



## Do lottery-based incentives help increase voluntary medical male circumcision?

Over the last few decades, efforts to improve HIV prevention have produced several effective biomedical, behavioural, social and structural interventions. One of them, voluntary medical male circumcision (VMMC) has been proven to reduce the risk of heterosexually acquired HIV infection in men by approximately 60 per cent.<sup>123</sup> In 2007, the World Health Organization and the United Nations Programme on HIV and AIDS (UNAIDS) recommended VMMC in regions with low male circumcision rates and high HIV prevalence. VMMC is also being scaled up in 14 UNAIDS priority countries in eastern and southern Africa as a key HIV prevention intervention. However, to date, only about 11.7 million circumcisions have been performed, against a target of 20 million by 2016. To reduce HIV incidence, innovative interventions are needed to stimulate a greater demand for VMMC.

### Offering lottery-based incentives to promote VMMC

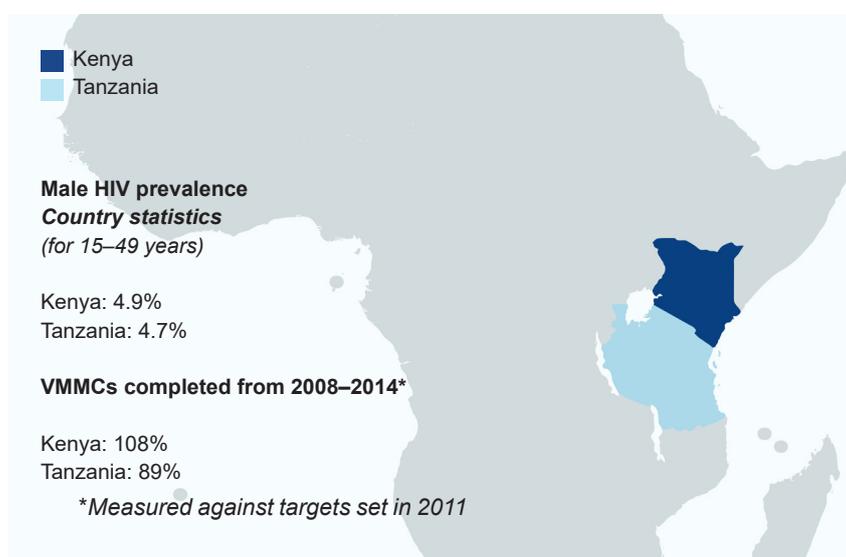
3ie supported pilot VMMC interventions in Kenya and Tanzania to determine whether men aged 20–39 years responded to material incentives like smartphones or bicycles allocated through a lottery. Research<sup>45</sup> shows that the lottery-based incentives can encourage people to action, since the costs of VMMC are largely in the present while the benefits are mainly not until sometime in the future. Interventions also relied on the theory that people tend to overestimate their chance of winning a lottery. Both studies showed that lottery-based incentives do not significantly increase VMMC uptake.

### Main findings

- 3ie-funded impact evaluations had a number of useful findings:
- Both studies showed that lottery-based incentives do not significantly increase VMMC uptake.
  - Lottery-based incentives cannot substitute for opportunity costs and do not address other barriers.
  - Men do not perceive lottery-based incentives to be sufficient to meet their economic needs if they are unable to work immediately after circumcision.

The pilot intervention in Kenya involved 909 uncircumcised men from Greater Nyando District in Nyanza Province who were aged between 21–39 years. A subset of men was given the choice to participate in a lottery if they underwent circumcision at one of the clinics. Participants were told that they had a five per cent chance to win a bicycle or a smartphone valued at KES 9,500 (US\$118), and a 10 per cent chance to win a standard mobile phone or a pair of shoes valued at KES 3,600 (US\$45). The remaining 85 per cent were awarded a consolation prize of a food voucher worth KES 200 (US\$2.50).

In Iringa, Njombe and Tabora regions in Tanzania, seven of the 14 clinics were randomly assigned to the intervention group, where men aged 20–34 years were eligible to enter a smartphone raffle if they underwent circumcision. The cost of a smartphone was approximately US\$100. The draw happened weekly at the time of the first post-operative visit to encourage clients to get circumcised and return for the follow-up appointment. Peer promoters and healthcare providers were also incentivised to increase referrals for circumcision. These were included in a monthly raffle held at a public meeting; more referrals improved their chances of winning.



## Lessons for future research and implications for evidence uptake

The findings from these studies show that lottery-based incentives do not significantly increase VMMC uptake. The rationale behind lottery-based incentives was to address the temporal mismatch between the costs and benefits for men when seeking VMMC. However, this intervention type did not address other important barriers, including opportunity costs. The nature of the prizes meant they were not sufficient substitutes for perceived economic needs of those being targeted for VMMC. The uncertainty around the probability of winning the lottery was a deterrent for VMMC uptake. These findings from two pilot studies thus do not support scaling up lottery-based incentives to promote VMMC.

## 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 poor people's lives.

## References

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