



Using conditional cash transfers to control sexual transmitted infections and HIV

By Marco Schäfer

Introduction

We are witnessing a changing trend in international development policy and cooperation towards the use of broader concepts and integrated approaches that transcend traditional sectoral boundaries. This is partly owed to the recognition of the limitations of “traditional” approaches and policies (e.g. health systems financing policies are unlikely to achieve their aims if broader issues of public financial management and good financial governance are not addressed simultaneously). Conversely, synergies and increased effectiveness can be expected when the policies and aims of one area of development cooperation are combined with the approaches of another.

This thinking also applies to the fields of HIV and AIDS and social protection. The figure on the next page shows the various upstream and downstream effects of HIV and AIDS and possible responses by means of social protection.

Some social protection approaches to mitigate the social and economic consequences of AIDS have already been explored to a certain degree (e.g. the use of conditional cash transfers to partly compensate loss of income due to HIV and AIDS-related illness or death of a breadwinner; use of microinsurance schemes to cover potentially costly funeral expenses etc).¹

On the other hand, there are also increasing calls for new structural approaches to HIV-prevention using social protection measures.² This is partially related to the recognition that social inequalities are one of the underlying factors driving generalised HIV epidemics.³ Moreover, conditional cash transfer (CCT) programmes, that encourage beneficiaries to use health services and schooling, have shown promising results. Poverty levels as well as health status of

beneficiary households improved significantly. Against this background, this discussion paper aims to summarise the existing knowledge regarding the utilisation and results of CCT programmes within the wider context of STI and HIV prevention.

CCTs and their impact on the control of STIs/HIV

The current debate on the application and impact of CCTs on HIV and STI control, i.e. sexual behaviour change in developing countries, basically rests on very few pilot CCT programmes. Three of these are summarised below:

1. Within the setting of a randomised controlled field experiment (RCT), respondents in a rural district in Malawi were offered free door-to-door HIV tests and were given randomly assigned vouchers between zero and three dollars.⁴ These were redeemable upon obtaining the results at a nearby voluntary counselling and testing (VCT) centre. According to the author of the study, the demand for HIV test results among those who received no monetary incentive was 34 per cent. However, respondents who received any cash value voucher were twice as likely to go to the VCT centre to obtain their HIV test results compared to individuals who received none. Although the average incentive was calculated to be about a day's wage, even smaller amounts (i.e. one-tenth of a day's wage), increased the number of individuals obtaining their HIV test results. Moreover, each extra dollar paid resulted in a 9 per cent increase in the number of individuals returning to collect test results. However, the author also found that learning of one's HIV status – whether positive or negative – had only negligible effects on subsequent sexual behaviour (as measured by condom purchase).

¹ IFPRI 2008; GTZ 2009; Mauldon, J. G. 2003; Adato, M./Gillespie, S. 2006; Bazo, G. 1998

² Galárraga, O. et al. 2009; World Bank/UNAIDS 2008

³ Barnett, T. & Whiteside, A. 2006; Piot, P et al. 2007

⁴ Thornton, L. 2008

HIV & AIDS

Upstream effects

Social inequality (macro level)	Social inequality/ poverty (micro level)	Lack of incentives for behaviour change
Redistribution through comprehensive systems of social security	(Conditional) cash transfers (not cond. upon STIs/HIV control)	Conditional cash transfers (conditional upon STIs/HIV control)

'Prevention'

Downstream effects

(ARV) Treatment costs	Funeral costs	Loss of breadwinner (income)
Sustainable systems of social health protection	Micro-insurance-schemes	(Conditional) cash transfers

Mitigation

SOCIAL PROTECTION

Figure: Effects of HIV & AIDS and social protection responses

- In another programme in Malawi, the effects of a pilot CCT (schooling) on the sexual behaviour of the beneficiaries (unmarried young women aged 13-22) and their subsequent HIV risk were examined by means of an RCT.⁵ An average US\$10/month conditional transfer on satisfactory school attendance (plus direct payment of secondary school fees) was paid out to the beneficiaries. According to the authors, for programme beneficiaries who were out of school at baseline, the probability of getting married (-40 per cent) and becoming pregnant (-30 per cent) declined significantly, as compared to the control group. In addition, the results suggest that programme beneficiaries reduce their (self-reported) sexual activity by both delaying sexual debut and reducing the number of sexual partners. However, the programme had no effect on frequency of (self-reported) condom usage.
- A World Bank sponsored RCT is currently underway in a rural district in southern Tanzania.⁶ The study aims to evaluate the use of CCTs to explicitly prevent STIs (and consequently HIV infections) among 3000 young people aged 15-30. The non-detection of STIs is used as a proxy measure for behaviour change, which is the desired outcome.

The underlying rationale is that the loss of CCTs when one is tested positive for an STI increases the 'price' of risky sex. Moreover, the immediate reward of a CCT acts as a strong incentive for risk reduction now, compared to the rather distant prospect of avoiding AIDS far into the future.

The study is designed to test high and low value CCTs. All participants (incl. control group) receive life skills training, STI treatment and pre and post-test

counselling. The research started in early 2009 with a baseline survey. The first follow-up survey conducted in December 2009 is currently being analysed, but the results are not yet available.

Conclusions and further considerations⁷

- CCTs are viewed as a potentially powerful structural approach to reduce both the chances of HIV infections and poverty.⁸
- There is scarce evidence of the effectiveness of CCT programmes focusing explicitly on STI/HIV prevention.
- CCT programmes that focus on schooling have the potential to reduce sexual activity, teen pregnancy and early marriage, and hence, vulnerability to HIV.⁹
- Financial incentives were successfully used to boost the collection of HIV test results.¹⁰
- When setting up CCTs that explicitly address HIV/STI reduction, it is crucial to consider the epidemiological setting (e.g. generalised or concentrated HIV epidemic) and socioeconomic conditions at macro and micro levels.
- The size of the cash transfer and the frequency of payments are deemed crucial factors in setting up a CCT programme aimed at sexual behaviour change.
- Numerous ethical questions need to be addressed upfront (e.g. how to frame the CCT so as not to spoil intrinsic motivations?).

⁵ Baird, S. et al. 2009

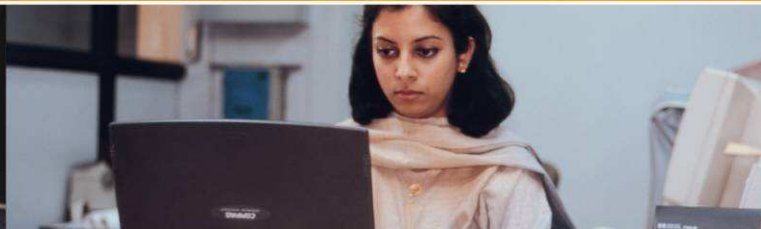
⁶ World Bank 2010

⁷ The latter – if not otherwise stated – are mainly based on personal considerations and: Medlin, C. & de Walque, D. 2008

⁸ IFPRI 2008; Galárraga, O. et al. 2009

⁹ Baird, S. et al. 2009

¹⁰ Thornton, L. 2008



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The paper is intended to contribute to the debate and offers
an overview of the current international discourse and more
profound insights into current practice.

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