



BEHAVIOURAL ECONOMICS INCREASES MMC UPTAKE AT LOW COST

EVIDENCE FROM A CONTACT CENTRE PILOT

SUMMARY

Behavioural economics is effective at driving behaviour change and is low cost.

It has not been used to drive uptake of medical male circumcision (MMC) services in South Africa though. We tested if incorporating behavioural economics into existing MMC booking services could offer a low-cost way to increase MMC uptake. We updated the scripts used by contact centre agents at CareWorks with insights from behavioural economics and tested the impact of these updates. Updated scripts resulted in a 21% increase in MMC bookings. If applied throughout 2017, this would have resulted in 11,528 additional bookings across the year. Behavioural economics therefore offers a low cost, effective way to drive MMC uptake in a contact centre environment. This demonstrates the potential use of behavioural economics in other health-related contact centres like the proposed treatment contact centre.

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THE CHALLENGE

MMC is an effective, low-cost solution to support HIV prevention, reducing female-to-male transmission by 60%.

NDoH has set a target to circumcise 80% of HIV negative men between the ages 15-49, however, reaching these targets requires more than making services available. Many men do not follow through with making a booking for MMC despite clearly indicating an intention to undergo the procedure. MMC programmes in South Africa have used various demand generation strategies such as community mobilisation and mass media to encourage men to follow through on these intentions. The remaining gap - the “intention-action” gap – left by existing demand generation calls for a solution that drives uptake while retaining the effective, low cost structure of MMC.

THE SOLUTION

Behavioural economics is a field of study which combines insights from economics and psychology. It is backed by over 50 years of academic and policy research on human decision making. The fundamental insight of behavioural economics is that people regularly behave in predictably irrational ways. This means they make decisions that undermine their self-declared interests – like deciding not to circumcise. Behavioural economics helps us understand why people make these decisions, but also offers insights into how to address this in simple, cost-effective ways through behavioural nudges. It has been used by over 200 institutions worldwide to address key policy issues such as improving savings, education, public safety and public health. To the best of our knowledge, behavioural nudges have not been applied in South Africa to address large-scale public sector health issues like MMC.



..... Increase the number of men booking for MMC

In South Africa, men are mobilised for MMC through mass media campaigns or social mobilisers and are then directed to a contact centre. We undertook ‘mystery shopper’ calls and listened in on calls to the contact centre. This research revealed that these conversations could be informed by behavioural economic insights to get men to commit to MMC. We hypothesised that behavioural nudges could improve the persuasiveness of contact centre conversations, strengthen commitment to undergo MMC, and ultimately increase the number of men booking for MMC.

WHAT WE DID

We redesigned existing materials at contact centres to incorporate behavioural nudges.

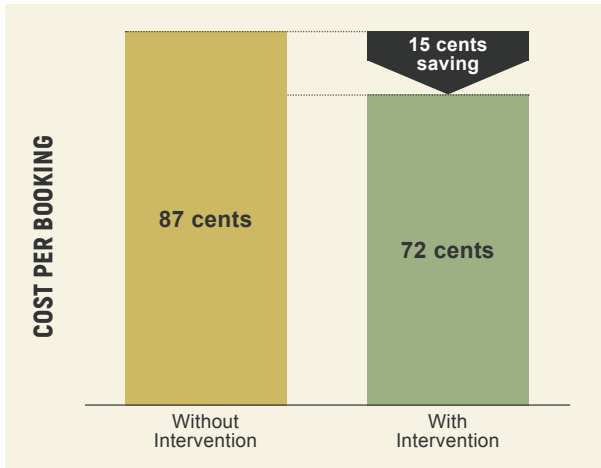
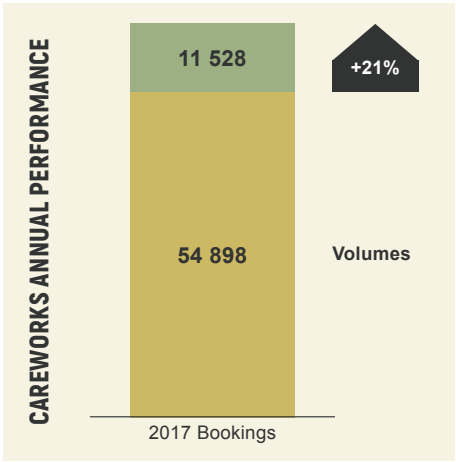
This involved updating the script and objection handling document used by agents. Updates included the use of:

- **Personalisation** – which involves frequently using the candidate’s name and encouraging them to reveal their personal motivations to circumcise in order to promote their engagement with the content of the conversation.
- **Social proof** – which involves framing the decision to circumcise as a trending or prevalent social behaviour in order to persuade potential candidates to make a booking.
- **Self-generation** – which involves getting men to write down their commitments to increase the likelihood of them recalling and following through on their booked appointments.

We also redesigned a number of small processes such as the number and time at which different men received an SMS reminder. We collected historical baseline data and used this to stratify contact centre agents into two groups; a test and a control group. The test group was trained to use the new materials, which were piloted over three months. We used difference-in-difference (DiD) to measure the improvement over time in the test group relative to the improvement in the control group.

WHAT WE FOUND

In the test group using behaviourally-informed materials, we found that the number of calls converted into booked appointments for MMC¹ increased by 21%. This result is statistically significant – which means that the results were caused by the behavioural nudges rather than by chance. Using the 54,898 bookings made by the contact centre in 2017 as a base, this intervention could have translated into an additional 11,528 bookings at a negligible cost to the call centre. Taking into consideration the average cost of employing a contact centre agent, this uplift reduces the average cost per booking by 15 cents, from 87 cents to 72 cents. The efficacy and low cost of the behavioural intervention mirrors the efficacy and low cost of MMC strategy as a whole.



WHY THIS IS IMPORTANT FOR THE DEPARTMENT OF HEALTH

Behavioural economics offers an effective way to drive MMC uptake, and can be incorporated into existing demand generation processes at a low cost. This pilot offers robust evidence that behavioural nudges used in contact centre scripts effectively drives uptake of MMC services at a low cost. Behavioural economics can be used to improve the outcomes achieved by contact centres addressing other health issues too, for example in index testing and in ARV treatment calls.

¹ Referred to as ‘booking conversions’