J-PAL
ABDUL LATIF JAMEEL POVERTY ACTION LAB

Evidence to action and ideas for ministries of health

Alison Fahey

Director of Partnerships and Strategic Initiatives

J-PAL Global

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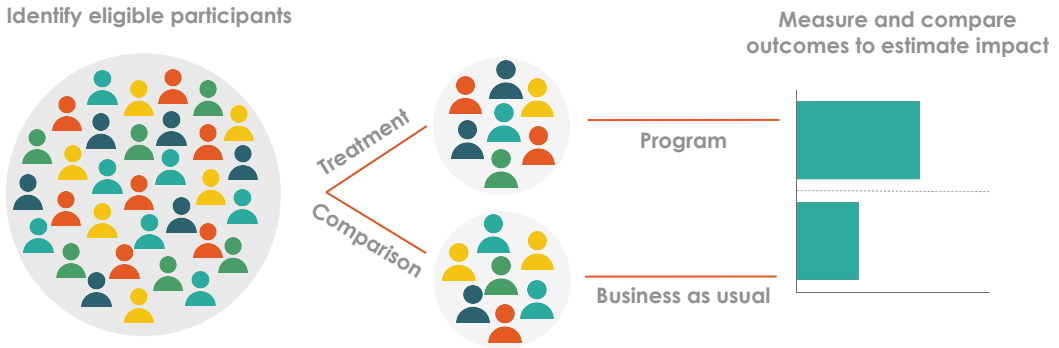
J-PAL was founded in 2003 with a simple mission:

Fight poverty with scientific evidence

We do this through *randomized evaluations*



Evidence to Scale, India to Zambia, Thousands to Millions:
Teaching at the Right Level (TaRL)

A learning crisis in India

A decade of innovation and experimentation
Teaching at the Right Level (TaRL)

Reaching local scale
~70 million children in India

Globally informed, locally grounded

Long term partnerships Policy window to adapt TaRL to a new context

Scaling to learn and demonstrate success
Funds to reach **1,800** schools

Scaling for impact
Program reaches **4 million** children across Africa

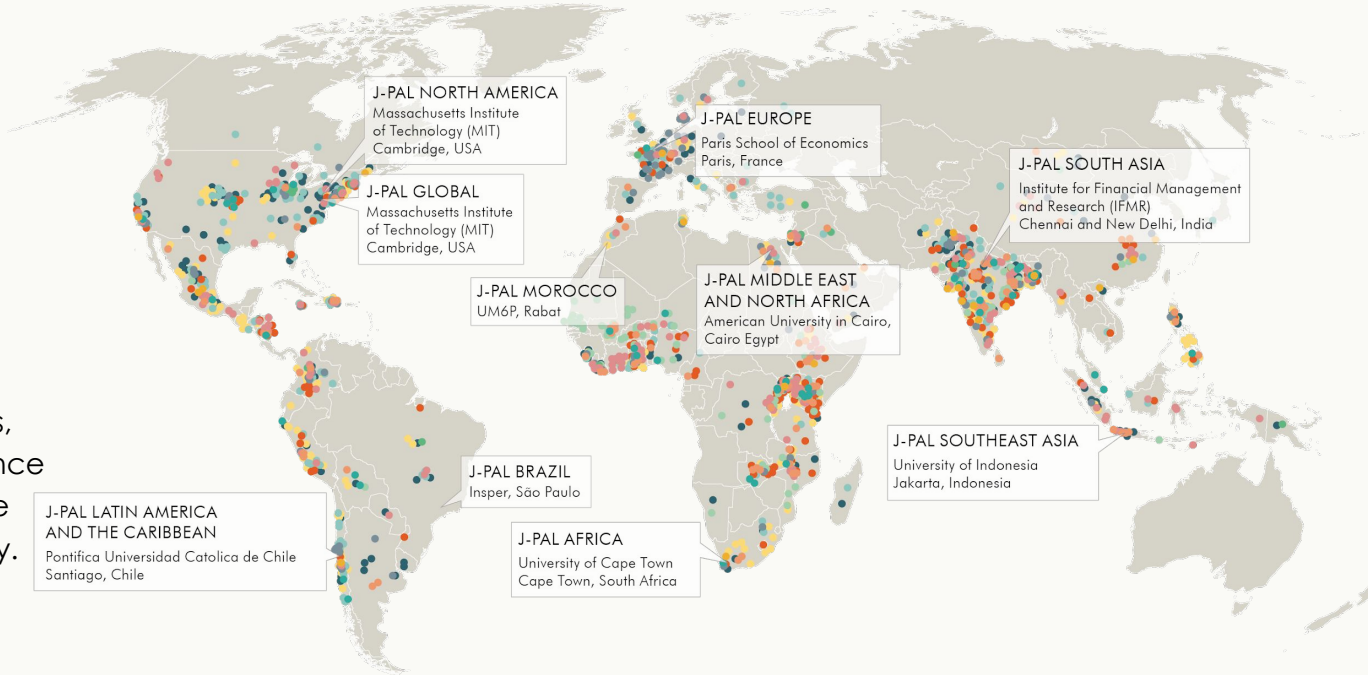
Lessons for scale / policy work everywhere

J-PAL's seven regional offices build partnerships for **globally informed and locally grounded** policy

2,450+

EVALUATIONS

conducted by researchers in our network across 120 countries, building a strong body of evidence on the most (and least) effective approaches to reducing poverty.



Every J-PAL research project is a partnership between one of our **1,000+** professors from **100+** universities, implementers (governments, NGOs worldwide), and foundations / philanthropists

We work across sectors to address poverty

Agriculture

Crime, Violence, & Conflict

Education

Environment, Energy, & Climate Change

Finance

Firms

Gender

Health

Labor Markets

Political Economy & Governance

Social Protection

Cross-cutting

Climate Change

Artificial Intelligence

Emerging

Humanitarian Protection

Connecting the dots from research to action

Research

We fund innovative new research and carry out high-quality randomized evaluations around the world.

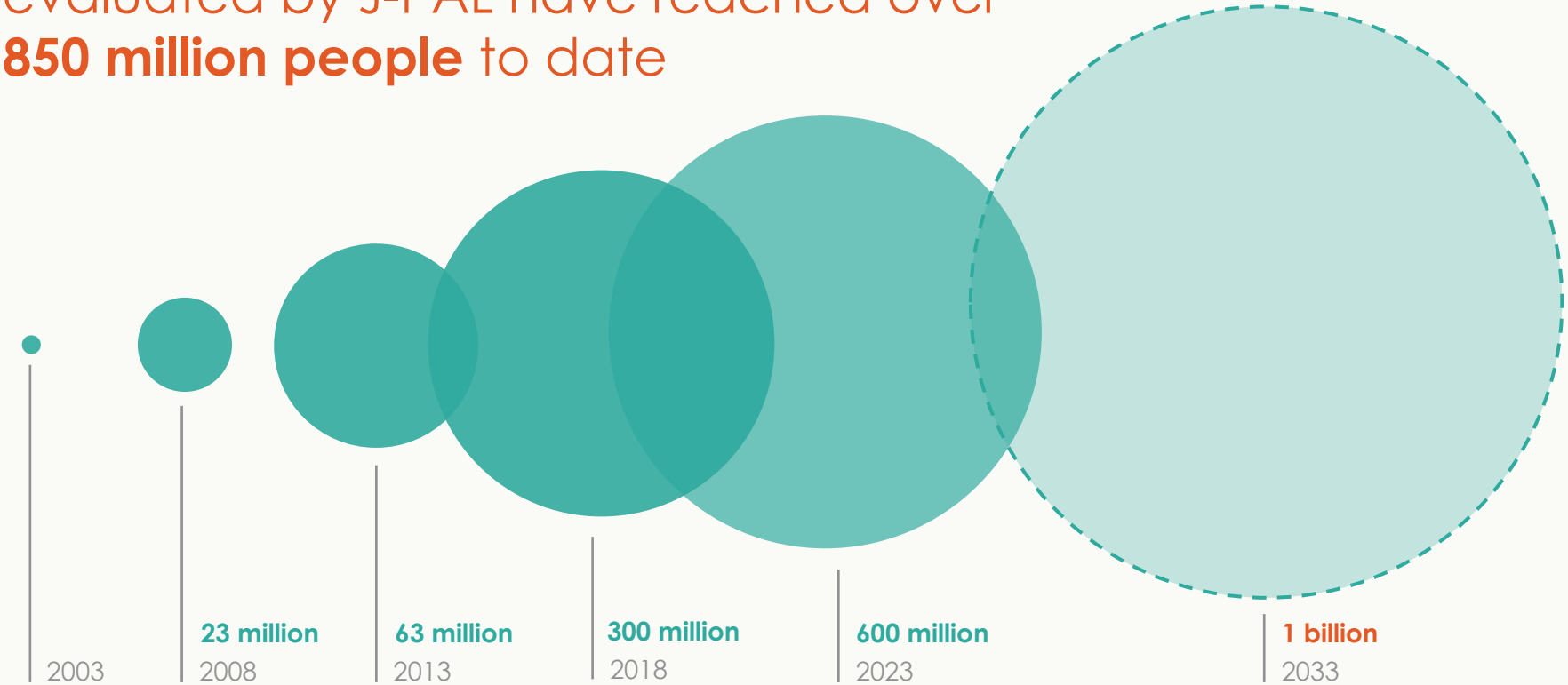
Informing policy and practice

We build partnerships to inform high-level decision-making and catalyze adoption of evidence at scale.

Education and training

We train policymakers and researchers in evaluation methods and develop rigorous online education to make learning more accessible for all.

