

## CHAPTER 1

# Impacts and Determinants of Health Levels in Low-Income Countries

P. Dupas<sup>\*,§,¶,1</sup>, E. Miguel<sup>||,§</sup>

<sup>\*</sup>Stanford University, Stanford, CA, United States

<sup>§</sup>NBER (National Bureau of Economic Research), Cambridge, MA, United States

<sup>¶</sup>Center for Education Policy Research, Cambridge, MA, United States

<sup>||</sup>University of California, Berkeley, Berkeley, CA, United States

<sup>1</sup>Corresponding author: E-mail: pdupas@stanford.edu

### Contents

1. Introduction	4
2. Methodological Section	6
2.1 Experimenting to estimate impacts of health improvements: beware of externalities	8
2.2 Experimenting to understand the determinants of health behavior: beware of measurement	14
2.3 Research transparency, registration, and preanalysis plans	16
3. Experimental Estimates of the Impact of Health on Individual Productivity	18
3.1 Impacts of adult health and nutrition on productivity	18
3.2 Impacts of child health and nutrition on education	23
3.3 Impacts of child health and nutrition on later outcomes	28
4. Environmental/Infrastructural Determinants of Health	31
5. Demand for Health Products and Healthcare	34
5.1 Pricing experiments	36
5.1.1 <i>Methods to estimate the demand curve</i>	36
5.1.2 <i>Results of pricing experiments</i>	40
5.2 Liquidity experiments: credit and cash transfer experiments	47
5.3 Information experiments	49
5.3.1 <i>Impact of information on willingness to pay</i>	49
5.3.2 <i>Impact of information on health behavior change</i>	51
5.3.3 <i>Impact of tailored information on behavior change</i>	54
5.3.4 <i>Impact of targeted information</i>	57
5.4 Schooling experiments	57
5.5 Nonmonetary cost experiments	58
5.6 Incentive experiments	61
5.7 Psychology experiments	62
5.8 Taking stock: how important is the role of present bias in explaining observed preventive health behaviors?	64
5.9 Commitment experiments	67
6. Supply of Health Care	69
6.1 Experimental audit studies	69
6.2 Monitoring experiments	72
6.2.1 <i>District-level contracting</i>	73

6.2.2	<i>Top-down, input-based incentives</i>	74
6.2.3	<i>Top-down, output-based incentives</i>	75
6.2.4	<i>Bottom-up: beneficiary oversight</i>	77
6.3	Improving the quality of informal providers	79
7.	Conclusion	82
	References	84

## Abstract

Improved health in low-income countries could considerably improve wellbeing and possibly promote economic growth. The last decade has seen a surge in field experiments designed to understand the barriers that households and governments face in investing in health and how these barriers can be overcome, and to assess the impacts of subsequent health gains. This chapter first discusses the methodological pitfalls that field experiments in the health sector are particularly susceptible to, then reviews the evidence that rigorous field experiments have generated so far. While the link from in utero and child health to later outcomes has increasingly been established, few experiments have estimated the impacts of health on contemporaneous productivity among adults, and few experiments have explored the potential for infrastructural programs to impact health outcomes. Many more studies have examined the determinants of individual health behavior, on the side of consumers as well as among providers of health products and services.

## Keywords

Behavior; Epidemiology; Externalities; Incentives; Information; Prevention; Public health; Subsidies

## JEL Codes

C93: Field Experiments; D12: Consumer Economics: Empirical Analysis; I1: Health; I12: Health Behavior; I15: Health and Economic Development; O12: Microeconomic Analyses of Economic Development

## 1. INTRODUCTION

The links between health and economic development are many and varied. One of the most robust stylized facts of economic development is that higher income levels correlate strongly with longer life spans, lower infant mortality, and reduced illness throughout the life course (Deaton, 2013). Infectious diseases that kill millions in poor countries are largely unknown in the world's wealthy societies, while sophisticated new curative technologies, procedures, and pharmaceutical advances often appear in wealthy economies years before they are available in low-income regions. The recent ravages of HIV/AIDS in Sub-Saharan Africa—which has killed tens of millions, and counting—have only deepened the divide between the global health haves and have-nots. Even the briefest introspection makes it obvious that health levels are critical determinants of human wellbeing even beyond their impact on economic productivity, and that the health gaps across countries are a major contributor to global inequities.

This is a powerful and well-known pattern, but its underlying causes are not obvious or entirely clear. There are many channels that could plausibly contribute to the link between

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات