

Lottery incentives to support HIV testing in South African workplaces

Summary

Lottery incentives have long been an important strategy to encourage health screening, including HIV testing. In South African companies, it is currently one of the strategies employed to motivate employees to participate in workplace HIV testing. Based on a recent research study conducted in South Africa and drawing on multiple previous studies in the field, this policy brief concerns the key elements that contribute to the effectiveness of lottery incentives to encourage HIV testing and how these elements are aligned with current labour and health policies. From this research, we summarise standards of implementation and describe the necessary environment required for lottery incentives to be effective. Finally, we make policy recommendations regarding the promotion and implementation of lottery incentives to support HIV testing uptake in workplaces.

Introduction

Incentives have been used for a long time as an effective strategy in promoting health behaviour. They serve as an instrument to motivate for desired behaviours and influence beliefs, specifically regarding health screening behaviour. Incentives achieve

this through introducing financial or in-kind rewards for engaging in a certain behaviour. But the relationship between incentives and targeted behaviour has been found to go beyond the economic effects of incentives and is not as straightforward as it is often assumed to be (Kane et al., 2004; Weihs & Meyer-Weitz, 2014, 2016; Weihs, Meyer-Weitz & Baasner-Weihs, 2018; World Bank, n.d.).

It is of great concern that 18.8% of South Africa's economically active population aged from 24 to 49 years is estimated to be HIV positive (Shisana et al., 2014). Consequently, HIV and AIDS affect South African workers and businesses. This makes addressing HIV in the workplace a national priority. HIV counselling and testing (HCT) has been recognised as a very effective and efficient strategy for HIV prevention and access to treatment and care in Africa (Corbett et al., 2006). Coates et al. (2008) found evidence that awareness of HIV status decreases individuals' risks and increases their initiatives to prevent infection of their sexual partners. With the increasing accessibility of free antiretroviral treatment (ART) in South Africa, HCT is a necessary requirement for South Africans to access treatment and better quality of life. The new National HIV, TB and STIs Prevention Strategy 2017–2022 (NSP 2017–2022) aims to have 90% of all people living with HIV informed

about their HIV status by 2020 (SANAC, 2017). To achieve this, the plan is to decentralise HIV testing by, for example, bringing it to community settings and to the workplace.

Employees' motives for not participating in workplace HIV testing include lack of confidentiality, fear of stigma and discrimination if tested HIV positive or observed participating in HIV testing, and perceived low personal HIV risk (Weihs & Meyer-Weitz, 2015). Also, awareness of personal HIV-positive status was found to hinder individuals from participating in workplace HIV testing (Weihs & Meyer-Weitz, 2015). Although there is a variety of literature on the effectiveness of incentives to motivate individuals to participate in health screenings and specifically HIV testing, little is known about how they influence employees' HIV testing behaviour in the workplace (Weihs & Meyer-Weitz, 2014).

This policy brief contains research results on how lottery incentives influence the HCT behaviour of employees in South African workplaces. It sets out how lottery incentives contribute to motivating employees to participate in HIV testing in the workplace, the necessary standards of implementation and the environment required for lottery incentives to be effective. Furthermore, this policy brief sets out how current national strategic plans and labour and health policies and standards already support a workplace environment conducive to effective lottery incentives. It also contains recommendations on how policies can promote and set the necessary framework for upscaling the use of lottery incentives to support HCT in South African workplaces.

Incentives used to influence health screening behaviour

The literature provides many examples of economic incentives used in

the context of consumers' health behaviours, such as lotteries, cash incentives, and vouchers for services and goods (Kane et al., 2004). In this policy brief, we focus on lottery incentives, which should not be confused with the widely-used cash incentives (also called conditional cash transfers). Cash incentives benefit all receivers if they fulfil various requirements; whereas in a lottery, the chances of winning a prize are low and only a few participants can win a price.

Lottery incentives to encourage individuals to participate in TB screening were already used with success in 1957 in Glasgow, Scotland. Lotteries have also been successful in encouraging cholesterol testing (Francisco et al., 1994), vaccination campaigns (Yokley & Glenwick, 1984) and weight-loss programmes (Volpp et al., 2008), and in improving patients' adherence to medication (Volpp et al., 2008).

