

FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE: PEER-TO-PEER LEARNING WORKSHOP FINDING SOLUTIONS TO COMMON CHALLENGES FEBRUARY 15-19, 2016 ACCRA, GHANA

Day I, Session VII.



World Health Organization

Behavior Change: The good news







A Glass Of Wine A Day May Help Control Type 2 Diabetes

OCTOBER 14, 2015 5:01 AM ET

What is the bad news?



Behavior Change: Old Dogs and New Tricks

Financial Protection and Improved Access to Health Care: Peer-to-Peer Learning Workshop Finding Solutions to Common Challenges

Abdo Yazbeck World Bank

Accra, February 15, 2016



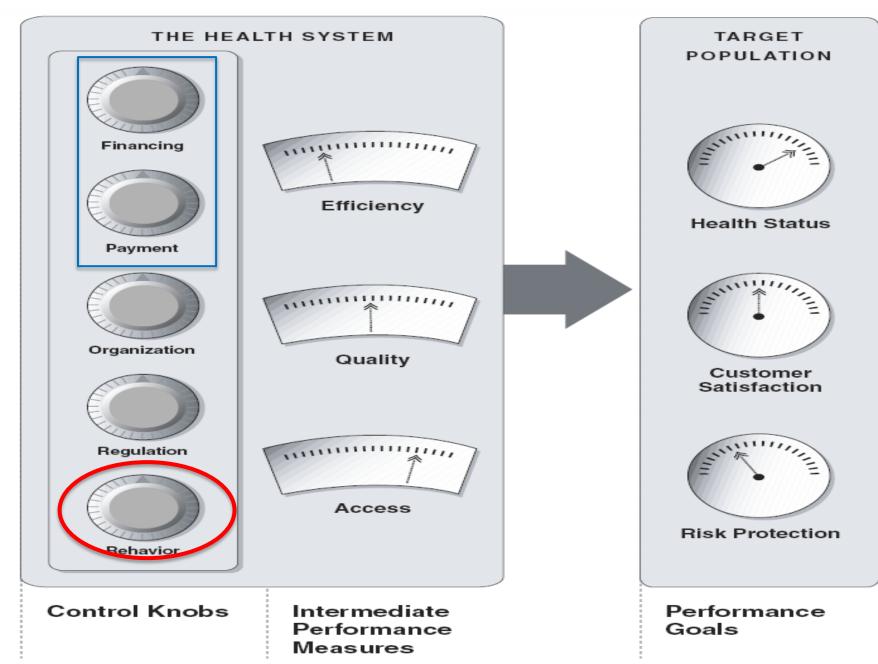
Outline

Four Approaches to Behavior Change

- Economic Theory
- Ecological Approach
- Learning from Marketing
- -New Behavioral Economics



Health Sector Reform Framework





Economic Theory

Assumption of Rationality of People

- Prices and incentives matter
 - Transaction cost theory
 - Understanding real costs
 - Provider payment methods
 - Taxation tools
- Information matters (?)
 - Mixed evidence
 - Labeling failures



Ecological Approach

- Our health-related behavior is influenced by:
 - -friends -peer group
 -family members -community
 -role models -the media
 -health personnel -co-workers
 -health policies & other policies
 -research on health
- They influence each other
- We also influence them.

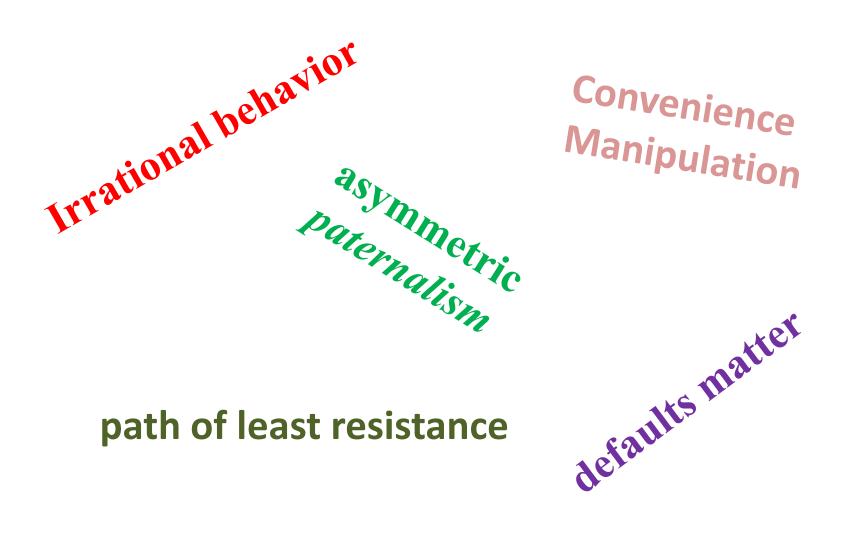


Learning from Marketing

- Uses mass media to sell *subsidized* health products (insecticide-treated bednets, condoms, the Pill, ORS)
- Always begins with consumer research
- Four P's- attractive product, affordable price, convenient placement & promotion



