

Increasing adherence to COVID-19 guidelines: Lessons from existing evidence

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Motivation

- Many governments are advising residents to socially distance themselves, wash their hands regularly, and take various actions to protect themselves and others against COVID-19. Adherence to these guidelines is a critical factor in the fight against the pandemic.
- **Evidence from rigorous research can help to inform government actions to ensure high adherence**
 - Most evidence does not come from pandemic situations; it is possible that not everything will generalize to crisis situations
 - Non-adherence could be for several reasons, particularly important are information barriers, financial barriers, trust barriers
- **Goal today** is to provide some general lessons on increasing uptake of healthy behaviors and on improving the delivery of health products and services in order to respond to the COVID-19 pandemic.

Recommendations for increasing adherence to COVID-19 guidelines



Strengthen information campaigns

- Provide **specific** and **actionable** information
- Leverage influence of **well-connected community members and peers** (while avoiding face-to-face interactions)
- Incorporate key public health messages into **new or existing entertainment media**
- Educate **celebrities** and leverage their voices



Develop new or leverage existing cash transfer programs



Ensure widespread access to and trust in health products and services

- **Subsidize recommended preventive health products** and eliminate user fees if possible
- Incorporate programs or policies that **improve trust in the health system**

Information campaigns



Information Campaigns



In the context of COVID-19:

- **Salience does not seem to be a problem in many contexts**
 - e.g. [GeoPoll 2020](#) in Nigeria, South Africa, and Kenya
 - In countries where political leadership is dismissing the threat, salience may be reduced
- **Clear understanding of benefits requires clear messaging**
 - Emphasize the benefits rather than simply exhort people to change behavior
- **Information alone is limited in contexts where people lack access** to clean water or sanitation services or when people are facing serious economic shocks, among other constraints
 - Potential complementarities with cash transfers; importance of social protection programs

Well-designed information campaigns can increase adherence



Simply urging people to change behavior usually does not work. **Information is often impactful** in changing behavior when it is **specific and actionable**.

- Evidence from Bangladesh, Cameroon, Guatemala, India, Kenya, Malawi, Peru, Uganda, and USA
- Covers a range of health topics, including sexual behavior, take-up of preventive health products, insurance, handwashing, and more

COVID-19 Application: Specific and actionable information campaigns to encourage key preventive health behaviors

- Behaviors include hand washing, social distancing, wearing masks
- E.g., advice to systematically wash hands upon returning from the grocery store or to set an alarm to remember to wash hands every 2 hours may be more effective than more general exhortation to “wash hands regularly.”

[Galiani et al. 2015](#); [Benneer et al. 2013](#); [Dupas 2011](#); [Dupas et al. 2018](#); [Maughan-Brown et al. 2015](#); [Meredith et al. 2013](#); [Kling et al. 2012](#)

Leveraging the influence of peer networks such as friends and neighbors can motivate uptake

A large body of evidence from around the world shows that **peers & community members can influence behavior**

- In India, **well-connected individuals in a community** were particularly effective at spreading important information on immunization and increasing immunization coverage. Two RCTs demonstrate that community members can reliably and easily identify well-connected individuals.
- Evidence on peer influence from several countries and contexts:
 - Uptake of menstrual cups leveraging classmates in Nepal
 - Peer referrals for TB screening in India
 - Uptake of bednets leveraging neighbors in Kenya
 - Uptake of HIV testing leveraging neighbors in Malawi
 - Uptake of non-traditional cookstoves leveraging community “opinion leaders” in Bangladesh

[Banerjee et al. 2019](#); [Galiani et al. 2015](#); [Galiani et al. 2012](#); [Dupas 2014](#); [Oster and Thornton 2012](#); [Thornton and Oster, 2008](#); [Goldberg et al. 2019](#); [Godlonton et al. 2013](#); [Miller and Mobarak 2015](#)

Leveraging the influence of peer networks such as friends and neighbors can motivate uptake

COVID-19 Application: Directly leveraging the influence of well-connected community members and peers (while avoiding face-to-face interactions) may help to spread accurate information on new recommendations and encourage adherence.

- While guidelines on social distancing make in-person interactions difficult, online and mobile platforms may be good ways to leverage this influence.
- Policymakers may be able to ask community members to identify well-connected individuals without social network data
 - However, it is unclear how information diffusion through these well-connected individuals may be impacted during a crisis

Edutainment may be a promising delivery method for key public health messages

- Television, radio, or other entertainment platforms can **change attitudes and behaviors by embedding educational messages** in a bigger storyline
- Nigerian TV series *MTV Shuga* fused sexual health messaging with engaging storylines
 - **Improved knowledge and attitudes** towards HIV and risky sexual behavior & increased HIV testing
 - Effects were **stronger for viewers who reported being more involved** with the story or identified with the characters



Jemima Osunde as Leila and Olumide Oworu as Weki in the edutainment show MTV Shuga.

