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In recent years, great progress has been made in global health. Rates of chronic hunger and child mortality are half what they were two decades ago. However, at the same time, progress has been slow in other areas, such as maternal mortality, access to improved sanitation, and the incidence of malaria. To determine how best to address these challenges and many others, IPA partners with health ministries, civil society organizations, and NGOs working in the sector to discover and encourage the use of effective approaches for improving health systems and programs. Among its findings, this research has identified cost-effective methods to reduce the incidence of diarrhea in children under five years of age, examined the role of subsidies in improving access to preventive health, and ways to recruit effective community health workers.

**Policy Impact:
Free Malaria Bednets**

In 2007, IPA officers *Priscilla Cohen* and *Maximilien Dupuis* conducted a study showing that in rural Kenya, charging even small prices to pregnant women for insecticide-treated bednets (ITNs) significantly reduced take-up. In 2008, the British government cited the study in calling for the abolition of user fees for health products and services in poor countries. Other governments and many organizations have also incorporated their policies to charge for health services in recent years, springing instead to distribute and other health products free of charge. ipa.org www.poverty-action.org/impact/free-malaria-bednets

Key Health Policy Lessons

1. Reducing and eliminating costs substantially increases access to preventive health products and services.
2. Subsidies and small incentives can increase take-up of health products.



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Health Program Brief

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