

**3ie-IFPRI Joint Seminar**  
**Incentivizing safer sexual behavior: experimental evidence from a lottery on**  
**HIV prevention**  
**02/09/2016**

[Damien de Walque](#), a senior economist in the World Bank, presented his co-authored research on the impacts of financial lottery programs on sexually transmitted infection rates at the [3ie-IFPRI joint seminar series](#) in Washington D.C. on February 9th. The researchers investigated the effects of two types of lottery programs, one with a higher reward of US\$ 100 (high lottery) and one with US\$ 50 (low lottery) on HIV incidence rates in Lesotho.

They conducted a randomized controlled trial in 29 villages, and randomly assigned participants who tested negative for sexually transmitted infections (STIs) at baseline to either a control group, or one of two treatment arms. Mobile clinics tested for STIs in the villages every four months, with participants who continually tested negative for STIs eligible for prize money. Every four months there were four lottery winners in each village, two men and two women in each treatment arm. After the two year trial period, the researchers tested again for HIV and found that both treatment arms showed significant reductions of both HIV incidence and prevalence rates.

The researchers argue that the success of the lottery program is due to its appeal to individuals who enjoy risk-taking. They used a composite measure to capture risk preference, and show that it corresponds with higher rates of HIV and STI prevalence at baseline. Then, using data on self-reported sexual behavior, they estimate that the lottery program affects the types of sexual partners that participants choose. They estimate that the lottery program is more cost effective than alternatives like cash transfers, and hold promise for scaling the program up.

[Andrew Zeitlin](#), an assistant professor at the McCourt School of Public Policy in Georgetown University, served as the discussant. He emphasized the lottery program's cost effectiveness and wondered about externality effects, such as if the program affected control participants by reducing the general STIs rates. He noted the counter-intuitive finding of larger program impacts on HIV prevalence than on HIV incidence and suggested further research. He inquired about perverse incentives, if the provision of free treatment to those with STIs might conversely increase sexually risky behavior. The audience also asked about the effects of holding the two treatment arms in the same village, and the psychological effects on participants' behavior knowing that they might not be in the high lottery treatment group.