

## RESEARCH NEWSLETTER

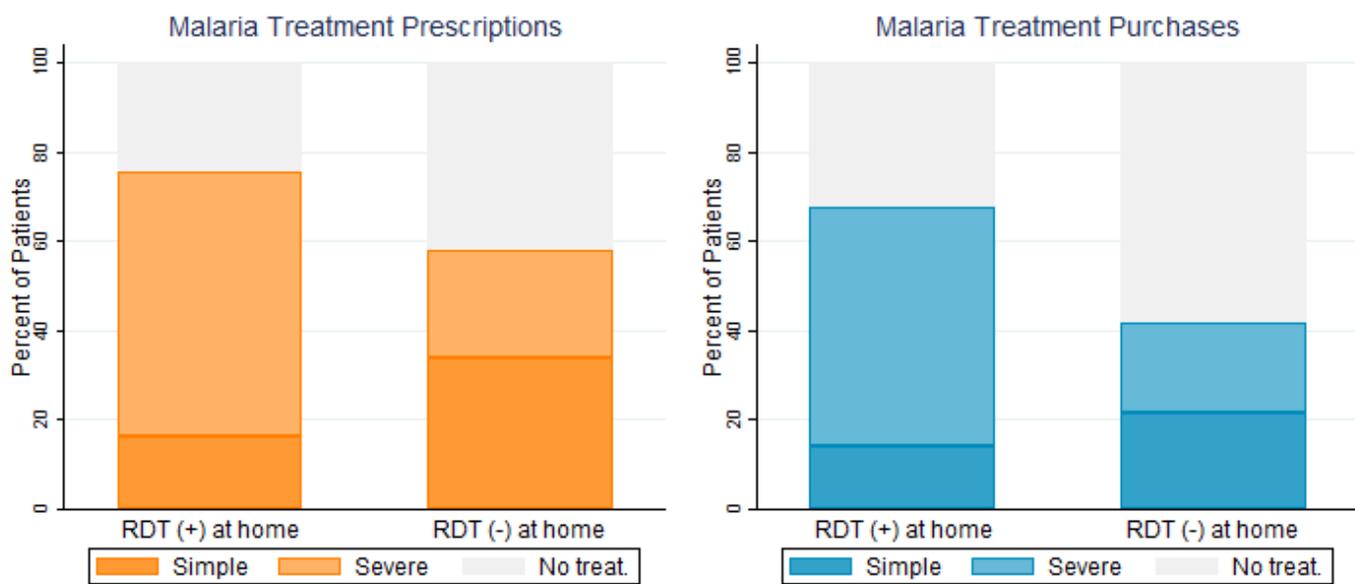
### Achieving Efficient and High-Quality Acute Healthcare | May 2021

#### FEATURED RESEARCH

In 2019, over 5 million children under the age of five died, mostly from preventable and treatable causes. At the same time, a growing literature points to the problems created by overuse of acute healthcare, with antibiotics and other medicines prescribed even when unnecessary. This twin problem of simultaneous over- and underuse of acute healthcare presents the international health community with a complex challenge, as blunt policy instruments like subsidies for care may help solve underuse while exacerbating overuse.

In a recent Policy Research Talk, World Bank economist [Anja Sautmann](#) presented three studies of patients in public health clinics in Mali that help disentangle the complex set of factors that influence the decisions of patients and doctors in seeking and providing care. These case studies tested several interventions with the goal of improving the allocation of care and ultimately the health of patients. Subsidies helped increase the rate at which acutely ill children visited community health clinics, but low prices also led to the overprescription of antimalarials, which was exacerbated when patients put pressure on doctors. Training for providers helped, but patient information interventions had limited impacts on either under- or overuse. New approaches to measurement such as health diaries and combining data collected at healthcare facilities and at home hold promise to shed more light on how to tackle the twin problem of over- and underuse of acute healthcare.

**Figure: Prescriptions and purchases for treatment for simple malaria (ACT tablets) and severe malaria (injectables), conditional on the patient showing a positive or negative malaria test result**



*Notes: There is significant undertreatment of malaria-positive patients. However, at the same time nearly 60% of patients who do not have malaria receive a prescription, and over 40% purchase and take an antimalarial. Malaria antigen test data was obtained during follow-up home visits with patients who visited one of 60 public health clinics in Bamako, Mali, with acute symptoms of illness in Fall 2017.*

## RESEARCH HIGHLIGHTS

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### WORKING PAPERS

#### ✓ [Gender Differences in Children's Antibiotic Use and Adherence](#)

*Christine Blandhol and [Anja Sautmann](#), Policy Research Working Paper 9542, February 2021*

This study examines adherence to antibiotic treatment guidelines in Mali using health diaries collected at home combined with World Health Organization guidelines for minimal treatment length. Overall adherence to antibiotic treatment guidelines is under 50 percent and more than 10 percentage points lower for girls.

