The Effects of Conditional Cash Transfers on the Prevention of STIs in Tanzania

Policy context
Using behavior change to tackle HIV/AIDS in the developing world is not easy. For years, the global community has zeroed in on behavior change as a key to fighting the global HIV epidemic. But so far, the approach has brought only limited success in reducing HIV infections in developing countries.

The frustrations are especially evident in sub-Saharan Africa, which has two-thirds of the world’s HIV infections. Women and girls, in particular, are at greater risk, partly because of the biological, social and economic challenges they face. Thus, finding solutions is vital.

A large randomized trial involving cash incentives is showing promise in reducing sexually-transmitted infections (STI) in Tanzania. The trial is modeled on “conditional cash transfer” programs, which use cash payments to encourage good behaviors, such as attending schools or getting basic health care.

Impact evaluation
The Tanzania study was designed to directly expand conditional transfers to encourage the prevention of STIs, and it differs from traditional transfer programs in two aspects. First, the participants weren’t youth, but adults. Second, by conditioning quarterly cash payments to negative tests for curable STIs, it didn’t pay participants to do something, but paid them not to do something: engaging in unsafe sex.

This $1.8 million study in southwest Tanzania was designed to give cash payments to adults (men and women between 18 and 30 year old) in 10 villages to prevent STIs such as chlamydia, gonorrhea, trichomonas, mycoplasma genitalium. The trial only gave payments to those who tested negative for STIs. The cash, up to US$60 per person over 12 months, made a difference in many households as annual earnings of study participants was around $250.

Impact evaluation results
The intervention worked. A year into the program, 9% of the 2,399 young enrollees eligible for the $60 award tested positive for the infections, compared with 12% for the control group, which didn’t receive payments. This is equivalent to a 25 percent reduction in prevalence, an encouraging result.

The amount of the cash transfer mattered. Half of the cash group was eligible for $30 a year and the other half $60. The study found that the $30 group still
had the same infection rate as the control group that received no payments.

Not surprisingly, the program is more effective for people from poorer and rural areas.

Policy recommendations

The impact evaluation in Tanzania provides evidence for using conditional cash transfers as an effective tool for HIV-prevention. The encouraging results from the trial show promising outcomes in reducing HIV and STI prevalence rates.

Such programs should be applied on a larger scale and in various settings. However, further study and testing is needed to assess their effectiveness of such programs for different scales and contexts. What works in rural Africa may not work in other regions. Testing different variations of these programs will help fine-tune the delivery mechanism of such programs.

Conditional cash transfer programs could complement current programs on behavior change. These programs can be introduced at a low marginal cost.

These innovative studies, if proven to be equally effective on a larger scale, could help make a dent in reversing the HIV epidemic.