The literature contains a variety of research studies acknowledging incentives as an effective strategy to motivate a targeted population to participate in HIV testing (Lee et al., 2014; Ostermann et al., 2015; Weihs et al., 2018). In South Africa, lottery incentives have been used successfully for HIV testing at universities and in communities and workplaces.

Lottery incentives to influence workplace HCT

It is important to note that incentives cannot substitute comprehensive health education programmes to encourage specific health behaviours (Lee et al., 2014; Weihs et al., 2018). They cannot replace creating important awareness and knowledge about specific targeted health issues, particularly HIV infection and the reasons to test for HIV – this needs professionally designed information, education and communication (IEC) campaigns.

However, incentives have, for example, been found to

1. increase participation rates in health screenings;
2. create a hype and excitement around health screenings;
3. overcome social and economic barriers to access health screenings;
4. attract attention for the intended health screening behaviour.

Hence, lottery incentives may positively contribute to the goals of the South African government to make sure that 90% of all HIV-positive South Africans know their HIV status by 2020 (SANAC, 2017).

Recent research conducted in companies

In our recent study (Weihs & Meyer-Weitz, 2014, 2016; Weihs et al., 2018; Weihs, Meyer-Weitz & Baasner-Weihs, 2017), we used a mixed-method research design to examine how lottery incentives influenced employees' workplace HIV-testing behaviour. The target group consisted of 514 shop-floor workers of four automotive supplier companies in the Nelson Mandela Bay Municipality who had participated in HIV workplace programmes and had been offered workplace HCT for the first time in the companies. The participants' HIV-testing behaviour, intention and predictors were measured in the four companies using a quasi-experimental design. In the qualitative study that followed the quantitative study, 33 interviews were conducted with workers of all four companies to gain a better understanding of their perceptions and experiences as well as their subjective feelings about the lottery incentives as part of the HCT campaign.

The lottery's influence on employees' HIV-testing behaviour in the workplace

The quantitative part of the study (Weihs & Meyer-Weitz, 2016; Weihs et al., 2018) produced three main findings:

1. The announcement of lottery incentives significantly increased the intention of workers to test for HIV in the workplace.
2. This increase in HIV-testing intention was not based solely on a chance to win a prize, but also on the belief of the study participants that their company, colleagues, friends and partners would encourage and support them to participate in workplace HCT (perceived subjective norm) as depicted in Figure 1 below.
3. The announcement of the lottery incentives significantly increased participants' subjective norms with regard to workplace HCT, indicating that the lottery incentives were interpreted as an opportunity to come to terms with several barriers to workplace HIV testing

at a group level rather than at an individual level.

We also conducted qualitative interviews to improve our understanding of the participants' experiences (Weihs & Meyer-Weitz, 2014). These interviews revealed that lottery incentives resulted in

1. excitement and so facilitated social interactions that helped to reduce perceived HIV stigma and discrimination, and renewed personal interest in HIV testing;
2. open talk about HCT in the company and at home and soliciting group support for HIV testing;
3. a 'group project' where colleagues encouraged one another and where the development of peer pressure to HIV test were important factors in testing uptake;
4. employees appreciating companies' concern for staff.

One aspect of our research focused on the moral implications of using incentives to motivate for HIV testing (Weihs et al., 2017). We found that

certain conditions were required in the workplace to ensure that the small risk of coercing employees into participating in HCT was contained.

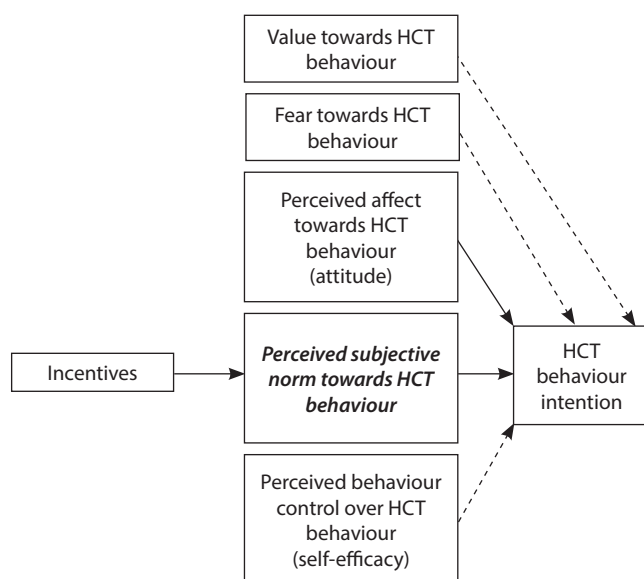
In the following sections, we present standards for the effective and morally acceptable implementation of lottery incentives for HIV testing in the workplace.

