

TANZANIA: Can Conditional Cash Transfers Encourage Safer Sexual Behavior?

Conditional cash transfer programs are often used to encourage poor families to take young children for regular health check-ups and enroll them in school. Given the proven successes of these programs, development experts and policymakers are turning to cash

transfers to promote other health and education goals and evaluating the impact to inform future decision making. Can cash transfers successfully cut transmission of HIV/AIDS by reducing risky sexual behaviors? How can these programs be structured for maxi-

mum impact to help countries meet the challenges of reducing HIV/AIDS and other sexually transmitted diseases?



The World Bank is working with the international community and governments to stop the spread of HIV/AIDS. The effort is urgent in Sub-Saharan Africa, the epicenter of the epidemic. To help improve knowledge of effective approaches, the World Bank, in collaboration with the Ifakara Health Institute in Tanzania and the University of California, Berkeley, supported the evaluation of a program in Tanzania that gave people cash payments for practicing safe sex. An initial evaluation found a drop in sexually transmitted infections among participants who received the higher payments. The long-term follow-up, after payments ended, found a lasting positive effect on men's sexual behavior—but not women's. **The extraordinarily high social and economic cost of the HIV/AIDS crisis requires that governments and development experts continue the search for innovative and effective prevention approaches, including financial incentives. The results of the evaluation indicate the potential of financial incentives for reducing the spread of sexually transmitted infections and possibly as a route for HIV prevention.**

HEALTH

Context

In 2013, 2.1 million people worldwide became newly infected with HIV. Efforts to stop the spread of the disease are arguably most urgent in sub-Saharan Africa, where an estimated 24.7 million people are living with HIV/AIDS. This is five times the number of people

with HIV/AIDS in Asia and the Pacific, where the next largest numbers of infected people live.

In Tanzania, close to 6 percent of adults are estimated to be infected with HIV/AIDS and in 2009 researchers supported by the Strategic Impact Evaluation Fund

tested a novel approach for cutting transmission. They created a program that conditioned cash transfers on participants' testing negative for a set of curable sexually transmitted infections. The infections are all transmitted through unprotected sex and, as such, were a proxy for the risk of getting infected with HIV. The goal was to measure the

impact of cash transfers on reducing risky sexual behavior, as measured by the rate of infection with one or more sexually transmitted infections. That program ran for a year. After a second year had passed, during which time the program wasn't active, the evaluation team returned to measure whether there had been any continuing effects.

Evaluation

The initial impact evaluation was conducted in 10 villages in rural southwest Tanzania, within the Kilombero/Ulanga districts of the Ifakara Health and Demographic Surveillance Survey. Men and women aged 18 to 30—and spouses aged 16 and over—were invited to take part. Researchers excluded three groups from the study: women who were pregnant when they registered for the program; people who planned to leave the study area permanently within the next year; and those unwilling to participate in the study if assigned to the control group. People who tested positive for HIV were eligible for enrollment. In total, 2,399 people were enrolled.

Participants were tested at baseline for a set of treatable sexually transmitted diseases. Those who tested positive were treated and allowed to continue in the program. All participants—whether positive or negative—were then randomly assigned either to be in one of the two intervention groups or to be in the control group. Those in the treatment groups qualified for cash payments dependent on the outcome of quarterly screenings for the same sexually transmitted diseases. One group qualified for \$10 every quarter that they tested negative for the set of diseases, while those in the second group qualified for \$20 payments. People in the control groups were not eligible for cash transfers but, like all participants, received free counseling and medical treatment if they tested positive for sexually transmitted infections.

Testing positive at one of the quarterly testing periods didn't push someone out of the program. It just

meant they didn't qualify for that period's payment. However, everyone who tested positive was offered free counseling and treatment—for themselves and their partner. In addition, during the quarterly testing periods, everyone was offered individual pre-test and post-test counseling and monthly group counseling on relationship building skills.