Evidence-informed policies and programs evaluated by J-PAL have reached over **850 million people** to date



Diving into J-PAL's Health Sector

J-PAL's Health Sector

3 co-chairs provide academic guidance

Joseph Doyle
Massachusetts Institute of Technology

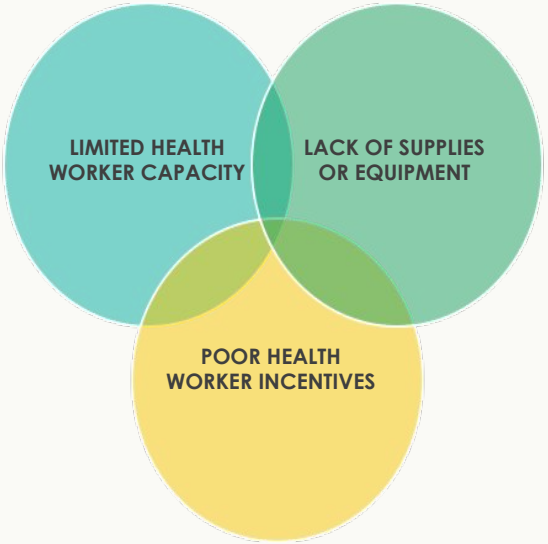
Jishnu Das
Georgetown University

Karen Macours
Paris School of Economics

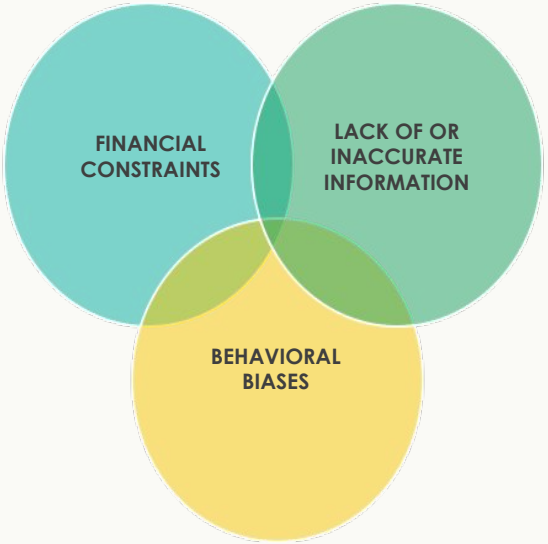
250+ completed health studies in almost 50 countries

We evaluate programs that can lower barriers to the supply of and demand for health products and services **to expand access and shift people's behavior in real-world settings**

Common supply-side constraints



Common demand-side constraints



J-PAL's research to date covers six broad themes

- Demand-side: Increasing take-up for health products and services
  - **Theme 1:** Pricing preventive health products to increase adoption
  - **Theme 2:** Information campaigns to increase health-promoting behaviors
  - **Theme 3:** Incentives and nudges to increase health-promoting behaviors
  - **Theme 4:** Cash transfers for health
- Supply-side: Improving healthcare delivery
  - **Theme 5:** Interventions to increase access to health products and services
  - **Theme 6:** Interventions to improve the quality of healthcare

