Introduction

The Government of India upgrades 150,000 public health posts between 2018 and 2022. Informal providers might react to the increased competition from the public sector by lowering prices or increasing quality.

Objective of Study

The study aims to investigate the effects of improved public primary healthcare on patient outcomes and informal provider behavior.

Funding was requested for field travel to conduct a pilot study and establish a collaboration with the government.

Methods

Randomize the timing of the upgrades for 200 public outposts to ensure comparability.
Collect information on healthcare utilization and health outcomes through patient and provider surveys.
Observe proxies of healthcare quality through standardized patients.

Results

Before the upgrades:
• Health posts focus on maternal and child care.

After the upgrades:
• Health posts also provide basic outpatient care and management of noncommunicable diseases.

Key components of the reform:
• additional mid-level provider.
• expanded set of medicines and diagnostic tools.

Discussion

Initial results suggest that the indirect responses of other healthcare providers should be taken into account when evaluating the effects of public health reforms.

Questions

Do we also observe changes in the healthcare quality of informal providers?
Do patients have correct information about provider quality?
What are remaining barriers to healthcare access?

Conclusion

The results of the pilot study showed the feasibility of the project and also helped me to secure larger research grants and government approval.

Acknowledgements

I would like to thank the Center for Health and Wellbeing for funding my research, my advisors Prof. Janet Currie and Prof. Thomas Fujiwara for their continued support, and J-PAL SA for helping me with fieldwork.