The quarterly payments were predicated on testing negative for three diseases: *Chlamydia trachomatis*, *Neisseria gonorrhoea*, and *Trichomonas vaginalis*. Because these diseases are all transmitted through unprotected sex, infection with any of them was considered a strong indicator of risky sexual behavior and vulnerability to HIV infection. Because of logistical issues, a fourth disease, *Mycoplasma genitalium*, wasn't tested at baseline but was tested during the other periods. The results from this disease didn't affect payment eligibility, however. People also were tested for syphilis, Herpes simplex type 2, and HIV at the start of the program and at the end. Those who tested positive for syphilis or herpes were given a voucher they could use to get treated—in the case of HIV they were referred to a clinic where they could get anti-retroviral treatment. However, cash payments were not conditioned on these three infections.

The program continued for one year. After another year had elapsed, during which time people weren't tested and didn't qualify for any payments, participants were retested and interviewed. More than 90 percent of participants in each group were re-interviewed and tested.

Results

After the first year, there was a big drop in infections among people who were eligible for the quarterly \$20 payments.

At the end of the 12-month program, there was a 25 percent drop in infections among people who were eligible for \$20 quarterly payments for testing negative for sexually transmitted diseases. The impact was larger among people who had tested positive for at least one sexually transmitted infection in the baseline survey, which may indicate that individuals prone to high risk behavior were more likely to respond to the program.

However, the impact was only in the group that was eligible for the higher payments. Those who received \$10 a quarter for testing negative didn't show a decline in infection rates.

Overall, the payments were relatively large given that Tanzania's annual GDP in 2008 was \$440 per person, while those in the program had annual incomes around \$250.

Men and women appeared to respond similarly to the payments.

There wasn't any difference at the end of the 12-month program in rates of infection among men and women, regardless of whether they qualified for the higher or lower payments.

The impact of the cash payments on infection rates increased over time.

No impact on infection rates was found in the four and eight months testing, suggesting it took time for the cash transfers to have a marked effect on sexual behavior. This could be for a variety of reasons. It's not easy for people to extricate themselves from complicated sexual relationships, for example. Or perhaps study participants needed time to become comfortable with the cash payment program or it took time for a drop in infections within the pool of sexual partners.

The cash payments appeared to encourage safe sexual behavior well after they stopped.

A year after the program stopped, there was up to a 20 percent drop in infections among people who had qualified for cash transfers that first year. This suggests the payments had a sustained impact on sexual behavior and that in the first year participants had learned about the importance of safe sex practices. At the same time, this shows that the



payments didn't "destroy" people's inherent motivation to adopt safe sexual behavior and that people aren't going to necessarily resume unsafe practices just because payment ends. That's important, given the financial implications associated with an indefinite cash transfer program.

However, the cash payments had a long-term, sustained impact on men only—and not women.

This stands in contrast to the results immediately after the payments ended, when the program appeared equally effective in reducing the infection rate among men and women. It's possible that while the cash transfer program encouraged safer sexual behavior among men, women may have been able to use the payments as more of a bargaining chip for negotiating safe sex with a partner. Without the cash, women may have not had as much "power" to demand safe sex.

Conclusion

Paying people cash as a reward for safe sex led to a significant drop in the rate of sexually transmitted infections in this case and more work needs to be done to understand the potentials of this approach. While the study site was fairly representative of rural and small-town environments in Sub-Saharan Africa, this approach would need to be replicated elsewhere and

on a larger scale before one can conclude that conditional cash transfer programs offer an efficient, scalable and sustainable HIV prevention strategy. HIV/AIDS prevention can be far cheaper than treatment, underscoring the importance of finding successful routes for reducing risky sexual behavior as a means to reducing the transmission of HIV/AIDS.

The Strategic Impact Evaluation Fund, part of the World Bank Group, supports and disseminates research evaluating the impact of development projects to help alleviate poverty. **The goal is to collect and build empirical evidence that can help governments and development organizations design and implement the most appropriate and effective policies for better educational, health and job opportunities for people in developing countries.** For more information about who we are and what we do, go to: <http://www.worldbank.org/sief>.

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