

Journal Articles by Human Development Research Staff (2008 – present)

- 1 Journal articles by researchers in the [Human Development Research Program of Development Research Group](#) at the World Bank, including links to articles and abstracts where publicly available.

2020

John Giles and Yang Huang. 2020. “Migration and human capital accumulation in China.” *IZA World of Labor* 476.

The difference in educational attainment between China's urban- and rural-born populations has widened in recent years, and the relatively low educational attainment of the rural-born is a significant obstacle to raising labor productivity. Rural-to-urban migration does not create incentives to enroll in higher education as the availability of low-skill employment in urban areas makes remaining in school less attractive. In addition, the child-fostering and urban schooling arrangements for children of migrants further inhibit human capital accumulation.

Nicole A Perales, Dorothy Wei, Aayush Khadka, Hannah H Leslie, Saïdou Hamadou, Gervais Chamberlin Yama, Paul Jacob Robyn, Gil Shapira, Margaret E Kruk, Günther Fink. 2020. “Quality of clinical assessment and child mortality: a three-country cross-sectional study.” *Health Policy and Planning* 35(7): 878–887.

This analysis describes specific gaps in the quality of health care in Central Africa and assesses the association between quality of clinical care and mortality at age 2–59 months. Regionally representative facility and household surveys for the Democratic Republic of the Congo, Cameroon and Central African Republic were collected between 2012 and 2016. These data are novel in linking facilities with households in their catchment area. Compliance with diagnostic and danger sign protocols during sick-child visits was observed by trained assessors. We computed facility- and district-level compliance indicators for patients aged 2–59 months and used multivariate multi-level logistic regression models to estimate the association between clinical assessment quality and mortality at age 2–59 months in the catchment areas of the observed facilities. A total of 13 618 live births were analysed and 1818 sick-child visits were directly observed and used to rate 643 facilities. Eight percent of observed visits complied with 80% of basic diagnostic protocols, and 13% of visits fully adhered to select general danger sign protocols. A 10% greater compliance with diagnostic protocols was associated with a 14.1% (adjusted odds ratio (aOR) 95% CI: 0.025–0.244) reduction in the odds of mortality at age 2–59 months; a 10% greater compliance with select general danger sign protocols was associated with a 15.3% (aOR 95% CI: 0.058–0.237) reduction in the same odds. The results of this article suggest that compliance with recommended clinical protocols remains poor in many settings and improvements in mortality at age 2–59 months could be possible if compliance were improved.

Sarah Baird, Joan Hamory Hicks, Owen Ozier. 2020. “Randomized control trial as social observatory: A case study.” *World Development* (127)104787.

Critics of randomized control trials (RCTs) in development economics argue that this methodology lends itself to ‘smaller’ questions with limited relevance to policy or economics. Using the seminal work of Miguel and Kremer (2004) on a school-based deworming intervention in Kenya as a case study, we argue that RCTs can spearhead policy change, serve as a laboratory to test economic theories and develop cutting-edge empirical methods, or do both. This does not happen in a vacuum, but through thoughtful design embedded in a broader research and policy agenda. Here, we describe a family of studies built on Miguel and Kremer (2004), shedding light on factors that supported the generation of evidence and insights far beyond the near-term RCT result. As in any piece of social sciences research, this descriptive evidence may not be externally valid in all settings. We nevertheless hope the lessons it offers will inspire others to examine these possibilities in their own research.

Cem Mete, Laurent Bossavie, John Giles, Harold Alderman. 2020. “Is consanguinity an impediment to child development?” *Population Studies: A Journal of Demography* 74 (2): 139-159. [Working Paper Version](#)

Marriages between blood relatives—also known as consanguineous unions—are widespread in North Africa, Central and West Asia, and South Asia. Researchers have suggested that consanguinity has adverse effects on child development, but assessing its impact is not straightforward, as the decision to marry a relative might be endogenous to other socio-economic factors. Using a unique data set collected in rural Pakistan, this paper assesses the extent to which consanguinity is linked to children’s cognitive and physical development. It exploits grandfathers’ land ownership (current and past) and maternal grandparent mortality to identify the effect of endogenous consanguinity on child development. Children born into consanguineous unions have lower cognitive scores, lower height-for-age, and a higher likelihood of being severely stunted. More importantly, adverse effects are greater after accounting for the endogeneity of consanguinity, suggesting that impacts on child development are substantial, and likely to be larger than suggested in previous studies.

Adam Wagstaff and Sven Neelsen. 2020. “A comprehensive assessment of universal health coverage in 111 countries: a retrospective observational study.” *Lancet Global Health* 8 (1): e39-e49.

Background: The goal of universal health coverage (UHC) requires that everyone receive needed health services, and that families who get needed services do not suffer undue financial hardship. Tracking progress towards UHC requires measurement of both these dimensions, and a way of trading them off against one another.

Methods: We measured service coverage by a weighted geometric average of four prevention indicators (antenatal care, full immunisation, and screening for breast and cervical cancers) and four treatment indicators (skilled birth attendance, inpatient admission, and treatment for acute respiratory infection and diarrhoea), financial protection by the incidence of catastrophic health expenditures (those exceeding 10% of household consumption or income), and a country's UHC performance as a geometric average of the service coverage index and the complement of the incidence of catastrophic expenditures. Where possible, we adjusted service coverage for inequality, penalising

countries with a high level of inequality. The bulk of data used in this study were from the World Bank's Health Equity and Financial Protection Indicators database (2019 version), comprising data from household surveys. Gaps in the data were supplemented with other survey data and (where necessary) non-survey data from other sources (administrative, modelled, and imputed data).

Damien de Walque. 2020. "Relative Measures of Genocide Mortality: Benefits and Methodological Considerations of Using Siblings' Survival Data." *Journal of Genocide Research* 22(1): 112-115.

When studying events such as the 1994 Genocide in Rwanda, for many researchers the first order question seems to be to find the best available data and methods to estimate the death toll, i.e. to provide a number of deaths in absolute terms. This makes sense since the staggering number of victims over a very short period is one of the most shocking – and defining – features of such an historical event.

This short note argues that while looking for an absolute death toll number is certainly an important and worthwhile research exercise, analyzing relative mortality numbers also provides valuable insights that might not be available when focusing on absolute numbers. By relative mortality I mean comparing mortality across different population segments such as by gender, by age group or socio-economic categories (e.g. education levels, urban/rural background). Specifically, I will use the examples of the Khmer Rouge Period in Cambodia (1975–1978) and the 1994 Genocide in Rwanda to illustrate this argument and will rely on earlier studies¹ to show how the sibling mortality schedule – a module collecting information about the date of birth, the sex and if relevant the date of death of all siblings of the respondent – contained in most of the well-known and commonly used Demographic and Health Surveys (DHS) can be exploited to obtain reasonable and useful estimates of relative mortality.

I start with a discussion of the methodological advantages and limitations of using the sibling mortality schedule in the DHS, summarizing the points already made in de Walque and Filmer and will conclude by highlighting some of the benefits of analyzing relative mortality in terms of the research angles that can be addressed.

2019

Emma Clarke-Deelder, Gil Shapira, Hadia Samaha, György Bèla Fritsche and Günther Fink. 2019. "Quality of care for children with severe disease in the Democratic Republic of the Congo."

BMC Public Health 19 (1608): 1-12.

Background: Despite the almost universal adoption of Integrated Management of Childhood Illness (IMCI) guidelines for the diagnosis and treatment of sick children under the age of five in low- and middle-income countries, child mortality remains high in many settings. One possible explanation of the continued high mortality burden is lack of compliance with diagnostic and treatment protocols. We test this hypothesis in a sample of children with severe illness in the Democratic Republic of the Congo (DRC).

Methods: One thousand one hundred eighty under-five clinical visits were observed across a regionally representative sample of 321 facilities in the DRC. Based on a detailed list of

disease symptoms observed, patients with severe febrile disease (including malaria), severe pneumonia, and severe dehydration were identified. For all three disease categories, treatments were then compared to recommended case management following IMCI guidelines.

Results: Out of 1180 under-five consultations observed, 332 patients (28%) had signs of severe febrile disease, 189 patients (16%) had signs of severe pneumonia, and 19 patients (2%) had signs of severe dehydration. Overall, providers gave the IMCI-recommended treatment in 42% of cases of these three severe diseases. Less than 15% of children with severe disease were recommended to receive in-patient care either in the facility they visited or in a higher-level facility.

Conclusions: These results suggest that adherence to IMCI protocols for severe disease remains remarkably low in the DRC. There is a critical need to identify and implement effective approaches for improving the quality of care for severely ill children in settings with high child mortality.

Keywords: child health, quality of care, infectious disease

John Giles, Albert Park and Meiyang Wang. 2019. "The Great Proletarian Cultural Revolution, Disruptions to Education, and the Returns to Schooling in Urban China." *Economic Development and Cultural Change* 68(1): 131-164.

This paper provides new evidence on educational disruptions caused by the Cultural Revolution and identifies the returns to schooling in urban China by exploiting individual-level variation in the effects of citywide disruptions. The return to college is estimated at 49.8% using a conventional Mincer-type specification and averages 37.1% using supply shocks as instruments and controlling for ability and school quality, suggesting that high-ability students select into higher education. Additional tests show that the results are unlikely to be driven by sample selection bias associated with migration or alternative pathways through which the Cultural Revolution influenced adult productivity.

Heather A. Knauer, Patricia Kariger, Pamela Jakiela, Owen Ozier and Lia C.H. Fernald. 2019. "Multilingual assessment of early child development: Analyses from repeated observations of children in Kenya." *Developmental Science* 22(5): 1-23.

In many low- and middle-income countries, young children learn a mother tongue or indigenous language at home before entering the formal education system where they will need to understand and speak a country's official language(s). Thus, assessments of children before school age, conducted in a nation's official language, may not fully reflect a child's development, underscoring the importance of test translation and adaptation. To examine differences in vocabulary development by language of assessment, we adapted and validated instruments to measure developmental outcomes, including expressive and receptive vocabulary. We assessed 505 2-to-6-year-old children in rural communities in Western Kenya with comparable vocabulary tests in three languages: Luo (the local language or mother tongue), Swahili, and English (official languages) at two time points, 5–6 weeks apart, between September 2015 and October 2016. Younger children responded to the expressive vocabulary measure exclusively in Luo (44%–59% of 2-to-4-year-olds) much more frequently than did older children (20%–21% of 5-to-6-year-olds). Baseline

receptive vocabulary scores in Luo ($\beta = 0.26$, $SE = 0.05$, $p < 0.001$) and Swahili ($\beta = 0.10$, $SE = 0.05$, $p = 0.032$) were strongly associated with receptive vocabulary in English at follow-up, even after controlling for English vocabulary at baseline. Parental Luo literacy at baseline ($\beta = 0.11$, $SE = 0.05$, $p = 0.045$) was associated with child English vocabulary at follow-up, while parental English literacy at baseline was not. Our findings suggest that multilingual testing is essential to understanding the developmental environment and cognitive growth of multilingual children.

Erick Gong, Damien de Walque and William H. Dow. 2019. "Coping with risk: Negative shocks, transactional sex, and the limitations of conditional cash transfers." *Journal of Health Economics* 67: 1-18.

Transactional sex is an important risk-coping mechanism and a leading contributor to the HIV/AIDS epidemic in sub-Saharan Africa. We use data from a conditional cash transfer (CCT) experiment in rural Tanzania designed to incentivize safer sexual behavior by conditioning transfers on testing negative for sexually transmitted infections (STIs). For women, we find that negative shocks measured by food insecurity lead to a 36% increase in STIs and increases in self-reported risky sexual behavior. We find no significant effects of negative shocks on either STIs or self-reported sexual behavior for men. This CCT design did not appear to mitigate the behavioral response to shocks that we document in women. We propose that this finding can be explained by binding credit constraints and the relatively infrequent timing of the CCTs. When women experience a negative shock, cash needs are immediate, while transfers linked to a CCT are paid out in a specific point in time. If women are unable to access credit during a shock, they may resort to transactional sex even if they face monetary incentives to do otherwise.

Pamela Jakiela and Owen Ozier. 2019. "The Impact of Violence on Individual Risk Preferences: Evidence from a Natural Experiment." *Review of Economics and Statistics* 101(3): 547-559.

We estimate the impact of Kenya's postelection crisis on individual risk preferences. The crisis interrupted a longitudinal survey of more than five thousand Kenyan youth, creating plausibly exogenous variation in exposure to civil conflict prior to the survey. Our results indicate that the postelection crisis sharply increased individual risk aversion. Immediately after the crisis, the fraction of subjects displaying extreme risk aversion increased by more than 80%. Findings remain robust when we use an IV estimation strategy that exploits random assignment of respondents to waves of surveying. The crisis also affected trust, social capital, and beliefs about the economy.

Adam Wagstaff, Eddy Van Doorslaer and Ronelle Burger. 2019. "SMS Nudges as a Tool to Reduce Tuberculosis Treatment Delay and Pretreatment Loss to Follow-Up. A Randomized Controlled Trial." *PLOS ONE* 14(6): 1-14.

TB persists despite being relatively easy to detect and cure because the journey from the onset of symptoms to cure involves a series of steps, with patients being lost to follow-up at each stage and delays occurring among patients not lost to follow-up. One cause of drop-off and delay occurs when patients delay or avoid returning to clinic to get their test results and start treatment.

Ronelle Burger. 2019. "Comment: A promising approach to identifying health system discrimination and bias." *The Lancet Global Health* 7(5): e546-e547.

Madhukar Pai and colleagues' insightful Article¹ on gender bias in tuberculosis care in India appears in this issue of *The Lancet Global Health*. It represents an important contribution to the neglected literature on health worker bias in patient care and case management. This issue matters not only because every patient has the right to care and equal and fair treatment, but also because bias and discrimination affect other shared goals, such as social justice and the effectiveness of health systems.

Benjamin Daniels, Ada Kwan, Madhukar Pai, and Jishnu Das. 2019. "Lessons on the quality of tuberculosis diagnosis from standardized patients in China, India, Kenya, and South Africa." *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases* :100-109.

Standardized patients (SPs) are people who are recruited locally, trained to make identically scripted clinical presentations, deployed incognito to multiple different health care providers, and debriefed using a structured reporting instrument. The use of SPs has increased dramatically as a method for assessing quality of TB care since it was first validated and used for tuberculosis in 2015. This paper summarizes common findings using 3,086 SP-provider interactions involving tuberculosis across various sampling strata in published studies from India, China, South Africa and Kenya. It then discusses the lessons learned from implementing standardized patients in these diverse settings. First, quality is low: relatively few SPs presenting to a health care provider for the first time were given an appropriate diagnostic test, and most were given unnecessary or inappropriate medication. Second, care takes a wide variety of forms – SPs did not generally receive “wait and see” or “symptomatic” care from providers, but they received a medley of care patterns that included broad-spectrum antibiotics as well as contraindicated quinolone antibiotics and steroids. Third, there is a wide range of estimated quality in each observed sampling stratum: more-qualified providers and higher-level facilities performed better than others in all settings, but in every stratum there were both high- and low-quality providers. Evidence from SP studies paired with medical vignettes has shown that providers of all knowledge levels significantly underperform their demonstrated ability with real patients. Finally, providers showed little response to differences in patient identify, but showed strong responses to differences in case presentation that give some clues as to the reasons for these behaviors.

Benjamin Daniels, Ada Kwan, Srinath Satyanarayana, Ramnath Subbaraman, Ranendra K Das, Veena Das, Jishnu Das, Madhukar Pai. (2019). "Use of standardised patients to assess gender differences in quality of tuberculosis care in urban India: a two-city, cross-sectional study." *Global Health* 7(5): e633-e643.

Summary Background In India, men are more likely than women to have active tuberculosis but are less likely to be diagnosed and notified to national tuberculosis programmes. We used data from standardised patient visits to assess whether these gender differences occur because of provider practice.

Emanuela Galasso, and Adam Wagstaff. 2019. “The aggregate income losses from childhood stunting and the returns to a nutrition intervention aimed at reducing stunting.” *Economics & Human Biology*. 34: 225-238.

We undertake two calculations, one for all developing countries, the other for 34 developing countries that together account for 90% of the world's stunted children. The first asks how much lower a country's per capita income is today as a result of having a fraction of its workforce been stunted in childhood. We use a development accounting framework, relying on micro-econometric estimates of the effects of childhood stunting on adult wages through their effects on years of schooling, cognitive skills, and height, parsing out the relative contribution of each set of returns to avoid double counting. We estimate that, on average, the per capita income penalty from stunting is between 5-7%, depending on the assumption. In our second calculation we estimate the economic value and the costs associates with scaling up a package of nutrition interventions using the same methodology and set of assumptions used in the first calculation. We take a package of 10 nutrition interventions that has data on both effects and costs, and we estimate the rate-of-return to gradually introducing this program over a period of 10 years in 34 countries that together account for 90% of the world's stunted children. We estimate a rate-of-return of 12%, and a benefit-cost ratio of 5:1-6:1.

Adam Wagstaff, Patrick Eozenou, Sven Neelsen, and Marc-Francois Smitz. (2019). “Introducing the World Bank’s 2018 Health Equity and Financial Protection Indicators database.” *The Lancet Global Health* 7(1):e22-e23.

Among the many shifts of emphasis that have been evident in global health over the past 25 years or so, two stand out: a concern over the poor lagging behind the better off in progress towards global goals; and a concern to look beyond whether people get the services they need to the affordability of the out-of-pocket expenditures associated with these services. These concerns over health equity and financial protection were absent from the Millennium Development Goals (MDGs), but are integral to the Sustainable Development Goals (SDGs).

Adam Wagstaff. 2019. “Measuring catastrophic medical expenditures: Reflections on three issues.” *Health Economics* 28: 765–781.

In the “basic” approach, medical expenses are catastrophic if they exceed a prespecified percentage of consumption or income; the approach tells us if expenses cause a large percentage reduction in living standards. The ability-to-pay (ATP) approach defines expenses as catastrophic if they exceed a prespecified percentage of consumption less expenses on nonmedical necessities or an allowance for them. The paper argues that the ATP approach does not tell us whether expenses are large enough to undermine a household's ability to purchase nonmedical necessities. The paper compares the income-based and consumption-based variants of the basic approach, and shows that if the individual is a borrower after a health shock, the income-based ratio will exceed the consumption-based ratio, and both will exceed the more theoretically correct Flores et al. ratio; whereas if the individual continues to be a saver after a health shock, the ordering is reversed and the income-based ratio may not overestimate Flores et al.'s ratio. Last, the paper proposes a lifetime money metric utility (LMMU) approach defining medical

expenses as catastrophic in terms of their lifetime consequences. Under certain assumptions, the LMMU and Flores et al. approaches are identical, and neither requires data on how households finance their medical expenses.

2018

C. Brown, M. Ravallion, and D. van de Walle. 2018. "A Poor Means Test? Econometric Targeting in Africa." *Journal of Development Economics* 134: 109-124, September.

Proxy-means tests (PMTs) are popular for poverty-targeting with imperfect information. In a widely-used version, a regression for log consumption calibrates a PMT score based on covariates, which is then implemented for targeting out-of-sample. The performance of various PMT methods is assessed using data for nine African countries. Standard PMTs help filter out the non-poor, but exclude many poor people, thus diminishing the impact on poverty. Poverty-focused econometric methods such as using quantile regression generally do better. We also characterize the optimal informationally-feasible solution for poverty targeting and compare it to econometric methods. Even with a budget sufficient to eliminate poverty with full information, none of the targeting methods studied bring the poverty rate below about three-quarters of its initial value. The prevailing methods are particularly deficient in reaching the poorest. A basic-income scheme or transfers using a simple demographic scorecard often do as well, or even better, in reducing poverty.