Case study 1: Testing demand and supply interventions to increase immunization

Camps

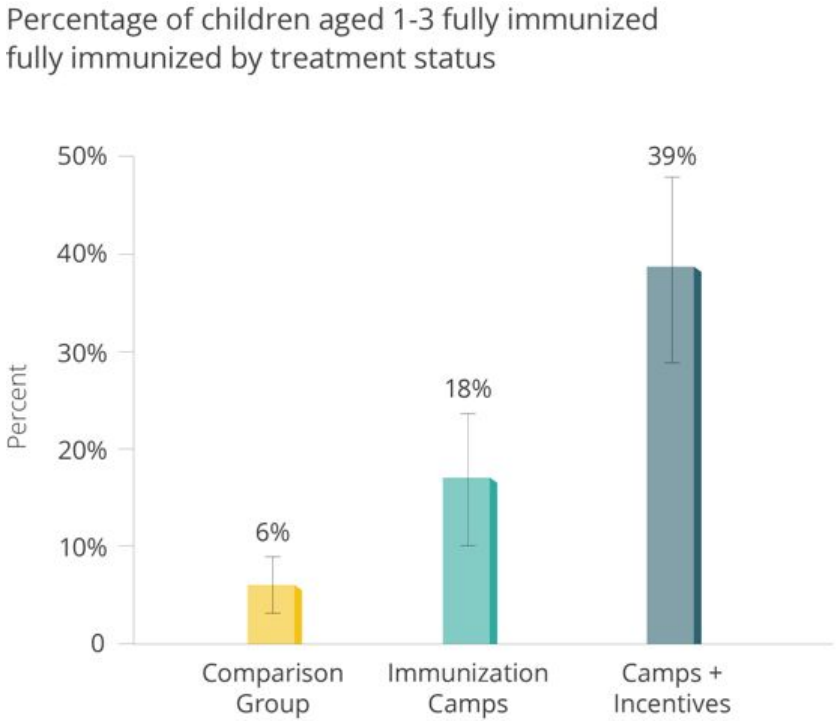
Camps + Incentives

Comparison

Banerjee et al., 2010

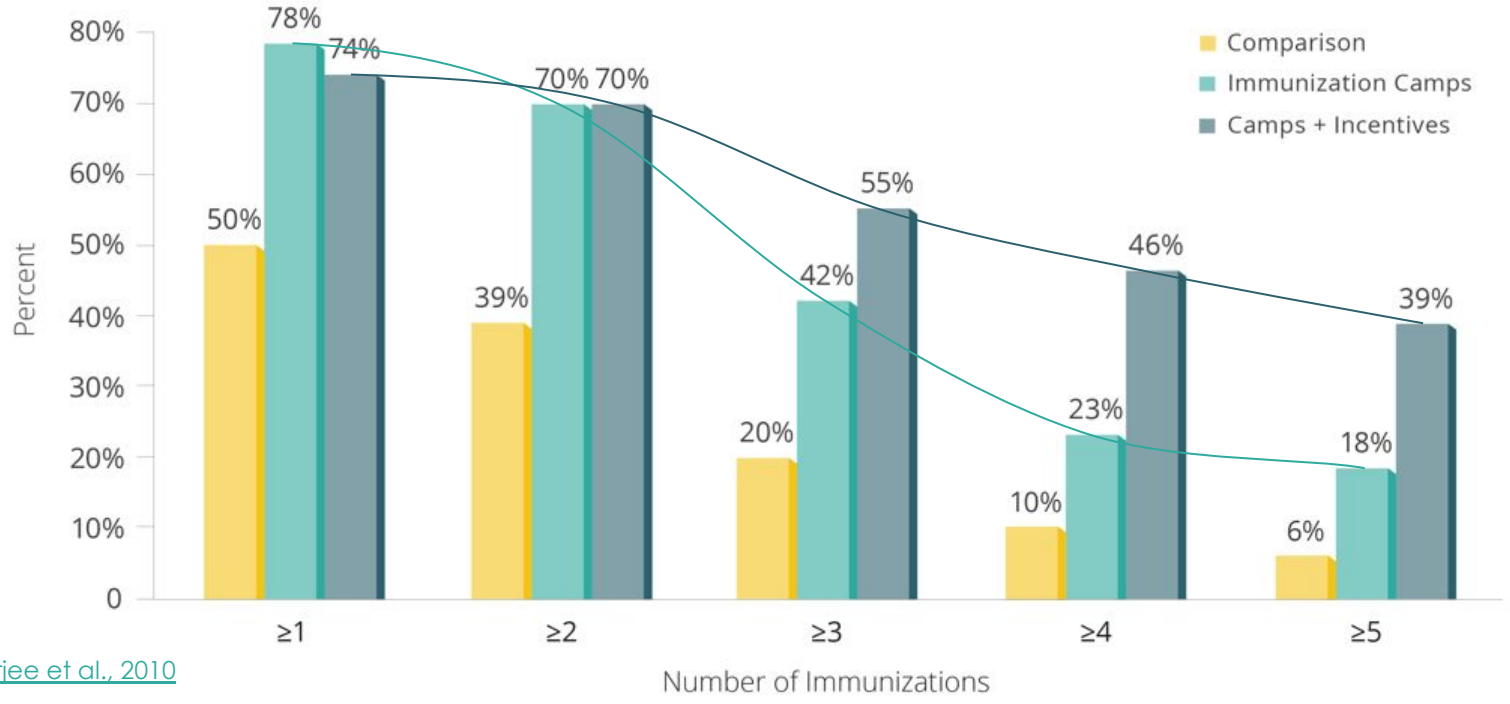
Strengthening supply alongside demand

- Reliable, NGO-provided monthly immunization camps at the village level tripled rates of full immunization.
- When coupled with in-kind incentives (raw lentils and metal plates for completing immunization), full immunization rates increased six-fold
- Incentives also made the program more **cost-effective** because immunization facilities were more fully utilized



Banerjee et al., 2010

Incentives improved persistence across immunization schedule



Banerjee et al., 2010

Case study 2: Community monitoring

