

# THE IMPACT INITIATIVE

For International Development Research

## Review and Synthesis: Ten Years of Research Evidence in Health and Development

A Synthesis of Evidence from the Economic and Social Research Council (ESRC) and UK Department for International Development (DFID) Joint Fund for Poverty Alleviation Research

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Improving health is not simply about the design, organisation and delivery of health care services, but about addressing wider social and economic determinants of health.

Since 2005, world class social science research funded by the ESRC-DFID Joint Fund for Poverty Alleviation Research has generated significant knowledge about health and health services in low to middle income countries (LMICs). This report is based on a review of 121 research projects funded by the scheme, 69 of which were identified as health related. The majority of these studies were conducted in Sub Saharan Africa and South Asia.

The research has deepened understanding in how non health services focused projects--such as those on social protection and education--also have potential links and relevance for health. The evidence reviewed, therefore, also provides a guide for non-health sector policy makers and practitioners.

The synthesis report of the evidence describes how studies funded have Direct and Indirect implications for health and how they can help to understand the links and pathways between poverty and health.

### I. Direct health links

Direct impacts refer to study findings which examine classic health and development topics such as maternal and child health, hygiene and sanitation, nutrition and access to essential health care services. Evidence points to the importance of improving access to health services by:

### Key research findings

- Social protection and education are key pathways through which poverty and health are related.
- Social protection and conditional cash transfer (CCT) interventions can effectively improve health at individual and community level.
- CCT programmes can reduce poverty of their target groups and also enhance health outcomes through improving attendance at primary health care services where health screening and surveillance measures are carried out.
- Moreover, increasing incomes also enables consumption that leads to health improvement. For example, CCTs may enable more food purchases and reduce malnutrition among mothers and children.
- Regarding education, there are psychological impacts of participating in education such as reduced loneliness, increased social support and enhanced public health awareness.
- Access to health services is not sufficient but still necessary. Interventions enabling people's access to health services in LMICs (i.e. removing barriers to access, improving service performance, etc.) are therefore key.
- Reducing transportation barriers and service costs, especially for women, is crucial.
- Connecting young people to health services can address both the neglect of young people's health as well as the needs of their family members.



**1. Overcoming barriers due to economic, geographic, social and other factors. Specific examples include:**

- [Theobald's research](#) on identifying barriers to TB diagnosis and treatment.
- [Porter's research](#) on the mobility constraints faced by children in accessing health;
- [Hampshire et al's](#), [Gething et al](#) and [Amaoko et al's](#) research on access to health services in Ghana.

**“The research has deepened understanding and provided insights in how non health focused projects ... also have potential links and relevance for health.”**

**2. Encouraging and enabling local community participation in the delivery of Primary Health Care services. Specific examples include:**

- [Cornish, Campbell, Winters](#) and [Oliver et al's research](#) on the vital role of local primary health care workers and local community representatives.

**3. Providing incentives to improve service performance. Specific examples include:**

- [De Walque's research](#) on the Rwandan Pay-for-Performance (P4P) scheme.

**4. Strengthening governance for health. Specific examples include:**

- [Jeffrey's research](#) on pharmaceuticals in South Asia.
- [Coast and Murray](#) and [Parmer et al's research](#) on unsafe abortions in Zambia.

## **II. Indirect health links**

Indirect impacts refer to research that addresses the larger context such as social protection, education, and the political economy. Some major pathways to reducing poverty and improving health outcomes are through:

**1. Providing social protection policies**

- [Knight et al's research](#) on the disability grant, and [McEwen and Woolard's research](#) on the fiscal cost of the Child Support Grant and the Foster Care Grant.
- [May and Timaeus's research](#) on the progress made in the under-five nutritional status in South Africa.
- [Falkingham's research](#) on the growing role of remittances in Tajikistan.

**2. Establishing Conditional Cash Transfer programmes and interventions**

- [Van Stolk and Diepeveen's research](#) and [Attanasio et al's research](#) on conditional cash transfer programmes in Latin America.
- [Houweling et al's research](#) on the impact of a women's group intervention in India.
- [Groce's research](#) on the issue of People with Disabilities (PWDs) in Vietnam.

**3. Building on the positive relationship between education and health**

- [Hannum et al's research](#) on how in Gansu, China, poor parental health is related to poverty.
- [Hannum et al](#) and [Yu and Hannum](#) provide evidence on nutrition and educational outcomes, and [Hannum and Zhang's research](#) examined the impact of children's health or disability on education attainment.

The funded research has made a significant contribution to global health discussions, the evidence base on poverty alleviation as well as health and development broadly. Evidence has been generated across a range of areas such as health services, poverty and health, and on the links between non-healthcare policies and health. Health is fundamental to poverty alleviation, and health is influenced significantly by non-health services; therefore, health related information should be captured in future research projects irrespective of their primary focus.

## Further reading

- Oliver, M., Geniets, A., Winters, N., Rega, I., Mbae, S. (2015) 'What do Community Health Workers have to say about their Work, and How Can This Inform Improved Programme Design? A Case Study with CHWs within Kenya', *Global Health Action*. Vol 8.  
<http://www.globalhealthaction.net/index.php/gha/article/view/27168/0>
- Attanasio, O., Oppedisano, V., Vera-Hernandez M. (2015) 'Should Cash Transfers Be Conditional? Conditionality, Preventative Care and Health Outcomes', *American Economic Journal: Applied Economics* 7(2): 35–52. <http://pubs.aeaweb.org/doi/pdfplus/10.1257/app.20130126>
- De Neve, J. W., Fink, G., Subramanian, S. V., Moyo, S., Bor, J. (2015) 'Length of Secondary Schooling and Risk of HIV Infection in Botswana: Evidence from a Natural Experiment', *The Lancet Global Health*, 3(8), e470-e477.  
<http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X%2815%2900087-X.pdf>



## Key research funding lessons

Any poverty alleviation effort should to some extent, acknowledge the inputs and outputs of education and health in their activities. Future research funding calls in development should also:

- Require all project proposals to explicitly explore and outline their potential links or impacts to physical and mental health.
- Aim to assess the health effects of non-health sector policies and interventions such as employment interventions, political mobilization, education and housing.
- Bridge both biomedical research and social science, thus generating a solid theoretical and ethical foundation for health development research.
- Increase the geographic coverage of research project beyond English speaking countries in Africa and India. Health development needs are acute in the Middle East and other neglected regions.
- Promote and support collaboration with multilateral agencies and national governments, who may already hold secondary data sets.

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The Impact Initiative for International Development Research exists to increase the uptake and impact of two programmes of research funded through the ESRC-DFID Strategic Partnership. These are: (i) The Joint Fund for Poverty Alleviation, and (ii) The Raising Learning Outcomes in Education Systems programme. The Initiative helps identify synergies between these programmes and their grant holders, and supports them to exploit influencing and engagement opportunities and facilitates mutual learning. The Impact Initiative is a collaboration between the Institute of Development Studies (IDS) and the University of Cambridge's Research for Equitable Access and Learning (REAL) Centre.

[theimpactinitiative.net](http://theimpactinitiative.net)

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