Adrien Bouguen, Deon Filmer, Karen Macours, and Sophie Naudeau. (2018). "Preschool and Parental Response in a Second-Best World: Evidence from a School Construction Experiment." *Journal of Human Resources* 53(2): 474-512, Spring.

Interventions targeting early childhood hold promise for reducing the intergenerational transmission of poverty. Results from a randomized evaluation of a preschool construction program in Cambodia suggest caution. Overall impacts on early childhood outcomes are small and insignificant. Impacts on cognition are negative for the cohort with highest program exposure, with the largest negative effects among children of poorer and less educated parents. The results are explained by substitution from primary to preschool and differences in demand responses to preschools between more and less educated parents. Context, program specifics, and behavioral responses can hence lead to perverse effects of well-intentioned interventions.

Björkman Nyqvist, Martina, Lucia Corno, Damien de Walque, and Jakob Svensson. (2018). "Incentivizing Safer Sexual Behavior: Evidence from a Lottery Experiment on HIV Prevention." *American Economic Journal: Applied Economics* 10(3): 287-314.

We investigate the effect of a financial lottery program in Lesotho with relatively low expected payments but a chance to win a high prize conditional on negative test results for sexually transmitted infections. The intervention resulted in a 21.4 percent reduction in HIV incidence over two years. Lottery incentives appear to be particularly effective in targeting individuals with ex ante risky sexual behavior, consistent with the hypothesis that lotteries are more valued by individuals willing to take risks.

Daniel Grossman, John Cawley, Damien de Walque. (2018). "Effect of Stress on Later-Life Health: Evidence from the Vietnam War Draft." *Southern Economic Journal* 85(1): 142-165.

This article contributes to the literature examining how stress during the early stages of life impacts later-life health using a novel proxy for stress: risk of military induction during the Vietnam War. The article estimates that an increase in induction risk in young adulthood is associated with higher rates of obesity, endocrine disease, and hypertension later in life. These findings do not appear to be cohort effects; these associations exist only for men who did not serve in the war, not for same-aged women. These results suggest stress experienced during early adulthood can have adverse health consequences later in life.

Ada Kwan, Benjamin Daniels, et. al. (2018). "ena the quality of tuberculosis care in urban India: A cross-sectional, standardized patient study in two cities." *PLoS Med* 15(9): 1-22.

Background

India has the highest burden of tuberculosis (TB). Although most patients with TB in India seek care from the private sector, there is limited evidence on quality of TB care or its correlates. Following our validation study on the standardized patient (SP) method for TB, we utilized SPs to examine quality of adult TB care among health providers with different qualifications in 2 Indian cities.

Gil Shapira, Ina Kalisa, et. al. (2018). "Going beyond incentivizing formal health providers: Evidence from the Rwanda Community Performance-Based Financing program." *Health Economics* 27(12): 2087-2106.

Pay-for-performance programs are introduced in an increasing number of low and middle-income countries with the goal of reducing maternal and child mortality and morbidity through increased health service utilization and quality. Although most programs incentivize formal health providers, some constraints to utilization might be better alleviated by incentivizing other actors in the health care system. This paper presents results from a randomized controlled trial set to evaluate the effects of two incentive schemes that were introduced on top of Rwanda's national Performance-Based Financing program at the health facility level. One scheme rewarded community health worker cooperatives for the utilization of five services by their communities. The second scheme provided in-kind transfers to users of three services. The analysis finds no impact of the cooperative performance payments on coverage of the targeted services, behaviors of community health workers, or outcomes at the cooperative level. Although health centers experienced frequent stock outs of the gifts, the demand-side intervention significantly increased timely antenatal care by 9.3 percentage points and timely postnatal care by 8.6 percentage points. This study shows that demand-side incentives can increase service utilization also when provided in addition to a supply-side pay-for-performance scheme.

Sheheryar Banuri, Damien de Walque, et. al. (2018). "The use of video vignettes to measure health worker knowledge. Evidence from Burkina Faso." *Social Science & Medicine* 213: 173-180.

The quality of care is a crucial determinant of good health outcomes, but is difficult to

measure. Survey vignettes are a standard approach to measuring medical knowledge among health care providers. Given that written vignettes or knowledge tests may be too removed from clinical practice, particularly where “learning by doing” may be an important form of training, we developed a new type of provider vignette. It uses videos presenting a patient visiting the clinic with maternal/early childhood symptoms. We tested these video vignettes with current and future (students) health professionals in Burkina Faso. Participants indicated that the cases used were interesting, understandable and common. Their performance was consistent with expectations. Participants with greater training (medical doctors vs. nurses and midwives) and experience (health professionals vs. students) performed better. The video vignettes can easily be embedded in computers, tablets and smart phones; they are a convenient tool to measure provider knowledge; and they are cost-effective instruction and testing tools.

Owen Ozier (2018). "Exploiting Externalities to Estimate the Long-Term Effects of Early Childhood Deworming." *American Economic Journal: Applied Economics* 10(3): 235–262.

I investigate whether a school-based deworming intervention in Kenya had long-term effects on young children. I exploit positive externalities from the program to estimate impacts on younger children who were not directly treated. Ten years after the intervention, I find large cognitive effects—comparable to between 0.5 and 0.8 years of schooling—for children who were less than one year old when their communities received school-based mass deworming treatment. I find no effect on child height or stunting. I also estimate effects among children whose older siblings received treatment directly; in this subpopulation, cognition effects are nearly twice as large.

Owen Ozier (2018). "The Impact of Secondary Schooling in Kenya: A Regression Discontinuity Analysis." *The Journal of Human Resources* 53(1): 157-188.

I estimate the impacts of secondary school on human capital, occupational choice, and fertility for young adults in Kenya. Probability of admission to government secondary school rises sharply at a score close to the national mean on a standardized eighth grade examination, permitting me to estimate causal effects of schooling in a regression discontinuity framework. I combine administrative test score data with a survey of young adults to estimate these impacts. My results show that secondary schooling increases human capital. For men, I find a drop in low-skill self-employment; for women, I find a reduction in teen pregnancy.

Alan de Brauw and John Giles. (2018). "Migrant Labor Markets and the Welfare of Rural Households in the Developing World: Evidence from China." *The World Bank Economic Review* 32(1): 1-18.

Increased ability to migrate from China's rural villages contributed to significant increases in the consumption per capita of both non-durable and durable goods, and these effects were larger in magnitude for households that were relatively poor before the easing of restrictions to migration. With increased out-migration, poorer households invested more in housing and durable goods than rich households, while richer households invested significantly more in non-agricultural production assets. As migration became easier,

increased participation in migrant employment was greater among poorer households on both the extensive and intensive margins, and poorer households reduced labor days in agriculture.

Jishnu Das and et. al. (2018). "Rethinking assumptions about delivery of healthcare: implications for universal health coverage." [the bmj](#) 1-5.

We are at an inflection point in global health. People are living longer, healthier lives than ever before, and we are rightly celebrating disease focused programmes that have greatly reduced or eradicated diseases such as smallpox and river blindness. Better diagnosis and treatment of HIV/AIDS, malaria, and other diseases have saved countless lives. Yet, as populations age and the burden of morbidity grows more complex, the limitations of programmes focused on single diseases have become increasingly evident.

Xinxin Chen, John Giles, Yafeng Wang & Yaohui Zhao. 2018. Gender Patterns of Eldercare in China. [Feminist Economics](#) 24(2): 54-76.

Using the baseline wave of the China Health and Retirement Longitudinal Study (CHARLS), collected from 2011 to 2012, this study finds that among those age 60 and above, women are 7.6 percent more likely than men to have care needs and 29.3 percent more likely than men to have unmet needs; and that most of the gender gap in unmet needs is explained by the existence and health status of a spouse. Further analysis reveals a sharp gender division in patterns of family care in China. While men are more likely to receive care from their wives, women are primarily cared for by their children. Marital status and spouse health also affect provision of care, with infirm women who have healthy husbands less likely to receive care than infirm men with healthy wives. The findings have important implications for designing gender-sensitive policies in eldercare.

John Giles and Ren Mu. (2018). "Village Political Economy, Land Tenure Insecurity, and the Rural to Urban Migration Decision: Evidence from China." [American Journal of Agricultural Economics](#) 100(2): 521-544.

This article investigates the impact of land tenure insecurity on the migration decisions of China's rural residents from 1995 to 2003. The article appeals to a simple model to frame the relationship between migration and the probability that a reallocation of land in the village will occur in the following year. Empirically, the article first demonstrates that a village leader's support for an administrative land reallocation carries with it the risk of losing a future election. Exploiting election timing and village heterogeneity in lineage group composition, the article identifies the effect of reallocation risk on migration decisions. In response to an expected land reallocation in the following year, the probability that a rural resident migrates out of the county declines by 2.4 percentage points, which accounts for 15% of the annual share of village residents, aged 16 to 50, who worked as migrants during the period. This finding underscores the potential importance of secure property rights for facilitating labor market integration and the movement of labor out of agriculture.

Owen Ozier. (2018). "The Impact of Secondary Schooling in Kenya: A Regression Discontinuity Analysis." [The Journal of Human Resources](#) 53(1):157-188

I estimate the impacts of secondary school on human capital, occupational choice, and fertility for young adults in Kenya. Probability of admission to government secondary school rises sharply at a score close to the national mean on a standardized eighth grade examination, permitting me to estimate causal effects of schooling in a regression discontinuity framework. I combine administrative test score data with a survey of young adults to estimate these impacts. My results show that secondary schooling increases human capital. For men, I find a drop in low-skill self-employment; for women, I find a reduction in teen pregnancy.

Rosalind Miller, Jishnu Das, Madhukar Pai. (2018). "Quality of tuberculosis care by Indian pharmacies: Mystery clients offer new insights." *Journal of Clinical Tuberculosis and Other Mycobact Disease* 10: 6-8.

For many patients in India, pharmacies are their first point of contact, where most drugs, including antibiotics, can be purchased over-the-counter (OTC). Recent standardised (simulated) patient studies, covering four Indian cities, provide new insights on how Indian pharmacies manage patients with suspected or known tuberculosis. Correct management of the simulated patients ranged from 13% to 62%, increasing with the certainty of the TB diagnosis. Antibiotics were frequently dispensed OTC to patients, with 16% to 37% receiving such drugs across the cases. On a positive note, these studies showed that no pharmacy dispensed first-line anti-TB drugs. Engagement of pharmacies is important to not only improve TB detection and care, but also limit the abuse of antibiotics.

Alan de Brauw and John Giles. (2018). "Migrant Labor Markets and the Welfare of Rural Households in the Developing World: Evidence from China." *The World Bank Economic Review* 32(1): 1-18.

Increased ability to migrate from China's rural villages contributed to significant increases in the consumption per capita of both non-durable and durable goods, and these effects were larger in magnitude for households that were relatively poor before the easing of restrictions to migration. With increased out-migration, poorer households invested more in housing and durable goods than rich households, while richer households invested significantly more in non-agricultural production assets. As migration became easier, increased participation in migrant employment was greater among poorer households on both the extensive and intensive margins, and poorer households reduced labor days in agriculture.

2017

Wagstaff, Adam, Gabriela Flores, Justine Hsu, Marc-François Smits, Kateryna Chepynoga, Leander R Buisman, Kim van Wilgenburg, Patrick Eozenou. (2017). "Progress on catastrophic health spending in 133 countries: a retrospective observational study." *The Lancet Global Health* 1-11.

The goal of universal health coverage (UHC) requires inter alia that families who get needed health care do not suffer undue financial hardship as a result. This can be measured by the percentage of people in households whose out-of-pocket health expenditures are large relative to their income or consumption. We aimed to estimate the global incidence of

catastrophic health spending, trends between 2000 and 2010, and associations between catastrophic health spending and macroeconomic and health system variables at the country level.

Wagstaff, Adam, Gabriela Flores, Marc-François Smitz, Justine Hsu, Kateryna Chepynoga, Patrick Eozenou. (2017). "Progress on impoverishing health spending in 122 countries: a retrospective observational study." [The Lancet Global Health](#) 1-13.

The goal of universal health coverage (UHC) requires that families who get needed health care do not suffer financial hardship as a result. This can be measured by instances of impoverishment, when a household's consumption including out-of-pocket spending on health is more than the poverty line but its consumption, excluding out-of-pocket spending, is less than the poverty line. This links UHC directly to the policy goal of reducing poverty.

Ferreira, Francisco H. G., Deon Filmer and Norbert Schady. (2017). "Own and Sibling Effects of Conditional Cash Transfer Programs: Theory and Evidence from Cambodia" [Research on Economic Inequality](#) 25: 259-298.

Conditional cash transfers (CCT) have been adopted in many countries over the last two decades. Although the impacts of these programs have been studied extensively, understanding of the economic mechanisms through which cash and conditions affect household decisions remains incomplete. In particular, relatively little is known about the effects of these programs on intra-household allocation decisions. This chapter uses evidence from a program in Cambodia, where eligibility varied substantially among siblings in the same household, to illustrate these effects. A simple model of schooling decisions highlights three different effects of a child-specific CCT: an income effect, a substitution effect, and a displacement effect. The model predicts that such a CCT should unambiguously increase enrollment for eligible children, but have an ambiguous effect on ineligible siblings.

van de Walle, Dominique and Annamaria Milazzo. (2017). "Poverty is falling faster for female-headed households in Africa." [N-IUSSP](#).

Living standards have risen generally, and poverty rates have fallen across Sub-Saharan Africa since the late 1990s (Chen and Ravallion, 2013). Less is known about how different groups have fared. In particular, what about Africa's female-headed households, often thought to be poorer? It is of interest to ask what has happened to their prevalence and their living standards during this same period. Has poverty also been falling for them or have they been left behind?

Sylvia, Sean, Hao Xue, Chengchao Zhou, Yaojiang Shi, Hongmei Yi, Huan Zhou, Scott Rozelle, Madhukar Pai, Jishnu Das. (2017). "Tuberculosis detection and the challenges of integrated care in rural China: A cross-sectional standardized patient study." [PLoS Med](#) 14(10):1-20.

Despite recent reductions in prevalence, China still faces a substantial tuberculosis (TB) burden, with future progress dependent on the ability of rural providers to appropriately detect and refer TB patients for further care. This study (a) provides a baseline assessment of the ability of rural providers to correctly manage presumptive TB cases; (b) measures

the gap between provider knowledge and practice and; (c) evaluates how ongoing reforms of China's health system—characterized by a movement toward “integrated care” and promotion of initial contact with grassroots providers—will affect the care of TB patients.

Bold, Tessa, Deon Filmer, Gayle Martin, Ezequiel Molina, Brian Stacy, Christophe Rockmore, Jakob Svensson, Waly Wane. (2017). "Enrollment without Learning: Teacher Effort, Knowledge, and Skill in Primary Schools in Africa." *Journal of Economic Perspectives* 31(4):185-204.

School enrollment has universally increased over the last 25 years in low-income countries. Enrolling in school, however, does not assure that children learn. A large share of children in low-income countries complete their primary education lacking even basic reading, writing, and arithmetic skills. Teacher quality is a key determinant of student learning, but not much is known about teacher quality in low-income countries. This paper discusses an ongoing research program intended to help fill this void. We use data collected through direct observations, unannounced visits, and tests from primary schools in seven sub-Saharan African countries to answer three questions: How much do teachers teach? What do teachers know? How well do teachers teach?

Cooper, Jan, Sandra McCoy, Lia C. H. Fernald, Damien de Walque and William Dow. (2017). "Women's Relationship Power Modifies the Effect of a Randomized Conditional Cash Transfer Intervention for Safer Sex in Tanzania." *AIDS and Behavior*, 1-10.

This study tests whether women's relationship power modifies the effect of a conditional cash transfer (CCT) on STI risk. We analyzed 988 women enrolled in the RESPECT study in Tanzania, a yearlong, randomized-controlled trial testing the effectiveness of a CCT to reduce STI incidence. Women were randomized at the individual level to a no-cash control group, a low-cash, or a high-cash study arm. After one year, there was no main effect of study arm on risk of having an STI among women. However, in tests of heterogeneity, the effect of the CCT varied by a woman's relationship power (adjusted RRs of the interaction term for women with higher relationship power: RR 0.567 (95% CI 0.240–0.895) for high cash and RR 1.217 (95% CI 0.794–1.641) for low cash). Specifically, women with higher relationship power in the low cash transfer arm had an elevated risk of testing positive for an STI, whereas women with high relationship power in the high cash transfer arm had a decreased risk of testing positive for an STI.

Andrabi, Tahir and Jishnu Das. (2017). "In Aid We Trust: Hearts and Minds and the Pakistan Earthquake of 2005." *Review of Economics and Statistics* 99(3): 371-386.

In 2005 an earthquake in northern Pakistan led to a significant inflow of international relief groups. Four years later, trust in Europeans and Americans was markedly higher among those exposed to the earthquake and the relief that followed. These differences reflect the greater provision of foreign aid and foreigner presence in affected villages rather than preexisting population differences or a general impact of disasters on trust. We thus demonstrate large-scale, durable attitudinal change in a representative Muslim population. Trust in Westerners among Muslims is malleable and not a deeply rooted function of preferences or global (as opposed to local) policy and actions.

Milazzo, Annamaria and Dominique van de Walle. (2017). "Women Left Behind? Poverty and Headship in Africa." *Demography* 54(3): 1119–1145.

Two stylized facts about poverty in Africa motivate this article: female-headed households tend to be poorer, and poverty has been falling in the aggregate since the 1990s. These facts raise two questions. First, how have female-headed households fared? Second, what role have they played in Africa's impressive recent aggregate growth and poverty reduction? Using data covering the entire region, we reexamine the current prevalence and characteristics of female-headed households and ask whether their prevalence has been rising, what factors have been associated with such changes since the mid-1990s, and whether poverty has fallen equiproportionately for male- and female-headed households. Lower female headship is associated with higher gross domestic product. However, other subtle transformations occurring across Africa—changes in marriage behavior, family formation, health, and education—are positively related to female headship, resulting in a growing share of female-headed households. This shift has been happening alongside declining aggregate poverty incidence. However, rather than being left behind, female-headed households have generally seen faster poverty reduction. As a whole, this group has contributed substantially to the reduction in poverty despite their smaller share in the population.

Daniels, B., A. Dolinger, G. Bedoya, K. Rogo, A. Goicoechea, J. Coarasa, F. Wafula, N. Mwaura, R. Kimeu and J. Das. (2017). "Use of standardised patients to assess quality of healthcare in Nairobi, Kenya: a pilot, cross-sectional study with international comparisons." *BMJ Global Health* 2(2): 1-11.

Introduction The quality of clinical care can be reliably measured in multiple settings using standardised patients (SPs), but this methodology has not been extensively used in Sub-Saharan Africa. This study validates the use of SPs for a variety of tracer conditions in Nairobi, Kenya, and provides new results on the quality of care in sampled primary care clinics.

Methods We deployed 14 SPs in private and public clinics presenting either asthma, child diarrhoea, tuberculosis or unstable angina. Case management guidelines and checklists were jointly developed with the Ministry of Health. We validated the SP method based on the ability of SPs to avoid detection or dangerous situations, without imposing a substantial time burden on providers. We also evaluated the sensitivity of quality measures to SP characteristics. We assessed quality of practice through adherence to guidelines and checklists for the entire sample, stratified by case and stratified by sector, and in comparison with previously published results from urban India, rural India and rural China...