#### ✓ [Subsidies, Information, and the Timing of Children's Health Care in Mali](#)

*[Anja Sautmann](#), Samuel Brown, Mark Dean, World Bank Policy Research Working Paper 9486, November 2020*

This study examines the decision to seek care for acute illness in children under five. Removal of user fees succeeds in increasing the use of formal health care when a doctor's evaluation is medically indicated. Community health worker visits, by contrast, did not affect the demand for health care.

#### ✓ [Does Patient Demand Contribute to the Overuse of Prescription Drugs?](#)

*Carolina Lopez, [Anja Sautmann](#), Simone Schaner, World Bank Policy Research Working Paper 9482, November 2020 | Forthcoming in [American Economic Journal: Applied Economics](#)*

When patients are informed of their eligibility for a price discount, they pressure doctors to prescribe malaria tablets, whereas doctors do not increase prescription rates in response to the discount alone. The additional prescriptions go to patients who rarely had malaria, worsening the illness-treatment mismatch.

#### ✓ [Invitations, Incentives, and Conditions: A Randomized Evaluation of Demand-Side Interventions for Health Screenings in Armenia](#)

*[Damien de Walque](#), Adanna Chukwuma, Nono Ayivi-Guedehoussou, Marianna Koshkaryana, World Bank Policy Research Working Paper 9346, July 2020*

Hypertension and diabetes mellitus go undetected in over half a billion people, mostly in lower-income countries. This study tests four interventions to increase health screening among Armenian adults 35-68 years of age. The most effective intervention—a conditional cash transfer in the form of a pharmacy voucher—increased screening on both tests by 31.2 percentage points.

#### ✓ [The Impact of Social Mobilization on Health Service Delivery and Health Outcomes: Evidence from Rural Pakistan](#)

*[Xavier Giné](#), Salma Khalid, Ghazala Mansuri, Policy Research Working Paper Report 8313, January 2018*

Can citizen engagement improve the quality of public health services? A community development program that targeted women in rural Pakistan finds that the mobilization effort improved the performance of village-based health providers, increasing the number of pregnancy and well-baby visits and utilization of pre- and post-natal care by pregnant women.

### JOURNAL ARTICLES

#### ✓ [Inequality in the Quality of Health Services: Wealth, Content of Care, and the Price of Antenatal Consultations in the Democratic Republic of Congo](#)

Günther Fink, [Eeshani Kandpal](#), [Gil Shapira](#), *Economic Development and Cultural Change* (accepted) 2021 | [Working Paper Version](#)

Linking data from household surveys and health facility assessments reveals a relationship between wealth and quality of antenatal care, largely explained by lower average facility quality in poorer areas. Moreover, a significant within-village wealth-quality relationship is primarily driven by wealthier women seeking care at higher-quality even if more distant facilities.

### ✓ [Health information, Treatment, and Worker Productivity](#)

Andrew Dillon, [Jed Friedman](#), [Pieter Serneels](#), *Journal of the European Economic Association* 19 (2): 1077–1115, April 2021 | [Working Paper Version](#)

This study estimates the productivity costs of malaria infection: earnings increased 11-13 percent in the weeks following a malaria test offered in a randomized order to piece-rate agricultural workers. The rise in earnings occurs through increased labor supply among the sick (once medically treated) or increased output per hour among the healthy (who received a malaria-free diagnosis). In the absence of access to information about one's health status, workers tend to work less or choose lower return tasks when working.

### ✓ [Quality of Clinical Assessment and Child Mortality: A Three-Country Cross-Sectional Study](#)

Nicole A Perales, Dorothy Wei, Aayush Khadka, Hannah H Leslie, Saïdou Hamadou, Gervais Chamberlin Yama, Paul Jacob Robyn, [Gil Shapira](#), Margaret E Kruk, Günther Fink, *Health Policy and Planning* 35 (7): 878–887, August 2020

Data collected through direct clinical observations of curative care consultations for children 2-59 months of age show low compliance with diagnostic protocols in the Democratic Republic of the Congo, Cameroon, and Central African Republic. A 10 percent higher rate of compliance is associated with a 14.1 percent reduction in mortality odds, pointing to the potential benefits of better compliance.

### ✓ [Quality of Care For Children With Severe Disease in The Democratic Republic of Congo](#)

Emma Clarke-Deelder, [Gil Shapira](#), Hadia Samaha, György Béla Fritsche, Günther Fink, *BMC Public Health* 19, Article number: 1608, December 2019

Analysis of data collected through direct clinical observations and patient exit interviews in the Democratic Republic of Congo finds that less than half of children under the age of five with severe febrile disease, severe pneumonia, and severe dehydration receive the recommended treatment.

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## EVENTS

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- **May 25:** Policy Research Talk | World Development Report 2021: Data for Better Lives | [Recording](#) | [Report](#)
- **June 7:** [Market Design, Matching, and COVID-19](#)
- **June 15:** Deadline for submissions to the [14th International Conference on Migration and Development](#)
- **June 21–25:** [Annual Bank Conference on Development Economics: Global Unrest](#)
- **March 21–25, 2022:** [21st Annual Conference on Land and Poverty: Institutions for Equity and Resilience](#)

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## What have we learned about cash transfers?

