have Post-Sale Services Structure
7. To provide knowledge, high level contacts and extensive experience in the sector

Another common mistake is to do not make a monitoring of the distributor. In general, the relevant aspects of the operation are followed up at the first stages but then the impulse is diluted with the passing of time.

In Latin America, very few corporations advance in the certification of their distributors and that makes a difference in the results obtained.

On the other hand, regions such as Latin America have a significantly lower budget than their headquarter to carry out marketing campaigns. It is difficult to see campaigns in this region such as the Abbott ArchiTour in USA.

It is necessary to establish some important concepts when adapting marketing and sales policies for these markets.

How to cite this article: Marisa Medero. Marketing strategies in Latin America in this Pandemic. *J Account Mark* 10 (2021): 317.