Coarasa, Jorge, Jishnu Das, Elizabeth Gummerson, and Asaf Bitton. (2017). "A systematic tale of two differing reviews: evaluating the evidence on public and private sector quality of primary care in low and middle income countries." *Global Health* 13 (1): 24.

Systematic reviews are powerful tools for summarizing vast amounts of data in controversial areas; but their utility is limited by methodological choices and assumptions. Two systematic reviews of literature on the quality of private sector primary care in low

and middle income countries (LMIC), published in the same journal within a year, reached conflicting conclusions. The difference in findings reflects different review methodologies, but more importantly, a weak underlying body of literature. A detailed examination of the literature cited in both reviews shows that only one of the underlying studies met the gold standard for methodological robustness. Given the current policy momentum on universal health coverage and primary health care reform across the globe, there is an urgent need for high quality empirical evidence on the quality of private versus public sector primary health care in LMIC.

Bedoya, Guadalupe, Amy Dolinger, Khama Rogo, Njeri Mwaura, Francis Wafula, Jorge Coarasa, Ana Goicoechea, and Jishnu Das. (2017). "Observations of infection prevention and control practices in primary health care, Kenya." [Bulletin of the World Health Organization](#).

Objective To assess compliance with infection prevention and control practices in primary health care in Kenya.

Methods We used an observational, patient-tracking tool to assess compliance with infection prevention and control practices by 1680 health-care workers during outpatient interactions with 14 328 patients at 935 health-care facilities in 2015. Compliance was assessed in five domains: hand hygiene; protective glove use; injections and blood sampling; disinfection of reusable equipment; and waste segregation.

We calculated compliance by dividing the number of correct actions performed by the number of indications and evaluated associations between compliance and the health-care workers and facility's characteristics.

Puri, Lekha, Jishnu Das, Madhukar Pai, Priya Agrawal, J Edward Fitzgerald, Edward Kelley, Sarah Kesler, Kedar Mate, Manoj Mohanan, Allan Okrainec, and Rajesh Aggarwal. (2017). "Enhancing quality of medical care in low income and middle income countries through simulation-based initiatives: recommendations of the Simnovate Global Health Domain Group." [BMJ Simulation and Technology Enhanced Learning](#) 3(Suppl 1):S15-S22.

Background Quality of medical care in low income and middle income countries (LMICs) is variable, resulting in significant medical errors and adverse patient outcomes. Integration of simulation-based training and assessment may be considered to enhance quality of patient care in LMICs. The aim of this study was to consider the role of simulation in LMICs, to directly impact health professions education, measurement and assessment. **Methods** The Simnovate Global Health Domain Group undertook three teleconferences and a direct face-to-face meeting. A scoping review of published studies using simulation in LMICs was performed and, in addition, a detailed survey was sent to the World Directory of Medical Schools and selected known simulation centres in LMICs. **Results** Studies in LMICs employed low-tech manikins, standardised patients and procedural simulation methods. Low-technology manikins were the majority simulation method used in medical education (42%), and focused on knowledge and skills outcomes.

Cooper, Jan, William Dow, Damien de Walque, Ann Keller, Sandra McCoy, Lia C.H. Fernald, Marianna Balampama, Admirabilis Kalolella, Laura Packel,

Wendee Wechsberg, Emily Ozer (2017). "Female sex workers use power over their day-to-day lives to meet the condition of a conditional cash transfer intervention to incentivize safe sex." *Social Science & Medicine* 181: 148-157. Female Sex Workers are a core population in the HIV epidemic, and interventions such as conditional cash transfers (CCTs), effective in other health domains, are a promising new approach to reduce the spread of HIV. Here we investigate how a population of Tanzanian female sex workers, though constrained in many ways, experience and use their power in the context of a CCT intervention that incentivizes safe sex. We analyzed 20 qualitative in-depth interviews with female sex workers enrolled in a randomized-controlled CCT program, the RESPECT II pilot, and found that while such women have limited choices, they do have substantial power over their work logistics that they leveraged to meet the conditions of the CCT and receive the cash award. It was through these decisions over work logistics, such as reducing the number of workdays and clients, that the CCT intervention had its greatest impact on modifying female sex workers' behavior.

Wafula, Francis, Amy Dolinger, Benjamin Daniels, Njeri Mwaura, Guadalupe Bedoya, Khama Rogo, Ana Goicoechea, Jishnu Das and Bernard Olayo. (2017). "Examining the Quality of Medicines at Kenyan Healthcare Facilities: A Validation of an Alternative Post-Market Surveillance Model That Uses Standardized Patients." *Drugs Real World Outcomes* 4(1):53-63.

BACKGROUND: Promoting access to medicines requires concurrent efforts to strengthen quality assurance for sustained impact. Although problems of substandard and falsified medicines have been documented in low- and middle-income countries, reliable information on quality is rarely available. **OBJECTIVE:** The aim of this study was to validate an alternative post-market surveillance model to complement existing models. **METHODS:** The study used standardized patients or mystery clients (people recruited from the local community and trained to pose as real patients) to collect medicine samples after presenting a pre-specified condition. The patients presented four standardized conditions to 42 blinded facilities in Nairobi, Kenya, resulting in 166 patient-clinician interactions and dispensing of 300 medicines at facilities or nearby retail pharmacies. The medicine samples obtained thus resemble those that would be given to real patients.

Muralidharan, Karthik, Jishnu Das, Alaka Holla, and Aakash Mohpal. (2017). "The fiscal cost of weak governance: Evidence from teacher absence in India." *J Public Econ* 145:116-135.

The relative return to strategies that augment inputs versus those that reduce inefficiencies remains a key open question for education policy in low-income countries. Using a new nationally-representative panel dataset of schools across 1297 villages in India, we show that the large public investments in education over the past decade have led to substantial improvements in input-based measures of school quality, but only a modest reduction in inefficiency as measured by teacher absence. In our data, 23.6% of teachers were absent during unannounced school visits, and we estimate that the salary cost of unauthorized teacher absence is \$1.5 billion/year. We find two robust correlations in the nationally-representative panel data that corroborate findings from smaller-scale experiments. First, reductions in student-teacher ratios are correlated with increased teacher absence. Second,

increases in the frequency of school monitoring are strongly correlated with lower teacher absence.

de Brauw, Alan, and John Giles. (2017). "Migrant Opportunity and the Educational Attainment of Youth in Rural China." *The Journal of Human Resources* 52 (1):272-311.

This paper investigates how the reduction of barriers to migration affected the decision of middle school graduates to attend high school in rural China. Change in the cost of migration is identified using exogenous variation across counties in the timing of national identity card distribution, which made it easier for rural migrants to register as temporary residents in urban destinations. After taking care to address potential strengths and weaknesses of our identification strategy, we find a robust, negative relationship between migrant opportunity and high school enrollment that cannot be explained by geographic convergence in access to education across rural China.

Neelsen, Sven, and Owen O'Donnell (2017) online published. "Progressive universalism? The impact of targeted coverage on health care access and expenditures in Peru." *Health Economics* 1-25.

Like other countries seeking a progressive path to universalism, Peru has attempted to reduce inequalities in access to health care by granting the poor entitlement to tax-financed basic care without charge. We identify the impact of this policy by comparing the target population's change in health care utilization with that of poor adults already covered through employment-based insurance. There are positive effects on receipt of ambulatory care and medication that are largest among the elderly and the poorest. The probability of getting formal health care when sick is increased by almost two fifths, but the likelihood of being unable to afford treatment is reduced by more than a quarter. Consistent with the shallow coverage offered, there is no impact on use of inpatient care. Neither is there any effect on average out-of-pocket health care expenditure, but medical spending is reduced by up to 25% in the top quarter of the distribution.

Booyesen, F. le R. Wouters, E., et.al. (2017). "Mutual HIV status disclosure is associated with consistent condom use in public sector ART clients in Free State province, South Africa: a short report." *Aids Care* 29(11): 1386-1390.

Risky sexual behaviour in PLWHA on antiretroviral therapy threatens both prevention and treatment efforts, but disclosure promises to support safer sexual practices. This paper investigates the association between HIV self-disclosure and consistent condom use in a cohort of public sector patients on antiretroviral (ARV) treatment. Using data from the FEATS cohort study, logistic regression analysis shows that knowledge of your partner's HIV status is positively associated with consistent condom use (OR 2.73, 95% CI 1.37–5.43, $p = 0.004$) and so too mutual HIV disclosure (OR 3.38, 95% CI 1.60–7.18, $p = 0.001$). Prevention and treatment programmes, through couple HIV counselling and testing (CHCT) and other assistance programmes, should focus on supporting the mutual disclosure of HIV status among PLWHA on ARV treatment.

Ozier, O. (2017). "Commentary: Fixed effects and risks of miscommunication: A comment on Jullien, Sinclair and Garner." *Int J Epidemiol*.

Jullien et al. (henceforth, JSG) frame their manuscript as an appraisal of all long-term follow-up studies of mass deworming. This is a welcome and important undertaking. It becomes another exercise, however, when the search criteria reveal that the only such studies are those written by social scientists rather than public health or medical researchers. The result is an examination of the work of social scientists by public health researchers. This examination includes my own work (Ozier 2016), which JSG discuss in some detail.² Because it is under revision with a peer-reviewed journal, my draft manuscript has benefited from our correspondence. Nonetheless, some details of Ozier 2016 are misrepresented in the JSG discussion, exemplifying the pitfalls that may complicate such interdisciplinary exchange. The main critiques JSG present of Ozier 2016 are inaccurate, as I discuss below. Thus, JSG's conclusion that Ozier 2016 is 'at risk of substantial methodological bias' is incorrect.

Roberts, D. (2017). "China's Rural Poor Bear the Brunt of the Nation's Aging Crisis: If we can stand the pain, we don't go to the hospital." [Bloomberg.com](http://www.bloomberg.com)

Chinese farmers typically toil in the fields past 70, says John Giles, lead economist in the Development Research Group at the World Bank and an expert on aging in China. "This isn't just puttering around in the garden," he says. "This is arduous work. And if the elderly have children who have migrated, then they are more likely to be working longer and for more hours." China's restrictive residency permit system makes it difficult for the rural elderly to join their children in cities, and their insurance usually doesn't cover treatment at urban hospitals. Some children are returning home to care for their parents, a move that could hurt economic growth as younger Chinese take less productive work or even leave the workforce, says the World Bank's Giles. "Later I will have to return to my hometown because my parents are getting older," says 25-year-old Zhang Chi, who works at a toy factory in Dongguan more than 825 miles from his hometown of Xi'an, in central China. "Working far away, you can only see them infrequently, which isn't good.

Nyqvist, M.B., D. de Walque, et al. (2017). "Experimental Evidence on the Long-Run Impact of Community-Based Monitoring." [Economic Journal: Applied Economics](http://www.economicjournal.com) 9(1): 33-69.

We evaluate the longer run impact of a local accountability intervention in primary health care provision in Uganda. Short-run improvements in health care delivery and health outcomes remained in the longer run despite minimal follow-up. We find no impact on the quality of care or health outcomes of a lower cost intervention that focused on encouraging participation but did not provide information on staff performance. We provide suggestive evidence that informed beneficiaries are more likely to identify and challenge (mis)behavior by providers and, as a result, turn their focus to issues that they can manage locally.

Wagner, Zachary, Erick Gong, Damien de Walque, William H. Dow (2017) "The Impact of Positive Income Shocks on Risky Sexual Behavior: Experimental Evidence from Tanzania." [AIDS and Behavior](http://www.aidsandbehavior.com) 21(3):650-654.

In this paper, we exploit a lottery in Tanzania, which randomly assigned eligible participants to receive \$100 cash grants. The randomized nature of the lottery allows us to

estimate the causal impact of positive income shocks on risky sexual behavior. We found that winning the lottery led men to have 0.28 (95 % CI 0.14, 0.55) more sexual partners and to a 0.21 (95 % CI 0.01–0.4) increase in the probability of unprotected sex with a non-primary partner relative to a control group of eligible non-winners. We found no significant effect of winning the lottery on the sexual behavior of women.

Nguyen, H. T. H., S. Bales, A. Wagstaff and H. Dao (2017). "Getting Incentives Right? The Impact of Hospital Capitation Payment in Vietnam." *Health Economics*. 26(2):263–272.

This paper evaluates the impact on cost and utilization of a shift from fee-for-service to capitation payment of district hospitals by Vietnam's social health insurance agency. Hospital fixed effects analysis suggests that capitation leads to reduced costs. Hospitals also increased service provision to the uninsured who continue to pay out-of-pocket on a fee-for-service basis. The study points to the need to anticipate unintended effects of payment reforms, especially in the context of a multiple purchaser system.

2016

Das, Jishnu and Aakash Mohpal (2016). "Socioeconomic Status and Quality of Care In Rural India: New Evidence From Provider And Household Surveys." *Health Affairs* 35(10): 1764–1773

To assess socioeconomic differences in access to high-quality health care services, we collected novel data on illnesses that required primary care from 23,275 households in 100 villages in Madhya Pradesh, India. We matched the primary care visits for those illnesses to characteristics of the health care providers that members of the households visited. People in the average village in our sample could access eleven providers, of whom 71 percent were in the private sector and 49 percent had no formal medical training. The private sector accounted for 89 percent of the primary care visits in our sample, with 77 percent of the visits made to providers with no formal training. Both access to and use of more knowledgeable providers increased with socioeconomic status, mostly as a result of differences across districts and villages. Strikingly, people in high- and low-socioeconomic-status households in the same village visited equally knowledgeable providers. It was the poor people who lived in poor communities who received especially low-quality care.

Das, Jishnu, Abhijit Chowdhury, Reshmaan Hussam, Abhijit V. Banerjee (2016) "The impact of training informal health care providers in India: A randomized controlled trial." *Science* 354(6308): 1-11.

Health care providers without formal medical qualifications provide more than 70% of all primary care in rural India. Training these informal providers may be one way to improve the quality of care where few alternatives exist. We report on a randomized controlled trial assessing a program that provided 72 sessions of training over 9 months to 152 informal providers (out of 304). Using standardized patients ("mystery clients"), we assessed clinical practice for three different conditions to which both providers and trainers were blinded during the intervention, representative of the range of conditions that these providers normally diagnose and treat. Training increased correct case management by 7.9

percentage points (14.2%) but did not affect the use of unnecessary medicines and antibiotics. At a program cost of \$175 per trainee, our results suggest that multitopic medical training offers an effective short-run strategy to improve health care.

Satyanarayana, S., A. Kwan, B. Daniels, et al. (2016) "Use of standardised patients to assess antibiotic dispensing for tuberculosis by pharmacies in urban India: a cross-sectional study." *Lancet* 16(11):1261–1268.

Background

India's total antibiotic use is the highest of any country. Patients often receive prescription-only drugs directly from pharmacies. Here we aimed to assess the medical advice and drug dispensing practices of pharmacies for standardised patients with presumed and confirmed tuberculosis in India.

Methods

In this cross-sectional study in the three Indian cities Delhi, Mumbai, and Patna, we developed two standardised patient cases: first, a patient presenting with 2–3 weeks of pulmonary tuberculosis symptoms (Case 1); and second, a patient with microbiologically confirmed pulmonary tuberculosis (Case 2). Standardised patients were scheduled to present each case once to sampled pharmacies. We defined ideal management for both cases a priori as referral to a health-care provider without dispensing antibiotics or steroids or both.

Sun, Xiaojie, Xiaoyun Liu, et al. (2016) "The Impact of a Pay-for-Performance Scheme on Prescription Quality in Rural China." *Health Economics* 25(6):706–722.

In this prospective study, conducted in China where providers have traditionally been paid fee-for-service, and where drug spending is high and irrational drug prescribing common, township health centers in two counties were assigned to two groups: in one fee-for-service was replaced by a capitated global budget (CGB); in the other by a mix of CGB and pay-for-performance. In the latter, 20% of the CGB was withheld each quarter, with the amount returned depending on points deducted for failure to meet performance targets. Outcomes studied included indicators of rational drug prescribing and prescription cost. Impacts were assessed using differences-in-differences, because political interference led to non-random assignment across the two groups. The combination of capitated global budget and pay-for-performance reduced irrational prescribing substantially relative to capitated global budget but only in the county that started above the penalty targets. Endline rates were still appreciable, however, and no effects were found in either county on out-of-pocket spending.

Keefer, Philip , and Stuti Khemani (2016). "The Government Response to Informed Citizens: New Evidence on Media Access and the Distribution of Public Health Benefits in Africa." *World Bank Economic Review* 30 (2):233-267.

We use a "natural experiment" in media markets in Benin to examine the impact of community radio on government responsiveness to citizens. Contrary to prior research on the impact of mass media, in this experiment government agents do not provide greater benefits to citizens whose exposure to community radio increased their demand for those benefits. Households with greater access to community radio were more likely to pay for

government-provided bed nets to combat malaria than to receive them for free. Mass media changed the private behavior of citizens—they invested more of their own resources in the public health good of bed nets—but not citizens' ability to extract greater benefits from government. While the welfare consequences of these results are ambiguous, the pattern of radio's effects that we uncover has implications for policy strategies to use mass media for development objectives.

Wagstaff, Adam, Daniel Cotlear, Patrick Hoang-Vu Eozenou and Leander R. Buisman (2016). "Measuring progress towards universal health coverage: with an application to 24 developing countries." *Oxford Review of Economic Policy* 32(1): 147-189.

The last few years have seen a growing commitment worldwide to universal health coverage (UHC). Yet there is a lack of clarity on how to measure progress towards UHC. We propose a 'mashup' index that captures both aspects of UHC: that everyone—irrespective of their ability-to-pay—gets the health services they need; and that nobody suffers undue financial hardship as a result of receiving care. We break service coverage into prevention and treatment, and financial protection into impoverishment and catastrophic spending; we use nationally representative household survey data to adjust population averages to capture inequalities between the poor and better off; we allow non-linear trade-offs between and within the two dimensions of the UHC index; and we express all indicators such that scores run from 0 to 100, and higher scores are better.

Jakiela, P and O. Ozier (2016). "Does Africa Need a Rotten Kin Theorem? Experimental Evidence from Village Economies." *Review of Economic Studies* 83(1):231-268.

This article measures the economic impacts of social pressure to share income with kin and neighbours in rural Kenyan villages. We conduct a lab experiment in which we randomly vary the observability of investment returns to test whether subjects reduce their income in order to keep it hidden. We find that women adopt an investment strategy that conceals the size of their initial endowment in the experiment, though that strategy reduces their expected earnings. This effect is largest among women with relatives attending the experiment. Parameter estimates suggest that women anticipate that observable income will be "taxed" at a rate above 4%; this effective tax rate nearly doubles when kin can observe income directly. At the village level, we find an association between the willingness to forgo expected return to keep income hidden in the laboratory experiment and worse economic outcomes outside the laboratory.

Wagstaff, A., H. T. H. Nguyen, H. Dao and S. Bales (2016). "Encouraging Health Insurance for the Informal Sector: A Cluster Randomized Experiment in Vietnam." *Health Economics* 25(6):663-674.

Subsidized voluntary enrollment in government-run health insurance schemes is often proposed as a way of increasing coverage among informal sector workers and their families. We report the results of a cluster randomized experiment, in which 3000 households in 20 communes in Vietnam were randomly assigned at baseline to a control group or one of three treatments: an information leaflet about Vietnam's government-run scheme and the benefits of health insurance, a voucher entitling eligible household

members to 25% off their annual premium, and both. At baseline, the four groups had similar enrollment rates (4%) and were balanced on plausible enrollment determinants. The interventions all had small and insignificant effects (around 1 percentage point or ppt). Among those reporting sickness in the 12 months prior to the baseline survey the subsidy-only intervention raised enrollment by 3.5 ppts ($p = 0.08$) while the combined intervention raised enrollment by 4.5 ppts ($p = 0.02$); however, the differences in the effect sizes between the sick and non-sick were just shy of being significant.

