



Incentive programmes: a literature review summary

DRAFT

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What are they?

- Two theoretical perspectives underpin the use of cash incentives: (i) poverty reduction, where payments are intended to improve the socio-economic situation of vulnerable groups and to promote social goods, such as childhood immunizations; (ii) Contingency management, where incentives are offered to 'nudge' people toward adopting healthy behaviours rather than opting for the short-term gratification of high-risk behaviours.
- Incentive programmes are often justified on the grounds that subsidies are necessary to address unequal access to health and social services for poor people.
- Incentive programmes include a range of components including incentivising attendance for health education, immunisations and nutritional supplementation.

Do they work?

- Yes, mostly: Incentive programmes have become increasingly popular over the past decade because research shows that they help to achieve desired outcomes.
- Incentive programmes have been the subject of well-designed evaluations, which strongly suggest that they could be an effective approach to improving *access* to preventive services.
- Also, incentive programmes appear to be an effective way of increasing the *uptake* of preventive services and of encouraging some preventive behaviours.
- Peer-driven cash incentive interventions have been effective in accessing members of 'hard-to-reach' populations, for example to educate people who inject drugs about HIV/AIDS prevention.
- Small, tangible incentives are cost-effective and if provided frequently and close to an observed outcome appear to be more effective than larger payments made less often.

Show me the evidence!

- A Cochrane review (the gold standard for the review of research findings) of 29 international intervention studies about the impact of cash incentives on care and health outcomes reported that incentives '*may result in a number of benefits to health for poor populations*' (Lagarde, Haines, Palmer, 2009).
- In another large review of international literature, improved healthcare access was reported in 10 of 12 cash incentive studies, 7 of 11 intervention studies reported a positive impact of incentives

on indicators of economic wellbeing, and 8 of 9 intervention studies found a positive impact of incentives on household food security (Boccia, Hargreaves, Lonroth et al, 2011).

- Among people who inject drugs (PWID) monetary incentives were found to be superior to outreach in achieving adherence to the hepatitis B multi-dose vaccine series in a US-based randomized controlled trial (RCT) (Seal, Kral, Lorvick et al, 2003).
- Similarly, modest financial incentives, per-dose, increased adherence to the hepatitis B vaccine schedule in an Australian RCT of financial incentives among PWID. This was despite incentives being less effective among a small number (n=16) of Aboriginal and Torres Strait Islander people who were included in this study (Topp, Day, Wand et al, 2013).
- In an Australian study of chlamydia screening among young people, youth reported that a small cash incentive played a significant role in increasing their participation in chlamydia screening (Parker, Bell, Currie et al, 2015).

Recommended reading

Boccia, D., et al. (2011). "Cash transfer and microfinance interventions for tuberculosis control: review of the impact evidence and policy implications." *Int J Tuberc Lung Dis* 15 Suppl 2: S37-49.

Broadhead, R. S., et al. (2002). "Increasing drug users' adherence to HIV treatment: results of a peer-driven intervention feasibility study." *Soc Sci Med* 55(2): 235-246.

Heise, L., et al. (2013). "Cash transfers for HIV prevention: considering their potential." *J Int AIDS Soc* 16: 18615.

Hughes J. "Paying injection drug users to educate and recruit their peers: why participant-driven interventions are an ethical public health model." *Quality Management Health Care*. 1999;7(4):4-12.

Lagarde, M., et al. (2009). "The impact of conditional cash transfers on health outcomes and use of health services in low and middle income countries." *Cochrane Database Syst Rev*(4): Cd008137.

Parker, R. M., et al. (2015). "'Catching chlamydia': combining cash incentives and community pharmacy access for increased chlamydia screening, the view of young people." *Aust J Prim Health* 21(1): 79-83.

Pettifor, A., et al. (2012). "Can money prevent the spread of HIV? A review of cash payments for HIV prevention." *AIDS Behav* 16(7): 1729-1738.

Seal, K. H., et al. (2003). "A randomized controlled trial of monetary incentives vs. outreach to enhance adherence to the hepatitis B vaccine series among injection drug users." *Drug Alcohol Depend* 71(2): 127-131.

Sheaves, F. et al. (2001). "That's SIC: mobilising youth for hepatitis C prevention." *Health Prom J Aust* 12(3): 217-222.

Topp, L., et al. (2013). "A randomised controlled trial of financial incentives to increase hepatitis B vaccination completion among people who inject drugs in Australia." *Prev Med* 57(4): 297-303.