[Banerjee et al. 2019](#); [Banerjee et al. 2016](#); [Green et al. 2018](#)

Edutainment may be a promising delivery method for key public health messages

COVID-19 Application: Where possible, incorporating key public health messages into entertainment media could help improve adherence to recommended behaviors.

- Could cover topics such as social distancing and hand washing
- Animation or actors filming themselves from home could potentially ease constraints to producing material while abiding by social distancing

Engaging celebrities in sharing key health messages can increase the reach of these messages

In Indonesia, celebrity endorsement significantly **increased the likelihood that a tweet promoting immunization was liked or retweeted** relative to similar tweets without celebrity endorsement.

- 79 percent of the celebrity effect comes from the act of celebrity authorship itself, rather than merely passing on a message
- By contrast, explicitly citing sources in the tweets actually reduced diffusion

COVID-19 Application: Educating celebrities early on in an epidemic and leveraging their voices can help to avoid the spread of misinformation or the undermining of public health campaigns.

- Celebrities can have a positive or negative impact on public opinion and behavior depending on the content and accuracy of their message
- Celebrity influence may continue to be important for raising the profile of COVID-19 in the medium-term when salience of the health threat is lower

Insights for programming



Information campaigns should **make advice specific and actionable** (e.g. advice to systematically wash hands upon returning from the grocery store may be more effective than more general exhortation to “wash hands regularly”)



Consider incorporating **messages from those with whom target audience is likely to feel a connection** (e.g. peers, TV characters, etc.). Given social distancing guidelines and lockdowns, are there **social media or other online platforms** to leverage?



Consider incorporating **educational messages into popular entertainment** (TV, radio, etc.)

Insights for programming



Consider **educating celebrities** early on in an epidemic and leveraging their voices. Celebrity influence may continue to be **important for raising the profile of COVID-19 in the medium-term**



Reminder that **information campaigns can be effective for overcoming lack of awareness, procrastination, or other behavioral biases**. They cannot overcome inability to take up recommended behaviors (e.g. if someone cannot practice social distancing due to financial constraints)

Cash transfers



Cash transfers can act as both income support and encourage uptake of healthy behaviors

- Large body of evidence on **cash transfers changing uptake of healthy behaviors** (preventive health care visits, child vaccinations, improved nutrition)
- COVID-19 emergency response often **includes expansion of cash transfers**
- Cash transfers can be:
 - Unconditional,
 - Unconditional, but accompanied by specific and actionable information
 - Conditional, but with a “soft” or unenforced condition
 - Conditional with a “hard” or enforced condition
- Choice of transfer **depends on outcomes of interest and the relative costs and benefits** of each type of transfer

For a J-PAL review of the evidence on the impact of cash transfers on health, please reach out to Anupama Dathan (adathan@povertyactionlab.org)

Houngbe et al. 2017; Araujo et al. 2016; Schady and Paxson 2007; Haushofer and Shapiro 2016; Haushofer and Shapiro 2018; McIntosh and Zeitlin 2018; Handa et al. 2018; Barham and Maluccio 2009; Benedetti et al. 2016; Evans et al. 2019; Fernald et al. 2008; Gertler et al. 2004; Kandpal et al. 2016; Levere et al. 2016; Macours et al. 2012; Morris et al. 2004; Okeke and Abubakar 2020 ; Rivera et al. 2004 ; Macours and Vakis 2014

Cash transfers can act as both income support and encourage uptake of healthy behaviors

- Transfers **requiring certain conditions** on healthy behavior usually **increase adoption** of those behaviors
 - If condition is soft, **uptake may still increase if households become aware of the importance** of such behaviors and there is an implication that the transfer should be used for them
 - Evidence shows **labeling/social marketing can be important** for changing behavior
- Transfers with **no conditions** or information provision **increase spending on household priorities** and often improves overall household well-being
 - Improved health outcomes are often difficult to detect



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Insights for programming



CCTs and UCTs provide income support but can also be leveraged to increase uptake of healthy behaviors. Decisions on which to adopt may **depend on the outcome(s) of interest, as well as the relative costs and benefits** of each type of transfer.



If the **goal is to increase adoption of healthy behaviors while providing income support, some type of condition (soft or hard) or information provision is important**. Implementation of hard conditions will take time. Given the urgency of COVID-19, the cost of this should be weighted against the potential for increased adherence to COVID-19 guidelines.