Murgai, Rinku, Martin Ravallion and Dominique van de Walle (2016). "Is Workfare Cost Effective against Poverty in a Poor Labor-Surplus Economy?" [World Bank Economic Review](#) 30(3):413–445.

Workfare has often seemed an attractive option for making self-targeted transfers to poor people. But is this incentive argument strong enough in practice to prefer unproductive workfare to even untargeted cash transfers? A nonparametric survey-based method is used to assess the cost-effectiveness of a large workfare scheme in a poor state of India with high unemployment. Forgone earnings are evident but fall short of market wages. For the same budget, unproductive workfare has less impact on poverty than either a basic-income scheme or transfers tied to the government's assignment of ration cards. The productivity of workfare is thus crucial to its justification as an antipoverty policy.

Capuno, J. J., A. D. Kraft, S. Quimbo, C. R. Tan Jr. and A. Wagstaff (2016). "Effects of Price, Information, and Transactions Cost Interventions to Raise Voluntary Enrollment in a Social Health Insurance Scheme: A Randomized Experiment in the Philippines." [Health Economics](#) 25(6):650–662.

A cluster randomized experiment was undertaken testing two sets of interventions encouraging enrollment in the Individually Paying Program (IPP), the voluntary component of the Philippines' social health insurance program. In early 2011, 1037 unenrolled IPP-eligible families in 179 randomly selected intervention municipalities were given an information kit and offered a 50% premium subsidy valid until the end of 2011; 383 IPP-eligible families in 64 control municipalities were not. In February 2012, the 787 families in the intervention sites who were still IPP-eligible but had not enrolled had their vouchers extended, were resent the enrollment kits and received SMS reminders. Half the group also received a 'handholding' intervention: in the endline interview, the enumerator offered to help complete the enrollment form, deliver it to the insurer's office in the provincial capital, and mail the membership cards.

2015

Ravallion, Martin, Dominique van de Walle, Puja Dutta and Rinku Murgai (2015). "Empowering poor people through public information? Lessons from a movie in rural India." [Journal of Public Economics](#) 132: 13–22.

Mass public information campaigns have promised to empower poor people, but do they deliver on that promise? We designed and implemented a trial information campaign in poor rural areas of India, in the form of an entertaining movie that teaches people their rights under a large national antipoverty program. In randomly assigned villages, the movie

brought significant gains in knowledge and more positive perceptions about the scheme and village life relative to control villages. But objectively measured outcomes showed no gain. The movie changed perceptions but not reality. We conclude that information is not the key constraint in this context.

Khemani, Stuti (2015). "Buying votes versus supplying public services: Political incentives to under-invest in pro-poor policies." [Journal of Development Economics](#) 117: 84-93.

Two commonly used metrics for assessing progress toward universal health coverage involve assessing citizens' rights to health care and counting the number of people who are in a financial protection scheme that safeguards them from high health care payments. On these metrics most countries in Latin America have already "reached" universal health coverage. Neither metric indicates, however, whether a country has achieved universal health coverage in the now commonly accepted sense of the term: that everyone—irrespective of their ability to pay—gets the health services they need without suffering undue financial hardship. We operationalized a framework proposed by the World Bank and the World Health Organization to monitor progress under this definition and then constructed an overall index of universal health coverage achievement. We applied the approach using data from 112 household surveys from 1990 to 2013 for all twenty Latin American countries. No country has achieved a perfect universal health coverage score, but some countries (including those with more integrated health systems) fare better than others. All countries except one improved in overall universal health coverage over the time period analyzed.

Wagstaff, A, T. Dmytraczenko, et al. (2015). "Assessing Latin America's Progress Toward Achieving Universal Health Coverage." [Health Affairs](#) 34(10): 1704-1712.

Two commonly used metrics for assessing progress toward universal health coverage involve assessing citizens' rights to health care and counting the number of people who are in a financial protection scheme that safeguards them from high health care payments. On these metrics most countries in Latin America have already "reached" universal health coverage. Neither metric indicates, however, whether a country has achieved universal health coverage in the now commonly accepted sense of the term: that everyone—irrespective of their ability to pay—gets the health services they need without suffering undue financial hardship. We operationalized a framework proposed by the World Bank and the World Health Organization to monitor progress under this definition and then constructed an overall index of universal health coverage achievement.

van de Walle, Dominique , Martin Ravallion, Vibhuti Mendiratta and Gayatri Koolwal (2015). "Long-Term Gains from Electrification in Rural India." [World Bank Economic Review](#) 1-36.

We know surprisingly little about the long-run impacts of household electrification. This paper studies the impacts on consumption in rural India over a 17-year period, allowing for both internal and external (village-level) effects. Under our identifying assumptions, electrification brought significant consumption gains for households who acquired electricity for their own use. We also find evidence of a dynamic effect of village

connectivity for households without electricity themselves. This is suggestive of an external effect, which also comes with a shift in consumption spending suggestive of status concerns among those still without electricity. Labor earnings were an important channel of impact. This was mainly through extra work by men. There was no effect on average wage rates.

Das, J. G. B. M., Giovanni Sotgiu (2015). "Assessing tuberculosis management: what really happens to patients?" [The Lancet Infectious Diseases](#) 15(11): 1249–1251

The End Tuberculosis Strategy, recently launched by WHO1 and focused on the goal of tuberculosis elimination,2 emphasises the role of quality management of the disease. Adequate prevention, diagnosis, and treatment of patients with tuberculosis together form an essential part of the strategy to reduce the incidence of tuberculosis to fewer than one case per 1 million population by 2050. Appropriate strategies for the management of tuberculosis include improved diagnosis and treatment for both active and latent infection and a new effective vaccine for primary prevention.

Kanbur, R. and A. Wagstaff (2015). "Inequality of Opportunity: Reply to Pedro Rosa Dias and Erik Schokkaert." [Health Economics](#) 24(10): 1253–1255.

We welcome the comments of Pedro Rosa Dias and Erik Schokkaert on our Editorial as a means of stimulating further debate on the usefulness of estimates of inequality of opportunity, especially for policy purposes. Our responses to their comments are in three categories. First, they broadly agree with many of our criticisms of the Paes de Barros et al. approach to measuring inequality of opportunity, but they say that these criticisms are already well appreciated in the literature. We beg to differ. Given our knowledge of work in policy settings, we believe that strong health warnings are in order. Second, we feel they do not sufficiently engage with a number of our points, including on talent and on luck. Third, while we agree with them that a strong focus on the income–health gradient leaves out many other considerations, we would nevertheless continue to argue for this focus on pragmatic grounds in the realm of policy.

Das, J., A. Kwan, et al. (2015). "Use of standardised patients to assess quality of tuberculosis care: a pilot, cross-sectional study." [The Lancet Infectious Diseases](#) 15(11): 1305–1313.

Background

Existing studies of the quality of tuberculosis care have relied on recall-based patient surveys, questionnaire surveys of knowledge, and prescription or medical record analysis, and the results mostly show the health-care provider’s knowledge rather than actual practice. No study has used standardised patients to assess clinical practice. Therefore, we aimed to assess quality of care for tuberculosis using such patients.

Wagstaff, A. and R. Kanbur (2015). "Inequality of Opportunity: The New Motherhood and Apple Pie?" [Health Economics](#) 24(10): 1243–1247.

The recent paper by García-Gómez et al. (2014) in this journal is part of a rapidly growing industry aiming to quantify – and hence give some policy teeth to – the concept of inequality of opportunity. The idea behind the concept is simple yet powerful. Not all inequality is bad. The bad bit of inequality (‘inequality of opportunity’) is the part that

emerges because of factors over which we have no control (our ‘circumstances’). By contrast, inequality that emerges because of our different choices and efforts (holding constant our circumstances) is fine and to be encouraged.

Wagstaff, A. (2015). "Value Judgments in Health Inequality Measurement." *Epidemiology* 26(5): 670-672.

Value judgments lurk beneath the surface in any study of health inequalities; analysts ought to understand them, make them explicit, and present results transparently to policymakers so that they, rather than analysts, decide which set of value judgments should be invoked. That is the key message of the paper “Lies, Damned Lies, and Health Inequality Measurements” by Gustav Kjellsson, Ulf-G Gerdtham, and Dennis Petrie.

Satyanarayana, S., Subbaraman, R., et al. (2015). "Quality of tuberculosis care in India: a systematic review." *The International Journal of Tuberculosis and Lung Disease*, 19(7): 751-763.

Available evidence suggests suboptimal quality of TB care, particularly in the private sector. Improvement of quality of care should be a priority for India.

Beegle, Kathleen, Michelle Poulin, and Gil Shapira (2015). "HIV Testing, Behavior Change, and the Transition to Adulthood in Malawi." *Economic Development and Cultural Change* 63(4):1-20.

For young adults living in countries with AIDS epidemics, getting an HIV test may influence near-term decisions, such as when to leave school, when to marry, and when to have a first child. These behaviors, which define the transition from adolescence to adulthood, have long-term implications for well-being and directly affect a person’s risk of contracting HIV. Using an experimental design embedded in a panel survey from Malawi, this study assesses how HIV voluntary counseling and testing of young adults affects these decisions. The results show a negligible intent-to-treat effect of HIV testing on behaviors. There is some suggestive evidence, however, of a differential response by wealth and by prior beliefs about one’s HIV status.

Giles, John and Elan Satriawan (2015). "Protecting child nutritional status in the aftermath of a financial crisis: Evidence from Indonesia." *Journal of Development Economics* 114: 97-106.

In response to concerns over the vulnerability of the young in the wake of Indonesia’s 1997–1998 economic crises, the Government of Indonesia implemented a supplementary feeding program to support early childhood nutritional status. This paper exploits heterogeneity in duration of program exposure to evaluate the impact of the program on children aged 6 to 60 months. By examining differences in nutritional status of treated younger children and a placebo group of older children, the analysis finds that the program improved the nutritional status of treated children, and most significantly, led to 7 and 15% declines in rates of moderate and severe stunting, respectively, for children aged 12 to 24 months who were exposed to the program for at least 12 months over two years.

de Walque, D., P. J. Gertler, et al. (2015). "Using provider performance incentives to increase HIV testing and counseling services in Rwanda." [Journal of Health Economics](#) 40: 1-9.

Paying for performance provides financial rewards to medical care providers for improvements in performance measured by utilization and quality of care indicators. In 2006, Rwanda began a pay for performance scheme to improve health services delivery, including HIV/AIDS services. Using a prospective quasi-experimental design, this study examines the scheme's impact on individual and couples HIV testing. We find a positive impact of pay for performance on HIV testing among married individuals (10.2 percentage points increase). Paying for performance also increased testing by both partners by 14.7 percentage point among discordant couples in which only one of the partners is an AIDS patient...

Atun, R., L. Odorico Monteiro de Andrade, et al. (2015). "Health-system reform and universal health coverage in Latin America." [Lancet](#) 385(9974):1230-1247.

Starting in the late 1980s, many Latin American countries began social sector reforms to alleviate poverty, reduce socioeconomic inequalities, improve health outcomes, and provide financial risk protection. In particular, starting in the 1990s, reforms aimed at strengthening health systems to reduce inequalities in health access and outcomes focused on expansion of universal health coverage, especially for poor citizens. In Latin America, health-system reforms have produced a distinct approach to universal health coverage, underpinned by the principles of equity, solidarity, and collective action to overcome social inequalities. In most of the countries studied, government financing enabled the introduction of supply-side interventions to expand insurance coverage for uninsured citizens-with defined and enlarged benefits packages-and to scale up delivery of health services...

2014

Boerma, T., P. Eozenou, et al. (2014). "Monitoring Progress towards Universal Health Coverage at Country and Global Levels." [PLoS Med](#) 11(9): 1-8.

Universal health coverage (UHC) has been defined as the desired outcome of health system performance whereby all people who need health services (promotion, prevention, treatment, rehabilitation, and palliation) receive them, without undue financial hardship. UHC has two interrelated components: the full spectrum of good-quality, essential health services according to need, and protection from financial hardship, including possible impoverishment, due to out-of-pocket payments for health services. Both components should benefit the entire population. This paper summarizes the findings from 13 country case studies and five technical reviews, which were conducted as part of the development of a global framework for monitoring progress towards UHC...

Wagstaff, A., C. Bredenkamp and L.R. Buisman (2014). "Progress on Global Health Goals: are the Poor Being Left Behind?" [World Bank Research Observer](#) 29(2): 1-26

We examine differential progress on health Millennium Development Goals (MDGs) between the poor and the better off within countries. Our findings are based on an original

analysis of 235 DHS and MICS surveys spanning 64 developing countries over the 1990–2011 period. We track five health status indicators and seven intervention indicators from all four health MDGs. In approximately three-quarters of countries, the poorest 40 percent have made faster progress than the richest 60 percent on MDG intervention indicators. On average, relative inequality in these indicators has been falling. However, in terms of MDG outcome indicators, in nearly half of the countries, relative inequality has been growing...

Brinks, D.M. and V. Gauri (2014). "The Law's Majestic Equality? The Distributive Impact of Judicializing Social and Economic Rights." [*Perspectives on Politics* 12\(2\): 375-393.](#)

While many find cause for optimism about the use of law and rights for progressive ends, the academic literature has long been skeptical that courts favor the poor. We show that, with the move toward a robust "new constitutionalism" of social and economic rights, the assumptions underlying the skepticism do not always hold. Our theories must account for variation in the elite bias of law and litigation. In particular, we need to pay closer attention to the broad, collective effects of legal mobilization, rather than focusing narrowly on the litigants and the direct benefits they receive. We support the claim by showing that litigation pursued in legal contexts that create the expectation of collective effects is more likely to avoid the potential anti-poor bias of courts. On the other hand, policy areas dominated by individual litigation and individualized effects are more likely to experience regressive outcomes...

Lambert, S., M. Ravallion and D. Van de Walle (2014). "Intergenerational Mobility and Interpersonal Inequality in an African Economy." [*Journal of Development Economics* 110:327–344.](#)

How much economic mobility is there across generations in a poor, primarily rural, economy? How much do intergenerational linkages contribute to current inequality? We address these questions using original survey data on Senegal that include a sub-household measure of consumption for cells within the household. While intergenerational linkages are evident, we find a relatively high degree of mobility across generations, associated with the shift from farm to non-farm sectors and greater economic activity of women. Male-dominated bequests of land and housing bring little gain to consumption and play little role in explaining inequality, though they have important effects on sector of activity...

Rao, M., A. Katyal, et al. (2014). "Changes in addressing inequalities in access to hospital care in Andhra Pradesh and Maharashtra states of India: a difference-in-differences study using repeated cross-sectional surveys" [*BMJ Open* 4\(6\):1-15.](#)

Objectives: To compare the effects of the Rajiv Aarogyasri Health Insurance Scheme of Andhra Pradesh (AP) with health financing innovations including the Rashtriya Swasthya Bima Yojana (RSBY) in Maharashtra (MH) over time on access to and out-of-pocket expenditure (OOPE) on hospital inpatient care...

Wagstaff, A., M. Lindelow (2014). "Are Health Shocks Different? Evidence from a Multishock Survey in Laos." [*Health Economics* 23\(6\): 706-718.](#)

Using primary data from Laos, we compare a broad range of different types of shocks in

terms of their incidence, distribution between the poor and the better off, idiosyncrasy, costs, coping responses, and self-reported impacts on well-being. Health shocks are more common than most other shocks, more concentrated among the poor, more idiosyncratic, more costly, trigger more coping strategies, and highly likely to lead to a cut in consumption. Household members experiencing a health shock lost, on average, 0.6 point on a five-point health scale; the wealthier are better able to limit the health impacts of a health shock...

Knack, S (2014). "Building or Bypassing Recipient Country Systems: Are Donors Defying the Paris Declaration?" *The Journal of Development Studies* 50(6): 839-854. The 2005 Paris Declaration committed donors to increased use of recipient country systems for managing aid, particularly in countries with higher-quality systems. Using indicators explicitly endorsed by the Paris Declaration and covering the 2005-2010 period, this study finds a positive, significant, and robust relationship between quality of systems and their use by donors. Thus, donors appear to have modified at least some of their aid practices in ways that build rather than undermine administrative capacity and accountability mechanisms in recipient countries. However, quality of systems explains a relatively small share of the variation in their use, and there is considerable heterogeneity among donors in their use of country systems, and in their sensitivity to quality of systems...

Devarajan, S., S. Khemani, et al. (2014). "Can Civil Society Overcome Government Failure in Africa?" *World Bank Research Observer* 29(1): 20-47. Government failures are widespread in Africa. Symptoms include absentee teachers, leakage of public funds, monopolized trucking, and employment-restricting regulations. Can civil society do anything about these failures? Would external donor support to civil society help? We argue that the challenge for civil society is to improve government functioning by strengthening political incentives—the underlying cause of government failure—rather than bypassing or supplanting the state. This paper reviews the available evidence on civil society interventions from this perspective...

Kazianga, H., D. de Walque and H. Alderman (2014). "School feeding programs, intrahousehold allocation and the nutrition of siblings: Evidence from a randomized trial in rural Burkina Faso." *Journal of Development Economics* 106: 15-34. We evaluate the impact of two school feeding schemes on health outcomes of pre-school age children in Burkina Faso: school meals which provide students with lunch each school day, and take home rations which provide girls with 10 kg of cereal flour each month, conditional on 90% attendance rate. We investigated the pass through to younger siblings of the beneficiaries and found that take home rations have increased weight-for-age of boys and girls under age 5 by 0.4 standard deviations compared to a control group. In the same age range, school meals did not have any significant effect on weights of siblings. We provide suggestive evidence indicating that most of the gains are realized through intra-household food reallocation...

de Paula, A., G. Shapira, et al. (2014). "How Beliefs about HIV status Affect Risky Behaviors: Evidence from Malawi." *Journal of Applied Econometrics* 29(6):944–964.

This paper examines how beliefs about own HIV status affect decisions to engage in risky sexual behavior, as measured by having extramarital sex and/or multiple sex partners. The empirical analysis is based on a panel survey of males from the 2006 and 2008 rounds of the Malawi Diffusion and Ideational Change Project (MDICP). The paper develops a behavioral model of the belief-risky behavior relationship and estimates the causal effect of beliefs on risky behavior using the Arellano and Carrasco (2003) semiparametric panel data estimator, which accommodates both unobserved heterogeneity and belief endogeneity arising from a possible dependence of current beliefs on past risky behavior...

2013

Dang, H.-A., S. Knack and F. H. Rogers (2013). "International aid and financial crises in donor countries." *European Journal of Political Economy* 32: 232–250.

The recent global financial crisis placed new economic and fiscal pressures on donor countries that may have long-term effects on their ability and willingness to provide aid. Not only did donor-country incomes fall, but the cause of the drop — the banking and financial-sector crisis — may exacerbate the long-term effect on aid flows. This paper estimates how donor-country banking crises have affected aid flows in the past, using panel data from 24 donor countries between 1977 and 2010...

Smets, L., S. Knack, et al. (2013). "Political ideology, quality at entry and the success of economic reform programs." *The Review of International Organizations* 8(4): 447-476.

