

Authors

Anja Sautmann
World Bank

Mark Dean
Columbia University

Subsidies, Information, and the
Timing of Children's Health Care in Mali

Anja Sautmann¹, Samuel Brown² and Mark Dean³

June 2016

Abstract

We study how healthcare subsidies and improved information affect over- and under-use of primary healthcare in a randomized control trial of 1544 children in Mali. In a dynamic model of healthcare demand, misuse relative to policymaker preferences (here given by WHO care-seeking standards) arises from seeking care too early or too late during an illness spell. Using nine weeks of daily data, we show that the barrier to optimal care seeking is cost, not information: subsidies increase demand by over 250%, but overuse is rare with or without the subsidy. Information, contrary to intent, appears to increase underuse, as our model predicts.

¹Brown University, corresponding author, email: anja_sautmann@brown.edu.

²Brown University, email: samuel_brown@brown.edu.

³Columbia University, email: mark.dean@columbia.edu.

We have received invaluable advice and support from Andrew Foster, Duncan Thomas, and Ira Wilson. We would also like to thank Anna Alor, Dan Björkgren, Caitlin Cohen, Jihun Do, Seydou Doumbia, Chris Gill, Jessica Goldberg, Sanjay Kasliwal, Bentley McLeod, Emily Oster, Simone Schauer, Dan Siliverman, and Dean Yang, and participants of the "Natural Experiments and Controlled Field Studies" workshop 2015. Special thanks go to Hanselton Bwama, Zorine Curry, Judith Koss, and Fred Woungie, Mali Health and its staff and Board, and Innovations for Poverty Action. We are grateful for funding from Brown University through the Brown Seed Fund Award, the Population Studies and Training Center, and the Blodgett Center, from the Aga Khan Foundation, and from the ESRC/DFID Development Frontiers Award (ES/S01207X/1). All errors are ours.

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June 01, 2016