



August 2008 – SUPPORT Summary of a systematic review

## Do conditional cash transfers improve the uptake of health interventions in low- and middle-income countries?

Over the past few years, several Latin American countries have introduced programmes that provide monetary transfers to households on the condition that they comply with certain health behaviours. The rationale is that the transfers can potentially increase the use of health services by low-income individuals by providing funds to help overcome some financial barriers to access.

### Key messages

- Six studies of conditional cash transfer programmes carried out in low and middle-income countries found an increase in the use of health services and mixed effects on immunisation coverage and health status.
- The capacity of each health system to deal with the increased demand should be considered, particularly in low-income countries where the capacity of health systems may not be sufficient.
- The cost-effectiveness of conditional cash transfer programmes, compared with supply-side strategies and other policy options, has not been evaluated.



### Who is this summary for?

People making decisions concerning the use of conditional cash transfers to improve the uptake of health interventions.

### ! This summary includes:

- Key findings from research based on a systematic review
- Considerations about the relevance of this research for low- and middle-income countries

### X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

### This summary is based on the following systematic review:

Lagarde M, Haines A, Palmer N. Conditional cash transfers for improving uptake of health interventions in low and middle-income countries: a systematic review. *JAMA* 2007; 298:1900–10.

### What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies.

**SUPPORT** – an international collaboration funded by the EU 6th Framework Programme to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries. [www.support-collaboration.org](http://www.support-collaboration.org)

**Glossary of terms used in this report:** [www.support-collaboration.org/summaries/explanations.htm](http://www.support-collaboration.org/summaries/explanations.htm)

**Background references on this topic:** See back page.

# Background

In the past decade, some Latin American and African countries have introduced programmes that provide monetary transfers to targeted households on the condition that they comply with a set of behavioural requirements. These requirements are typically linked to attendance at primary care centres for preventive interventions and to educational enrolment for children.

The rationale is that the transfers can potentially increase the use of health services by low-income individuals by providing funds to help overcome some financial barriers to access, such as the costs associated with seeking health care or sending children to school.

Interest in conditional cash transfers has increased and such programmes are being implemented in a number of countries within and beyond Latin America.

## How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low- and middle-income countries. The methods used to assess the quality of the review and to make judgements about its relevance are described here:

[www.support-collaboration.org/summaries/methods.htm](http://www.support-collaboration.org/summaries/methods.htm)

## Knowing what's not known is important

A good quality review might not find any studies from low- and middle-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

## About the systematic review underlying this summary

**Review objective:** To assess the effectiveness of conditional monetary transfers in improving access to and use of health services, as well as improving health outcomes, in low- and middle-income countries

	What the review authors searched for	What the review authors found
<b>Interventions</b>	Programmes in which money was transferred directly to households conditional on some requirements, at least one of which had to be related to health-seeking behaviour.	Five large-scale conditional cash transfer programmes in Latin America targeted at disadvantaged households, and one pilot program in Africa (Malawi) targeted at individuals tested for HIV.
<b>Participants</b>	Users and non-users of health services in low- and middle-income countries.	Disadvantaged households in low-income areas of selected Latin American countries, and individuals who underwent HIV testing in rural areas in Malawi.
<b>Settings</b>	Low- and middle-income countries as defined by the World Bank.	Low- and middle-income countries: five in Latin American (Mexico, Nicaragua, Honduras, Brazil and Colombia) and one in Africa (Malawi).
<b>Outcomes</b>	Healthcare utilisation or access to health care, household health expenditure, health or anthropometric outcomes	Care-seeking behaviour (five studies); immunisation coverage (four studies); anthropometric outcomes (four studies); and health status (three studies)

**Date of most recent search:** April 2006

**Limitations:** This is a good quality systematic review with only minor limitations.

Lagarde M, Haines A, Palmer N. Conditional cash transfers for improving uptake of health interventions in low and middle-income countries: a systematic review. *JAMA*. 2007; 298: 1900-10.

