

RESULTS BRIEF

“The RESPECT study:

Evaluating Conditional Cash Transfers for HIV/STI Prevention in Tanzania”

Results from a recent study in Tanzania indicate that financial incentives - conditional cash transfers paid if the study participants remained negative for a set of curable sexually transmitted infections (STIs) – could be an effective prevention tool for STIs and possibly HIV. In rural Tanzania, study participants who were randomly selected to be eligible for a \$20 payment every 4 months if they tested negative for a set of curable STIs, experienced a 25% reduction in the incidence of those STIs. After one year, 9% of individuals in the group that received the \$20 quarterly payment were positive for one of the STIs, compared to 12% in the control group.

Existing prevention strategies have had a limited impact on the trajectory of the HIV/AIDS epidemic. New, innovative approaches to behavioral change are desperately needed to strengthen prevention and stem the HIV/AIDS epidemic. This study, a joint effort by the Development Research Group at the World Bank, the University of California—Berkeley, and the Ifakara Health Institute in Tanzania, started from the observation that conditional cash transfers (CCTs) have been used successfully in a variety of settings to promote activities that are beneficial to the participants such as school participation or health check-ups for children. The question at the core of the Tanzanian experiment is whether CCTs can be used to prevent people from engaging in activities that are harmful to themselves and others, such as unsafe sex. This is a controversial idea. Shouldn't people be trusted to do what is good for them, without being promised financial incentives? Do African women have enough control over their sexual life so that they could respond to those incentives? This project did not evaluate a scaled-up intervention; rather it is a research study to understand the potential for novel interventions based on this concept.

The RESPECT (“Rewarding STI Prevention and Control in Tanzania”) study is a randomized controlled trial testing the hypothesis that a system of rapid feedback and positive reinforcement using cash as the primary incentive can be used to reduce risky sexual activity among young people, male and female, who are at high risk of HIV infection. The study enrolled 2399 participants in 10 villages in the Kilombero/Ulanga district of south-west Tanzania, located 100 kilometers south of the major highway linking Dar Es Salaam, with Zambia and Malawi. It has three separate arms – a control arm and two intervention arms (low-value cash rewards and high-value cash rewards). Study participants were randomly allocated across the three study arms. All participants have been monitored on a regular basis (every 4 months over a 12 month period) for the presence of common sexually-transmitted infections (STIs) that are transmitted through unprotected sexual contact and therefore serve as a proxy for risky sexual behavior and vulnerability to HIV infection. A small payment has been provided to all participants (regardless of arm assignment) to minimize attrition from the study. Anyone testing positive for an STI (again, regardless of arm) received free STI treatment and counseling. Individual pre-test and post-test counseling was provided to study enrollees at each testing interval, and monthly group counseling sessions were also made available to all study participants in all villages.

The primary outcome for evaluating impact is a set of sexually-transmitted infections (STIs) that are prevalent within this population and have been incontrovertibly linked to risky sexual activity. These are: chlamydia, gonorrhea, trichomonas, mycoplasma genitalium, and syphilis. Each of these STIs is curable. This is a critical point, since enrollees who test positive for an STI can continue to participate in the study after they have been treated and cured of the infection. Thus, *learning* is encouraged through positive reinforcement, and mistakes can be corrected and overcome. For both ethical and practical reasons, the cash transfers were *not* tied to HIV status, and HIV acquisition did not result in being dropped from any arm of the study.

The intervention arm received conditional cash transfers (CCTs) that depended on negative results of periodic screenings for incident sexually transmitted infections – an

objectively measured marker for risky sexual behavior. The intervention arm was further divided into two sub-groups – one receiving a “high value” CCT payment of up to \$60 over the course of the study (\$20 payments every four months) and the other receiving a lower value payment of up to \$30 (\$10 payments every four months). These amounts represent a significant proportion of household income in a country where GDP per capita was \$440 in 2008, and particularly among our study participants who had mean individual annual earnings of approximately \$250. The comparison between the impact of the CCT intervention in the high-value cash transfer arm to that in the low-value cash transfer arm permits us to better understand at which threshold CCT can be effective as an HIV/STI prevention tool. While the results showed a significant reduction in STI incidence in the group that was eligible for the \$20 quarterly payments, no such reduction was found for the group receiving the \$10 quarterly payments. Further, while the impact of the CCTs did not differ between males and females, the impact was larger among poorer households and in rural areas.

The research team is comprised of investigators from the World Bank, the University of California, Berkeley (UCB), and Ifakara Health Institute in Tanzania. The three principal investigators are Damien de Walque (World Bank), Willam H. Dow (University of California, Berkeley) and Rose Nathan (Ifakara Health Institute). Ethical approval for the study has been obtained from all relevant ethical review committees in Tanzania (Ifakara Health Institute Institutional Review Board and National Institute of Medical Research- Ministry of health and Social Welfare, Tanzania) and the University of California, Berkeley. The two year study cost \$1.8m and is funded by the World Bank Research Committee, the Spanish Impact Evaluation Fund managed by the World Bank, and the William and Flora Hewlett Foundation through the Population Reference Bureau.

The results announced at the International AIDS Conference in Vienna are results after one year of the experiment. The cash transfers and testing of the STIs will be discontinued during the second year of the experiment, but at the end of the second year, in the Spring of 2011, all study participants will be tested one more time. The objective of

this one year post-intervention follow-up is to test if the gains in preventing STI transmission are sustained over time in the absence of continued incentives.

While the RESPECT study results are important in showing that the idea of using financial incentives can be a useful tool for preventing HIV/STI transmission, it remains a “proof of concept” study. This approach would need to be replicated elsewhere and implemented on a larger scale before it could be concluded that such conditional cash transfer programs (for which administrative and laboratory capacity requirements are significant) offer an efficient, scalable and sustainable HIV prevention strategy. The extraordinarily high social and economic cost of the current HIV/AIDS crisis suggests that prevention can be far cheaper than treatment, thus motivating the continued search for innovative and effective new prevention approaches.