This study investigates how government ideology matters for the success of World Bank economic policy loans, which typically support market-liberalizing reforms. A simple model predicts that World Bank staff will invest more effort in designing an economic policy loan when faced with a left-wing government. Empirically, estimates from a Heckman selection model show that the quality at entry of an economic policy loan is significantly higher for governments with a left-wing party orientation. This result is robust to changes in the sample, alternative measures of ideology, different estimation techniques and the inclusion of additional control variables...

Das, J., Q. Toan-Do, et al. (2013). "U.S. and Them: The Geography of Academic Research." *Journal of Development Economics* 105: 112-130.

Using a database of 76,046 empirical economics papers published between 1985 and 2005, we report two associations. First, research output on a given country increases with the country's population and wealth, yielding a strong correlation between per-capita research output and per-capita GDP. Regressions controlling for data quality, governance and the use of English give an estimated research-wealth elasticity of 0.32; surprisingly, the U.S. is not an outlier. Second, papers written about the U.S. are 2.5 percentage-points more likely to be published in the top five economics journals after accounting for authors' institutional affiliations and the field of study. This is a large effect because only 1.5% of all papers written about countries other than the U.S. are published in first-tier journals. No similar

premium for research on the U.S. is detected in second-tier general interest journals, where papers from the UK and Europe command a substantial premium instead...

van de Walle, D. (2013). "Lasting Welfare Effects of Widowhood in Mali." [World Development](#) 51: 1-19.

Widows and their children are largely hidden from view in the data used to inform social policy discussions in Africa. Data for Mali reveal that households headed by widows have significantly lower living standards than other households in rural and urban areas. Furthermore, the welfare difference persists even after widows are absorbed into male headed households. An examination of individual measures of well-being further reveals that, relative to other women, worse outcomes for ever-widowed women persist through remarriage. These detrimental effects are passed on to children, suggesting an intergenerational transmission of poverty stemming from widowhood...

Giles, J., D. Wang, et al. (2013). "Expanding Social Insurance Coverage in Urban China." [Research in Labor Economics](#) 37:123-179.

This paper first reviews the history of social insurance policy and coverage in urban China, documenting the evolution in the coverage of pensions, medical and unemployment insurance for both local residents and migrants, and highlighting obstacles to expanding coverage. The paper then uses two waves of the China Urban Labor Survey, conducted in 2005 and 2010, to examine the correlates of social insurance participation before and after implementation of the 2008 Labor Contract Law...

Giles, J. and I. Murtazashvili (2013). "A Control Function Approach to Estimating Dynamic Probit Models with Endogenous Regressors." [Journal of Econometric Methods](#) 2(1): 69-87.

This paper proposes a parametric approach to estimating a dynamic binary response panel data model that allows for endogenous contemporaneous regressors. Such a model is of particular value for settings in which one wants to estimate the effects of an endogenous treatment on a binary outcome. In order to demonstrate the usefulness of the approach, we use it to examine the impact of rural-urban migration on the likelihood that households in rural China fall below the poverty line. In this application, it is shown that migration is important for reducing the likelihood that poor households remain in poverty and that non-poor households fall into poverty...

Mwandawiro, C. S., B. Nikolay, et al. (2013). "Monitoring and evaluating the impact of national school-based deworming in Kenya: study design and baseline results." [Parasites & Vectors](#) 6(198): 1-14.

An increasing number of countries in Africa and elsewhere are developing national plans for the control of neglected tropical diseases. A key component of such plans is school-based deworming (SBD) for the control of soil-transmitted helminths (STHs) and schistosomiasis. Monitoring and evaluation (M&E) of national programmes is essential to ensure they are achieving their stated aims and to evaluate when to reduce the frequency of treatment or when to halt it altogether. The article describes the M&E design of the

Kenya national SBD programme and presents results from the baseline survey conducted in early 2012...

Cornoa, L. and D. de Walque (2013). "Socioeconomic determinants of stigmatization and HIV testing in Lesotho." *AIDS Care* 25(1): 108-113.

HIV/AIDS stigmatizing attitudes and their consequences on preventative behaviors are among the most poorly understood aspects of the AIDS epidemic. This paper analyzes the socioeconomic determinants of discriminating attitudes toward people living with HIV and their implications on the likelihood of HIV testing. These effects are tested using the 2004 and 2009 Demographic and Health Surveys conducted in Lesotho, where HIV/AIDS is a pervasive problem. We find that HIV/AIDS stigmatizing attitudes are negatively associated with education and wealth and positively correlated with Catholic religion for women and traditional circumcision for men. The analysis also shows a negative association between stigmatizing beliefs and the probability of being tested for HIV...

Knack, S. and L. Smets (2013). "Aid Tying and Donor Fragmentation." *World Development* 44: 63-76.

This study analyzes theoretically and empirically the impact of aid fragmentation on donors' decisions to tie their development aid to purchases from contractors based in their own countries. Building on collective action theory, it argues that a donor with a larger share of the aid market in a country has stronger incentives to maximize the development impact of its aid, by tying less of it. Empirical tests strongly and consistently support the prediction that higher donor aid shares will be associated with less aid tying. This finding is robust to recipient controls, donor fixed effects, and instrumental variables estimation...

Pai, M. and J. Das (2013). "Management of Tuberculosis in India: Time for a deeper dive into quality." *The National Medical Journal of India* 26(2): 1-4.

The diagnosis and treatment of tuberculosis (TB) remains a persistent challenge for health services in India. While the Revised National TB Control Programme (RNTCP) has announced 'universal access to quality TB diagnosis and treatment for all TB patients in the community' as its new goal in the new National Strategic Plan (2012-17), there seems to be no clear strategy to systematically measure and document the quality of TB care, in both public and private sectors...

Gauri, V. (2013). "Too legal to work." *The Indian Express*, 1-2.

A highly legalised system of complaints redress may undermine, not enhance, accountability
To err is human, and government officials are human indeed. For that reason, Parliament's consideration of the right of citizens for time-bound delivery of and services bill is a welcome development.

The bill squarely addresses one of the two objectives of grievance redress systems — basic fairness. When someone is unjustly denied something to which they are entitled as a matter of legal or constitutional right, it is crucial for government, as a condition of basic fairness and reciprocity, to facilitate the expression of complaints, and soon upon receiving a well-founded complaint, to fix the problem...

Das, J., S. Dercon, et al. (2013). "School Inputs, Household Substitution, and Test Scores." *American Economic Journal: Applied Economics* 5(2): 29-57.

Empirical studies of the relationship between school inputs and test scores typically do not account for household responses to changes in school inputs. Evidence from India and Zambia shows that student test scores are higher when schools receive unanticipated grants, but there is no impact of grants that are anticipated. We show that the most likely mechanism for this result is that households offset their own spending in response to anticipated grants. Our results confirm the importance of optimal household responses and suggest caution when interpreting estimates of school inputs on learning outcomes as parameters of an education production function...

Andrabi, T., J. Das, et al. (2013). "Students Today, Teachers Tomorrow? Identifying Constraints on the Provision of Education." *Journal of Public Economics* 100: 1-14.

With an estimated 115 million children not attending primary school in the developing world, increasing access to education is critical. Resource constraints limit the effectiveness of demand-based subsidies. This paper focuses on the importance of a supply-side factor -- the availability of low-cost teachers -- and the resulting ability of the market to offer affordable education...

Knack, S. (2013). "Aid and Donor Trust in Recipient Country Systems." *Journal of Development Economics* 101: 316-329.

The 2005 Paris Declaration on Aid Effectiveness sets targets for increased use by donors of recipient country systems for managing aid. The target is premised on a view that country systems are strengthened when donors trust recipients to manage aid funds, but undermined when donors manage aid through their own separate parallel systems. This study provides an analytical framework for understanding donors' decisions to trust or bypass country systems...

de Walque, D. and D. Filmer (2013). "Trends and Socioeconomic Gradients in Adult Mortality around the Developing World." *Population and Development Review* 39(1): 1-29.

Premature mortality in developed countries is negatively associated with income and education. The same gradient is expected in developing countries, although, given the lack of vital registration systems, its existence has been more difficult to demonstrate. What has generally been shown is that the poor are more likely to experience poor health and less likely to have access to health services (Filmer 2005; Gwatkin, Wagstaff, and Yazbeck 2005). Additional information is available over a wide range of socioeconomic differences in health, nutrition, and population including indicators on child mortality, malnutrition, fertility, immunization coverage, treatment of diarrhea and acute respiratory infections, antenatal care visits and delivery attendance, use of modern contraception, and knowledge of HIV /AIDS prevention (Gwatkin et al. 2007)...

Gauri, V., M. Woolcock, et al. (2013). "Inter-subjective Meaning and Collective Action Developing Societies: Theory, Evidence, and Policy Implications " *Journal of Development Studies* 49(1): 160-172.

The capacity to act collectively is not just a matter of groups sharing interests, incentives and values (or being sufficiently small), as standard economic theory predicts, but a prior and shared understanding of the constituent elements of problem(s) and possible solutions. From this standpoint, the failure to act collectively can stem at least in part from relevant groups failing to ascribe a common intersubjective meaning to situations, processes and events. We develop a conceptual account of intersubjective meanings, explain its relevance to development practice and research, and examine its implications for development work related to building the rule of law and managing common pool resources...

Koolwal, G. and D. van de Walle (2013). "Access to Water, Women's Work and Child Outcomes." *Economic Development and Cultural Change* 61(2): 369-405.

Poor rural women in the developing world spend considerable time collecting water. Do women living in places where more time is needed for water collection tend to participate less in income-earning market-based activities? Do the education outcomes of their children tend to be worse? We use micro data for nine developing countries to help address these questions...

Gauri, V. (2013). "Redressing Grievances and Complaints Regarding Basic Service Delivery." *World Development* 41(1): 109-119.

Redress procedures are important for basic fairness. In addition, they can help address accountability problems in the implementation of social policies and provide information to policy makers regarding policy design. To function effectively, a system of redress requires a well-designed and inter-linked supply of redress procedures as well as, especially if rights consciousness is not well-developed in a society, a set of organizations that stimulate and aggregate demand for redress...

2012

Ravallion, M. and A. Wagstaff. (2012). "The World Bank's publication record." *The Review of International Organizations*. 7(4): 343-368.

The World Bank claims to be a "knowledge bank," but do its knowledge products influence development thinking, or is the Bank merely a proselytizer? The World Bank is a prolific publisher; for example, it has published more journal articles in economics than any university except Harvard. But what about their impact on development thinking? Using citation data from Google Scholar it is hard to discern more than a negligible impact for a great many Bank publications. However, a sizeable minority of its journal articles and books have been highly cited. Compared to leading research universities and other international institutions, the Bank's ranking in terms of widely-used citation-based indices is no lower than for its journal article counts. This suggests that the Bank's research does much more than proselytize...

De Walque, D. and D. Filmer (2012). "The Socioeconomic Distribution of Adult Mortality during Conflicts in Africa." *Peace Economics, Peace Science and Public Policy* 18(3): 1-9.

We analyze socioeconomic differences in adult mortality in four African countries-the Democratic Republic of Congo, Ethiopia, Rwanda and Sierra Leone-using the adult mortality module in the Demographic and Health Surveys (DHS), calculating mortality based on the sibling mortality reports collected from female respondents aged 15-49. We discuss the advantages and potential issues associated with this data source. While mortality events precipitated by those civil conflicts tend to affect all groups, we conclude that they appear to affect men, and in particular urban and more educated men to a greater extent than the other groups...

Krishnan, S., D. Vohra, et al. (2012). "Tanzanian Couples' Perspectives on Gender Equity, Relationship Power, and Intimate Partner Violence: Findings from the RESPECT Study." *AIDS Research and Treatment*, 2012:1-12.

Intimate partner violence (IPV) is widely prevalent in Tanzania. Inequitable gender norms manifest in men's and women's attitudes about power and decision making in intimate relationships and are likely to play an important role in determining the prevalence of IPV. We used data from the RESPECT study, a randomized controlled trial that evaluated an intervention to prevent sexually transmitted infections in a cohort of young Tanzanian men and women, to examine the relationship between couples' attitudes about IPV, relationship power, and sexual decision making, concordance on these issues, and women's reports of IPV over 12 months. Women expressed less equitable attitudes than men at baseline...

Das, J., A. Holla, et al. (2012). "In Urban And Rural India, A Standardized Patient Study Showed Low Levels Of Provider Training And Huge Quality Gaps." *Health Affairs* 31(12): 2774-2784.

This article reports on the quality of care delivered by private and public providers of primary health care services in rural and urban India. To measure quality, the study used standardized patients recruited from the local community and trained to present consistent cases of illness to providers. We found low overall levels of medical training among health care providers; in rural Madhya Pradesh, for example, 67 percent of health care providers who were sampled reported no medical qualifications at all. What's more, we found only small differences between trained and untrained doctors in such areas as adherence to clinical checklists. Correct diagnoses were rare, incorrect treatments were widely prescribed, and adherence to clinical checklists was higher in private than in public clinics...

Chiburis, R. C., J. Das, et al. (2012). "A practical comparison of the bivariate probit and linear IV estimators." *Economics Letters* 117(3): 762-766.

This paper compares asymptotic and finite sample properties of linear IV and bivariate probit in models with an endogenous binary treatment and binary outcome. The results provide guidance on the choice of model specification and help to explain large differences in the estimates depending on the specification chosen...

Filmer, D. and K. Scott (2012). "Assessing asset indices." *Demography* 49(1): 359-392.

The use of asset indices in welfare analysis and poverty targeting is increasing, especially in cases in which data on expenditures are unavailable or hard to collect. We compare

alternative approaches to welfare measurement. Our analysis shows that inferences about inequalities in education, health care use, fertility, and child mortality, as well as labor market outcomes, are quite robust to the economic status measure used. Different measures—most significantly per capita expenditures versus the class of asset indices—do not, however, yield identical household rankings. Two factors stand out in predicting the degree of congruence in rankings. First is the extent to which expenditures can be explained by observed household and community characteristics...

Das, J., R. K. Das, et al. (2012). "The mental health gender-gap in urban India: Patterns and narratives." *Social Science & Medicine* 75(9): 1660–1672.

Women report significantly higher levels of mental distress than men in community studies around the world. We provide further evidence on the origins of this mental health gender-gap using data from 789 adults, primarily spousal pairs, from 300 families in Delhi, India. These data were collected between 2001 and 2003. We first confirm that, like in other studies, women report higher levels of mental distress and that gender differences in education, household expenditures and age do not explain the mental health gender-gap. In contrast, women report significantly higher levels of distress than men in families with adverse reproductive outcomes, particularly the death of a child...

Kazianga, H., D. de Walque, et al. (2012). "Educational and Child Labour Impacts of Two Food for Education Schemes: Evidence from a Randomized Trial in Rural Burkina Faso." *Journal of African Economies* 21(5): 723–760.

This paper uses a prospective randomised trial to assess the impact of two food-for-education schemes on education and child labour outcomes for children from low-income households in northern rural Burkina Faso. The two food-for-education programmes under consideration are, on the one hand, school meals where students are provided with lunch each school day, and, on the other hand, take-home rations which provide girls with 10 kg of cereal flour each month, conditional on 90% attendance rate. After the programme ran for one academic year, both programmes increased enrolment by 3–5 percentage points. The scores on mathematics improved for girls in both school meals and take-home rations villages...

Gauri, V. and S. Gloppen (2012). "Human Rights Based Approaches to Development: Concepts, Evidence, and Policy." *Polity* 44(4): 485–503.

This article aims to organize thinking around human rights-based approaches to development (HRBAs) and to review available empirical evidence regarding their benefits, risks, and limitations. We propose a typology distinguishing four types of rights-based approaches: global compliance based on international and regional treaties; human rights-based programming on the part of donors and governments; rights talk; and legal mobilization. The article briefly reviews the politics of the first three modalities before examining legal mobilization for social and economic rights in greater detail...

Gauri, V. and J. Sonderholm (2012). "Global Poverty: Four Normative Approaches." *Journal of Global Ethics* 8 (2-3): 193-213.

Global poverty is a huge problem in today's world. This survey article seeks to be a first

guide to those who are interested in, but relatively unfamiliar with, the main issues, positions and arguments in the contemporary philosophical discussion of global poverty. The article attempts to give an overview of four distinct and influential normative positions on global poverty. Moreover, it seeks to clarify, and put into perspective, some of the key concepts and issues that take center stage in the philosophical discussion of global poverty. The four positions to be discussed are labeled the Maximalist Position, the Minimalist Position, Intermediate Position I and Intermediate Position II. After an account of these four distinct positions, we turn, in the conclusion, to a discussion of what role empirical sciences such as economics and political science should play in normative considerations about global poverty...

Andrabi, T., J. Das, et al. (2012). "What Did You Do All Day? Maternal Education and Child Outcomes." *The Journal of Human Resources* 47(4): 873-912.

Does maternal education have an impact on children's educational outcomes even at the very low levels found in many developing countries? We use instrumental variables analysis to address this issue in Pakistan. We find that children of mothers with some education spend 72 more minutes per day on educational activities at home. Mothers with some education also spend more time helping their children with school work. In the subset that have test scores available, children whose mothers have some education have higher scores by 0.23–0.35 standard deviations. We do not find support for channels through which education affects bargaining power within the household...

Balan, D. J. and S. Knack (2012). "The Correlation between Human Capital and Morality and Its Effect on Economic Performance: Theory and Evidence." *Journal of Comparative Economics* 40(3): 457-475.

In this paper, we analyze the relationship between the correlation between morality and human capital ("ability") on the one hand and aggregate economic performance on the other. Morality is defined as an aversion to consuming goods obtained through appropriative rather than productive activities. In our empirical analysis, we adapt the well-known regression framework of Rodrik et al. (2004), using the World Values Survey as a source of proxies for morality. Using our preferred proxy, we find evidence that higher within-country correlation between morality and ability, holding constant the levels of morality and ability, increases per-capita income levels...

Paxton, P. and S. Knack (2012). "Individual and Country-Level Factors Affecting Support for Foreign Aid." *International Political Science Review* 33(2): 171-192.

The determinants of public opinion on foreign aid in donor countries have received little attention. This paper examines support for foreign aid with a large, multi-level, cross-national study. Hypotheses are tested with multi-level models, including both individual-level and country-level variables, to predict positive attitudes. Two datasets are used to measure attitudes in donor countries: (1) the 1995 World Values Survey, which has information from approximately 6,000 individuals in nine countries and asks a rich battery of questions at the individual level; (2) the 2002 Gallup Voice of the People survey, asks fewer questions of individuals but contains 17 donor countries. Using both surveys

combines their distinct strengths and allows tests of individual- and national-level theories across disparate samples...

de Walque, D., H. Kazianga, et al. (2012). "Antiretroviral Therapy Perceived Efficacy and Risky Sexual Behaviors: Evidence from Mozambique." *Economic Development and Cultural Change* 61(1): 97-126.

This paper studies the effect of increased access to antiretroviral therapy (ART) for AIDS on self-reported risky sexual behavior, using data collected in Mozambique in 2007 and 2008. The survey sampled both households from randomly selected HIV positive individuals and comparison households from the general population. Controlling for unobserved individual characteristics, our findings support the hypothesis of disinhibition behaviors, in which people report more sexual risk taking when they perceive ART as more efficacious...

Akresh, R., E. Bagby, et al. (2012). "Child Ability and Household Human Capital Investment Decisions in Burkina Faso." *Economic Development and Cultural Change* 61(1): 157-186.

