



Exploring the impacts of providing economic incentives to increase voluntary medical male circumcision

Since 2009, global health efforts to address HIV infection rates have focused on targeting high-risk populations with a range of prevention interventions, such as condom use promotion, voluntary medical male circumcision (VMMC), antiretroviral treatment as prevention, and a combination of these and other interventions.

Of these approaches, the clinical evidence is strong for the effectiveness of VMMC in reducing HIV infection risk. Moreover, VMMC is a quick, one-time, low-cost procedure. Clinical testing has shown that it reduces the risk of heterosexually acquired HIV in males by approximately 60 per cent. However, targets set for increasing the demand for VMMC are yet to be fully met in UNAIDS' 14 priority countries of Sub-Saharan Africa with high HIV prevalence and low VMMC uptake.

Most programmes that incentivise VMMC have not been rigorously evaluated

Since its prevention value was proven in 2007, several programmes were set up to increase the demand for and uptake of VMMC services. VMMC's potential and ease of administration makes common promotion approaches, such as providing information and economic incentives, feasible. Few of these types of VMMC promotion interventions have been evaluated for effectiveness.

Main findings

- Increases in uptake were not large enough for economic incentives to be used as a primary strategy to reach the national targets of 80 per cent coverage.
- Food vouchers and cash incentives can increase VMMC uptake.
- The effect of providing a food voucher in Kenya was largest among participants who were contemplating circumcision at the time of enrolment.
- Results from South Africa suggest that offering a small cash compensation as part of VMMC messaging campaigns may be an inexpensive way to increase VMMC.
- When compared with postcard messages that challenge masculinity norms, such as *Are you tough enough?*, the additional offer of a cash incentive was not as effective as those postcard messages that offered only cash.
- Cash incentives and in-kind vouchers in developmental contexts can raise ethical issues that need to be addressed before scaling up interventions.

Evaluating the effectiveness of economic incentives in increasing VMMC

To address this gap in evaluation evidence, 3ie funded two pilot interventions, one in Kenya and one in South Africa, that used economic incentives to evaluate if they increased VMMC uptake. The two studies used different forms of economic incentives with slightly different conditions to receive them: cash vouchers for transportation were offered to men, if they were prepared to attend a pre-procedure counselling session; others were offered food vouchers, if they underwent VMMC.

Offering food vouchers in Kenya

This pilot intervention involved 909 male participants aged 21–39 years. The study took place in Greater Nyando District in Nyanza Province and included two kinds of interventions. Participants who attended the clinics, within three months of being selected for the study, were given a food voucher worth 1,000 Kenya Shillings (KES), approximately US\$12.50, after they underwent circumcision. The vouchers could be redeemed at a network of shops and were valid for a month. They were informed at enrolment about the amount of the voucher. Participants of another intervention group were offered the opportunity to participate in a lottery, with a 1-in-20 chance to win a high-value prize, if they underwent circumcision.

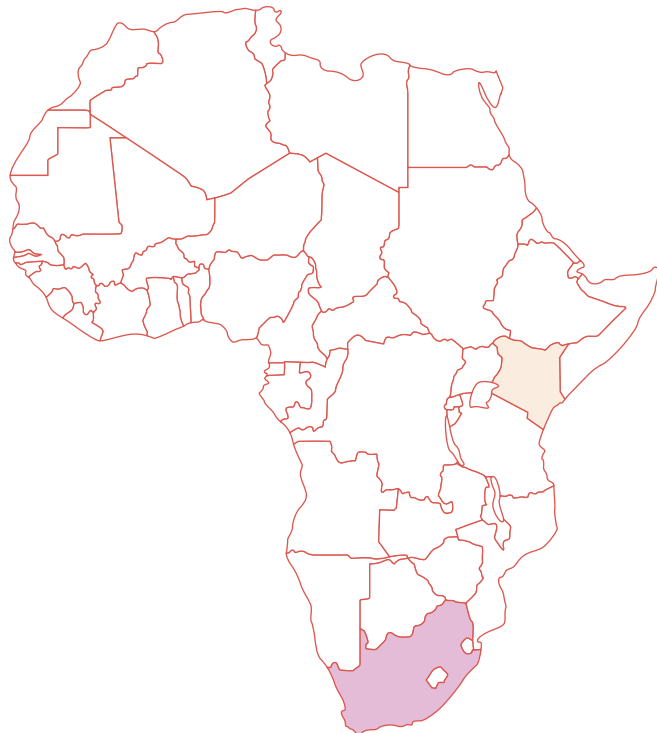
VMMC uptake was highest among those randomised to receive the voucher (8.4%, 26/308), followed by those who received lottery-based incentives (3.3%, 10/302) and those in the control group (1.3%, 4/299). The effect of providing incentives in the form of food vouchers was largest among participants who were already contemplating circumcision at the time of enrolment. The study finds that there are economic barriers to VMMC uptake among men aged 20 years and above, such as lost wages or transportation costs, which likely hindered visiting during clinic hours. However, small amounts of compensation may have also had increased value among younger males, who were unemployed.

