

## **Evidence Brief**

# What Works in Addressing Global Poverty – Health

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## Key Points

1. Interventions targeting the supply and demand of health products and services shape health-seeking behavior, the accessibility and quality of health care, and, ultimately, health outcomes.
2. Research has found several promising avenues for increasing the use of health services and products, including subsidies for preventive health products; information campaigns stressing specific and actionable steps; nudges and incentives; and cash transfers.
3. The reach of health services can be improved by bringing services closer to where people live, work or study.
4. Service providers respond to incentives for attendance, outputs, and outcomes, but implementing incentive schemes in public health systems is difficult and have worked differently in different settings.
5. As issues of healthcare delivery, universal health coverage, and strengthening health systems become an increasing focus of policymakers, more research is necessary to generate evidence on what works in the evolving challenges of global health.

## The Problem

One of the major challenges to improving health outcomes is addressing low coverage of preventive health services and products. Prevention is critical to improving health: it helps the user, can break the cycle of transmission for infectious diseases, and is often a quite cost-effective means to reduce the disease burden relative to the cost of treatment. Still, coverage rates with many effective preventive health products, such as flu vaccines in higher income countries or water treatment technologies in lower income countries, remains low.

There are three major components underlying individuals' coverage with preventive health. First, individuals may lack the financial resources to pay for a product, including a lack of cash (or liquidity constraints) to make an immediate purchase. This is a major factor in lower income countries. People may also lack accurate information on the benefits of a particular product or service to prevent disease. Finally, taking time from a busy day to take an action that pays off only over time can be difficult—for example, individuals may put off going for vaccine booster shots because other more pressing things may take precedence, day after day. In India,

researchers found that although immunization services are offered at no charge and 50% of children received their first vaccine, only 6% of children received all five vaccines part of the basic package (Banerjee, et al., 2010).

On the supply side, health products and services may not be accessible to individuals. A number of issues have been documented related to healthcare delivery, including scarcity of healthcare providers, long travel distances to a health center, lack of equipment and medicines, and long wait times. Transportation and time costs related to reaching health services and products can place a disproportionately large burden on low-income households.

Finally, even when health services are available, the quality of care is sometimes substandard. Health workers may not have the knowledge or skills to provide quality care. Even if they are qualified, health workers may not be motivated to show up. Research has found provider absenteeism rates of 29% in Nigeria, 40% in India, and 46% in Uganda.

## What We've Learned

The Health Sector of the Abdul Latif Jameel Poverty Action Lab (J-PAL) grouped evidence from over 100 randomized controlled trials into six broad themes, categorized into demand side and supply side interventions.

### Evidence Outline

#### Demand-side: Increasing take-up for health products and services

**Theme 1:** Pricing preventive health products to increase adoption

**Theme 2:** Informative campaigns to increase health-promoting behaviors

**Theme 3:** Incentives and nudges to increase health-promoting behaviors

**Theme 4:** Cash transfers for health

#### Supply-side: Improving healthcare delivery

**Theme 5:** Interventions to increase the reach of health products and services

**Theme 6:** Interventions to improve healthcare provider job performance

Source: J-PAL

### Demand-side: increasing take-up for health products and services

#### *Pricing preventive health products to increase adoption.*

There has been a long-running debate among policymakers about cost sharing for key preventive health products, amid concern that free distribution could lead to wasteful spending on households that are not willing to use the product. Across different preventive health products and contexts, however, researchers have found that cost-sharing reduces adoption significantly and even low prices discourage take-up (J-PAL, 2018). In Kenya, charging 60 cents for an insecticide-treated bednet to prevent malaria reduced adoption by 60 percentage points compared to free bednet distribution (Cohen & Dupas, 2010). Across studies, researchers also found that the drop-off in purchase rate occurs even among households that could highly benefit from the product and that recipients of subsidized health products are as likely to use them as those who pay full price. Increasing access to cash, credit, and savings can mitigate the drop-off in purchase rates.

#### *Information campaigns to foster health-promoting behavior.*

Governments spend billions of dollars every year on information campaigns to improve knowledge about healthy behavior, increase the salience of a health threat, or influence social norms. While being informed is obviously a necessary condition to making healthy choices, it is not always sufficient. What's more, it is not always clear how to most effectively deliver information to promote behavioral change. Evidence suggests that generally exhorting people to change behavior do not work. In Peru, campaigns to promote handwashing had no impact on people's behavior or their knowledge about the benefits of keeping their hands clean (Galiani, et al., 2012). By contrast, providing specific and actionable information can be more effective: In Kenya, informing adolescent girls of the heightened HIV risk coming from older partners ("sugar daddies") successfully reduced the incidence of unprotected sex, while an abstinence-only curriculum did not (Dupas, 2011).

Open questions remain on how to best leverage social networks, financial incentives combined with information, and different mediums (verbal, written, SMS, mass media, etc.) and contexts of delivery to maximize impacts.

*Incentives and nudges.* Barriers to health-promoting behavior are often mundane, such as a complicated application process or the inconvenience of traveling to a health center, when people's lives are already filled with time-consuming chores and responsibilities. Research across high-, middle-, and low-income countries has found that small behavioral "nudges" can be enough overcome those barriers in some contexts. In India, providing a small in-kind incentive combined with improved immunization delivery tripled full immunization rates compared to improved delivery alone (Banerjee, et al., 2010). Nudges are also used to promote flu vaccination in the U.S.: text messages that provided information to pregnant women about the influenza vaccination and reminded them to make appointments increased vaccination rates by 30% (Stockwell, et al., 2014).