Using data we collected in Burkina Faso, we explore how child ability influences parents' decisions to invest in their children's human capital. We use a direct measure of child ability for all primary school-aged children, regardless of current school enrollment. We explicitly incorporate direct measures of the ability of each child's siblings (both absolute and relative measures) to show how sibling rivalry exerts an impact on the parents' decision of whether and how much to invest in their child's education...

Packel, L., A. Keller, et al. (2012). "Evolving Strategies, Opportunistic Implementation: HIV Risk Reduction in Tanzania in the Context of an Incentive-Based HIV Prevention Intervention." *PLoS One*, 7(8), 1-10.

Behavior change communication (BCC) interventions, while still a necessary component of HIV prevention, have not on their own been shown to be sufficient to stem the tide of the epidemic. The shortcomings of BCC interventions are partly due to barriers arising from structural or economic constraints. Arguments are being made for combination prevention packages that include behavior change, biomedical, and structural interventions to address the complex set of risk factors that may lead to HIV infection...

Knack, S., F. H. Rogers, et al. (2012). "Crossing the threshold: an analysis of IBRD graduation policy." *Review of International Organizations* 7 (2): 145-176.

According to World Bank policy, countries remain eligible to borrow from the IBRD until they are able to sustain long-term development without further recourse to Bank financing. Graduation from IBRD is not an automatic consequence of reaching a particular income level, but rather is supposed to be based on a determination of whether the country has reached a level of institutional development and capital-market access that enables it to sustain its own development process without recourse to Bank funding. This paper takes a positive approach to IBRD graduation policy, investigating what income and non-income factors appear to have influenced graduation status in recent decades, based on panel data for 1982 through 2009...

Das, J., P. Pandey, et al. (2012). "Learning Levels and Gaps in Pakistan: A Comparison with Uttar Pradesh and Madhya Pradesh." *Economic and Political Weekly* XLVII(26/27): 228-40.

This paper reports on student achievement in public and private primary schools in rural Pakistan and compares the findings with those from Uttar Pradesh and Madhya Pradesh. In Pakistan, absolute learning is low and the largest gaps are between good and bad government schools. The gap between children with literate and illiterate mothers is huge. Tested at the end of Grade 3, a bare majority of children have mastered the K-1 mathematics curriculum and only 31% can correctly form a sentence with the word "school" in Urdu. The gap in English test-scores between government and private schools is 12 times the gap between children from rich and poor families. Data from Uttar Pradesh and Madhya Pradesh suggest similar levels of learning and educational gaps...

Das, J., J. Hammer, C. Sanchez-Paramo (2012). "The impact of recall periods on reported morbidity and health seeking behavior." *Journal of Development Economics* 98(1): 76-88.

Between 2000 and 2002, the authors followed 1621 individuals in Delhi, India using a combination of weekly and monthly-recall health questionnaires. In 2008, they augmented these data with another 8 weeks of surveys during which households were experimentally allocated to surveys with different recall periods in the second half of the survey. This paper shows that the length of the recall period had a large impact on reported morbidity, doctor visits, time spent sick, whether at least one day of work/school was lost due to sickness, and the reported use of self-medication...

Zhang, J., J. Giles, et al. (2012). "Does it pay to be a cadre? Estimating the returns to being a local official in rural China." *Journal of Comparative Economics* 40(3): 337-356. Recruiting and retaining leaders and public servants at the grass-roots level in developing countries creates a potential tension between providing sufficient returns to attract talent and limiting the scope for excessive rent-seeking behavior. In China, researchers have frequently argued that village cadres, who are the lowest level of administrators in rural areas, exploit personal political status for economic gain. Much existing research, however, compares the earnings of cadre and non-cadre households in rural China without controlling for unobserved dimensions of ability that are also correlated with success as entrepreneurs or in non-agricultural activities...

Wagstaff, A. (2012). "Benefit-incidence analysis: are government health expenditures more pro-rich than we think?" *Health Economics* 21(4): 351-366.

Authors of benefit-incidence analyses (BIA) have to impute subsidies using assumptions about the relationship between unobserved subsidies 'captured' by the household and what can be observed at the household and aggregate levels. This paper shows that one of the two assumptions used in BIA studies to date will necessarily produce a more pro-rich (or less pro-poor) picture of government health spending than the other, depending on whether utilization is more pro-rich or pro-poor than fees paid to public providers...

Corno, L., and D. de Walque (2012). "Mines, Migration and HIV/AIDS in Southern Africa." *Journal of African Economies* 21(3): 465-498.

Swaziland and Lesotho are the countries with the highest HIV prevalence in the world. These countries have in common another distinguishing feature: during the past century, they sent massive numbers of migrant workers into South African mines. This paper examines whether mining activities in a bordering country affect HIV infections. A job in the mines implies spending a long period away from the household of origin surrounded by an active sex industry. This creates potential incentives for multiple concurrent partnerships. Using Demographic and Health Surveys, the analysis shows that migrant miners aged 30–44 are 15 percentage points more likely to be HIV positive and having a migrant miner as a partner increases the probability of infection for women by 8 percentage points. The study also shows that miners are less likely to abstain and to use condoms and that female partners of miners are more likely to engage in extra-marital sex. We interpret these results as suggesting that miners' migration into South Africa has increased the spread of HIV/AIDS in the countries of origin. Consistent with this interpretation, the associations between HIV infection and being a miner or a miner's wife are not statistically significant in Zimbabwe, characterised by a local mining industry.

Wagstaff, A. and A. Culyer (2012). "Four decades of health economics through a bibliometric lens." *Journal of Health Economics* 31(2): 406–439.

In this paper, we take a bibliometric tour of the last forty years of health economics using bibliographic “metadata” from EconLit supplemented by citation data from Google Scholar and our own topical classifications. We report the growth of health economics (we find 33,000 publications since 1969—12,000 more than in the economics of education) and list the 300 most-cited publications broken down by topic. We report the changing topical and geographic focus of health economics (the topics ‘Determinants of health and ill-health’ and ‘Health statistics and econometrics’ both show an upward trend, and the field has expanded appreciably into the developing world)...

de Walque, D. and R. Kline (2012). "The Association Between Remarriage and HIV Infection in 13 Sub-Saharan African Countries." *Studies in Family Planning* 43(1): 1-10.

Separated, divorced, and widowed individuals in Africa are at significantly increased risk for HIV infection. Using nationally representative data from 13 sub-Saharan African countries, this study confirms that finding and goes further by examining those who have experienced a marital dissolution and are now remarried. Results show that remarried individuals form a large portion of the population and have a higher-than-average HIV prevalence. HIV-positive remarried individuals are at risk of transmitting the infection to their spouse, because many of the couples are serodiscordant. The large number of high-risk remarried individuals is a source of vulnerability and further infection, and should be acknowledged and taken into account by prevention strategies that rarely address this population...

de Walque, D., W. H. Dow, et al. (2012). "Incentivising safe sex: a randomised trial of conditional cash transfers for HIV and sexually transmitted infection prevention in rural Tanzania." *BMJ* 2(1): 1-10.

Objective: The authors evaluated the use of conditional cash transfers as an HIV and sexually transmitted infection prevention strategy to incentivise safe sex.
Design: An unblinded, individually randomised and controlled trial.
Setting: 10 villages within the Kilombero/Ulanga districts of the Ifakara Health and Demographic Surveillance System in rural south-west Tanzania.
Participants: The authors enrolled 2399 participants, aged 18-30 years, including adult spouses...

2011

Knack, S., F. H. Rogers, et al. (2011). "Aid Quality and Donor Rankings." [World Development](#) 39(11): 1907-1917.

This paper offers new measures of aid quality covering 38 bilateral and multilateral donors, as well as new insights about the robustness and usefulness of such measures. The 2005 Paris Declaration on Aid effectiveness and the follow-up 2008 Accra Agenda for Action have focused attention on common donor practices that reduce the development impact of aid. Using 18 underlying indicators that capture these practices—derived from the OECD-DAC's Survey for Monitoring the Paris Declaration, the new AidData database, and the DAC aid tables—the authors construct an overall aid quality index and four coherently defined sub-indexes on aid selectivity, alignment, harmonization, and specialization...

Lund, C., M. De Silva, et al. (2011). "Poverty and mental disorders: breaking the cycle in low-income and middle-income countries." [Lancet](#) 378(9801): 1502-1514.

Growing international evidence shows that mental ill health and poverty interact in a negative cycle in low-income and middle-income countries. However, little is known about the interventions that are needed to break this cycle. We undertook two systematic reviews to assess the effect of financial poverty alleviation interventions on mental, neurological, and substance misuse disorders and the effect of mental health interventions on individual and family or carer economic status in countries with low and middle incomes. We found that the mental health effect of poverty alleviation interventions was inconclusive, although some conditional cash transfer and asset promotion programmes had mental health benefits. By contrast, mental health interventions were associated with improved economic outcomes in all studies, although the difference was not statistically significant in every study...

Wagstaff, A. (2011). "Reply to Guido Erreygers and Tom Van Ourti's comment on 'The concentration index of a binary outcome revisited.'" [Health Economics](#) 20(10): 1166–1168.

Erreygers and Van Ourti's (2011b) comment on my paper (Wagstaff, 2011) leaves me with the overall impression that a consensus is emerging on some key issues in this field and that the areas of disagreement are narrowing. The main claim of my paper was that binary variables are amenable to both relative and absolute inequality analyses, which have the properties of a ratio-scale variable. In their comment, Erreygers and Van Ourti said that they agree that a binary variable can be used in an inequality analysis. In their earlier paper

(Erreygers and Van Ourti, 2011a), they could perhaps have been a little clearer on this point...

Wagstaff, A. (2011). "The concentration index of a binary outcome revisited." *Health Economics* 20(10): 1155-1160.

The binary variable is one of the most common types of variables in the analysis of income-related health inequalities. I argue that while the binary variable has some unusual properties, it shares many of the properties of the ratio-scale variable and hence lends itself to both relative and absolute inequality analyses, albeit with some qualifications. I argue that criticisms of the normalization I proposed in an earlier paper, and of the use of the binary variable for inequality analysis, stem from a misrepresentation of the properties of the binary variable, as well as a switch of focus away from relative inequality to absolute inequality. I concede that my normalization is not uncontentious, but, in a way, that has not previously been noted...

Benjamin, D., L. Brandt, J. Giles (2011). "Did Higher Inequality Impede Growth in Rural China?" *The Economic Journal* 121(557): 1281-1309.

We estimate the relationship between village inequality and subsequent income growth for households in rural China. Using a longitudinal household-level survey spanning 1987-2002, we find that households from higher inequality villages experienced lower income growth. However, the effect of local inequality fades by 2002. Our evidence points to unobserved village institutions at the time of economic reforms, associated with household access to higher income activities, as the source of the link between inequality and growth. We address several econometric issues including measurement error and attrition, but underscore others that are probably intractable for all investigations of the inequality-growth relationship...

Das, J. and J. Leino (2011). "Evaluating the RSBY: Lessons from an Experimental Information Campaign." *Economic & Political Weekly* 46(32): 85-93.

Launched in 2008, the Rashtriya Swasthya Bima Yojana provides financial protection from health shocks for poor households. This paper discusses findings from an experimental information and education campaign and household survey carried out in the first year of the programme in Delhi. First, the iec had no impact on enrolment, but households who were part of the household survey sample and therefore received information closer to the enrolment period were 60% more likely to enrol. Second, there is little evidence that the insurance company selectively enrolled healthier households. Instead, hospital claims were lower for households who received the iec and for households who received both the survey and the iec, suggesting that the marginal household enrolled was in fact healthier. Implications for the programme and its evaluation are discussed in the light of these findings...

Andrabi, T., J. Das, et al. (2011). "Do Value-Added Estimates Add Value ? Accounting for Learning Dynamics." *American Economic Journal: Applied Economics* 3(3): 29-54.

This paper illustrates the central role of persistence in estimating and interpreting value-added models of learning. Using data from Pakistani public and private schools, we apply

dynamic panel methods that address three key empirical challenges: imperfect persistence, unobserved heterogeneity, and measurement error. Our estimates suggest that only one-fifth to one-half of learning persists between grades and that private schools increase average achievement by 0.25 standard deviations each year. In contrast, value-added models that assume perfect persistence yield severely downward estimates of the private school effect. Models that ignore unobserved heterogeneity or measurement error produce biased estimates of persistence...

Robinson, N. and V. Gauri (2011). "Education, Labor Rights, and Incentives: Contract Teacher Cases in the Indian Courts." [Comparative Law and Labour Policy Journal](#) 32 (4):991-1022.

Since the liberalization of India's economy beginning in the early 1990s, the government has increasingly employed contract workers to perform various state functions, from cleaning sewers to collecting taxes. The education sector has been no different. Contract, or ad hoc, teachers have become an ever-more-visible face in India's public schools. Debates over the merit of these teachers have been fierce. Proponents of contract teachers view them as a way to bypass what they see as underperforming regular teachers. Opponents argue that contract teachers are unfairly paid less than regular teachers for the same kind of work, are subject to arbitrary dismissals and harassment, and do not teach as well as regular teachers...

Ravallion, M. and A. Wagstaff (2011). "On measuring scholarly influence by citations." [Scientometrics](#) 88(1): 321-337.

Bibliometric measures based on citations are widely used in assessing the scientific publication records of authors, institutions and journals. Yet currently favored measures lack a clear theoretical foundation and are known to have counter-intuitive properties. The paper proposes a new approach that is grounded on a theoretical "influence function," representing explicit prior beliefs about how citations reflect influence. Conditions are derived for robust qualitative comparisons of influence—conditions that can be implemented using readily-available data. Two examples are provided, one using the world's top-10 economics department, the other using the top-10 economics journals...

Das, J. (2011). "The Quality of Medical Care in Low-Income Countries: From Providers to Markets." [PLOS Medicine](#) 8(4): 1-2.

It is widely believed that people in low and middle-income countries (LMICs) are in poor health because they cannot reach medical services on time. Predicated on this belief, much of global health policy focuses on the physical provision of goods (clinics, equipment, and medicine) and getting doctors to "underserved" rural areas. Yet, recent evidence shows high utilization rates, even among the poor...

de Walque, D. and R. Kline (2011). "Variations in Condom Use by Type of Partner in 13 Sub-Saharan African Countries." [Studies in Family Planning](#) 42(1): 1-10.

Using nationally representative data from 13 sub-Saharan African countries, we reinforce and expand upon previous findings that men report using condoms more frequently than women do and that unmarried respondents report that they use condoms with casual

partners more frequently than married individuals report using them with their spouses. Based on descriptive, bivariate, and multivariate analyses, we also demonstrate to a degree not previously shown in the current literature that married men from most countries report using condoms with extramarital partners about as frequently as unmarried men report using them with casual partners. Married women from most of the countries included in the study reported using condoms with extramarital partners less frequently than unmarried women reported using them with casual partners. This result is especially troubling because marriage usually ensures regular sexual intercourse, thereby providing more opportunities for a person to pass HIV infection from an extramarital partner to his or her spouse...

Gauri, V. (2011). "The cost of complying with human rights treaties: The convention on the rights of the child and basic immunization." *The Review of International Organizations* 6(1): 33-56.

The determinants of compliance with human rights treaties likely vary according to the right in question, yet heterogeneity in the pathways through which ratification affects various human rights outcomes has received limited attention. This paper first develops an account of treaty compliance that incorporates the intrinsic benefits to the state of compliance, regime costs associated with certain rights, the political costs that NGOs, judges, and others are able to impose for non-compliance, and the fiscal and economic costs of compliance. The paper argues that for child survival rights, fiscal and economic costs are likely to be dispositive, and that as a result richer countries are more likely to comply...

de Brauw, A. and R. Mu (2011). "Migration and the overweight and underweight status of children in rural China." *Food Policy* 36(1): 88-100.

The rapid economic growth in China is accompanied by a large scale rural-to-urban migration, but over time more children are left behind rural areas. This paper studies how the overweight and underweight status of the rural children is associated with the out migration of others in their household. We find that migration is related to different nutritional outcomes for the left-behind children...

Pop-Eleches, C., H. Thirumurthy, et al. (2011). "Mobile phone technologies improve adherence to antiretroviral treatment in a resource-limited setting: a randomized controlled trial of text message reminders." *AIDS* 25(6):825-834.

Objective: There is limited evidence on whether growing mobile phone availability in sub-Saharan Africa can be used to promote high adherence to antiretroviral therapy (ART). This study tested the efficacy of short message service (SMS) reminders on adherence to ART among patients attending a rural clinic in Kenya...

Mu, R. and D. van de Walle (2011). "Left Behind to Farm? Women's Labor Re-allocation in Rural China." *Labour Economics*.18(1): S83-S97.

The transformation of work during China's rapid economic development is associated with a substantial but little noticed re-allocation of traditional farm labor among women, with some doing much less and some much more. We study how the health, work and time allocation of non-migrant women are affected by the migration of others in their

household. We find little impact on their health outcomes but do find that the women left behind are doing more farm work than would have otherwise been the case. We show that this may be a persistent effect, and not just temporary re-allocation. In stark contrast, no such impacts are found for left-behind men.

Wagstaff, A. (2011). "Fungibility and the impact of development assistance: Evidence from Vietnam's health sector." *Journal of Development Economics* 94(1):62-73.

The apparent fungibility of aid is a challenge to the evaluation of donor-funded development projects, requiring a comparison of the observed outcomes with the outcomes that would have occurred if the project had not gone ahead. Where projects are targeted on specific geographic areas, counterfactual outcomes in each can differ from observed outcomes because the amount of government spending (gross of aid) differs, the productivity of government spending differs, or both. This paper estimates the benefits of two concurrent World Bank health projects in Vietnam targeted on specific provinces...

Huang, J., H. Zhi, et al. (2011). "The impact of the global financial crisis on off-farm employment and earnings in rural China." *World Development* 39(5):797-807.

This paper examines the effect of the financial crisis on off-farm employment of China's rural labor force. Using a national representative dataset, we find that there was a large impact. By April 2009 off-farm employment reached 6.8% of the rural labor force. Monthly earnings also declined. However, while we estimate that 49 million were laid-off between October 2008 and April 2009, half of them were re-hired in off-farm work by April 2009. By August 2009, less than 2% of the rural labor force was unemployed due to the crisis. The robust recovery appears to have helped avoid instability...

2010

Giles, J., D. Wang, C. Zhao (2010). "Can China's rural elderly count on support from adult children? Implications of rural-to-urban migration." *Journal of Population Ageing* 3(3-4): 183-204.

This paper shows that the family continues to be an important source of support for the rural elderly, particularly the rural elderly over 70 years of age. Decline in likelihood of co-residence with, or in close proximity to, adult children raises the possibility that China's rural elderly will receive less support in the forms of both income and in-kind instrumental care. While descriptive evidence on net-financial transfers suggests that elderly with migrant children will receive similar levels of financial transfers as those without migrant children, the predicted variance associated with these transfers implies a higher risk that elderly who have migrant children could fall into poverty. Reducing the risk of low incomes among the elderly is one important motive for new rural pension initiatives supported by China's government, which are scheduled to be expanded to cover all rural counties by the end of the 12th Five Year Plan in 2016...

Beegle, K., D. Filmer, et al. (2010). "Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa." *World Development* 38(12): 1727-1746.

Increasing adult mortality due to HIV/AIDS in Sub-Saharan Africa raises considerable

concern about the welfare of surviving children. Studies have found substantial variability across countries in the negative impacts of orphanhood on child health and education. One hypothesis for this variability is the resilience of the extended family network in some countries to care for orphans—networks under increasing pressure by the sheer number of orphans in many settings. Using household survey data from 21 countries in Africa, this study examines trends in orphanhood and living arrangements, and the links between the two. The findings confirm that orphanhood is increasing, although not all countries are experiencing rapid rises...