Implementation standards for lottery incentives used for workplace HCT

There is consensus in literature that lottery incentives for workplace HIV testing need to be integrated as a strategy in the design and implementation of HIV workplace programmes in order for them to be effective (Lee et al., 2014; Weihs & Meyer-Weitz, 2014; Weihs et al., 2017). These HIV workplace programmes should comply with widely recognised standards, including ethical standards, and be evaluated regularly as per SANS 16001: 2013 (Gansan, 2013) and the Code of Good Practice on HIV and AIDS and the World of Work (Department of Labour, 2012a). The following recommendations were developed in our research in addition to these proposed standards:

1. Companies must make sure that all employees, including non-permanent and contracted staff, who participate in workplace HIV-testing events benefit from such HIV workplace programmes. Employees need to be timeously informed of possible consequences of testing HIV positive, their rights, and access to treatment and care. Companies must ensure that HCT counsellors know about the lotteries so that employees are empowered to make beneficial and autonomous choices.
2. When designing/implementing lottery incentives, and monitoring and evaluating their influence, the focus should be on family, social and cultural contexts – and not only on the individual

Figure 1: Theory of planned behaviour for workplace HCT with incentives (Weihs et al., 2017)



Bold/Italic : Significant increase due to experimental intervention
 ———> : Significant predictor of behaviour intention
 - - - -> : Non-significant predictor of behaviour intention

behaviour, as is frequently the case in HIV prevention. The role of excitement, group discussions and social support created by lottery incentives in workplace HCT should be considered.

3. Employees should be informed well in advance about lottery prizes, entry conditions and the date of the lottery draw to ensure that there is enough time for the development of excitement, group discussions and social support in the company and at home. Peer educators and print media should remind employees about the lottery incentive competition to build anticipation and intensify excitement.
4. To reduce perceived stigma and discrimination, all employees should be encouraged to participate in HCT. Therefore, HCT should be organised as a short and intensive testing campaign on the premises of the company.

The policy environment for HIV testing in the workplace and lottery incentives

The important role of the workplace in addressing HIV has long been stressed by international institutions, several South African government departments, private and public employers, and labour organisations. The earlier South African National Strategic Plan on HIV, STIs and TB, 2012–2016 (NSP 2012–2016) stated that health workplace programmes had to address the HIV epidemic and thus comply with national standards as per the Technical Assistance Guidelines on HIV and AIDS and the World of Work (Department of Labour, 2012b) and the South African HIV National Standard for Workplace Programmes SANS 16001 (SANAC, 2012). Several sub-objectives of the NSP 2012–2016 refer to HIV interventions in the workplace. In Sub-Objective 3.1, the following is outlined: “The private sector, all employers and labour unions,

should ensure that all formal sector and informal sector employees are tested and screened annually and have equitable access to prevention, treatment and wellness services” (SANAC, 2012: 48).

With the new NSP 2017–2022 (SANAC, 2017), the South African government increases its efforts to address the HIV epidemic. The multi-sectoral approach is one of its key principles and the importance of multi-sectoral partners is highlighted to further address the impact of HIV, TB and STIs in the country. The South African government particularly aims to promote efforts to encourage all sectors, including the private sector, to increase their engagement. It is hoped that through diversifying testing approaches and services, the private sector will play its part in achieving government’s ambitious goals of expanding HIV testing. Goal 8 of the NSP 2017–2022 sets the agenda to create strategic information necessary for achieving the goals of the NSP. The NSP seeks to facilitate implementation research for service delivery improvements, including impact evaluations on the implementation of perceived best practices. A list of important research questions was drafted by the National Implementation Research Advisory Committee on, for example, the impact, cost and cost-effectiveness, sustainability, and scalability of best practices.