Community monitoring brings health providers and community members together to:

- jointly address obstacles to adequate health care provision
- hold frontline health providers accountable for their performance

Can this improve health care delivery and utilization?

PHOTO: BELEN B MASSIEU | SHUTTERSTOCK.COM

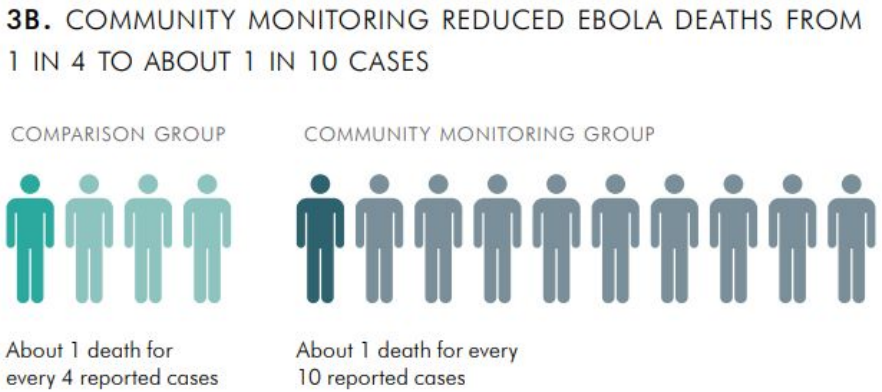
Case study 2: Community monitoring

In Sierra Leone, community monitoring or status awards for clinic staff improved:

- Patients' satisfaction with their care
- Clinic utilization
- Reporting and willingness to seek treatment during an Ebola epidemic, driven by improvements in perceived quality of care

CM also reduced mortality among young children and patients with Ebola.

[Christensen et al. 2021]