Eyawo, O., D. de Walque, et al. (2010). "HIV status in discordant couples in sub-Saharan Africa: a systematic review and meta-analysis." *Lancet Infect Dis* 10(11):770–77.

Most couples affected by HIV/AIDS in sub-Saharan Africa live in discordant relationships. Men are thought to be the index case in most relationships, and most social marketing and awareness campaigns are focused on men. We investigated serodiscordance in stable relationships to establish the gender balance of index-case infections. The proportion of HIV-positive women in stable heterosexual serodiscordant relationships was 47%, which shows that women are as likely as men to be the index partner in a discordant couple. Our study shows the need to focus on both sexes in HIV prevention strategies...

Moreno-Serra, R. and A. Wagstaff (2010). "System-wide impacts of hospital payment reforms: Evidence from Central and Eastern Europe and Central Asia." *Journal of Health Economics* 29(4):585-602.

While there is broad agreement that the way that health care providers are paid affects their performance, the empirical literature on the impacts of provider payment reforms is surprisingly thin. During the 1990s and early 2000s, many European and Central Asian (ECA) countries shifted from paying hospitals through historical budgets to fee-for-service (FFS) or patient-based payment (PBP) methods (mostly variants of diagnosis-related groups, or DRGs). Using panel data on 28 countries over the period 1990–2004, we exploit the phased shift from historical budgets to explore aggregate impacts on hospital throughput, national health spending, and mortality from causes amenable to medical care...

Mok, E. A., L. O. Gostin, et al. (2010). "Implementing Public Health Regulations in Developing Countries: Lessons from the OECD Countries." *Journal of Law Medicine & Ethics* 38(3):508-519.

Developing country efforts to enforce basic public health standards are often hindered by limited agency resources and poorly designed enforcement mechanisms, including excessive reliance on slow and erratic judicial systems. Traditional public health regulation can therefore be difficult to implement. This article examines innovative approaches to the implementation of public health regulations that have emerged in recent years within the OECD countries...

Das Gupta, M. (2010). "Family Systems, Political Systems and Asia's 'Missing Girls'." *Asian Population Studies* 6(2):123-152.

China, South Korea and northwest India manifest extreme child sex ratios. This paper argues that this is because their pre-modern political and administrative systems used patrilineages to organise their citizens, generating uniquely rigid patriline and son preference. It also argues that the advent of the modern state has unravelled the underpinnings of the rigid patriline, unleashing forces that reduce son preference...

Chung, W. and M. D. Gupta (2010). "Factors influencing 'missing girls' in South Korea." [Applied Economics](#) 1-14.

Despite the massive attention drawn to 'missing girls,' there has been no study that specifically focuses on the association between childlessness and the daughter deficit. Using a bivariate probit selection model, this article analysed the data for 6475 married women aged 15-49 years collected from the 2003 Korea National Fertility and Family Health Survey. The results showed that a couple's decision to have a child exerted a significant influence on its daughter deficit. This study also found that the effect of a woman's education on daughter deficit did not correspond to that of her husband's level of education...

de Walque, D. (2010). "Education, Information, and Smoking Decisions: Evidence from Smoking Histories in the United States, 1940-2000." [J. Human Resources](#) 45(3):682-717.

This paper tests the hypothesis that education improves health and increases life expectancy. The analysis of smoking histories shows that after 1950, when information about the dangers of tobacco started to diffuse, the prevalence of smoking declined earlier and most dramatically for college graduates. I construct panels based on smoking histories in an attempt to isolate the causal effect of smoking from the influence of timeinvariant unobservable characteristics...

Langbein, L. and S. Knack (2010). "The Worldwide Governance Indicators: Six, One, or None?" [Journal of Development Studies](#) 46(2): 350-370.

Aggregate indexes of the quality of governance, covering large samples of countries, have become popular in comparative political analysis. Few studies examine the validity or reliability of these indexes. To partially fill this gap, this study uses factor, confirmatory factor and path analysis to test both measurement and causal models of the six Worldwide Governance indicators. They purportedly measure distinct concepts of control of corruption, rule of law, government effectiveness, rule quality, political stability, and voice and accountability...

Das, J. (2010). "Improving Immunisation Coverage in Rural India." [British Medical Journal](#) 340 (C2553).

Despite decades of rhetoric about improving health and two decades of economic growth, vaccination rates in India remain low. As in Ethiopia, Burkina Faso, and Afghanistan, measles vaccination rates in India are around 70%, and only 44% of children aged 1-2 years are fully immunised. Low vaccination rates have been alternately blamed on insufficient public funds, poor implementation of vaccination programmes, and a general apathy towards the health of the poor. Yet, we have remarkably little evidence to help us

separate problems with implementation of vaccination programmes from design flaws that restrict take-up...

Bandiera, O., R. Burgess, et al. (2010). "Intentions to Participate in Adolescent Training Programs: Evidence from Uganda." *Journal of the European Economic Association* 8 (2-3):548-60.

Almost one-third of the population in developing countries is under age 15. Hence improving the effectiveness of policy interventions that target adolescents might be especially important. We analyze the intention to participate in training programs of adolescent girls in Uganda, a country with perhaps the most skewed age distribution anywhere in the world. The training program we focus on is BRAC's Adolescent Development Program, which emphasizes the provision of life skills, entrepreneurship training, and microfinance. We find that girls who are more likely to benefit from the program are more likely to intend to participate...

Ban, R. D., M. Das Gupta, et al. (2010). "The Political Economy of Village Sanitation in South India: Capture or Poor Information?" *Journal of Development Studies* 46(4): 685-700.

Despite efforts to mandate and finance local governments' provision of environmental sanitation services, outcomes remain poor in the villages surveyed in the four South Indian states. The analysis indicates some key issues that appear to hinder improvements in sanitation. Local politicians tend to capture sanitary infrastructure and cleaning services for themselves, while also keeping major village roads reasonably well-served...

Das Gupta, M., B. R. Desikachari, et al. (2010). "How Might India's Public Health Systems Be Strengthened? Lessons from Tamil Nadu." *Economic and Political Weekly* 45(10): 46-60.

The central government's policies have inadvertently de-emphasised environmental health and other preventive public health services in India since the 1950s. Diseases resulting from insanitary conditions impose high costs even among the more affluent, and rapid urbanisation increases the potential for disease spread. We analyse the central government's policies and then describe Tamil Nadu's public health system, which offers basic principles for strengthening public health within the administrative and fiscal resources available to most states...

Lambert, S., M. Ravallion, D. van de Walle (2010). "A Micro-Decomposition Analysis of Aggregate Human Development Outcomes." *Oxford Bulletin of Economics and Statistics* 72(2):119-145.

We show how differences in aggregate human development outcomes over time and space can be additively decomposed into a pure mean income (growth) component, a component attributed to differences in the distribution of income, and components attributed to 'non-income' factors and differences in the model linking outcomes to income and non-income characteristics. The income effect at the micro level is modelled non-parametrically, so as to flexibly reflect potentially complex distributional changes. Our proposed method is

illustrated using data for Morocco and Vietnam, and the results offer some surprising insights into the observed aggregate gains in schooling attainments...

Gauri, V. (2010). "Customary Law and Economic Outcomes in Indonesia." [Hague Journal on the Rule of Law](#) 2(1):75-94.

This paper develops a framework and some hypotheses regarding the impact of local-level, informal legal institutions on three economic outcomes: aggregate growth, inequality, and human capabilities. It presents a set of stylized differences between formal and informal legal systems, identifies the pathways through which formal systems promote economic outcomes, reflects on what the stylized differences mean for the potential impact of informal legal institutions on economic outcomes, and looks at extant case studies to examine the plausibility of the arguments presented...

Das, J. and T. Zajonc (2010). "India shining and Bharat drowning: Comparing two Indian states to the worldwide distribution in mathematics achievement." [Journal of Development Economics](#) 92(2): 175-187.

Increasing evidence suggests that the level and distribution of cognitive skills is more important to economic development than absolute measures of schooling attainment, and that income and skill inequality are inextricably linked. Yet for most of the developing world no internationally comparable estimates of cognitive skills exist. This paper uses student answers to publicly released questions from an international testing agency together with statistical methods from Item Response Theory to place secondary students from two Indian states—Orissa and Rajasthan—on a worldwide distribution of mathematics achievement...

Wagstaff, A. (2010). "Social health insurance reexamined." [Health Economics](#) 19(5):503-517.

Social health insurance (SHI) is enjoying something of a revival in parts of the developing world. Many countries that have in the past relied largely on tax finance (and out-of-pocket payments) have introduced SHI, or are thinking about doing so. And countries with SHI already in place are making vigorous efforts to extend coverage to the informal sector...

Duclos, J.-Y., A. Araar and J. Giles (2010). "Chronic and Transient Poverty: Measurement and Estimation, with Evidence from China." [Journal of Development Economics](#) 91(2):266-77.

The paper contributes to the measurement of poverty and vulnerability in three ways. First, it proposes a new approach to separating poverty into chronic and transient components. Second, it provides corrections for the statistical biases introduced when using a small number of periods to estimate the importance of vulnerability and transient poverty...

Wagstaff, A. (2010). "Estimating Health Insurance Impacts under Unobserved Heterogeneity: The Case of Vietnam's Health Care Fund for the Poor." [Health Economics](#) 19(2):189-208.

Vietnam's health care fund for the poor (HCFP) uses government revenues to finance

health care for the poor, ethnic minorities living in selected mountainous provinces, and all households living in communes officially designated as highly disadvantaged. As of 2006, the program, which started in 2003, covered around 60% of those eligible. Those who were covered (about 20% of the population) were disproportionately poor, and around 80% of those covered were eligible...

Banerjee, A. V., R. Banerji, E. Duflo, R. Glennerster and S. Khemani (2010). "Pitfalls of Participatory Programs: Evidence from a Randomized Evaluation in Education in India." [American Economic Journal: Economic Policy](#) 2(1):1-30.

Participation of beneficiaries in the monitoring of public services is increasingly seen as a key to improving their quality. We conducted a randomized evaluation of three interventions to encourage beneficiaries' participation to India: providing information on existing institutions, training community members in a testing tool for children, and training volunteers to hold remedial reading camps. These interventions had no impact on community involvement, teacher effort, or learning outcomes inside the school...

de Walque, D. and P. Verwimp (2010). "The Demographic and Socio-economic Distribution of Excess Mortality during the 1994 Genocide in Rwanda." [Journal of African Economies](#) 19(2): 141-162.

This paper studies the demographic consequences of the Rwandan genocide and how the excess mortality due to the conflict was distributed in the population. Data collected by the 2000 Demographic and Health Survey indicate that although there were more deaths across the entire population, adult males were the most likely to die. Using the characteristics of the survey respondent as a proxy for the socio-economic status of the victims' family, the results also show that individuals with an urban or more educated background were more likely to die...

Alderman, H. (2010). "The economic cost of a poor start to life." [Journal of Developmental Origins of Health and Disease](#) 1(1):19-25.

A primary challenge for nutrition policy in low-income settings is to position nutrition as an investment rather than simply as a form of social spending that governments grant poor people to the degree that governments prioritize equity. Various economic models have produced estimates of the economic costs of malnutrition as a combination of the impact of malnutrition on mortality, on health care costs for the survivors, including those that manifest in adult years, and on the lost productivity attributable to malnutrition. However, these estimates often center on the costs of early mortality and are sensitive to assumptions on how to place a dollar cost on mortality...

Alderman, H. (2010). "Safety nets can help address the risks to nutrition from increasing climate variability." [J Nutr](#) 140(1):148S-52S

Models of climate change predict increased variability of weather as well as changes in agro-ecology. The increased variability will pose special challenges for nutrition. This study reviews evidence on climate shocks and nutrition and estimates the economic consequences in terms of reduced schooling and economic productivity stemming from nutritional insults in childhood...

Gauri, V. (2010). "Fundamental Rights and Public Interest Litigation in India: Overreaching or Underachieving?" *The Indian Journal of Law and Economics* 1(1): 71-93. The global reputation of Indian courts, and perhaps their national reputation as well, as judicial innovators and as defenders of the interests of the disadvantaged and downtrodden, rests largely on Public Interest Litigation (PIL), a new set of procedures for expanding access to justice that were developed some thirty years ago. Although assessments of PIL in India range from the laudatory to the cynical, recent scholarship has developed a widely held narrative that runs as follows.¹ PIL or "social action litigation," as some call it, originated in the late 1970s when the judiciary, aiming to recapture popular support after its complicity in Indira Gandhi's declaration of emergency rule, encouraged litigation concerning the interests of the poor and marginalized, and to do so loosened rules and traditions related to standing, case filing, the adversarial process, and judicial remedies...

de Pee, S., H. J. Brinkman, et al. (2010). "How to ensure nutrition security in the global economic crisis to protect and enhance development of young children and our common future." *J Nutr* 140(1):138S-42S.

The global economic crisis, commodity price hikes, and climate change have worsened the position of the poorest and most vulnerable people. These crises are compromising the diet and health of up to 80% of the population in most developing countries and threaten the development of almost an entire generation of children (approximately 250 million), because the period from conception until 24 mo of age irreversibly shapes people's health and intellectual ability. High food prices reduce diversity and nutritional quality of the diet and for many also reduce food quantity...

2009

Alderman, Harold, Biram Ndiaye, Sebastian Linnemayr, Abdoulaye Kane, Claudia Rokx, Hadidiatou Dieng, and Menno Sibanda. (2009). "Effectiveness of a Community-based Intervention to Improve Nutrition in Young Children in Senegal: A Difference in Difference Analysis." *Public Health Nutrition* 12(5): 667-73.

There are few studies of community growth promotion as a means of addressing malnutrition that are based on longitudinal analysis of large-scale programmes with adequate controls to construct a counterfactual. The current study uses a difference in difference comparison of cohorts to assess the impact on the proportion of underweight children who lived in villages receiving services provided by the Senegal Nutrition Enhancement Project between 2004 and 2006. The project, designed to extend nutrition and growth promotion intervention into rural areas through non-governmental organisation service providers, significantly lowered the risk of a child having a weight more than 2 sd below international norms...

Alderman, Harold, and Sebastian Linnemayr. (2009). "Anemia In Low Income Countries Is Unlikely To Be Addressed by Economic Development Without Additional Programs." *Food and Nutrition Bulletin* 30(3): 265-70.

Although governments may decline to invest in iron fortification or supplementation

influenced by the view that income growth will address the problem, the data do not support this view. Looking at the rates of anemia among children and adult women across 40 Demographic and Health Surveys from 32 countries, this study found that although anemia rates do decrease as income increases, the decrease is modest. Indeed, overall anemia rates decline roughly a quarter as fast as income increases and at only half the speed at which rates of underweight decline...

Alderman, Harold, Hans Hoogeveen, and Mariacristina Rossi. (2009). "Preschool Nutrition and Subsequent Schooling Attainment: Longitudinal Evidence from Tanzania." *Economic Development and Cultural Change* 57(2): 239–60.

This study analyzes how childhood health determines future academic performance in the Kagera region in Tanzania. Academic outcomes considered are years of education and delay in enrollment, and the measure of childhood health is height (relative to the median). The repercussions of malnutrition in childhood on subsequent learning and school performance are analyzed by using a unique longitudinal data set...

Barnhardt, Sharon, Dean Karlan, and Stuti Khemani. (2009). "Participation in a School Incentive Programme in India." *Journal of Development Studies* 45(3): 369–90.

Education policy has recently focused on improving accountability and incentives of public providers for actual learning outcomes, often with school-based reward programmes for high performers. The Learning Guarantee Programme in Karnataka, India, is prominent among such efforts, providing cash transfers to government schools that achieve learning at specified high levels. This study examines whether schools that self-selected into the incentive programme are different than those that did not. The answer has important implications for how to evaluate the impact of such a programme...

Chun, Heeran, and Monica Das Gupta. (2009). "Gender Discrimination in Sex Selective Abortions and Its Transition in South Korea." *Women's Studies International Forum* 32(2): 89–97.

Despite increased economic growth and social development, gender relations in South Korea have not progressed much. This may be due to an existing Confucian dogma in Korean society, which accords women a subordinate status. One insidious example of this gender discrimination is female selective abortion and the resulting imbalanced sex ratio...

D'adda, Giovanna, Markus Goldstein, Joshua Zivin, Mabel Nangami, and Harsha Thirumurthy. (2009). "AERC-Cornell Symposium on 'Risk, Knowledge and Health in Africa': ARV Treatment and Time Allocation to Household Tasks: Evidence from Kenya." *African Development Review* 21(1): 180–208.

Using longitudinal survey data collected over a period of two years, this paper examines the impact of antiretroviral (ARV) treatment on the time allocated to various household tasks by treated HIV-positive patients and their household members. We study outcomes such as time devoted to housework, firewood and water collection, as well as care-giving and care-seeking. As treatment improves the health and productivity of patients, we find that female patients in particular are able to increase the amount of time they devote to water and firewood collection...

Buvinic Mayra, Monica Das Gupta, and Ursula Casabonne. (2009). "Gender, Poverty, and Demography: An Overview." [World Bank Economic Review](#) 23(3): 347–69.

Much has been written on gender inequality and how it affects fertility and mortality outcomes as well as economic outcomes. What is not well understood is the role of gender inequality, embedded in the behavior of the family, the market, and society, in mediating the impact of demographic processes on economic outcomes. This article reviews the empirical evidence on the possible economic impacts of gender inequalities that work by exacerbating demographic stresses associated with different demographic scenarios and reducing the prospects of gains when demographic conditions improve...

Das Gupta, Monica, Woojin Chung, and Li Shuzhuo. (2009). "Evidence for an Incipient Decline in Numbers of Missing Girls in China and India." [Population and Development Review](#) 35(2): 401–16.

The apparently inexorable rise in the proportion of "missing girls" in much of East and South Asia has attracted much attention among researchers and policymakers. An encouraging trend was suggested by the case of South Korea, where child sex ratios (males to females under age 5) were the highest in Asia but peaked in the mid-1990s and normalized thereafter. Using census data, we examine whether similar trends have begun to manifest themselves in the two most populous countries of this region, China and India...

Das Gupta, M. and L. Gostin (2009). "Donors' roles in building of global public goods in health." [Lancet](#) 373(9672): 1395-1397.

The dissonance between the public health services provided in developed countries compared with those promoted by donors in developing countries is curious and costly. Population-wide services are a core component of publicly funded health services in developed countries, and are underpinned by a framework of public health regulations to reduce exposure to communicable diseases.¹ In developing countries, donors and international aid agencies have prioritised clinical services above population-wide services...

Das, Jishnu, Quy-Toan Do, Jed Friedman, and David McKenzie. (2009). "Mental Health Patterns and Consequences: Results from Survey Data in Five Developing Countries." [World Bank Economic Review](#) 23(1): 31–55.

The social and economic consequences of poor mental health in the developing world are presumed to be significant, yet remain underresearched. This study uses data from nationally representative surveys in Bosnia and Herzegovina, Indonesia, and Mexico and from special surveys in India and Tonga to show similar patterns of association between mental health and socioeconomic characteristics. Individuals who are older, female, widowed, and report poor physical health are more likely to report worse mental health...

de Walque, Damien. (2009). "Does Education Affect HIV Status? Evidence from five African Countries." [World Bank Economic Review](#) 23(2): 209–33.