# Summary of findings

Ten articles that reported the results from six studies (four randomised trials, one quasi-randomised evaluation, and one controlled before-after study) were included. Five out of six studies evaluated large-scale conditional cash transfer programmes in Latin America (Mexico, Nicaragua, Colombia, Honduras and Brazil), targeted at disadvantaged households in low-income areas in order to increase school and preventive health examinations attendance. The other study was of a pilot programme in Malawi that tested whether financial incentives would increase the collection of HIV test results.

The mean monetary transfer per household ranged between US \$17 and 50 for Latin American studies and was US \$1 per individual in the Malawi study. In the case of Mexico, Nicaragua and Brazil households received additional nutrition supplements for children.

→ Overall, the evidence suggests that conditional cash transfer programmes can be effective in increasing the use of preventive services and can sometimes improve immunisation coverage and health status.

## About the quality of evidence (GRADE)

⊕⊕⊕⊕

**High:** Further research is very unlikely to change our confidence in the estimate of effect.

⊕⊕⊕○

**Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

⊕⊕○○

**Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

⊕○○○

**Very low:** We are very uncertain about the estimate.

For more information, see last page

Outcomes	Impact	Number of participants (studies)	Quality of the evidence (GRADE)
<b>Care-seeking behaviour</b>	All the studies reported an increase in the use of health services in the group with cash transfers (27% increase in individuals returning for voluntary HIV counselling, 2.1 more visits per day to health facilities, 11-20% more children taken to the health centre in the past month, 23-33% more children < 4 yrs attending preventive healthcare visits)	5,832,619 (5 studies)**	⊕⊕⊕○ Moderate
<b>Immunisation coverage</b>	The effects were unclear (increased vaccination rates in children for measles and tuberculosis but only in specific groups or temporarily, and without change in one study)	5,832,619 (4 studies)	⊕⊕○○ Moderate
<b>Health status</b>	Mixed effects on objectively measured health outcomes (anaemia) and positive effects on mothers' reports of children's health outcomes (22-25% decrease in the probability of children <3 yrs being reported ill in the past month)	5,421,619 (3 studies)	⊕⊕⊕○ Moderate

p: p-value GRADE: GRADE Working Group grades of evidence (see above and last page)

# Relevance of the review for low- and middle-income countries

## → Findings

## ▷ Interpretation\*

### APPLICABILITY

→ All of the studies were undertaken in low- and middle-income countries, predominantly in Latin America.

▷ *Most of the evidence is likely to be applicable in Latin American health systems, although differences in health systems that could impact on the effects of conditional cash transfers still need to be considered. In particular, the capacity of health systems to deal with increased demand needs to be considered. In resource-poor settings where public spending on healthcare is low and access to effective interventions limited, expanding the capacity of health services would be necessary for cash transfers to result in improved use of health services.*

→ Components of the evaluated programmes other than the cash transfers may have impacted on the results. For instance, health status and anthropometric measures could have been influenced by nutritional supplements provided to children in these studies; better diet resulting from the increased available revenue of households; or the benefits of mothers attending health education meetings.

▷ *It is difficult to disentangle the relative importance of different components of the programmes that included more than cash transfers. The effects of non-cash components could be especially relevant in some LMICs.*

### EQUITY

→ In Nicaragua, increases in household expenditures were the greatest for the poorest group as was the uptake of preventive services for infants. On the other hand, nutritional benefits in Mexico were greater for children whose mother had more than five years of schooling, which could suggest that these programmes do not achieve perfectly their ambition of “levelling the playing field”.

▷ *Children from disadvantaged environments, at household and community levels, seem to gain greater benefits from the programmes than those from more advantaged environments. However, it may be more difficult and costly for people living in rural and other underserved areas to have access to the specific health services targeted by cash transfers. Therefore, if an adjustment is not incorporated into the transfers, those recipients would benefit less than those with better access to health services.*

### ECONOMIC CONSIDERATIONS

→ Conditional cash transfer programmes may require significant flows of money.