The Code of Good Practice on HIV and AIDS and the World of Work (Department of Labour, 2012a) and the related Technical Assistance Guidelines (Department of Labour, 2012b) are aimed at assisting organisations to develop suitable approaches to manage HIV and AIDS, TB and STIs in the workplace. The Code of Good Practice on HIV and AIDS and the World of Work highlights that the implementation of gender-sensitive workplace HIV and

AIDS policies and programmes is one of the most effective approaches to reduce and manage HIV and AIDS in the workplace. Effective HIV programmes should result in the elimination of stigma and unfair discrimination in the workplace and should cover topics like confidentiality and disclosure, as well as promote HIV testing and access to employment protection, equitable employee benefits and education.

In the National Health Promotion Policy and Strategy 2015–2019, workplaces are highlighted as key stakeholders in health, with HIV, AIDS and TB as priority areas for health promotion (Department of Health, 2014).

The above policies and guidelines emphasise the importance of promoting HIV testing also outside the health sector. The multi-sectoral approach specifically includes the private sector as well as workplaces as places of intervention for HIV prevention. The above policies and guidelines also clearly set a framework for the successful use of lottery incentives to promote workplace HCT by setting the standards for HIV workplace programmes and policies. Although specific tools and strategies like peer education and IEC campaigns are specifically mentioned, incentives to motivate for workplace HIV testing are currently not mentioned in any of the above policies and guidelines. This creates a vacuum where decision makers are left without guidelines as to whether to use incentives in their workplace HIV-testing campaigns and how to implement them effectively and ethically.

In summary:

1. The aforementioned policies and guidelines do not mention the use of lottery incentives as an effective strategy to encourage HCT in the workplace.
2. Consequently, clear policies and guidelines on the use of lottery

incentives for workplace HCT as part of comprehensive HIV workplace programmes are not provided.

3. Furthermore, the policies' research agenda is formulated too vaguely as to encourage research activities to further validate the effectiveness of innovative strategies like lottery incentives for workplace HCT.

The literature discussed above provides clear evidence on the effectiveness of incentives to influence health screening behaviour in different settings. It also provides arguments that the relatively small costs associated with providing incentives to people to be tested for HIV will probably be covered by the averted costs associated with the prevention of HIV transmission (Ostermann et al., 2015). This should be an important argument in an enterprise where resources are scarce and time is precious, as the human immunodeficiency virus continues to spread. The moral concerns over the use of incentives, and specifically lottery incentives, in the workplace have also been discussed and we concluded that the advantages outweigh the disadvantages if lottery incentives are used within the framework of standardised HIV and wellness workplace programmes (Weihs et al., 2017). The above policies clearly create the required framework for workplaces to effectively address the impact of HIV on employees and business operations. Organisations implementing their HIV workplace programmes with these standards automatically create an environment in which lottery incentives can go beyond their economic effects. The evidence suggests that using lottery incentives to increase HIV-testing uptake in workplaces needs to be recognised by the relevant policies and guidelines to support the realisation of the target that 90% of the HIV-positive South African population should know their status by 2020. Because lottery incentives are

already frequently used to increase HIV testing in the workplace, the above presented research studies provide the information to formulate the necessary standards to make sure that the use of lottery incentives in the workplace is effective and morally acceptable.

The above studies and the broader related literature acknowledge that more research is necessary to further validate the use of incentives as a best-practice strategy to increase HIV-testing uptake in South Africa. More research is necessary, for example on the impact, cost-effectiveness, sustainability and scalability of incentives; their use in different HIV-testing settings and with different target groups; their effects on long-term behaviour change; and their influence on reducing perceived stigma and discrimination.

Key policy recommendations

With reference to the above analysis, the following key policy recommendations can be made:

1. Recognise lottery incentives as an effective strategy to motivate workplace HIV-testing behaviour within standardised HIV workplace programmes as per the framework of the Technical Assistance Guidelines on HIV and AIDS and the World of Work (Department of Labour, 2012b).
2. Define clear guidelines based on the available research on how to use lottery incentives effectively and in a morally acceptable manner in the workplace.
3. Encourage the National Implementation Research Advisory Committee to include incentives as a best practice strategy to increase HIV-testing uptake in its prioritised list of important implementation research questions.

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