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THE QUARTERLY JOURNAL OF ECONOMICS

Vol. CXXV February 2010 Issue 1

FREE DISTRIBUTION OR COST-SHARING? EVIDENCE FROM A RANDOMIZED MALARIA PREVENTION EXPERIMENT*

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It is often argued that cost-sharing—charging a subsidized, positive price—for a health product is necessary to avoid wasting resources on those who will not use or do not need the product. We explore this argument through a field experiment in Kenya, in which we randomized the price at which prenatal clinics could sell long-lasting antimalarial insecticide-treated bed nets (ITNs) to pregnant women. We find no evidence that cost-sharing reduces wastage on those who will not use the product: women who received free ITNs are not less likely to use them than those who paid subsidized positive prices. We also find no evidence that cost-sharing induces selection of women who need the net more: those who pay higher prices appear no sicker than the average prenatal client in the area in terms of measured anemia (an important indicator of malaria). Cost-sharing does, however, successfully depress demand. We find that uptake drops by sixty percentage points when the price of ITNs increases from zero to \$0.60 (i.e., from 100% to 90% subsidy), a price still \$0.15 below the price at which ITNs are currently sold to pregnant women in Kenya. We combine our estimates in a cost-effectiveness analysis of the impact of ITN prices on child mortality that incorporates both private and social returns to ITN usage. Overall, our results suggest that free distribution of ITNs could save many more lives than cost-sharing programs have achieved so far and, given the large positive externality associated with widespread usage of ITNs, would likely do so at a lesser cost per life saved.

*We thank Larry Katz, the editor, and four anonymous referees for comments that significantly improved the paper. We also thank David Autor, Moshe Bushinsky, Esther Duflo, William Easterly, Greg Fisher, Raymond Guttenya, Sundhil Mukherishan, Hamed Ozer, Dani Rodrik, and numerous seminar participants for helpful comments and suggestions. We thank the Malawi Foundation for its financial support, and the donors to TAMTAM Africa for providing the free nets distributed in this study. Jessica Cohen was funded by a National Science Foundation Graduate Research Fellowship. We are very grateful to the Kenyan Ministry of Health and its staff for their collaboration. We thank Eva Kapiro, Ngila Lino, and especially Katharine Conn, Carolyn Nekesa, and Moses Hamu for the smooth implementation of the project and the excellent data collection. All errors are our own. cohen@hsph.harvard.edu, pdupas@princeton.edu.

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The Quarterly Journal of Economics, February 2010

Free Distribution or Cost-Sharing? Evidence from a Randomized Malaria Prevention Experiment

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that costsharing induces selection of women who need the net more: those who pay higher prices appear no sicker than the average prenatal client in the area in terms of measured anemia (an important indicator of malaria). Cost-sharing does, however, considerably dampen demand. We find that uptake drops by sixty percentage points when the price of ITNs increases from zero to \$0.60 (i.e., from 100% to 90% subsidy), a price still \$0.15 below the price at which ITNs are currently sold to pregnant women in Kenya. We combine our estimates in a cost-effectiveness analysis of the impact of ITN prices on child mortality that incorporates both private and social returns to ITN usage. Overall, our results suggest that free distribution of ITNs could save many more lives than cost-sharing programs have achieved so far, and, given the large positive externality associated with widespread usage of ITNs, would likely do so at a lesser cost per life saved.

July 25, 2012