Behavioral Economics





Before Behavioral Economics

- Traditional economics is not well equipped to deal with problems of self-destructive behavior; <u>assumes</u> that people
 - know what's best for themselves
 - are able to act on that understanding
 (although they might focus too much on the present)

→ focus on <u>information</u> and <u>incentives</u> as main tool of policy



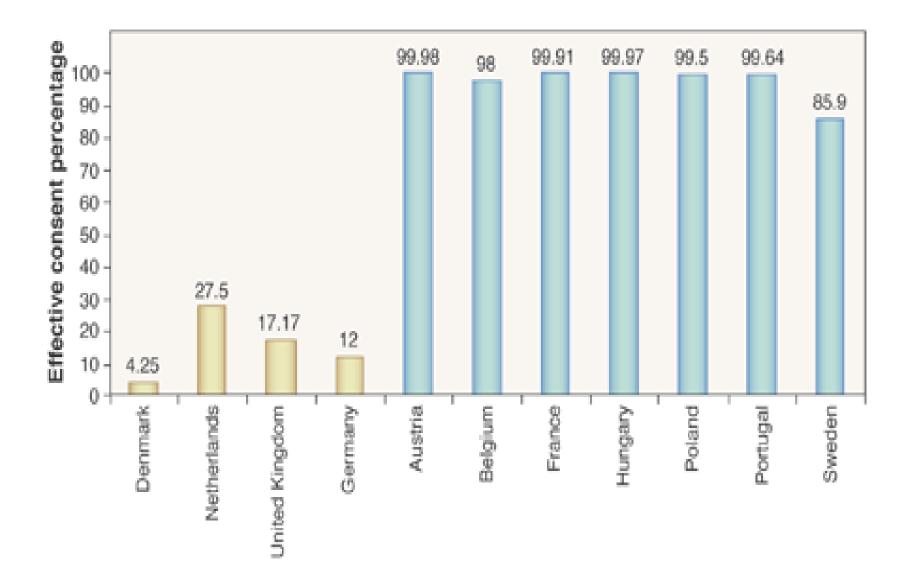
Behavioral Economics

Behavioral economics: allows for <u>mistakes</u>. People often...

- <u>don't know</u> what's best for themselves
- do know, but <u>can't or don't do it</u>
 - →motivates intervention (much as one intervenes in diet of children)
- Some people object to interfering in individual choice
 - →inspires new approach to policy: 'asymmetric paternalism'
 - policies that improve well-being without limiting freedom of choice by "nudging"

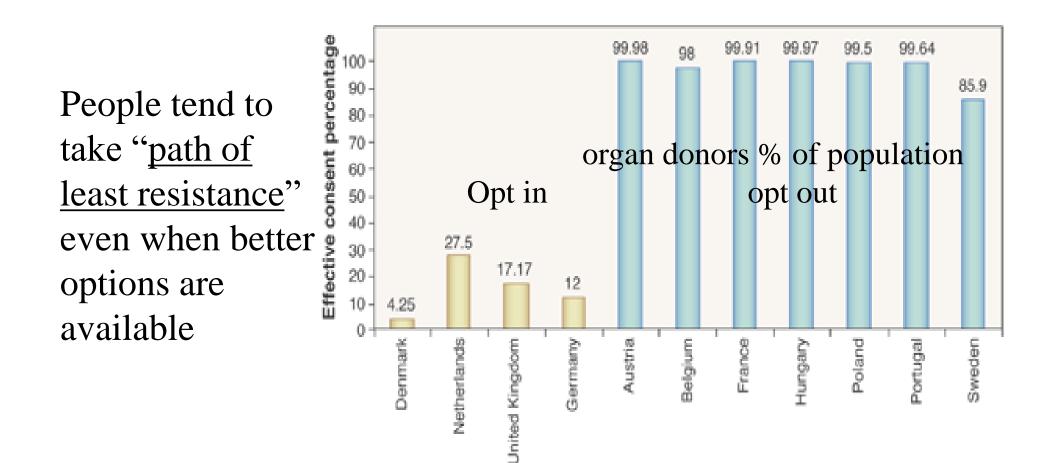


Organ Donors - % of population



<u>Convenience manipulation plays on:</u>

 <u>Default bias</u>: defaults matter – e.g., organ donations, withheld savings, opt in/out HIV tests.