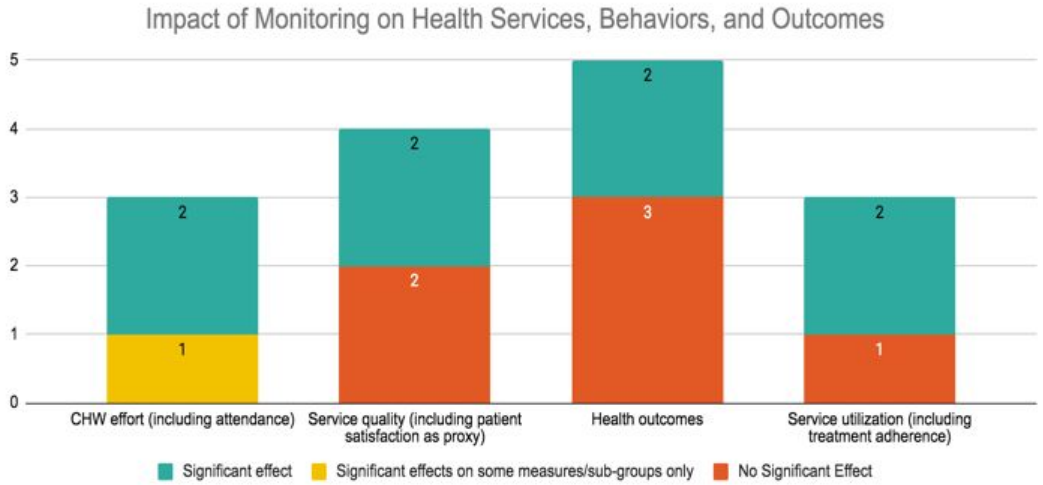


Case study 2: Importance of looking at the bigger picture—Evidence on monitoring is mixed

The impact of community monitoring has been mixed and requires further research. Monitoring health worker attendance and performance, including through community monitoring, may elicit greater effort in the short run, but often does not work in the long term.

Factors that could contribute to monitoring effectiveness:

- Support for monitoring reforms at higher levels in the health system
- Health outcomes at baseline
- Specificity of information regarding health worker performance



Arkedis et al. 2021; Björkman and Svensson 2009; Bjorkman and Svensson 2017; Bossuroy et al. 2019; Raffler et al. 2018;

Case study 3: Expanding clean water access

How can we cost-effectively reach rural and remote communities with water treatment options?

Could “point of use” water treatment be part of the solution?

Open Questions:

- Should water treatment solution be given away for free, or a subsidy? If a subsidy, how much of one?
- If yes, who should be included?
- How should households collect it? Delivery, or pick up? If pick up, where?

Case study 3: Expanding clean water access

- In **Kenya**, combining free provision of water treatment solution with a voucher mechanism screens out 88% of those who would accept the product under free provision but not treat their water.
- In **Malawi**, providing families with monthly coupons for water treatment solution improved the likelihood that families treated their water and reduced diarrhea rates among young children, a leading cause of death.
    - The program was much more cost-effective than having community health workers distribute the treatment solution directly.

J-PAL Africa has now partnered with the Government of Rwanda to adapt chlorine voucher programs and is exploring similar opportunities in 13 other countries.

Dupas et al., 2016; Dupas et al. 2023

J-PAL is supporting the scale of chlorine vouchers

- **Disseminate research, build government relationships through sustained engagement, conduct trainings, & co-create pilots** that answer critical implementation questions for the context
- Support the launch of pilots and provide short-medium term **technical assistance**, erring on the side of working slowly and **integrating directly into government systems**
- Developing learning tools to create a **blueprint of lessons and key questions** to investigate when adapting new chlorine voucher programs
- **Securing funding** to jump-start scaling projects

Key takeaways from a broader, growing evidence base

1. Subsidize user fees for key preventive health products and **eliminate cost-sharing** where possible to increase uptake
2. Provide specific and **actionable information**, conveyed through **trusted and socially-connected messengers and wide-reaching platforms**, to increase healthy behaviors
    a. **Nudges** and **incentives** can be additionally motivating when barriers persist
3. Use well-designed **cash transfers** to increase uptake of healthy behaviors
4. **Reduce distance to care** (e.g., via home visits, school-based delivery) to increase take-up of health services
5. Providing **performance-based pay** for health workers can improve performance and healthcare quality, but design details matter

How can we work together?

Partnerships can include some or all of the below

New research

Conduct randomized evaluations of different policy options to better understand their impacts before scaling.