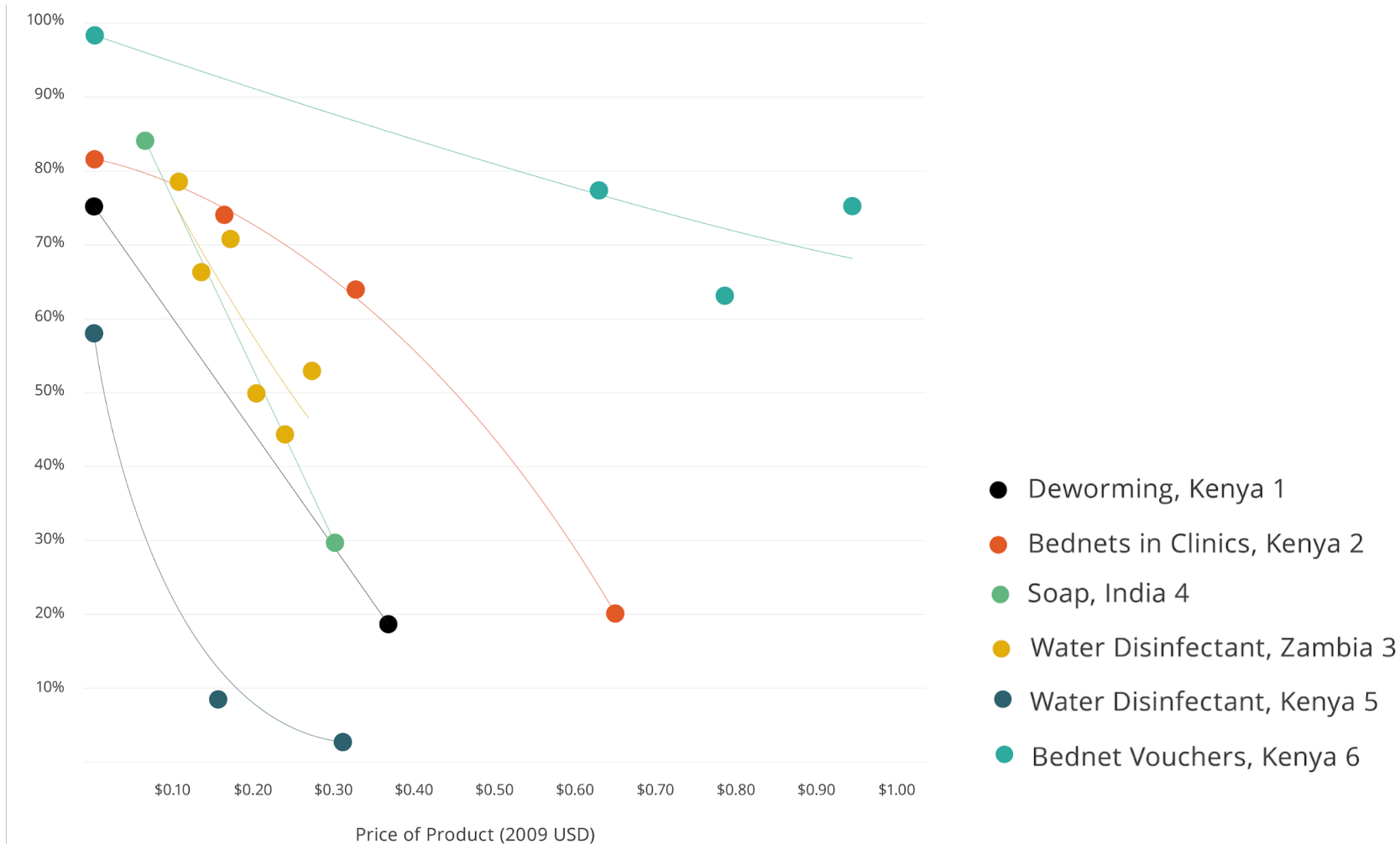


If implementing a cash transfer, conditional or otherwise, **consider leveraging any infrastructure from existing transfer programs** and expanding them as needed to expedite the process.

Improving the delivery of health products
and services



Charging fees for many key preventive health products dramatically reduces take-up