Changing the <u>path of least resistance</u> in food choice

Wisdom, J., Downs, J. & Loewenstein, G. "Promoting Healthy Choices: Information vs. Convenience" (<u>American Economic</u> <u>Journal : Applied</u>).

Study tests relative efficacy of two types of interventions on fast-food choices: –Provision of dietary **Information** –**Convenience** of Healthy Options



Study Design

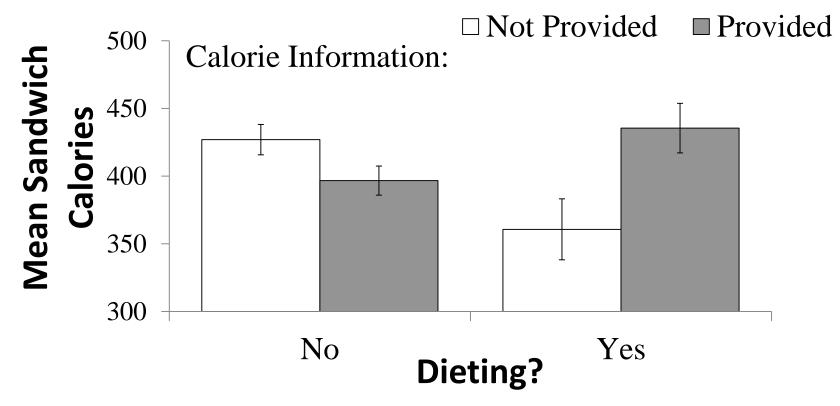
- Subway customers offered a free "Meal Deal" for filling out a short survey
- 2x2x3 Design:
 - -Calorie Recommendation (Present vs. Absent)
 - -Calorie Information (Present vs. Absent)
 - -Convenience (Low-Calorie, Mixed or High-Calorie Featured Menu)



Results: Information

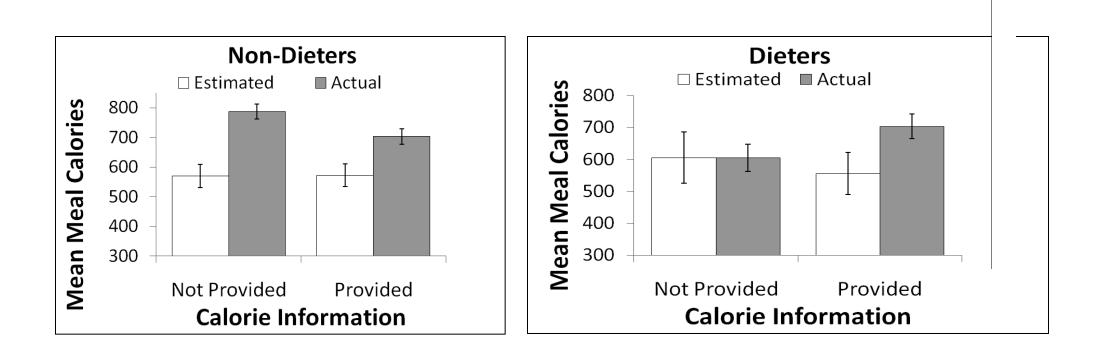
•No main effects on calories ordered

•However, significant calorie information x on-diet interaction





Providing calorie information increased accuracy of non-dieters, but decreased accuracy of dieters