▷ *It is not possible, especially for resource-poor settings, to establish which policy options would be the most efficient in improving access to and use of health services for targeted populations. For example, the removal of users fees for using health facilities is an alternative policy option to improve access and utilisation in some contexts.*

### MONITORING & EVALUATION

→ The cost-effectiveness of conditional cash transfer programmes compared with supply-side interventions (for example, improving the quantity and quality of healthcare services) has not been evaluated.

▷ *The cost-effectiveness of conditional cash transfer programmes should be evaluated in low-income settings with more limited health system capacity prior to wide spread implementation in those settings. Attention should be paid to evaluating which components play a critical role (cash versus non-cash transfers); the size of the transfers; and the financial sustainability of such programmes.*

→ Cash transfers may be either too high or too low to induce the conditional action, resulting in inefficiency.

\*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low- and middle-income countries. For additional details about how these judgements were made see:

<http://www.support-collaboration.org/summaries/methods.htm>

# Additional information

## Related literature

Lagaarde M, Palmer N. Evidence from systematic reviews to inform decision making regarding financing mechanisms that improve access to health services for poor people. A policy brief prepared for the International Dialogue on Evidence-Informed Action to Achieve Health Goals in Developing Countries (IDEAHealth). Geneva: Alliance for Health Policy and Systems Research, 2006.

Oxman AD, Fretheim A. An overview of research on the effects of results-based financing. Oslo: Norwegian Knowledge Centre for the Health Services, 2008. In press.

Eichler R. Can "Pay for Performance" Increase Utilization by the Poor and Improve the Quality of Health Services? Discussion paper for the first meeting of the Working Group on Performance-Based Incentives. Washington DC: Center for Global Development, 2006;

Handa S, Davis B. The experience of conditional cash transfers in Latin America and the Caribbean. Dev Policy Rev 2006; 24:513-536.

Ensor T, Cooper S. Overcoming Barriers to Health Service Access and Influencing the Demand Side Through Purchasing. Washington, DC: World Bank; 2004.

de Janvry A, Sadoulet E. Making conditional cash transfer programs more efficient: designing for maximum effect of the conditionality. World Bank Econ Rev 2006; 20:1-29.

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## Conflict of interest

None declared. For details, see: [www.support-collaboration.org/summaries/coi.htm](http://www.support-collaboration.org/summaries/coi.htm)

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## This summary should be cited as

Pantoja T. Do conditional cash transfers improve the uptake of health interventions in low and middle-income countries? A SUPPORT Summary of a systematic review. August 2008. [www.support-collaboration.org/summaries.htm](http://www.support-collaboration.org/summaries.htm)

## Keywords

*All Summaries:* evidence-informed health policy, evidence-based, systematic review, health systems research, health care, low- and middle-income countries, developing countries, primary health care.

## About quality of evidence (GRADE)

The quality of the evidence is a judgement about the extent to which we can be confident that the estimates of effect are correct. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the type of study design (randomised trials versus observational studies), the risk of bias, the consistency of the results across studies, and the precision of the overall estimate across studies. For each outcome, the quality of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

### For more information about GRADE:

[www.support-collaboration.org/summaries/grade.htm](http://www.support-collaboration.org/summaries/grade.htm)

## SUPPORT collaborators:

**The Alliance for Health Policy and Systems Research (HPSR)** is an international collaboration aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. [www.who.int/alliance-hpsr](http://www.who.int/alliance-hpsr)

**The Cochrane Effective Practice and Organisation of Care Group (EPOC)** is a Collaborative Review Group of the Cochrane Collaboration: an international organisation that aims to help people make well informed decisions about health care by preparing, maintaining and ensuring the accessibility of systematic reviews of the effects of health care interventions. [www.epocoslo.cochrane.org](http://www.epocoslo.cochrane.org)

**The Evidence-Informed Policy Network (EVIPNet)** is an initiative to promote the use of health research in policymaking. Focusing on low- and middle-income countries, EVIP-Net promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available. [www.evipnet.org](http://www.evipnet.org)

### For more information:

[www.support-collaboration.org](http://www.support-collaboration.org)

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