Title: Community Health Care and COVID-19 Pandemic: Experimental evidence from Uganda

Authors: Martina Björkman-Nyqvist (Stockholm School of Economics, Martina.Bjorkman.Nyqvist@hhs.se)
Cristina Clerici (Stockholm School of Economics, cristina.clerici@phdstudent.hhs.se)
Andrea Guariso (Trinity College Dublin, guarisoa@tcd.ie)
Jakob Svensson (IIES, Stockholm University, jakob.svensson@iies.su.se)

Abstract:
The limited capacity of the health systems in many low-income countries, especially in rural areas, suggests that the rapid spreading of the Covid-19 virus could have huge consequences in those areas. On top of the direct impact of the virus, a growing concern is that the shift in attention and resources towards the Covid-19 pandemic might crowd-out other essential care-seeking behavior and health services, leading to higher overall morbidity and mortality. This is a general concern, but may be a particularly acute in low-income countries given the higher incidence of deadly infectious diseases.

With this study we plan to do three things. First, by collecting novel data using mobile phone surveys we will document both the extent of (self-reported) incidence of Covid-19 and, importantly, the extent to which respondents adjust their health seeking behavior in response to the pandemic. This will allow us to estimate a more comprehensive measure of the impact of Covid-19 pandemic in rural Africa that embraces increases in morbidity and mortality from all conditions. Second, by exploiting the unique framework provided by an ongoing large-scale Randomized Controlled Trial (RCT), we will then test whether an innovative Community Health Worker (CHW) program can be effective in reducing this shift away from effective preventive and curative treatments, and possible misconceptions about Covid-19, cushioning the overall impact of the current pandemic. Finally, we will implement a field experiment, focusing on households in the treatment group of the larger trial mentioned above, where will test how different phone messages regarding Covid-19 and the importance of preventive and curative care more generally influence households health behavior and outcomes. The messages will have different behavioral framings (such as self-interest vs pro-sociality, profit motives vs community support etc) and we will be able to look at both demand (by focusing on the impact of messages sent to the households) and supply (by focusing on the impact of messages sent to CHWs) constraints.

Data description:
The study builds on an ongoing large-scale RCT, which evaluates the impact of a scaled-up CHW program in rural Uganda. An earlier proof-of-concept study showed that the program was highly effective in improving health knowledge, behavior, and outcomes. For the ongoing evaluation of the scaled-up program, which started in 2016, we are following more than 12,500 households across 500 villages, equally divided between treatment and control groups. We will now administer repeated phone surveys over the coming months to a representative stratified sample of households located in 250 of the 500 villages included in the main study. The new survey data will be combined with previously collected data as well as with administrative data from the organization implementing the program. Field work is expected to commence in May, 2020. Three rounds of data is expected to be collected over a six months period (May-September 2020)

JEL codes: O12, I11, I12

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