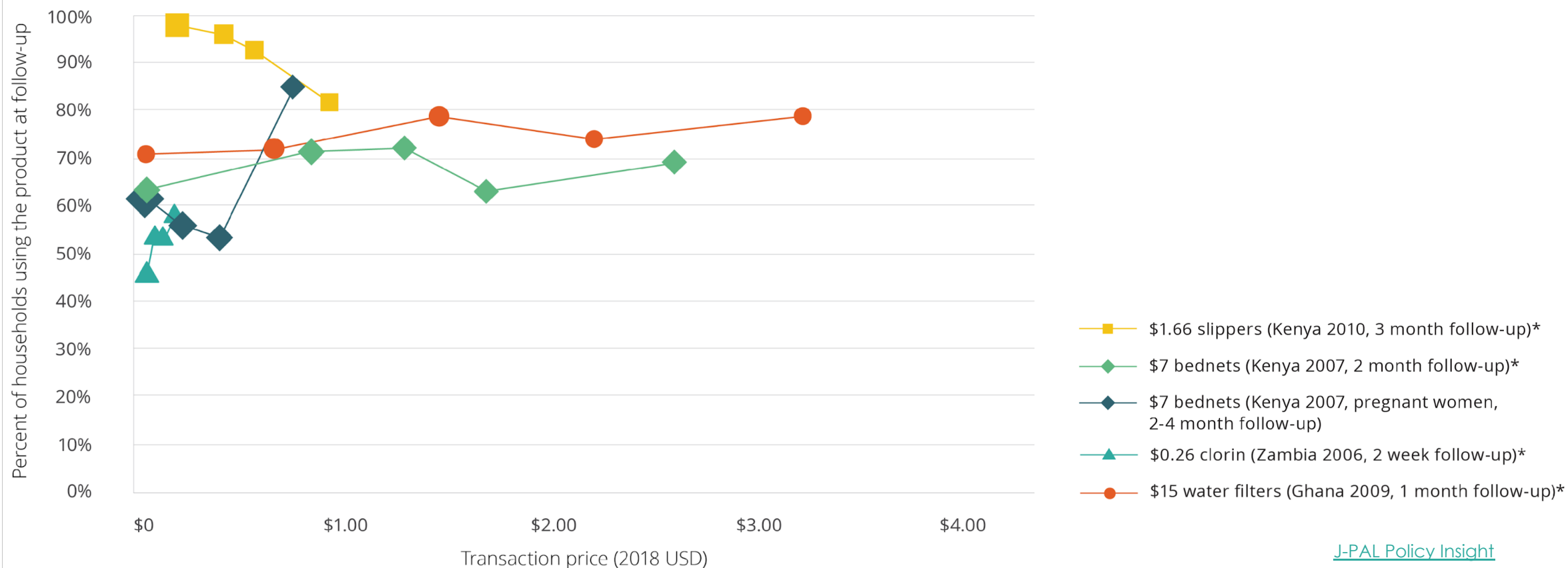


[J-PAL Policy Insight](#)

Benjamin-Chung et al. 2015; Killeen et al. 2007; Kremer and Miguel 2007; Ashraf et al. 2010; Cohen and Dupas 2010; Dupas and Miguel 2017; Meredith et al. 2013; Hoffman et al. 2009; Dupas 2009; Dupas and Robinson 2013; Tarozzi et al. 2014; Banerjee et al. 2011; Thornton 2008; Banerjee et al. 2010; Dupas et al. 2016; Sylvia et al. 2015; Kremer et al. 2011; Peletz et al. 2017; Berry et al. 2015

People are just as likely to use free products as they are products they paid for

Short run: Usage rates among households that purchased or received the product



Insights for programming



To increase mass uptake of recommended preventive products such as masks, COVID-19 tests, soap for handwashing, etc., **governments should consider subsidizing preventive health products and eliminating user fees**



However, **supply-side constraints must be eased** before free provision



What products are provided for free will depend on national and local guidelines

Increased trust in the health system may be critical for more community cooperation with health guidelines

- Programs or policies that **increase trust in the health system could improve cooperation** with health guidelines. This in turn could help increase testing, reduce the spread of the disease, and reduce mortality
 - In Sierra Leone during the Ebola crisis, **community monitoring of government-run health clinics and status awards for clinic staff** (both implemented roughly two years prior to the Ebola health crisis) improved the community's perception of health care quality
 - During the crisis, the **interventions increased Ebola testing rates and reduced patient mortality**
 - In the United States, black men (typically more mistrustful of the health care system) were **more likely to trust providers of the same race**. Seeing doctors they trusted increased their preventive health care utilization rate, including receiving the seasonal flu vaccine.

[Christensen et al. 2020](#); [Alsan et al. 2019](#)

Insights for programming



In instances where **marginalized groups may be less willing to visit health centers due to fear of discrimination, trust-building policies** such as assurances of privacy, the ability to see health providers from the same race, implementation of accountability mechanisms, etc. **may reduce mistrust**



Marginalized groups and policies will differ by context. For instance, in areas with low baseline quality of care, community monitoring may help. In locations with a history of discrimination against certain ethnic or racial groups, access to health care workers from that group may be effective



In the longer run, increased trust **may make health systems more resilient** by increasing adherence to recommended guidelines and key preventive behaviors during health crises.

Recommendations for increasing adherence to COVID-19 guidelines



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Next Steps

Next steps: J-PAL researchers and staff ready to help World Bank TTLs think about adapting the lessons from this evidence to local contexts.

- Reach out to HDCE team and J-PAL to coordinate follow-up discussions
 - Please contact Roberta Gatti (rgatti@worldbank.org), Andres Yi Chang (ayichang@worldbank.org), and Anupama Dathan (adathan@povertyactionlab.org; J-PAL Health Sector Manager)