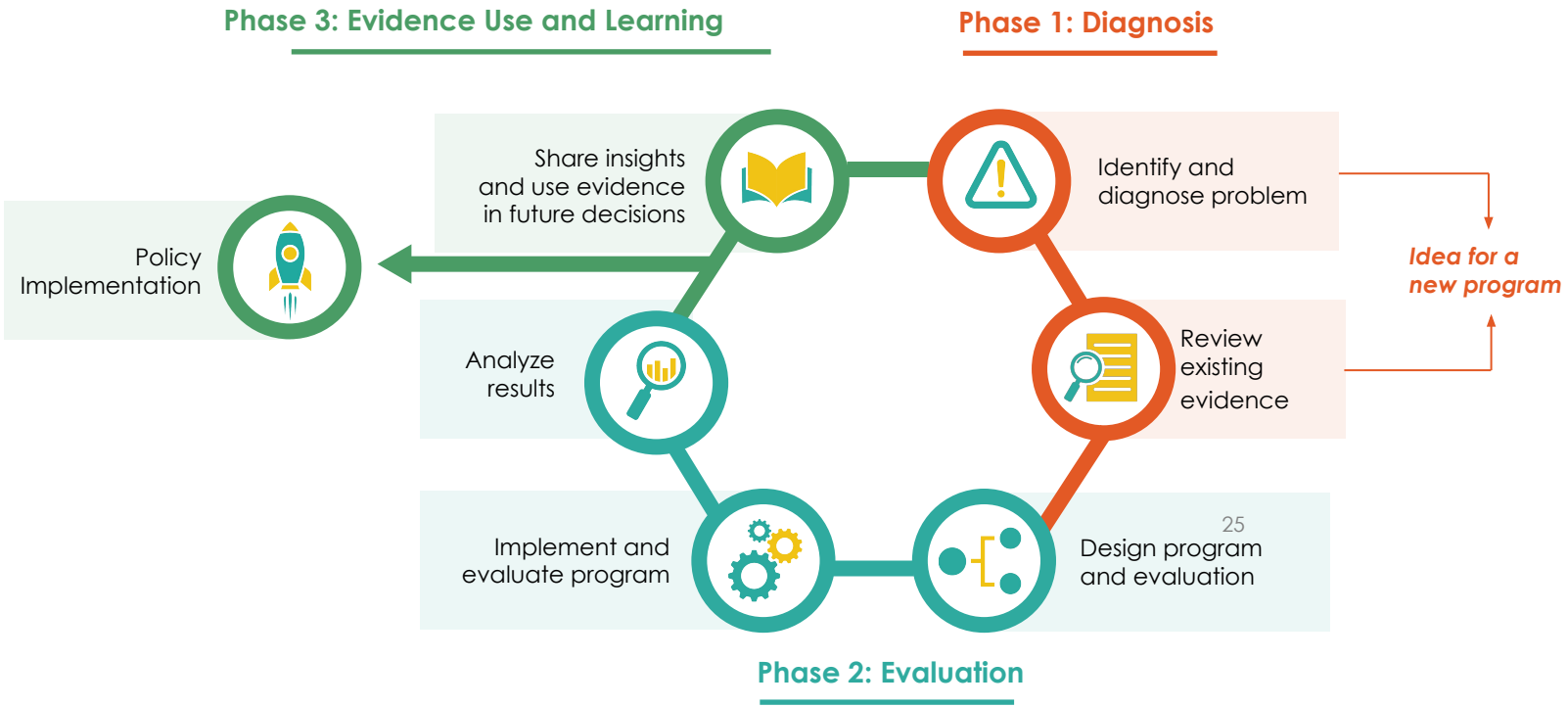
Use of evidence

J-PAL can share relevant evidence from rigorous evaluations and advise on adapting lessons into your approach.

Building capacity

Enroll in our Executive Education training or online courses, or host a customized workshop to help build a culture of rigorous evaluation.

J-PAL works with organizations throughout the learning cycle to help increase the use of evidence



We institutionalize evidence use with governments and partners through embedded labs

The Egypt Impact Lab with the Egyptian National Institute for Governance and Sustainable Development

The Water, Air, and Energy Lab with the City of Cape Town, J-PAL Africa, and Community Jameel

37 **EMBEDDED GOVERNMENT LABS AND STRATEGIC PARTNERSHIPS**

Policymakers, practitioners, and funders worldwide are increasingly applying this learning to social policies and programs.

J-PAL
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Questions?

Contact:
Alison Fahey, Director of Partnerships and Strategic Initiatives
afahey@povertyactionlab.org

Or **reach our Health sector** directly:
health@povertyactionlab.org