*Cash transfers.* A large body of evidence from Latin America and other developing regions shows that sums of cash distributed regularly to individuals or households can improve health outcomes. Such transfers not only can provide households the means to pay for care, but may also send signals about the importance of healthful behavior. In Mexico, the pioneer PROGRESA cash transfer program, conditioned on receiving preventive medical care, significantly increased visits to primary clinics and improved child and adult health status (Gertler & Boyce, 2001).

Similar results were found in subsequent programs across the globe. However, questions remain about the optimal design of transfer programs in terms of the size, frequency, and timing of transfers, and who should receive them. There is also mixed evidence on the necessity to condition the transfers to specific health behaviors; whether transfers

with no strings attached yield health effects depends on whether households view health as a priority over other pressing needs such as education and income generation.

### **Supply side: improving healthcare delivery**

*Improving the reach of health services and products.*

Making healthcare more accessible, or improving the supply of health services, is another key element of increasing take-up and improving health outcomes. A study in Malawi found that people were much more likely to get tested for HIV if they could go to a mobile clinic near their homes (Thornton, 2008). Similarly, reducing wait times for services or making home visits extends the reach of health care (Ashraf, et al., 2014b; Björkman Nyqvist, et al., 2017). Schools may also be a good venue for cost-effective healthcare delivery to children (e.g. presumptive treatment of intestinal worms, malaria, or even eye care), because they tend to be more widespread than health clinics and, in some countries, absenteeism among teachers is less than that among health workers. Improving health and nutrition outcomes for school-going children might also impact education and economic outcomes.

*Improving provider performance.* Health status in many countries suffers from entrenched absenteeism and poor performance among healthcare providers. In contexts where informal providers are prevalent, providing training may be one way to improve the quality of care (Das, et al., 2016). Absenteeism can be also reduced by active monitoring. However, technological monitoring solutions are limited when they are not combined with changes in the broader rules governing health workers (Dhaliwal & Hanna, 2017). In addition, research shows that pay-for-performance arrangements that link financial rewards to health outputs (i.e. the number of home visits) or outcomes (i.e. the prevalence of stunting) can succeed in some contexts. These incentives may not even need to be financial, as one study of distribution of female condoms in Zambia found that nonfinancial social rewards (gold stars to display) may also be effective (Ashraf, et al., 2014a).

Finally, different recruitment strategies may influence provider performance: highlighting career opportunities may attract better health care providers, but higher financial incentives can attract less socially-motivated providers who have lower retention (Ashraf, Bandiera, & Lee, 2019).



Highlighting career advancement opportunities instead of community service has the potential to attract better skilled and more driven health care providers. Source: Ashraf, Bandiera, & Lee, 2019.

## Implications

A decade-and-a-half of well-identified research offers several key insights into effective health interventions in developing countries. The main recommendations stemming from this work include:

1. Subsidize user fees for key preventive health products and eliminate cost-sharing when possible.
2. Information campaigns to increase health-promoting behavior should emphasize specific and actionable information.
3. Leverage schools to reach large numbers of children with critical health interventions.
4. Cash transfer programs can significantly improve health status.

Effective programs must recognize the economic, social, and cultural circumstances of peoples' lives, delivering services they can afford at places they can reach in ways that respond to their values and social environment.

## Open Questions

Despite major progress in generating evidence on how to improve health in low- and middle-income countries, key questions remain. Many of these topics fall along supply side issues, including but not limited to:

### Strengthening health systems

- How can incentives or monitoring systems be leveraged for sustainable improvements in absenteeism and health care provider performance?
- Should payment structures incentivize utilization, outputs, or outcomes?
- How should career advancement be designed to best recruit and retain health workers?
- What types of interventions, including those focused on both patient and provider, can cost-effectively improve the quality of care?

### Health insurance

- Why are the barriers to universal health insurance coverage?
- What is the role of information in ensuring that individuals are aware of coverage benefits and utilize them accordingly?
- How should insurance reimbursement rates be set to reduce fraud and promote financial sustainability?

### Non-communicable diseases

- As the burden of infectious diseases decreases and non-communicable diseases (NCDs) become more prevalent, how can health systems or other delivery channels improve access to prevention, diagnosis, and treatment of non-communicable diseases?
- How can nudges, information campaigns, and incentives be optimally designed to promote exercise, health screenings, and other critical aspects of NCD prevention and management?

To further move the needle and uncover “what works” in improving health outcomes, continued research is critical. Generating policy-relevant research and synthesizing actionable policy recommendations on evolving global health challenges has the potential to inform policy decisions and improve health outcomes for millions of people across the globe.

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## About Pascaline Dupas



Pascaline Dupas, a professor in the Department of Economics, is a development specialist whose scholarship focuses on policies aimed at reducing global poverty. She will become director of the Stanford King Center on Global Development in

September 2020, after spending the current academic year off campus as a Guggenheim Fellow. Her research has included studies throughout Africa on how best to price, target, and distribute essential health products and services aimed at curbing malaria, teenage pregnancy, and HIV infection. Among her many academic and research affiliations, Dupas serves as the Health Sector Co-Chair of the Abdul Latif Jameel Poverty Action Lab (J-PAL), with which she has been affiliated since 2006. She is the recipient of multiple academic honors, including citation as best French economist under 40 in 2015 by the newspaper *Le Monde* and *Le Cercle des Economistes*.

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