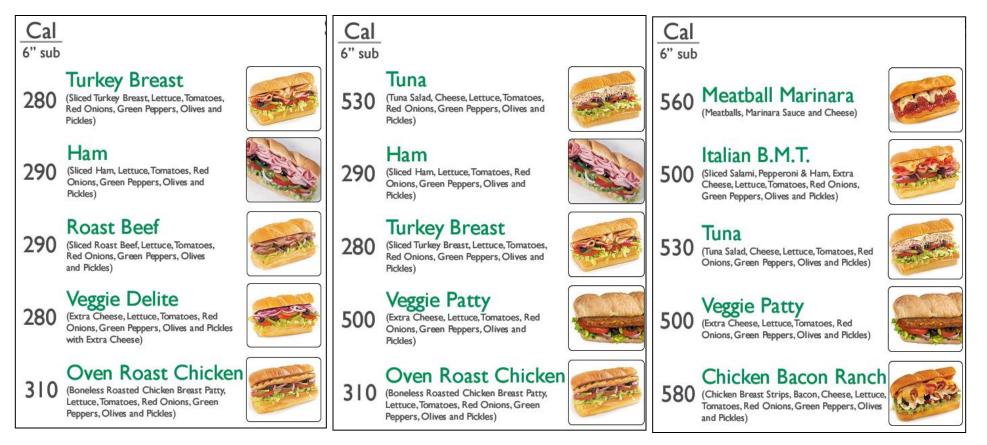
Manipulated convenience via "Express Menu" on <u>first page</u>, with full menu available on subsequent page

Low Calorie

Mixed

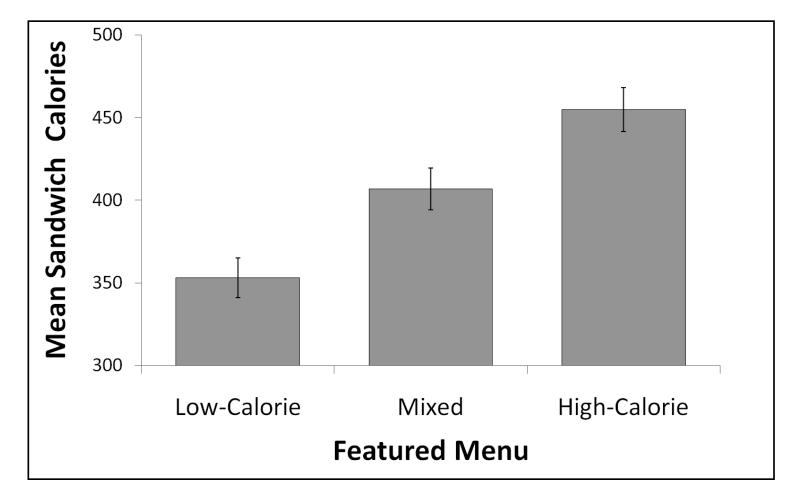
VS.

vs. High Calorie

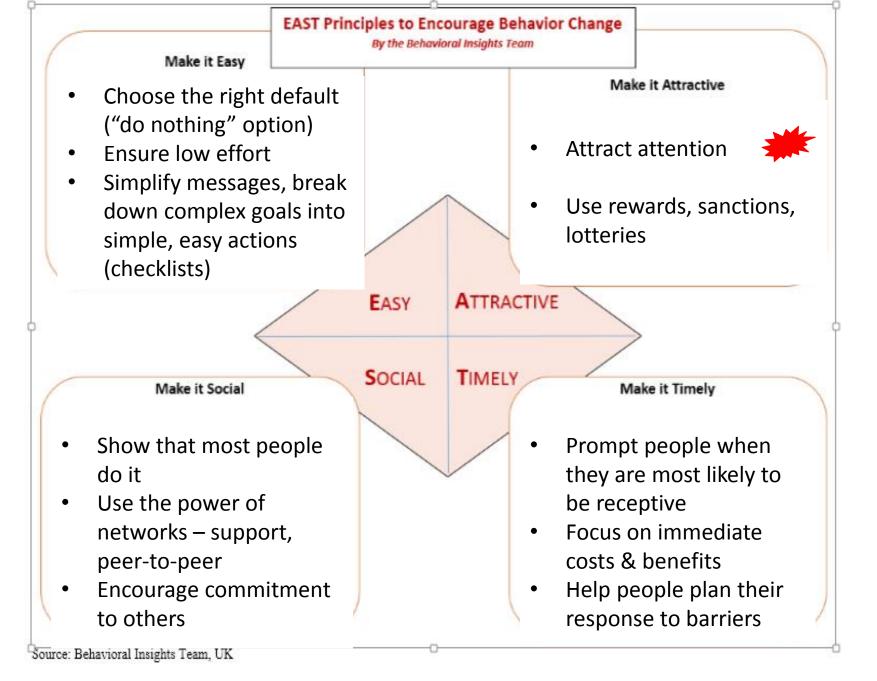




Results: Convenience









HUMAN DEVELOPMENT PERSPECTIVES

Risking Your Health

Causes, Consequences, and Interventions to Prevent Risky Behaviors



Damien de Walque, Editor



https://openknowledge.worldbank. org/handle/10986/16305