John Loeser, [Berk Özler](#), Patrick Premand | *Development Impact* | May 10, 2021

Imagine you are asked to write a one-page summary of what we have learned from the vast research on cash transfers (of all sorts) for high-level policy makers – yes, bit of an impossible task! The three of us were recently asked to do this and we tried our best in a short amount of time, with a lot of help from our colleagues. In this post, we reproduce this brief, in which we focus on what we see as the main take-away messages from the research. The actual brief, with an appendix covering ongoing research in DEC at the World Bank, complete with hyperlinks and references for selected studies, is [here](#). Here are four big-picture messages we put forward...

[Read the blog](#)

## If your follow-up survey has attrition, what should you do for your descriptive analysis?

[David McKenzie](#) | *Development Impact* | May 3, 2021

There are multiple ongoing efforts to use phone panel surveys to track the dynamics of how households and firms have been affected by the COVID-19 pandemic. One of the teams working on these surveys wrote to me to say that there is sizeable attrition, so what are my recommendations for how they should deal with this when conducting their analysis. I thought I'd share my thoughts in case they are useful for others, or in case there are other suggestions of what should be done. Readers, please also share whether you know of a textbook that covers dealing with attrition particularly well- many of the textbooks don't discuss attrition at all or provide only a couple of pages discussing it in general terms. [Glennster and Takavarasha's book](#) has the best coverage of those on my bookshelf at home, but it has been a long time since I was in my office to check those books.

[Read the blog](#)

## We got bunching, now what?

[Pierre Bachas](#), Florence Kondylis, John Loeser | *Development Impact* | April 29, 2021

In a [previous post](#) we outlined methods to estimate bunching-free counterfactuals when individuals bunch below some costly policy threshold. Today, we discuss the economic meaning that can be recovered from these estimates. In particular, the distance individuals travel to bunch at a threshold tells us about their responsiveness to the change in incentives at the threshold.

[Read the blog](#)

## Policy Research Working Paper series publication roundup for the weeks of April 12 and 19

*Let's Talk Development* | April 28, 2021

This blog is a biweekly feature highlighting recent working papers from around the World Bank Group that were published in the [World Bank's Policy Research Working Paper Series](#). This entry introduces eight papers published during the weeks of April 12 and 19 on papers related to the global vaccination campaign, economic recovery after the economic lockdown, gender-related research, and national statistics on disabilities.

[Read the blog](#)

## Distortionary effects of conditions attached to cash transfers

[Berk Özler](#) | *Development Impact* | April 26, 2021

It's well known that in the absence of market failures or externalities, giving people cash with no strings attached (unconditional cash transfers or UCTs) is better than giving them with conditional on certain behaviors by the beneficiary. Inefficiencies (private or social) or political economy arguments are necessary to justify attaching conditions to cash transfers in order to get households to

invest in more of something that the government deems desirable. From a welfare perspective, if the households were already operating with no failures (such as imperfect information, etc.) other than credit constraints, UCTs would be sufficient to solve the problem and CCTs would inefficiently distort behavior through the condition. A new paper by [Bryan et al.](#) (2021) provides a new example of such a distortion.

[Read the blog](#)

## **What I learned from looking at what was published recently in top journals in sociology and political science**

[David McKenzie](#) | *Development Impact* | April 19, 2021

Thanks to everyone who provided nice comments as we celebrated a decade of the blog. One comment made by [Saad Gulzar](#) was “Thank you for running it! One suggestion for the next ten years: more engagement with development research in political science!”. It is a great suggestion, but we naturally tend to write on things we know something about, or issues we face in our day-to-day work, and so while we could learn a lot from these other fields, I’m not sure we are the best people to be critically discussing many of those papers. That said, when has lack of knowledge prevented me from opining on something? So as a first attempt, I browsed through what has been published in the last year in a top journal of each of sociology and political science, and thought I’d share what I learned/what looked interesting.

[Read the blog](#)

## **The longer-term impact of the African Growth and Opportunity Act**

[Ana Fernandes](#), [Alejandro Forero](#), [Hibret Maemir](#), [Aaditya Mattoo](#) | *VoxEU* | April 14, 2021

Under the African Growth and Opportunity Act in 2001, the US allowed duty-free entry of apparel products from eligible African countries. However, the end of the Multi-Fiber Arrangement in 2005 re-exposed African countries to significant international competition from Asia. This column finds that countries in Southern Africa and firms in Kenya that boomed during the period of high initial trade preferences went bust when the Multi-Fiber Arrangement expired. Subsequent growth was driven by new countries, notably Ethiopia, and by new firms in Kenya. These results are consistent with the complementary role of domestic reforms rather than the “infant industry” benefits of trade preferences alone.

[Read the blog](#)

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