Data from the first five Demographic and Health Surveys to include HIV testing for a representative sample of the adult population are used to analyze the socioeconomic correlates of HIV infection and associated sexual behavior. Emerging from a wealth of

country relevant results, some important findings can be generalized. First, successive marriages are a significant risk factor...

de Walque, Damien. (2009). "Parental Education and Children's Schooling Outcomes: Evidence from Recomposed Families in Rwanda." *Economic Development and Cultural Change* 57(4): 723-46.

In this article, I investigate how educational outcomes of orphans are affected by the education of the family members in their new family. The study uses household survey data from Rwanda that contain a large proportion of children living in households without their biological parents. The data also allow controlling for the educational attainment of the absent biological parents and the type of relationship that links the children to their adoptive families...

Ferreira, Francisco H. G., and Norbert Schady. (2009). "Aggregate Economic Shocks, Child Schooling and Child Health." *World Bank Research Observer* 24(2): 147-81.

Do aggregate income shocks, such as those caused by macroeconomic crises or droughts, reduce child human capital? The answer to this question has important implications for public policy. If shocks reduce investments in children, they may have a long-lasting impact on poverty and its intergenerational transmission...

Filmer, D., J. Friedman, et al. (2009). "Development, Modernization, and Childbearing: The Role of Family Sex Composition." *World Bank Economic Review* 23(3): 371-398.

Does the sex composition of existing children in a family affect fertility behavior? An unusually large data set, covering 64 countries and some 5 million births, is used to show that fertility behavior responds to the presence—or absence—of sons in many regions of the developing world. The response to the absence of sons is particularly large in Central Asia and South Asia...

Heckelman, Jac, and Stephen Knack. (2009). "Aid, Economic Freedom and Growth." *Contemporary Economic Policy* 27(1): 46-53.

Foreign aid has often been intended by donors to entice recipient nations into policy and institutional reforms favorable to private sector economic development. In this study, we investigate the relationship between aid and changes to economic freedom in recipient nations over the 1990-2000 decade. The evidence is mixed...

Keefer, Philip, and Stuti Khemani. (2009). "When do Legislators Pass on Pork? The Role of Political Parties in Determining Legislator Effort." *American Political Science Review* 103(1): 99-112.

A central challenge in political economy is to identify the conditions under which legislators seek to "bring home the pork" to constituents. We conduct the first systematic analysis of one determinant of constituency service, voter attachment to political parties, holding constant electoral and political institutions. Our analysis takes advantage of data from a unique type of public spending program that is proliferating across developing

countries, the constituency development fund (CDF), which offers more precise measures of legislator effort than are common in the literature...

King, Elizabeth M., and Jere Behrman. (2009). "Symposium on Evaluation: Timing and Duration of Exposure in Evaluations of Social Programs." *World Bank Research Observer* 24(1): 55–82.

Impact evaluations aim to measure the outcomes that can be attributed to a specific policy or intervention. While there have been excellent reviews of the different methods for estimating impact, insufficient attention has been paid to questions related to timing: How long after a program has begun should it be evaluated? For how long should treatment groups be exposed to a program before they benefit from it?...

Knack, Stephen. (2009). "Sovereign Rents and Quality of Tax Policy and Administration." *Journal of Comparative Economics* 37(3): 359–71.

Knack, Stephen-Sovereign rents and quality of tax policy and administration Windfall revenues from foreign aid or natural resource exports can weaken governments' incentives to design or maintain efficient tax systems. Cross-country data for developing countries provide evidence for this hypothesis, using a World Bank indicator on "efficiency of revenue mobilization." Aid's negative effects on quality of tax systems are robust to correcting for potential reverse causality, to changes in the sample, and to alternative estimation methods...

van de Walle, Dominique. (2009). "Impact Evaluation of Rural Road Projects." *Journal of Development Effectiveness* 1(1): 15–36.

Very few of the (many) aid-financed rural road projects in developing countries have been the subject of rigorous impact evaluations. Assessing the welfare impacts of rural roads poses a number of problems, with implications for data collection and evaluation methods. This paper surveys the problems and discusses some practical implementation issues related specifically to conducting an impact evaluation of a rural roads project that is assigned to some geographic areas but not to others...

Wagstaff, Adam, Winnie Yip, Magnus Lindelow, and William Hsiao. (2009). "China's Health System and Its Reform: A Review of Recent Studies." *Health Economics* 18(2): 7–23.

This paper provides a survey of the recent empirical research on China's 'old' health system (i.e. prior to the spate of reforms beginning in 2003). It argues that this research has enhanced our understanding of the system prior to 2003, in some cases reinforcing conclusions (e.g. the demand-inducement associated with perverse incentives) while in other cases suggesting a slightly less clear storyline (e.g. the link between insurance and out-of-pocket spending). It also concludes that the research to date points to the importance of careful evaluation of the current reforms, and its potential to modify policies as the rollout proceeds...

Wagstaff, Adam. (2009). "Reranking and Pro-Poor Growth: Decompositions for China and Vietnam." *Journal of Development Studies* 45(9): 1403–25.

Reranking in the move from one income distribution to another makes it impossible to infer from changes in Lorenz and generalised Lorenz curves how income growth among those toward the bottom of the initial income distribution compares to that among those toward the top, and whether there has been income growth among those who were initially poor. Decompositions allowing for reranking indicate that economic growth in China and Vietnam has been better for households who were initially poor than changes in the Lorenz and generalised Lorenz curve and poverty growth curve would suggest...

Wagstaff, Adam. (2009). "Correcting the Concentration Index: A Comment." *Journal of Health Economics* 28(2): 516–20.

In a recent article in this journal, Erreygers [Erreygers, G., 2008. Correcting the concentration index, *Journal of Health Economics*] has proposed a new measure of income-related inequality to overcome three shortcomings of the concentration index (CI). I think Erreygers is absolutely right to probe on these issues, and si welcome his generalization of my normalization which was specific to the case of a binary health indicator. However, in have misgivings about his paper...

Wagstaff, Adam, Magnus Lindelow, G. Jun, X. Ling, and Q. Juncheng. (2009). "Extending Health Insurance to the Rural Population : An Impact Evaluation of China's New Cooperative Medical Scheme." *Journal of Health Economics* 28(1): 1–19.

In 2003, China launched a heavily Subsidized voluntary health insurance program for rural residents. We combine differences-in-differences with matching methods to obtain impact estimates, using data collected from program administrators, health facilities and households. The scheme has increased outpatient and inpatient utilization, and has reduced the cost of deliveries...

Wagstaff, Adam, and Rodrigo Moreno-Serra. (2009). "Europe and Central Asia's Great Post-Communist Social Health Insurance Experiment: Impacts on Health Sector Outcomes." *Journal of Health Economics* 28(2): 322–40.

The post-Communist transition to social health insurance in many of the Central and Eastern European and Central Asian countries provides a unique opportunity too try to answer some of the unresolved issues in the debate over the relative merits of social health insurance and tax-financed health systems. This paper employs regression-based generalizations of the difference-in-differences method on panel data from 28 countries for the period 1990-2004. We find that, controlling for any concurrent provider payment reforms, adoption of social health insurance increased national health spending and hospital activity rates, but did not lead to better health outcomes...

Gauthier, Bernard, and Waly Wane. (2009). "Leakage of Public Resources in the Health Sector: An Empirical Investigation of Chad." *Journal of African Economics* 18(1): 52–83.

In the public sector in developing countries, leakage of public resources could prove detrimental to users and affect the well-being of the population. This paper empirically examines the importance of leakage of government resources in the health sector in Chad,

and its effects on the prices of drugs. The analysis uses data collected in Chad as part of a Health Facilities Survey organised by the World Bank in 2004...

Yip, Winnie, Adam Wagstaff, and William Hsiao. (2009). "Economic Analysis of China's Health Care System: Turning a New Page." *Health Economics* 18(S2): S3–S6. After years of intense discussion, deliberation and debate, in April, 2009 China finally unveiled its health care reform plan (Anonymous, 2009; Chen, 2009). President Hu clearly stated that the goal of the reform is to ensure that every citizen has equal access to affordable basic health care by 2012. The recently announced policy explicitly states the government's role in the health care sector for purposes of equity and the provision of public goods, while encouraging the exploration of purchasing, competition and other market mechanisms to improve quality and efficiency...

Zivin, Joshua, Harsha Thirumurthy, and Markus Goldstein. (2009). "AIDS Treatment and Intra-household Resource Allocation: Children's Nutrition and Schooling in Kenya." *Journal of Public Economics* 93(7): 1008–15.

The provision of antiretroviral medications is a central component of the response to HIV/AIDS and consumes substantial public resources from around the world, but little is known about this intervention's impact on the welfare of children in treated persons' households. Using longitudinal survey data from Kenya, we examine the relationship between the provision of treatment to adults and the schooling and nutrition outcomes of children in their households. Weekly hours of school attendance increase by over 20% within 6 months after treatment is initiated for the adult patient...

2008

Andrabi, T., J. Das, et al. (2008). "A dime a day: The possibilities and limits of private schooling in Pakistan." *Comparative Education Review* 52(3): 329-355.

Pakistan is severely offtrack in its progress toward the Millennium Development Goals relating to education for all. Its educational performance is poor, both in absolute terms and relative to the average income of the country. With an adult literacy rate of 44 percent (compared to 54 percent for the South Asian average) and net enrollments (for 2001–2) of 51 percent (as compared to 83 percent for India, 90 percent for Sri Lanka, and 70 percent for Nepal), Pakistan struggles to meet the educational needs of its 132 million people...

Dang, Hai-Anh H., and F. Halsey Rogers. 2008. "The Growing Phenomenon of Private Tutoring: Does It Deepen Human Capital, Widen Inequalities, or Waste Resources?" *World Bank Research Observer* 23(2): 161–200.

Does private tutoring increase parental choice and improve student achievement, or does it exacerbate social inequalities and impose heavy costs on households, possibly without improving student outcomes? Private tutoring is now a major component of the education sector in many developing countries, yet education policy too seldom acknowledges or makes use of it. This survey of the literature examines the extent of private tutoring, identifies the factors that explain its growth, and analyzes its cost-effectiveness in improving student academic performance...

Das, Jishnu, Quy-Toan Do, Jed Friedman and Kinnon Scott. 2008. "Revisiting the relationship between mental health and poverty in developing countries: a response to Corrigan." *Social Science & Medicine* 66(9): 2064–66.

In their commentary "Poverty and mental illness: fact or fiction? A commentary on Das, Do, Friedman, McKenzie & Scott (65:3, 2007, 467e480)," Corrigan, Lund, Patel, Plagerson, and Funk (2008) raise several questions about the validity of our study (Das, Do, Friedman, McKenzie, & Scott, 2007) and the interpretation of our results, in particular the lack of a substantial association between consumption poverty and mental health. This response examines why associations between poverty and mental health are of interest and then addresses Corrigan et al concerns...

Das, Jishnu. 2008. "Low Income, Social Growth and Good Health: A History of Twelve Countries." *New England Journal of Medicine* 358(26): 2851–51.

Are increases in the incomes of countries necessary or sufficient for the good health of their people? In this book, James Riley argues that they are not. Woven into the case studies of 12 low-income countries that achieved high life expectancies are two interrelated themes...

Das, Jishnu, Quy-Toan Do, Jed Friedman, and David McKenzie. 2008. "The Quality of Medical Advice in Low-Income Countries." *Journal of Economic Perspectives* 22(2): 93-114.

In 1978, an International Conference on Primary Health Care was held at Alma Ata in what was then the USSR and is now Kazakhstan. The resulting Alma Ata Declaration called "for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world" (World Health Organization, 1978). While "action" was understood to mean a wide variety of interventions including safe water, sanitation, nutrition, and pest control, primary health care was also emphasized, and it eventually captured a larger proportion of health budgets than purely preventive services...

Das Gupta, Monica. 2008. "Can Biological Factors like Hepatitis Explain the Bulk of Gender Imbalance in China? A Review of the Evidence." *World Bank Research Observer* 23(2): 201–17.

A recent study challenges the assumption that the large deficit of girls in East and South Asia reflects the preference for sons, suggesting that much of the deficit--as much as 75 percent in China--is attributable to hepatitis B (HBV). The claim is inconsistent with the results of a study based on a large medical data set from Taiwan (China), which indicates that HBV infection raises a woman's probability of having a son by only 0.25 percent. In addition, demographic data from China show that the only group of women who have elevated probabilities of bearing sons are those who have already borne daughters...

de Walque, Damien. 2008. "Do Unsafe Tetanus Toxoid Injections Play a Significant Role in the Transmission of HIV/AIDS? Evidence from Seven African Countries." *Sexually Transmitted Infections (STI)* 84: 122–25.

OBJECTIVES: Although sexual transmission is generally considered to be the main factor driving the HIV/AIDS epidemic in Africa, recent studies have claimed that iatrogenic

transmission should be considered as an important source of HIV infection. In particular, receipt of tetanus toxoid injections during pregnancy has been reported to be associated with HIV infection in Kenya. The objective of this paper is to assess the robustness of this association among women in nationally representative HIV surveys in seven African countries...

de Walque, Damien. 2008. "Review of the Demography of Armed Conflict, 2006, edited by Helge Brunborg, Ewa Tabeau and Henrik Urdal." *Population Studies* 62(1): 122–23.

This volume brings together 16 articles previously published in the *Journal of Peace Research* or the *European Journal of Population*. Most of those articles had been presented at a seminar entitled 'Demography of Conflict and Violence' organized under the auspices of the International Union for the Scientific Study of Population (IUSSP) in Oslo in 2003...

Eggleston, Karen, Li Ling, Meng Qingyue, Magnus Lindelow, and Adam Wagstaff. 2008. "Health Service Delivery in China: A Literature Review." *Health Economics* 17(2): 149–65.

We report the results of a review of the Chinese- and English-language literatures on service delivery in China, asking how well China's health-care providers perform and what determines their performance. Although data and methodological limitations suggest caution in drawing conclusions, a critical reading of the available evidence suggests that current health service delivery in China leaves room for improvement, in terms of quality, responsiveness to patients, efficiency, cost escalation, and equity. The literature suggests that these problems will not be solved by simply shifting ownership to the private sector or by simply encouraging providers - public and private - to compete with one another for individual patients...

Filmer, Deon P. 2008. "Disability, Poverty, and Schooling in Developing Countries: Results from 14 Household Surveys." *World Bank Economic Review* 22(1): 141–63.

Analysis of 14 household surveys from 13 developing countries suggests that 1-2 percent of the population have disabilities. Adults with disabilities typically live in poorer than average households: disability is associated with about a 10 percentage point increase in the probability of falling in the two poorest quintiles. Much of the association appears to reflect lower educational attainment among adults with disabilities...

Filmer, Deon P., and Norbert Schady. 2008. "Getting Girls into School: Evidence from a Scholarship Program in Cambodia." *Economic Development and Cultural Change* 56(3): 581–617.

Increasing the schooling attainment of girls is a challenge in much of the developing world. In this study we evaluate the impact of a program that gives scholarships to girls making the transition between the last year of primary school and the first year of secondary school in Cambodia. We show that the scholarship program increased the enrollment and attendance of recipients at program schools by about 30 percentage points...

Goldstein, Markus, and Christopher Udry. 2008. "The Profits of Power: Land Rights and Agricultural Investment in Ghana." *Journal of Political Economy* 116(6): 981–1022. We examine the impact of ambiguous and contested land rights on investment and productivity in agriculture in Akwapim, Ghana. We show that individuals who hold powerful positions in a local political hierarchy have more secure tenure rights and that as a consequence they invest more in land fertility and have substantially higher output. The intensity of investments on different plots cultivated by a given individual corresponds to that individual's security of tenure over those specific plots and, in turn, to the individual's position in the political hierarchy relevant to those specific plots...

Heckelman, Jac, and Stephen Knack. 2008. "Foreign Aid and Market-Liberalizing Policy Reform." *Economica* 75(299): 524–48. Market-oriented economic policies have been strongly linked to faster rates of economic growth. Foreign aid is often provided in part to encourage market-oriented reforms. We analyse the impact of aid on market-liberalizing policy reform, correcting for its potential endogeneity...

Linnemayr, Sebastian, Harold H. Alderman, and Abdoulaye Kane. 2008. "Determinants of Malnutrition in Senegal: Individual, Household, Community Variables, and Their Interaction." *Economics and Human Biology* 6(2): 252–63. The relationship between poverty and nutrition is a two-sided one: on the one hand, economic growth (which is generally associated with an eradication of poverty) leads to reduced malnutrition. On the other hand, nutrition is one of the key ingredients for human capital formation, which in turn represents one of the fundamental factors of growth. There are numerous studies that show the correlates of malnutrition using both household- and community-level variables...

Ravallion, Martin, and Dominique van de Walle. 2008. "Land and Poverty in Reforming East Asia." *Finance and Development* 45(3): 38–41. Both China and Vietnam have made enormous progress in the fight against poverty, and the evidence suggests that rural economic growth has played a large role in this success. Using each country's own definition of poverty, with a constant real poverty line over time, China's poverty rate fell from more than 50 percent in 1981 to about 20 percent in 1991 and 5 percent in 2005. In Vietnam, poverty fell from almost 60 percent to 20 percent during 1993-2004...

Ravallion, Martin, and Dominique van de Walle. 2008. "Does Rising Landlessness Signal Success or Failure for Vietnam's Agrarian Transition?" *Journal of Development Economics* 87(2): 191–209. In the wake of reforms to establish a free market in land-use rights, Vietnam experienced a pronounced rise in rural landlessness. To some observers this is a harmless by-product of a more efficient economy, while to others it signals the return of the pre-socialist class structure, with the rural landless at the bottom of the economic ladder. We study the issue empirically using four household surveys spanning 1993-2004...

Schady, Norbert, and M. Caridad Araujo. 2008. "Cash Transfers, Conditions, and School Enrollment in Ecuador." *Economía* 8(2): 43–70.

Investments in human capital in childhood are generally believed to be critical for adult well-being. Children who have higher educational attainment are more productive as adults, earn higher wages, and have better health status than children with less education. In country after country, governments have sought to devise effective policies to increase school enrollment...

Schady, N. and J. Rosero (2008). "Are cash transfers made to women spent like other sources of income?" *Economics Letters* 101(3): 246-248.

We use a randomized design to analyze the effects of unconditional cash transfers to women on the food Engel curve. After the intervention, households assigned to the "treatment" group had significantly higher food shares than those assigned to the "control" group...

Thirumurthy, Harsha, Joshua Zivin, and Markus Goldstein. 2008. "The Economic Impact of AIDS Treatment: Labor Supply in Western Kenya." *The Journal of Human Resources* 43(3): 511–52.

Using longitudinal survey data collected in collaboration with a treatment program, this paper estimates the economic impacts of antiretroviral treatment. The responses in two outcomes are studied: (1) labor supply of treated adult AIDS patients; and (2) labor supply of individuals in patients' households. Within six months after treatment initiation, there is a 20 percent increase in the likelihood of the patient participating in the labor force and a 35 percent increase in weekly hours worked...

Wagstaff, Adam, and Magnus Lindelow. 2008. "Can Insurance Increase Financial Risk? The Curious Case of Health Insurance in China." *Journal of Health Economics* 27(4): 990–1005.

We analyze the effect of insurance on the probability of an individual incurring 'high' annual health expenses using data from three household surveys. All come from China, a country where providers are paid fee-for-service according to a schedule that encourages the overprovision of high-tech care and who are only lightly regulated. We define annual spending as 'high' if it exceeds a threshold of local average income and as 'catastrophic' if it exceeds a threshold of the household's own per capita income...