Country statistics

HIV prevalence among men (aged 15–49 years)

- Kenya: 4.9%
- South Africa: 14.9%

Source: WHO



VMMCs completed in 2008–2014*

- Kenya: 10.8%
- South Africa: 43%

*Based on targets set in 2011

Source: WHO



The effect of providing compensation in the form of food vouchers was largest among participants who were already contemplating circumcision at the time of enrolment.

Providing cash incentives in South Africa

The pilot intervention distributed postcards to men aged over 18 years across 6,000 households in Soweto, a township of Johannesburg. The postcards included six different combinations of the following three messages, together with a financial incentive for a subset of participants:

- A standard message: *Medical trials indicate that VMMC reduces HIV transmission by 51% to 78%*
- The standard message and: *Are you tough enough?*
- The standard message and: *A recent national survey of women in South Africa conducted by the Human Sciences Research Council showed that two out of three partners of uncircumcised men would prefer their partners to be circumcised.*

Three thousand men received a financial compensation of 100 South African Rand (approximately US\$10) intended as transportation reimbursement, which was conditional on attending a VMMC consultation in a clinic.

Results demonstrate that the modest compensation offer increased VMMC uptake by 2.5 percentage points. Approximately 90 per cent of men who visited a clinic for a consultation chose to get circumcised. This is a very high conversion rate, although numbers varied slightly depending upon the type of message that accompanied the incentive.





TATIANA MORCZOVA

3ie-funded VMMC studies

3ie funded seven pilot interventions and their impact evaluations to increase the body of evidence on what works for increasing the demand for voluntary medical male circumcision for HIV prevention in eastern and southern Africa under the VMMC Thematic Window 3. This brief describes results from two of these studies, *Optimising the use of economic interventions to increase demand for voluntary medical male circumcision in Kenya*; and *Using advertisements to create demand for voluntary medical male circumcision in South Africa*.

About 3ie

The International Initiative for Impact Evaluation (3ie) is an international grant-making NGO promoting evidence-informed development policies and programmes. We are the global leader in funding, producing and synthesising high-quality evidence of what works, for whom, why and at what cost. We believe that high-quality and policy-relevant evidence will help make development more effective and improve people's lives.

What next: lessons learned for future research and implications for evidence uptake

The findings from these studies show that economic incentives can help increase VMMC in certain contexts. It remains unclear, however, whether economic incentives worked because they compensated for true economic barriers or because they served as incentives or nudges that helped men overcome other specific barriers. The size of the effect was small in absolute terms, but the studies were implemented over a very short period of time, and it is unclear how the effect would translate at scale. As with most prevention and promotion strategies, financial incentives should not be considered a primary or sole demand creation strategy, and should be among many tools to be considered when aiming to increase demand for VMMC.

The South Africa study demonstrated that basing the award on simply attending a counselling session resulted in more than 90 per cent of the men undergoing circumcision. It also showed effects similar to the Kenya study, where food vouchers were offered to men for undergoing circumcision.

This shows that in order to be effective, an incentive may not need to be tied to undergoing the procedure, which might lessen concerns regarding coercion. Further, since circumcision is a one-time expense, it could be more sustainable as an intervention than those that require economic incentives to be provided over an extended period of time.



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For more information on VMMC or these pilot interventions, email info@3ieimpact.org